# National Culture and its Impact on Workplace Health and Safety and Injury Prevention for Employers and Workers

By Mai Chen, Chair
Superdiversity Institute for Law, Policy and Business

SUPER
DIVER
SITY
INSTITUTE

# Contents

## Disclaimer

The views expressed in this report do not necessarily represent those of ACC. The ideas behind this report and the research programme are mine, and any mistakes are my responsibility.

# Acknowledgements

Mai Chen

Chair

Superdiversity Institute for Law, Policy and Business

October 2019

# Executive Summary

## INTRODUCTION

**The impact of superdiversity on workplace health and safety and injury prevention**

1    ACC has recognised that current and increasing superdiversity will affect how employers and Government agencies undertake their health and safety activities and programmes. Current figures already demonstrate a significantly elevated incidence rate of work-related claims for injury and illness among Māori, Pacific peoples, and people identifying as Middle Eastern, Latin American or African ("MELAA"), as compared to European people. Research has also found barriers to accessing ACC services among Māori and Asian populations (Hosking, Ameratunga, Exeter & Stewart, 2013, p.17).

2    ACC claims data shows that "Other", Māori, and Pacific peoples have a higher number of claims per 1000 full-time employees, as compared to European ethnicities (Statistics New Zealand [Stats NZ], 2018):

| Ethnic group | Incidence rate |
|---|---|
| Other[1] | 207 |
| Māori | 103 |
| Pacific peoples | 100 |
| European | 83 |
| Asian | 63 |

3    Although the above chart shows a lower incidence rate of claims for people identifying as Asian, this does not mean that Asian people in New Zealand have a lower incidence of injury. Rather, research has found that the barriers to access may explain the low claim rate among Asians (Hosking et al, 2013).

4    This report explores cultural attitudes to health, safety and compliance, as well as tools, tactics and strategies used by other countries to improve health and safety practices.

5    ACC agreed to fund the Superdiversity Institute for Law, Policy and Business to deliver a report determining the impact of the national culture of workers on health and safety in New Zealand.

6    This report is designed to "plug the gap" to understand the impact of culture on injury prevention by:

(a)    reviewing the current knowledge of health and safety culture of non-indigenous ethnic groups in New Zealand, including what we mean by "Kiwi" health and safety culture (terms are defined in the next section); and

---

[1] "Other" refers to people identifying as Middle Eastern, Latin American, and African, abbreviated to "MELAA".

(b) reviewing and critically analysing the tools, tactics and strategies used in eight superdiverse countries to enable culturally diverse workers to effectively apply health and safety practices.[2]

7     The report is structured into three sections:

- **Part 1** – provides context to the report by outlining some definitions and factors relevant to ethnically, culturally and linguistically diverse workers ("CALD") and reducing their rate of workplace injury.

- **Part 2** – summarises the literature of the characteristics of non-indigenous ethnic groups in New Zealand and infers how these characteristics would be expressed in a health and safety context. **Appendix A** contains a table which summarises these cultural attributes. Part 2 also contains insights from interviews with New Zealanders of different ethnicities, and their take on the health and safety culture of different ethnic groups in New Zealand.

- **Part 3** – examines tools, tactics and strategies used in eight superdiverse countries to enable culturally diverse workers to effectively apply health and safety practices.

8     Further information is provided in the appendices to this document:

- **Appendix A** – contains a summary table of the health and safety cultures of different ethnic groups in New Zealand; and

- **Appendix B** – outlines a bibliography of references used in the construction of this report.

## TERMS USED IN THIS REPORT

### Superdiversity

9     The Superdiversity Institute's *Superdiversity Stocktake* defines superdiversity as being "the substantial increase in the diversity of ethnic, minority and immigrant groups in a city or country, especially arising from shifts in global mobility".

10    Superdiverse cities have been defined as those where migrants comprise more than 25 per cent of the resident population, or where more than 100 nationalities are represented (Superdiversity Centre, 2015, p.32).[3]

### CALD

11    In discussing workers of different national cultures throughout this report, we use the term "CALD" to refer to ethnically, culturally, and linguistically diverse people. The term "Culturally and Linguistically Diverse" or CALD has been commonly used in Australia (in particular) in research, practice, and policy to refer to all "non-Indigenous ethnic groups other than the English-speaking Anglo-Saxon majority" (Sawrikar & Katz, 2009, p.1). Indigenous groups are generally excluded from this definition "because their experiences and needs as first nation people are seen as significantly different from other groups" (Sawrikar & Katz, 2009, p.1).

12    In this report, CALD refers to the full spectrum of non-indigenous ethnically, culturally, and linguistically diverse workers and employers. Of this full spectrum, we refer expressly to new

---

[2] The countries surveyed are Canada, the United States of America, the United Kingdom, Australia, Germany, Singapore, Malaysia and Kuwait. These countries were chosen according to criteria and figures provided by the Max Planck Institute for the Study of Religious and Ethnic Diversity, the United Nations Department of Economic and Social Affairs (Population Division) and the World Bank.

[3] Superdiversity as defined in Vertovec, S. (2007). Super-diversity and its implications. Ethnic and Racial Studies. 30(6), 1024, is "distinguished by a dynamic interplay of variables among an increased number of new, small and scattered, multiple-origin, transnationally connected, socio-economically differentiated and legally stratified immigrants who have arrived over the last decade."

migrants, "visually diverse" 1.5 generation (visually diverse referring to visually identifiable minorities because of skin tone and other physical features, and 1.5 generation referring to young people between the ages of six and 18 who migrate to another country, and therefore have a mixed identity between their country of birth and their country of residence) (Superdiversity Centre, 2015), second and third generation migrants; refugees, and temporary foreign workers. As stated above, a detailed examination of Maori culture is not included in this National Cultural Study despite Māori being Tangata Whenua because their experiences and needs as indigenous people are seen as different from other non-indigenous groups. However, some of the cultural issues and challenges experienced by non-indigenous CALD workers and employers may also be experienced by Māori workers and employers.

## National Culture

13    The relevant national culture is the one with which the worker identifies, notwithstanding that they work in a New Zealand, or "mainstream Kiwi" workplace. Here we have used "ethnic groups" as proxies for national cultures, and we examine the following: mainstream "Kiwis", Pasifika, "Asian", and "MELAA" or "Other" cultures.

## Safety Culture

14    Safety Culture is a term used by researchers to describe a group's inherent attitudes, behaviours and values towards occupational health and safety, although different descriptors have been used by different research groups (Cooper, 2000; Seymen & Bolat, 2010).

15    We note however that "safety culture" is not a universally acknowledged concept, and is often thought of as merely a subset of organisational culture (Guldenmund, 2000).

## Mainstream Kiwi Culture

16    For the purposes of this report, "mainstream Kiwi culture" is defined in opposition to the other ethnic groups canvassed in this report. "Mainstream Kiwi culture" is also influenced by the partnership with Māori under Te Tiriti o Waitangi, the Māori heritage of this country and the significant proportion of the population who are or identify as indigenous. While those fitting in the "mainstream Kiwi culture" group will often be New Zealand European or Pākehā, people of other ethnicities may well fit into this category where they do not identify with the national culture of that ethnicity. This point is particularly relevant to second and third generation migrants, who, despite having (for example) Chinese or Indian ancestry, may well be more likely to display "mainstream Kiwi culture" traits. We therefore use the term "mainstream Kiwis" to denote those who identify with "mainstream Kiwi culture", regardless of ethnic origin.

## SUPERDIVERSITY IN NEW ZEALAND

17    New Zealand is already superdiverse, and this superdiversity is increasing. Additionally, New Zealand is a multicultural society on a bicultural base. The nature of New Zealand's superdiversity is unique in having such a large proportion of indigenous people and due to the unusual mix of such large numbers of Asian and Pacific peoples. The 2013 census data shows that:

•    44 per cent of the Auckland population was not born in New Zealand;

•    25 per cent of New Zealanders were not born in New Zealand;

- New Zealand has over 200 ethnicities;

- Māori comprised 15 per cent of the total New Zealand population; and

- Auckland is the largest Pasifika city in the world.

18    The 2018 Census shows that superdiversity is deepening:

- The biggest ethnic group increase is the Asian population (3.3 per cent increase), which is growing faster than the Māori population (1.6 per cent increase);

- 27.4 per cent of the New Zealand population was not born in New Zealand, which is up from 25.2 per cent from Census 2013; and

- The most common languages spoken were English (95.4 per cent), Te Reo Māori (4 per cent), Samoan (2.2 per cent), Northern Chinese (2 per cent), and Hindi (1.5 per cent).

19    The proportion of the population identifying as Māori, Asian and Pacific is projected to grow between 2013 and 2038 because of their higher relative birth rates and natural increase (births minus deaths) (Stats NZ, 2017):

- Those identifying as Māori are expected to make up 18 per cent of New Zealand's total population in 2038, compared with 15 per cent in 2013;

- Those identifying as Asian will make up 22 per cent, compared with 12 per cent in 2013;

- Those identifying as Pacific peoples will account for 10 per cent, compared with 8 per cent in 2013 (Stats NZ, 2018); and

- The number of people identifying with a European ethnicity or as a "New Zealander" is projected to increase, but at a relatively slow rate (65 per cent by 2038) (Stats NZ, 2018).

20    There has also been noticeable growth in temporary migration to New Zealand. The Ministry of Business, Innovation and Employment ("MBIE")'s 2016/2017 Migration Trends report found that at 152,432, the number of temporary workers present in New Zealand on 30 June 2017, was 16 per cent higher than the year before.


## KEY FINDINGS

**Summary**

**Internationally, there is little evidence of a systematic approach to improving health and safety for ethnically, culturally, and linguistically diverse workers, but there is a wide range of tools and tactics that employers and agencies could consider**

21    These tools and tactics are intended to help prevent injury among ethnically, culturally, and linguistically diverse workers (who are more vulnerable to injury than other workers). Most of our findings were of reactive and ad hoc tools and tactics. There were few systematic strategies which joined up all of the organisations and sectors which need to play a part in reducing injury to CALD workers. But collectively, the eight countries reviewed do provide a large toolbox to draw on, and we have deliberately set out the most useful tools, tactics and strategies for New Zealand to learn from Canada, the United States of America, the United Kingdom, Australia, Singapore, Germany, Kuwait and Malaysia.

**The most significant finding is the impact of different cultures on health and safety attitudes and behaviours, with "mainstream Kiwi culture" at the opposite end of the spectrum to other major cultures within New Zealand**

22    Different ethnic groups in New Zealand have markedly different cultural values, which affect their view of risk and their health and safety attitudes and behaviours. To successfully prevent injury among ethnically, culturally, and linguistically diverse workers, ACC and others must be aware of these different cultural values, and take account of them in developing tools, tactics and strategies for injury prevention.

23    "Mainstream Kiwi culture", as defined in paragraph 16, tends to be at one end of the spectrum to the non-indigenous ethnic cultures in New Zealand, as it is individualistic and low power distant (strong at reporting errors and in communicating risks to superiors), whereas the other cultures are generally highly collectivist and highly power distant (poor at reporting errors and in communicating risks to superiors). We therefore need to be cognisant of the additional risks of cultural misunderstanding in work situations where managers identifying with mainstream Kiwi culture are overseeing the health and safety of mainly CALD workers. This may increase the injury rate of CALD workers.

24    CALD workers are likely to have different risk perceptions and tend to take greater risks, which also impacts detrimentally on the injury rate of CALD workers. Migrant workers bring their home health and safety cultures with them, which are often lower than New Zealand standards, and operate from that frame of reference.

**Growing superdiversity in New Zealand, with different cultural attitudes to workplace health and safety, has implications for New Zealand's approach to health and safety**

25    New Zealand's approach to health and safety legislation may be less effective for CALD workers as the legislation emphasises worker engagement and participation, which encourages 'whistleblowing'. CALD workers tend not to report errors or communicate risk to superiors. Ethnic employers may also find implementing health and safety systems difficult if English is not their first language and if the culture in their country of origin is to follow prescriptive rules. For example, Indians and Chinese have an external locus of control (a belief that a person's life is controlled by outside factors (Rotter, 1966)), so lack of clarity is a main source of stress. In contrast, mainstream Kiwi culture tends to have an internal locus of control (a belief that a person can control their own life (Rotter, 1966)) meaning that "mainstream Kiwis" prefer not to be given exact instructions on how to carry out work.

**Implications from the presence of multiple health and safety cultures in the workplace**

26    It is important to note how the elements of a mainstream Kiwi workplace can disproportionately or differently affect workers from other health and safety cultures. We have identified below the main implications resulting from the presence of multiple health and safety cultures within New Zealand workplaces.

**Mental health**

27    The research indicates that workers from particular ethnic groups, such as Chinese, Indian, Filipino and Iranian workers, may be more vulnerable to mental health problems (Xu, 2013; Nayar, Hocking & Wilson, 2007; Khavarpour & Rissel, 1997). These mental health problems can be linked to cultural values (as well as to other factors). Four factors can be identified from our research:

(a)    **the significance of external, rather than internal, stressors** – for example, Indian workers report that lack of clarity was the main source of stress and that family support was the most important source of social support. In contrast, "mainstream Kiwis" have an internal locus of control, and prefer not to be given exact instructions on how to carry out their work. But for

workers who have an external locus of control, such as Indians and Chinese, not being given explicit instructions can be a stressor;

(b) **the need to 'save face'** – this often stems from the fact that workers are supporting extended families who remain at home and they feel that they cannot 'let them down'. This behaviour, linked with the fact that families can often be the main source of support for workers, means that workers are more vulnerable to mental health problems from isolation, pressure from the stresses of living and working in a new place; and the need to provide for extended family back home;

(c) **the impact of discrimination** – CALD workers often suffer discrimination at work due to their different ethnicity and culture. This can negatively affect their mental health and lead to worse occupational health and safety outcomes; and

(d) **mental health taboos** – as well as being unable to receive support from family, many cultures view raising mental health concerns as socially inappropriate. One example comes from Iranian culture, where expressing feelings of anger and depression is viewed as taboo. This means that workers are more vulnerable to mental health problems due to the fact that they are unlikely to seek help.

**Lack of family/community focus in mainstream Kiwi workplace culture**

28    CALD workers can place higher emphasis and value on having their family support them, leading to (often frustrated) expectations that employers will help them bring other family members to New Zealand.

Workers from collectivist cultures (for example, Pacific culture) may also be unused to legal regulation, as opposed to social pressure, to enforce health and safety norms.

29    Thus, it may be more effective to have families and communities reinforcing the injury prevention message, rather than only government employers. Nevertheless, as can be seen from the Pacific case studies in Part 2 of the report, breaking the law does translate into shame for workers' family and community.

**Job security**

30    CALD workers may feel pressure not to report health and safety incidents and risks for fear of losing their jobs which are needed to support families back home (for example, this is common for Pacific workers, influenced by their strong collectivist values).

**Management style**

31    The concerns raised above must also be set against the wider background of management style in New Zealand. While workers subscribing to mainstream Kiwi culture are generally reluctant to accept being told what to do by superiors, this management style may be preferred by workers from other ethnic groups, like Asian and Pacific workers. It is therefore important to recognise that the norm of worker participation in mainstream Kiwi health and safety culture may be alienating to workers from other cultures. Thus adaptation is needed in each workplace to ensure workers receive the necessary support and information from management to enable themselves to be safe.

32    This difference in workplace culture is also evident in attitudes towards authority and the impact of this on the ability of workers to raise concerns. Two main examples can be identified:

(a)    respect for persons based on community position; for example, some workers may be

unwilling to raise concerns to supervisors who are elders or of high status within their community; and

(b)  respect for authority figures – other CALD may exhibit face-saving behaviours regarding all persons in authority (for example, this is evident in Korean and Iranian culture). Such behaviours can have a detrimental effect on injury prevention, as problems are not reported, or at least, not until they are very serious.

33  Cultural attitudes towards hierarchies and authority can, however, cut both ways. Workers from certain cultures may be less receptive to instruction from, for example, younger workers (see, for example, Pacific culture) as this is very different from their cultural values of respect for elders. This cultural concern, when combined with New Zealand managerial practice in which young persons may often be in positions of responsibility, may therefore constitute a barrier to effective health and safety communication.

### Countries without strong health and safety culture

34  As health and safety cultures are often shaped by workers' experiences of health and safety in their country of origin, workers coming from countries with a lack of (or lower standard of) health and safety norms and regulation (for example, Philippines and Vietnam) may have a lesser appreciation of health and safety risks, increasing their injury rates.

35  However, this concern varies depending on when immigrants migrated to New Zealand (as children or adults), and how long they have been living here. For example, the impact of the home country's health and safety culture is far less pronounced for 1.5 or second generation migrants or young workers who are likely to be exposed to mainstream Kiwi health and safety values during their formative years.

### Health as more than physical health

36  Some groups, such as Pacific cultures, have a broader concept of health, which includes mental, spiritual and community elements. In this way, focusing mainly on physical health and safety to the exclusion of broader concepts of health will make those injury prevention measures less effective for these workers, who are unlikely to identify with this segmented approach to health.

**Tools, tactics and strategies to improve workplace health and safety for culturally diverse workers**

37  None of the countries reviewed have adopted a systematic approach to the particular challenges presented by superdiversity in the workplace health and safety context. This is evident from the huge variety of ad hoc, often reactive, initiatives adopted by regulators and other governmental bodies, which are then supplemented by the work of employers themselves, unions and non-governmental organisations. We considered Canada to be the most advanced jurisdiction, followed by the USA, the United Kingdom, then Australia. Few of the jurisdictions examined had developed effective tools, tactics and strategies which were proven to reduce the risk of workplace injury and illness amongst CALD workers. Most jurisdictions lacked a targeted approach to addressing the vulnerabilities of CALD workers. Some had relevant tools, tactics and strategies, however few of those had been formally evaluated for effectiveness.

38  However, we have identified a range of tools, tactics and strategies from the eight jurisdictions reviewed in this report that employers and agencies could consider. These tools, tactics, and strategies aim to address the following vulnerability factors which are common to CALD workers in all eight jurisdictions surveyed:

(a)  Language barriers;

(b) Lack of awareness of health and safety;

(c) Cultural attitudes and behaviours that result in unsafe practices;

(d) Cultural attitudes and behaviours preventing active engagement, participation and representation; and

(e) Increased susceptibility to mental health issues owing to the stresses of discrimination, and for migrants, of settlement.

**We also found nine themes from reviewing the tools, tactics, and strategies used in the eight jurisdictions:**

**Theme 1: Proper data collection and coordination across the system**

39 The tools, tactics, and strategies considered under this theme were:

(a) Memoranda of Understanding between recruitment agencies in source and host countries to ensure the health and safety of migrant workers from the beginning of recruitment until repatriation;[4]

(b) Collaborate with source country governments to collect data on migrant workers;[5] and

(c) Encouraging building designers to avoid details and materials which could be hazardous to the construction workers building them.[6]

40 From our research, certain barriers to accurate and effective data collection can be identified:

(a) Underreporting (this is highlighted in the Malaysia, Singapore and Australia sections);[7]

(b) Non-differentiation and collection of statistics on the grounds of ethnicity or nationality[8]; and

(c) Use of varied definitions of "migrant" and "foreign worker" and using proxies to identify such workers (for example, basing statistics on the number of work passes issued may not reflect an undocumented population of workers).[9]

**Theme 2: Identifying and overcoming language barriers**

54 Effective communication of health and safety risks is an essential part of ensuring that CALD workers do not suffer disproportionate rates of injury in the workplace. The following examples of tools, tactics and strategies were used to identify the existence and degree of language barriers amongst CALD workforces:

(a) Requiring workers to undertake a basic English language assessment at the recruitment stage;[10]

(b) Induction day assessments to identify workers' language abilities;[11]

(c) Assessing the competency of new workers to ensure that they safely carry out the jobs they were employed to do (includes numeracy, literacy, work experience etc.);[12] and

(d) Requiring workers to verbally and physically demonstrate that they understand the tasks required by the job.[13]

---

[4] See Malaysia example at paragraph 863.
[5] See United States of America example at paragraph 445.
[6] See Kuwait example at paragraph 828 onwards.
[7] See Singapore at paragraph 626, and Australia at paragraph 592.
[8] See Singapore at paragraph 625.
[9] See Singapore at paragraph 619.
[10] See United Kingdom example at paragraph 532.
[11] See United Kingdom example at paragraph 522(a).
[12] See United Kingdom example at paragraph 573.
[13] See United Kingdom example at paragraph 525.

41     Evidence suggests that translation and interpretation strategies are generally underused by employers. The translation and interpretation strategies identified through the jurisdictional reviews as follows:

(a)    Providing translated health and safety material on government websites;[14]

(b)    Providing workplace safety signs in multiple languages;[15]

(c)    Translating information pamphlets into multiple languages;[16]

(d)    Identifying multilingual staff and having them assist with health and safety information delivery;[17]

(e)    Delivering health and safety orientations in multiple languages;[18]

(f)    Holding weekly "toolbox talks" in multiple languages;[19]

(g)    Bilingual health and safety orientations;[20]

(h)    Providing training via subtitled videos;[21]

(i)    Having a "Talk Sign" (electronic translation device for health and safety signage) available on site;[22]

(j)    Using a "Two Card" system based on the "universal language of football" to identify and respond to unsafe practices;[23] and

(k)    Having multilingual posters about what to do if you are injured at work.[24]

**Theme 3: Training and orientation for CALD workers, including on workers' rights**

42     The following training and orientation tools, tactics, and strategies were used:

(a)    Mandatory training courses for temporary foreign workers, which include language components;[25]

(b)    Requiring workers to attend industry-specific safety courses as part of a requirement of work visas;[26]

(c)    Development of guidance materials for foreign and migrant workers;[27]

(d)    The provision of free online health and safety courses;[28]

(e)    Provision of a "Safety Book", an English-language guide which provides readers with basic knowledge of specific occupational health and safety hazards common to construction sites;[29]

(f)    Public health campaigns and programmes;[30]

---

[14] See United States of America example at paragraph 449.
[15] See Canada example at paragraph 401.
[16] See Malaysia example at paragraph 888.
[17] See United Kingdom example at paragraph 524.
[18] See United States of America example at paragraph 462, and United Kingdom example at paragraph 543(b).
[19] See United States of America example at paragraph 462.
[20] See United States of America example at paragraph 462.
[21] See United Kingdom example at paragraph 522.
[22] See United Kingdom example at paragraph 535.
[23] See United Kingdom example at paragraph 534.
[24] See Australia example at paragraph 607.
[25] See Malaysia example at paragraph 866, and Singapore example at paragraph 656(b).
[26] See Singapore example at paragraph 658.
[27] See Singapore example at paragraph 649, and Canada example at paragraph 336.
[28] See Canada example at paragraph 339.
[29] See Kuwait example at paragraph 800.
[30] See United States of America example at paragraph 479.

(g)   Support and resource centres for Migrant Workers;[31]

(h)   A dedicated phone line that vulnerable workers can call for advice;[32]

(i)   Increasing unionisation among migrant workers;[33] and

(j)   Training union representatives about how best to work with migrant workers.[34]

**Theme 4: Addressing increased susceptibility to mental health issues among CALD workers**

43   Given that mental health is a relatively new development in the field of occupational health and safety, it is notable that there is a lack of specific mental health initiatives for CALD workers across the countries assessed. Two possible avenues have been identified from our jurisdictional review:

(a)   Use of cultural inclusion training. This has been offered by the PEI (Prince Edward Island) Association for Newcomers to Canada. While the results have not been evaluated, it is recognised that discrimination and isolation are significant mental health stressors for CALD workers. Therefore, such training, to explicitly address this problem, could be a valuable initiative to consider;[35] and

(b)   Clinics addressing mental, as well as physical health. Clinics offering mental health support may offer a valuable ancillary role in addressing the mental health vulnerabilities of CALD workers, but this must support primary initiatives targeting the causes of mental health. In order to effectively ensure health and safety of CALD workers, mental health and safety needs to be seen as a priority, and not just physical health.[36]

**Theme 5: Using peers/family to deliver injury prevention information**

44   The tools, tactics and strategies identified from the eight jurisdictions were:

(a)   Peer education,[37] and "train the trainer" models;[38]

(b)   Involving workers' families and communities in health and safety training programmes;[39]

(c)   "Lay-health promotor" regimes, whereby trusted members of immigrant communities (including consulate staff) are trained to deliver occupational health and safety information;[40]

(d)   Partnerships with key organisations like worker advocacy groups;[41] and

(e)   Using "Diverse Workforce/Limited English Proficiency Coordinators" based in government departments to assist external groups to organise and deliver seminars, workshops, and speaking events for CALD workers.

**Theme 6: Educate workers "where they are" by delivering targeted programmes**

45   In the overseas jurisdictions reviewed, the following tools, tactics and strategies were used:

(a)   Going to workplaces to deliver education programmes in person;[42]

---

[31] See Singapore example at paragraph 663, and see Malaysia example at paragraph 884.
[32] See United Kingdom example at paragraph 513.
[33] See United Kingdom example at paragraph 546.
[34] See United Kingdom example at paragraph 549.
[35] See discussion of this initiative at paragraph 381.
[36] See discussion from paragraph 727.
[37] See United States of America example at paragraph 481 and 483, Germany example at paragraph 708 , Malaysia example at paragraph 886, and United Kingdom example at paragraph 565.
[38] See United States of America example at paragraph 471.
[39] See United States of America example at paragraph 483.
[40] See United States of America example at 448.
[41] See United States of America example at paragraph 468.
[42] See Canada example at paragraph 358.

(b) Delivering education programmes in a "fun" way via comedy skits and games, at migrant worker accommodation;[43]

(c) Delivering educational messaging via a community barbeque;[44]

(d) Taking a mobile clinic to local bars to provide health services to migrant street-based male sex workers;[45]

(e) Strategically scheduling health clinics on Sunday afternoons so that migrant workers are able to attend;[46]

(f) Put on an "Annual Health and Information Fair" for migrant workers, which includes occupational health and safety information but also blood tests and eye tests;[47]

(g) Publishing health and safety information in Polish, Portuguese, and Spanish-language newspapers;[48] and

(h) Developing targeted programmes for refugees.[49]

### Theme 7: Helping CALD workers identify health risks early

46 In the overseas jurisdictions surveyed, we identified several tools, tactics, and strategies which similarly recognised this concept, and which sought to help CALD workers identify and remediate early risks to their health which might require attention.

47 These tools, tactics and strategies were:

(a) Free or subsidised prescription safety eyewear programmes;[50]

(b) Occupational health clinics targeting migrant workers;[51] and

(c) Teaching workers 'body mapping' techniques –a tactic which helps workers to identify areas where they are experiencing pain.[52]

### Theme 8: Training and orientation for employers of CALD workers

48 The following training and orientation tools, tactics, and strategies were used:

(a) "Workshop on Managing Temporary Foreign Labour", a five day orientation course designed for employers in the construction sector;[53]

(b) Development of a training package "Essentials of Occupational Safety and Health", designed to be easily used by employers to set up or upgrade training services;[54]

(c) Development of a "Migrant Worker Management Toolkit" which provides employers with guidance on how to better manage occupational health and safety risks to migrant workers;[55]

(d) Development of an "Employers' Orientation Programme", which is mandatory for all first-time employers wishing to employ foreign domestic workers (live-in housekeepers, carers and child-minders) and which is a condition of the Work Permit application;[56]

---

[43] See Singapore example at paragraph 649.
[44] See Canada example at paragraph 369.
[45] See Germany example at paragraph 726.
[46] See Canada example at paragraph 349.
[47] See Canada example at paragraph 396.
[48] See United Kingdom example at paragraph 558.
[49] See Germany examples at paragraphs 712, 718, and 719.
[50] See Canada example at paragraph 385 onwards.
[51] See Canada example at paragraph 355 onwards.
[52] See United Kingdom example at paragraph 550.
[53] See Kuwait example at paragraph 805 onwards.
[54] See Kuwait example at paragraph 813 onwards.
[55] See Malaysia example at paragraph 889 onwards.
[56] See Singapore example at paragraph 656.

(e) Encouraging employers to identify particular risks that multicultural workers may be exposed to, and to develop specific arrangements and procedures to mitigate those risks;[57]

(f) Publication of a fact sheet for employers on how to build a health and safety culture on farms with high proportions of migrant workers;[58] and

(g) Provision of the "Safety Compliance Assistance Visits Plus programme", on-site customised compliance assistance.[59]

49 Additionally, many of the countries surveyed advocated the use of 'toolkits' and cultural capability-type programmes for employers. In Germany, guidance for employers included information on cultural characteristics.[60] Such guidance assists employers to better understand how to target their own occupational health and safety interventions and improve outcomes.

**Theme 9: Better measurement of the effectiveness of tools, tactics and strategies as the missing link**

50 This report finds that measurement of the effectiveness of CALD-specific initiatives is an ongoing problem in assessing the tools, tactics and strategies of the countries identified. Two main problems can be identified from our review:

(a) A lack of assessment across the board; and

(b) The quality of evidence used for assessments.

51 First there are many examples throughout the report in which an initiative has been adopted, yet there has been no measurement of the success of that initiative in addressing the problem which it was designed to target. Thus, many of the tools, tactics and strategies we found had not been measured or evaluated for effectiveness. While an assessment of the likelihood of success can be extrapolated from comparing the project to research on other relevant interventions, such outcomes are inherently more limited in their informative value. Moving forward, government agencies should ensure that tools, tactics and strategies designed to improve injury prevention among CALD workers are designed for rigorous evaluation, and that such evaluations are conducted.

52 Second, there are many examples throughout the report where there has been some evaluation, yet this has been based on more limited evidence sources, like comments made by participants on the day. While such evidence can be a useful and immediate source of evaluation, programmes should build guidance into their evaluation system on what evidence (from multiple sources or over longer time periods) is required to evaluate programmes most effectively.

## RECOMMENDATIONS

53 While much can be learnt from the success of individual tools, tactics and strategies adopted by the various stakeholders identified, a systematic and strategic, rather than reactive and ad hoc, approach to the occupational health and safety of CALD workers is the most effective way for employers and agencies to prevent injury among CALD workers in New Zealand.

54 We also suggest that employers and agencies consider the following recommendations:

---

[57] See United Kingdom example at paragraph 568 onwards, and see Kuwait example at paragraph 833 onwards.
[58] See Canada example at paragraph 357.
[59] See Singapore example at paragraph 650.
[60] See Germany example at paragraphs 696 onwards.

**Better understand the link between national culture and attitudes towards workplace health and safety and compliance**

- Consider further research to confirm or differentiate the stereotypes suggested by Hofstede's model about the health and safety culture of different ethnic groups in New Zealand. This could also examine:

  o how cultural differences changes over time for new, 1.5 generation, second and third generation migrants;

  o how workplace health and safety culture can vary between ethnic groups and identify where this makes workers more at risk from occupational injuries and harm; and

  o how cultural values affect attitudes towards compliance with legal obligations in the health and safety context.

**Increase understanding and awareness**

- Be aware that self-assessment systems may be more difficult for persons from less individualistic / more collectivist cultures; and

- Understand employers/workers from different ethnicities, their attitudes towards enforcement bodies and how these attitudes interact with health and safety behaviours.

**Education and training**

- Fund CALD worker-specific health and safety education material;

- Endorse English language competency as a tool to prevent injury amongst CALD workers;

- Investigate the use of work-related language courses, especially those reinforced by practical work experiences;

- In developing language programmes, be aware of the limitations of approaches such as "crash courses" and assimilation approaches;

- Fund migrant organisations to teach workers about their rights and duties under health and safety legislation;

- Schedule education programmes for CALD workers at times when they are available to attend;

- Identify where CALD workers are concentrated and "go to them" (both physically, and by using ethnic media) when delivering injury prevention messaging;

- Given the continued popularity and use of employer toolkits and cultural capability training, Government agencies could consider funding the development of health and safety toolkits for New Zealand employers which address the impact of cultural differences;

- Use business-led case studies to involve and motivate employers to address the health and safety risks facing CALD workers; and

- Consider the use and impact of personal interaction to address attitudes towards enforcement bodies.

**Data collection**

- Identify and address common barriers to accurate data collection;

- Be aware of the role of data collection in reinforcing stereotypes; and

- Consider international cooperation to reduce risks to migrant workers.

**Language barriers**

- Encourage employers to take steps to identify and mitigate language barriers as part of risk assessment;

- Work with employers to determine the most practical means of incorporating multilingual health and safety information at work (i.e. whether by translated safety signs, translated orientation material, "Talk Sign"s (audio devices which explain safety signage) or "Two Card" systems (giving workers yellow and red cards similar to football, in relation to failures to observe health and safety standards));

- Fund high risk sector representative organisations to develop workplace safety signs in multiple languages to distribute among member businesses; and

- Fund the development of multilingual health and safety materials and orientation resources.

**Overcoming barriers by translation and interpretation**

- The effectiveness of any translated material will be dependent on the literacy levels of the target group. In order for translation to be an effective route, programmes should be aware of the literacy levels of the intended audience; and

- Material specifically prepared in a different language may be more effective than translated material. It is not merely words which need to be translated, but rather cultural ideas.

**Overcoming barriers via pictorial representation**

- Be aware of the limitations of using pictorial representation in health and safety materials, and build this into guidance to employers or to service deliverers;

- Undertake market testing and involve members of the intended group in the pre-testing process;

- Draw on the experience of the countries investigated to determine how pictorial representation may be supplemented to be more effective; and

- Use market testing and pre-testing with CALD workers to refine the use of pictorial representation in health and safety materials.

**Mental health**

- Bolster health and safety provision by supporting clinics to address mental health concerns;

- Consider tools, tactics, and strategies which specifically target discrimination and isolation (factors detrimental to mental health among CALD workers), like cultural inclusion training;

- Understand the importance of preventing discrimination in the workplace against CALD workers; and

- Conduct more research to identify the particular issues which impact upon the mental health of migrant workers.

**Peer support**

- Assess the various ways of using peer-to-peer support in engaging CALD workers in health and safety messaging; and

- Build upon the research to identify where peer support may be most appropriately used.

**Identify health risks early**

- Fund early intervention programmes for CALD workers, which include a primary care component; and

- Work with unions and employers to use body mapping techniques in the workplace.

**Monitoring and evaluation**

- Set tools, tactics and strategies up to be rigorously evaluated for effectiveness so we can continue to focus on what works and to weed out those that do not.

**Other**

55   Our research pointed to high risks among CALD sex workers so we suggest that agencies also:

- Consider prioritising sex workers as a high-risk sector for CALD workers, along with more traditional sectors such as construction, agriculture, and forestry.

# Part 1: Background, definitions, factors relevant to analysis, and methodology
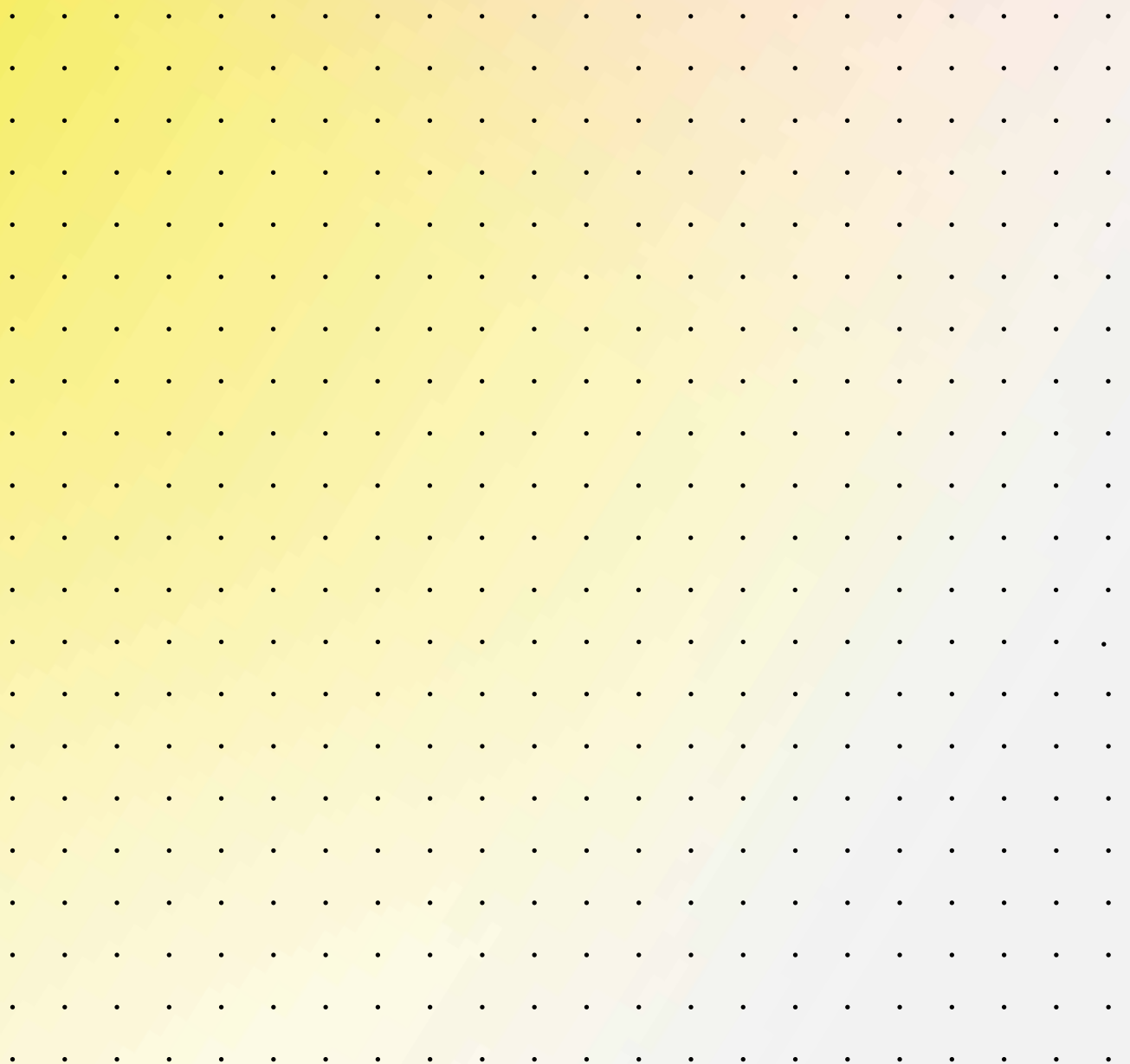
## TERMS OF REFERENCE

56    ACC agreed to fund this research to deliver a report determining the impact of the national culture of workers on health and safety in New Zealand.

57    Throughout this report we refer to a number of definitions and factors, which are relevant to CALD workers and reducing their rate of workplace injury. In addition to the definitions in the executive summary, these are explained in further detail here.

## DEFINITIONS AND RELEVANT FACTORS

### Superdiversity

58    The Superdiversity Institute's *Superdiversity Stocktake* defines superdiversity as being "the substantial increase in the diversity of ethnic, minority and immigrant groups in a city or country, 'especially arising from shifts in global mobility'". Superdiverse cities have been defined as those where migrants comprise more than 25 per cent of the resident population, or where more than 100 nationalities are represented (Superdiversity Centre, 2015, p.32).

59    A superdiverse workforce includes both *migrants*, generally defined as "a person who moves from one country to another, especially in order to find work or better living conditions" (Oxford Living Dictionaries, 2018), but also people who were not born overseas or who moved at a very young age, but who are nevertheless raised by CALD parents, especially if the worker is visually diverse. In other words, we are looking at the full spectrum of non-indigenous people who are ethnically, culturally, "visually" or linguistically diverse, which we refer to as "CALD" (as discussed in the overview).

60    In considering superdiversity, it is also relevant to note the concept of "hyper-diversity". This goes beyond ethnic, social and socio-economic diversity, and encompasses differences related to lifestyle, attitudes and activities.

61    Van Kempen (2013) gives the example of a group of young, poor Indian-born men living in London. While at first sight they may appear to be a homogeneous group, on deeper examination they are not. They have different values and interests. Some of those men may like watching sport, others may regularly contact their family in India, whereas others hang around the neighbourhood square and mostly talk to native Londoners. The point is simply that "people belonging to the same population or ethnic group may show quite different attitudes in the work place, school, or at home towards other groups; and they may have very different daily and lifetime routines that should be taken into account". A prime determinant of differences will be whether the person came to London as a young person or an adult, and how long they have lived in London.

62    Therefore in considering diverse populations, it is important to recognise not only the diversity within the population as a whole, but the diversity within particular populations and identified groups. Moreover, when designing policy to address aspects of superdiversity, policymakers must demonstrate sensitivity to hyper-diversity and accommodate their policy designs accordingly. As van Kempen suggests, "more diverse and more tailored arrangements are needed" (2013, p.4).

### Approaches to cross-cultural interaction

63    The relevance of the hyper-diversity thesis for the purposes of this report is that homogeneity cannot be assumed within a culture. In navigating the literature on culture, three main hypotheses on the interrelationship between different national cultures are identified: i) convergence; ii) divergence; and iii) crossvergence. The approach adopted will impact upon how national culture is seen to influence health and safety attitudes and behaviours.

64    In "Researching Managerial Values: a cross-cultural comparison", Tan (2002) compared surveys of managers in China, the United States and Singapore. Singaporean managers displayed similar cultural values with the American managers on all the measures, while Chinese managers in the People's Republic of China differed significantly, despite the common cultural heritage of Singapore and the People's Republic of China. The study theorises that this is due to the westernised nature of the American and Singaporean educational system, economy and political system. Tan notes that a major problem with cross cultural research is that culture is often equated with a country, even though the two concepts are not necessarily the same.

65    Tan's work refers to the "convergence hypothesis" which proposes that individuals in the context of industrialised nations will embrace common attitudes and behaviours despite cultural differences.

66    That is the polar opposite to proponents of the divergence approach who argue that national culture instead of economic ideology drives value systems, such that they will remain largely unchanged even if a country adopts capitalism. They emphasise the uniqueness of each culture and the need to adapt management practices to the local environment. Social psychologist Geert Hofstede's study (1980) provides strong evidence that cultural differences persisted over time, even for members of the same multi-national corporations. Similarly, Robert Kelly (1987), a researcher from the University of British Columbia, noted that cultural differences persist even after controlling for individual, organisational and occupational variables. Other studies also support the contention that the cultural beliefs and values are so deeply rooted in individuals that they remain intact for different cultures despite the impact of western style industrialisation.

67    There is a third view called "crossvergence". This argues that neither the convergence nor the divergence view is adequate to explain the dynamic interaction of economic ideology and national culture. The crossvergence view reiterates that some new cross-bred forms of values result when two cultures meet (Beals, 1951). Therefore, complete convergence or divergence may not occur.

68    For the purposes of the current research, the Superdiversity Institute leans more towards the divergence approach than the convergence approach. Superficially, employers or workers may embrace attitudes to survive, but underneath the appearance, the unique national cultures they were raised in are likely to persist and be strongly important in a particular person's view of say, health and safety. Crossvergence will occur, particularly as time elapses in a new adopted country.

## Factors affecting workplace health and safety experiences

69    For CALD workers in general, whether migrants or non-migrants, there are a range of factors that can affect the way they experience workplace health and safety differently from "mainstream" workers thereby increasing their risk of injury or death in the workplace. These include race and ethnicity, religion, culture, and language.

70    **Race and ethnicity:** There is no authoritative definition of either race or ethnicity that is shared by all its users. Both concepts are best regarded as "essentially contested", with arguments about their appropriate use sustained by reputable arguments on various sides (Lorenz, 2008). Many writers do not distinguish between the two and in many instances nothing hinges on which is used. In what follows we carefully note nuances between different writers' use of such terms.

71    We focus on race and ethnicity because of their capacity to cause disadvantage and discrimination to the worker. The mere fact of racial or ethnic difference is not our concern. Rather, it is the unique vulnerability of such workers and the perception – substantiated by the research – that they have relatively poor health and safety outcomes that this report analyses. The disproportionately poor experiences that many racial and ethnic minorities have of occupational health and the burden this places on the state are sufficient justification for dedicated studies into its causes and amelioration.

72    One general caveat must be entered about reliance on statistics that record race and ethnicity. That is, many countries have settled on different relationships between the two concepts, such as to render comparisons between countries challenging, and in some cases inapposite. For instance, the Canadian census distinguishes between "ethnic or cultural origins of a person's ancestors" and one's "population group". The former category clearly approximates to traditional understandings of ethnicity. However, the category of "population group" includes characteristics which might be considered instances of both race and ethnicity. They are: "White, South Asian, Chinese, Black…". The question reflects the Canadian concept of a "visible minority", so distinguished as those "persons, other than Aboriginal peoples, who are non-Caucasian in race or non-white in colour" (Statistics Canada, 2017a).

73    Regrettably, not all countries are so scrupulous in their data collection. The Australian census, for example, asks a sole question about ancestry, but limits the answer to one of two ancestries. It does not ask for any further details about race or ethnicity (Australian Bureau of Statistics, 2016). The United Kingdom census substantially conflates the two concepts. Under the heading 'race categories', the following are included: "white", "mixed/multiple ethnic groups," "Asian/Asian British," "Black/African/Carribean/Black British," "other ethnic group" (Office of National Statistics, 2011).

74    The United States presented a more complicated picture. The 2010 Census adopted a self-consciously "social definition of race" (Census Bureau, 2018). This included national origin and sociocultural groups. Importantly, the Census Bureau (and other government departments) does not consider Hispanic, Latino or 'Spanish origin' as race categories. Thus people who identify with any of these three characteristics may be of any race.

75    **Culture:** Following Kouabenan (2009), we adopt a broad definition of culture. When we refer to culture, we mean the "system of beliefs, values, representations, and shared experiences among the members of a given social group". The broad definition can therefore encompass national cultures, ethnic cultures, religious cultures, organisational cultures, and indeed any set of shared beliefs, norms and experiences which constitute a "collective programming of the mind" and distinguish and demarcate one group from another (Hofstede, 2001).

76    Cultural difference is inherent in a superdiverse workforce, and significant evidence indicates its pervasive effects on health and safety practice. As we discuss below, different cultures may circulate different conceptions of risk: in its apprehension, acceptance, and in beliefs about appropriate behaviour in response (Kouabenan, Hofstede, 1980; Slovic, Fischhoff, Lichtenstein & Roe, 1981). Plainly, occupational health and safety policymakers must be cognisant of such beliefs. The design of effective tools, tactics and strategies depends on recognising the disparate impact that they might have on cultures whose perceptions of and response to occupational risk is not consistent with those of Westerners.

77    As Helmreich (1998) puts it: "Effective efforts to achieve safety must recognize the importance of culture. Organisations must have a full understanding of cultural influences on their operations if safety efforts are to succeed".

78    **Language:** Language diversity is an inherent incident of superdiverse communities. Perhaps obviously, it provides one of the greatest impediments to the effective communication of health and safety information. This can take many forms, for example: workers or employers who do not share the same language; employers not versed in the language of the regulator; workers or employers who speak the main language but with an accent which is difficult for others to understand; or workers or employers with variable levels of language comprehension or literacy capacity. As Wylie (2012) states: "there is no point translating a resource into another language if the speakers of that language have a very low rate of literacy" (p.29).

79      Moreover, cultural norms also regulate the effectiveness of communication in ways distinct from mere language differences. Simply put, communication is about more than language, and so translation of materials may elide important divergences in conceptual understandings between cultures. As Flynn (2014) explains, "a fixation on language can cause other cultural differences to be overshadowed" (p.6). Other differences may include a rejection of Western medical ideas (O'Connor, Flynn, Weinstock & Zanoni, 2011) or a more general rejection of modern, scientific understandings of event causality (Hewstone,1994, p.205).

80      **Religion:** Religion is an important constituent of culture. It may impact workers' attitudes and behaviour towards health and safety, as the appropriate method for delivery of health and safety information and training. For instance, many Muslim women regard conveyance of information by women more appropriate than by men. Some workers' fatalistic beliefs about life (influenced by religion) means they are less proactive in preventing accidents. In regards equipment, there may be practical barriers for a Sikh person to wear head protection in relevant workplaces, for example on a construction site. This is because in accordance with their religion, baptised Sikhs are required to wear their hair uncut and wrapped in a turban, over which the hard hat cannot fit. To ensure that turban-wearing Sikhs are appropriately protected, but also are not penalised for non-compliance with regulations as a result of their religious practice, regulators may need to take steps such as in the United Kingdom, where Sikhs are exempted from the requirements for using head protection set out in the Personal Protective Equipment Regulations 1992 (Health and Safety Executive [HSE], 2015).

81      These definitions and factors should be borne in mind when reading the following sections of this report.

## Methodology

82      As explained in the introduction, ACC agreed to fund the Superdiversity Institute for Law, Policy and Business to deliver a report determining the impact of the national culture of workers on health and safety in New Zealand.

83      The ultimate goal of this research was to understand the impact of cultural norms on health and safety (and compliance generally) and to understand what interventions are effective in mitigating any negative impacts of cultural norms on health and safety outcomes, with the aim of using these insights to improve health and safety outcomes for CALD workers in New Zealand.

84      Please refer to the prior section for relevant terminology and definitions used in this methodology.

### Research approach including analytical models

#### Generating "ethnic group health and safety culture" profiles

85      The chosen research approach in relation to "health and safety culture" was to identify an appropriate model for analysing the culture of different ethnic groups in New Zealand, and to use this model to understand how this may impact the attitudes and behaviours of those ethnic groups towards health and safety (Part 2).

86      We identified two models for this purpose – the Hofstede (1980) and GLOBE (2004) models. This report uses Hofstede's analysis as the primary source, and uses the GLOBE study to supplement findings, where this was considered appropriate.

87      Both the Hofstede and GLOBE models are based on bipolar "dimensions" representing a preference one way or the other for a particular state of affairs – i.e. with Hofstede's "power distance" dimension, a preference for a hierarchical social order (high power distance) over a preference for equal distribution of power (low power distance). These dimensions are explained in detail in Part 2 of this report.

88    By analysing culture in relation to preferences, these models are indicative of the "values" of the cultures examined. "Safety culture" (as explained above) is also about values, namely how these are expressed in health and safety behaviour. Therefore, in examining culture in a health and safety context, we saw benefit in maintaining conceptual consistency through choosing a cultural model that recognises "values" as a determinant of behaviour, just as the "safety culture" model recognises "values" as a determinant of behaviour.

89    Additionally, Hofstede's model is recognised as a "super classic" within scientific cultural research (Brookes, 2015, p. 12). The European Agency for Safety and Health at Work (2013, p. 37) recognises Hofstede as the "most popular framework in this regard".

90    According to Taras, Kirkman and Steel (2010), Hofstede's model has been used in almost 200 empirical studies, published in 40 journals and book series, between 1980 and 2002. At the time of writing, Hofstede's original book, *Culture's Consequences* (1980), has been cited by over 44,500 articles.

91    As Taras et. al. (2014) describe:

Over time, scholars have incorporated Hofstede's framework in their own research and generated a substantial body of compatible evidence on the effects of national culture in the workplace; their findings are large and consistent enough to make remarkably accurate predictions and useful prescriptions…

92    The GLOBE study model is the second most frequently cited model after Hofstede's, and is used to supplement the Hofstede model in this report, following the approach used by the European Agency for Safety and Health at Work (2013).

93    Also, Hofstede's model has been considered in the health and safety context (see Reader et al., 2015) and so we had an existing example of how cultural dimensions could translate in a health and safety context that could then be adapted to a New Zealand context.

94    Moreover, competing models, such as Trompenaars' model of national culture differences (1994), which incorporates seven dimensions of culture, have been used significantly less than the chosen models, and have therefore not been used to the same degree in supplementary research. Therefore, other models have produced many fewer useful insights of how culture is expressed, than the Hofstede and GLOBE models.

95    Having chosen to use the Hofstede model (supplemented by the GLOBE model) as the framework for our ethnic health and safety culture profiles, we acknowledge the following academic criticisms of the Hofstede model, and its use in a health and safety context:

(a)    McSweeney (2002) criticises the model for having an inadequate original sample (only 40 countries used to create model);

(b)    Baskerville (2003) criticises the model for assuming that culture and nationality are correlated;

(c)    Mannes (2006, p.39) notes that 'generalising' dimensions might amount to "stereotyping" cultures (Mannes, 2006, p. 39);[61]

(d)    McSweeny (2002), Vaioletti (2006) and Fan (2000) argue that the cultural dimensions do not sufficiently predict behaviour – one may see substantial differences in how the same cultural dimensions are expressed in different countries; and

---

[61] Mannes (while acknowledging the many negative effects of and limitations of stereotyping) has described stereotypes as a way of understanding and organising our environment and as a "useful tool in understanding different cultures." Mannes states that "for stereotyping to be effective, individuals must be aware they are describing a group rather than an individual, use descriptors rather than evaluations… accurately describe the norms and values of the person involved, and should be modified based on further observations and experiences with the person and situation." (p.39).

(e) In the health and safety context, Starren, Hornikx & Luijters (2013) have cautioned against overstating the effects of cultural values on health and safety motivation, citing a study which showed that Hofstede's dimensions could not account for differing accident rates of Dutch and Swedish workers on the same project.

96 Note that Hofstede has responded to criticisms (a) and (b) on the basis that, respectively, the updated versions of his model rectify the sampling issue (Hofstede, 2002), and that Baskerville's study failed to take into account the prior 20 years worth of development of the cultural dimensions as Baskerville's study used Hofstede's 1998 model, and not his original 1980 model (Hofstede, 2003).

97 Through the course of this research, we also identified for ourselves the following limitations of using the Hofstede model for this cultural research, particularly in the context of different cultures within the same country:

(a) It does not show variations within ethnic subgroups. For example, the perspectives and experiences of older first generation migrants are different than those of younger second generation migrants;

(b) It does not take into account the variations in culture between people from the same ethnic group but different national origin. For example, Chinese people from mainland China have significantly different backgrounds and experiences compared to Chinese from Taiwan (Lu et. al., 2003); and

(c) It does not consider whether cultural values can change over time, something which seems to be indicated by differences between earlier and later studies' findings using the Hofstede model - for example, a 1997 US study using Hofstede's 1980 model, identified Chinese culture as having high uncertainty avoidance (Fernandez et al., 1997), whereas Hofstede's 2010 study identified Chinese culture as a low uncertainty avoidance culture.

98 Nevertheless, the model remains a useful starting point. As Eringa et al. (2015) states, "Hofstede's work can still be seen as the most comprehensive and relevant study of cultural differences." And despite the many and varied criticisms of Hofstede's work, no competing frameworks for analysing cultural differences have yet been significantly embedded or considered in the literature.

99 The researchers felt that the use of this existing and widely-used model was the most valid starting point for this exploratory analysis, despite the limitations and criticisms identified. We did not identify any other models that we felt were sufficiently well-developed or suited to a health and safety context to be used for the purposes of this research.

100 We would welcome other research in this field, particularly research using models other than Hofstede or GLOBE, to help uncover how culture is expressed in a health and safety context in New Zealand, with the ultimate aim of improving outcomes for CALD workers in New Zealand.

**Adapting Hofstede for a health and safety context**

101 In adapting the Hofstede model to create a profile of "health and safety culture" for ethnic groups in New Zealand, we followed Reader et al.'s (2015) study, which examined whether there is an association between national culture and safety culture, and which expressed the below associations between Hofstede's dimensions (which will be explained in detail in Part 2 of the report) and health and safety behaviours:

(a) *High Uncertainty Avoidance* cultures value strict adherence to protocol, and avoid behaviour which may have threatening consequences. This makes high uncertainty avoidance cultures less likely to report errors, raise safety problems, communicate risk, and effectively improvise during safety crisis scenarios;

(b) *Low Individualism/High Collectivism* cultures fear endangering the harmony of group relationships, and avoid behaviour which breaks group norms. This makes low individualism cultures less likely to communicate errors, speak up to authority figures, and critique or question unsafe practices;

(c) *High Power Distance* cultures emphasise respect and inequality between workers and their superiors. This makes high power distance cultures less likely to communicate freely with superiors about safety issues, and more likely to defer personal responsibility for safety onto their superiors;

(d) *High Masculinity* cultures prefer to place individuals who exhibit "masculine" traits, such as aggression, assertiveness and competitiveness, in positions of power. This makes high masculinity cultures less likely to collaborate on safety issues; and

(e) *Low Long Term Orientation* cultures prioritise immediate gains over long term benefits. This makes short term oriented cultures more likely to pressure employees to prioritise increased production over the long term health benefits of proper safety procedures.

**Supplementing the Hofstede model through interviews**

102    In Part 2, we also highlighted "specific cultural values" of each culture, drawn from supplementary research, to give greater context to the Hofstede (1980) / Reader et al. (2015) analysis.

103    To supplement our cultural dimension analysis, and acknowledging the paucity of research in this area, we also interviewed New Zealanders from different national cultures to gain their insights into the impact of their own national culture on health and safety attitudes and behaviours. The interviewees were selected on the basis of their cultural background, expertise in health and safety, experience in working in superdiverse environments, and any particular special knowledge or perspective on the topic.

104    The interviewees were identified from the Superdiversity Institute's professional networks. Mai Chen, Chair of the Superdiversity Institute, is also Chair of New Zealand Asian Leaders, and SUPERdiverse WOMEN[62], and therefore has a wide network of ethnically diverse contacts who were able to provide valuable insights for this report.

**Choice of superdiverse countries and jurisdictional review research approach**

105    We used the following criteria to determine the eight most superdiverse countries relevant to this research project:

•    By reference to the joint project of the *Max Planck Institute for the Study of Religious and Ethnic Diversity* and the *United Nations Population Division* and the World Bank, which provides information on twenty countries hosting the largest numbers of international migrants (United Nations, 2017); and

•    By considering which of these countries were most relevant to New Zealand and to this project, by reason of regulatory similarities or the amount of published research in English.

106    This produced the following indicative list of countries as follows:

•    United Kingdom;

•    Australia;

•    Canada;

•    United States of America;

---

[62] The Superdiversity Institute for Law, Policy and Business has brought underneath its umbrella New Zealand Asian Leaders and SUPERdiverse WOMEN.

- Singapore;

- Malaysia;

- Germany; and

- Kuwait.

107 We used the PICO (P (population/problem), I (intervention/indicator), C (comparator) and O (outcome)) method to frame our literature search criteria.

108 Our PICO analysis was founded on the assumption that "CALD workers" (workers who are considered culturally, or linguistically diverse in the country in which they are working) have higher rates of injury or fatality than "non-CALD workers" (workers who are **not** considered to be culturally or linguistically diverse in the country in which they are working). Our preliminary research identified relevant literature corroborating this for the United Kingdom, United States of America, and Australia, and we expected this finding to extend to the remainder of the countries listed above.

109 Therefore, our PICO analysis was as follows:

- Population: "CALD workers";[63]

- Intervention: Tools, tactics, strategies, or initiatives designed or implemented to improve diverse workers' health and safety in the workplace;

- Comparator: "non-CALD workers"; and

- Outcome: the intervention has resulted in increased / decreased rates of injury or fatality amongst CALD workers.

**Research questions and objectives**

110 Our research questions for each part were therefore:

- Part 2: What are the "health and safety cultures" of different ethnic groups in New Zealand?; and

- Part 3: What tools, tactics, strategies, or initiatives designed or implemented to improve the health and safety of diverse workers are effective in decreasing rates of injury or fatality amongst these workers?

111 Our research objectives were:

- To identify the cultural dimensions of each of the four cultural or ethnic groups in New Zealand considered in this paper ("mainstream Kiwi culture"; Pacific peoples, Asian, and "Other"), with reference to the literature;

- To examine the impact of cultural dimensions on health and safety outcomes, with reference to the literature;

- To identify the health and safety outcomes of various ethnic groups in each of the eight overseas jurisdictions examined, with reference to the literature;

- To identify, in each of the eight overseas jurisdictions examined, tools, tactics, and strategies intended to improve the health and safety outcomes of CALD workers; and

- To evaluate the effectiveness of those tools, tactics, and strategies.

---

[63] No restriction on ages, socio-economic backgrounds, industries or professions.

**Keywords**

112   Having identified the research questions and objectives, we extrapolated from those keywords to be used in the searches for each part of the report, which included the following:

(i)   Part 2: "culture", "values", "attitude", "behaviours" "implications", "health and safety", "occupational health", "Hofstede" and "GLOBE", and the names of each of the relevant cultural and ethnic groups considered; and

(iii)   Part 3: we used the name of each jurisdiction as a keyword, in conjunction with the following relevant terms: "migrant workers", "immigrant", "culturally and linguistically diverse", "seasonal workers", "tools", "tactics", "strategies", "intervention" and "programmes".

113   Where relevant material was identified, we also conducted a search using the author's name as an additional keyword, to determine if any of their other research was relevant.

114   A table setting out sample searches is available here:

| Research Question | Keywords | Sample searches |
|---|---|---|
| **Part 2**<br><br>What are the "health and safety cultures" of the different ethnic groups in New Zealand? | *Name of ethnic group or relevant sub-ethnic group (including variations)*<br><br>**And**<br><br>worker* or employee*<br><br>*and*<br><br>"health and safety" or "OHS" or "WHS" or "workplace health" or "workplace safety"<br><br>*and*<br><br>*culture* | Chinese<br><br>**And**<br><br>worker* or employee*<br><br>*and*<br><br>"health and safety" or "OHS" or "WHS" or "workplace health" or "workplace safety"<br><br>*and*<br><br>*culture* |
| **Part 3**<br><br>What tools, tactics, strategies, or initiatives designed or implemented to improve the health and safety of diverse workers are effective in decreasing rates of injury or fatality amongst these workers? | Name of relevant country or sub-jurisdiction i.e. state<br><br>*and*<br><br>worker* or employee*<br><br>*and*<br><br>"health and safety" or "OHS" or "WHS" or "workplace health" or "workplace safety"<br><br>*and*<br><br>tool* or tactic* or strateg* or initiative* or project* or intervention or programme or stud* (study/studies)<br><br>*and*<br><br>migrant or immigrant or foreign or diverse or cultur* or ethnic | Kuwait<br><br>*and*<br><br>worker* or employee*<br><br>*and*<br><br>"health and safety" or "OHS" or "WHS" or "workplace health" or "workplace safety"<br><br>*and*<br><br>tool* or tactic* or strateg* or initiative* or project* or intervention or programme or stud* (study/studies)<br><br>*and*<br><br>migrant or immigrant or foreign or diverse or cultur* or ethnic |

**Data Sources and Collection Methods**

115     Having identified these keywords, we used the Google Scholar database, and the University of Auckland library database (publically available content), to locate relevant literature across all parts of the report. Most of the material came from free resources offered by published journals including: *Injury Prevention, Safety Science*, and the *Journal of Cross-cultural Psychology*.

116     Grey literature (non-academic literature, sourced through targeted Google searches) was used to supplement and expand on niche areas of research and helped identify government initiatives and priorities. In particular, when searching for statistics about a country's demographics, our researchers used the particular country's national office of statistics or equivalent as an initial point of reference. Censuses and other official data collections were relied on to give accurate population estimates and demographic breakdowns for the population demographics, workforce, and occupational injury and death rates section of each jurisdictional review in Part 3.

117     Comprehensive statistics on occupational injury and death rates were ordinarily sourced from a country's Department of Labour or equivalent. However, many countries lacked systematic information on occupational injury and death rates by ethnicity, race, nationality or other components of diversity. In such instances, our researchers broadened their searches to include academic journals, NGO databases, conference papers, university websites and other relevant literature.

118     The sources we located included:

- peer-reviewed published articles;

- theses and dissertations;

- textbooks;

- government websites;

- funded research reports;

- discussion papers;

- government policies, and enquiry results;

- organisations and professional bodies' websites;

- corporate literature of any relevant companies identified through the search;

- conference literature; and

- newspapers.

119     Having located a broad range of material through these searches, we then manually reviewed each source.

120     Sources were narrowed through relevance, quality and credibility (i.e. reputable journals, peer-reviewed, cited by others).

121     Having retrieved the material, a narrative review method, using a topical approach, was used for the analysis. We summarised each piece of relevant research identified, categorised it by reference to the origin of the tool, tactic, or strategy (i.e. the relevant government, non-governmental organisations, employers, academic studies). We located the research within the relevant demographic context, and legal and regulatory frameworks.

**Limitations of overall methodology**

122    We encountered a number of difficulties with the application of our chosen methodology to this research project, particularly in relation to Part 3 of the report.

123    Much of this difficulty arose from the paucity of relevant data, and the poor quality of what relevant data were identified. We had not anticipated that there would be so little available research and data available.

124    Particular challenges we encountered were:

(a)    Official data which tracks the incidence of occupational injury by ethnicity, nationality, race or other cultural characteristic is scarce. While many countries included in this research require that extensive information is recorded about the factual circumstances of a workplace injury, little information is required or recorded about the characteristics of the injured worker. This made it difficult to identify the disparity in health and safety outcomes between CALD and non-CALD workers;

(b)    So little research has been done in this area (potentially as a result of the poor source data relating to incidence of occupational injury by ethnicity, nationality, race or other cultural characteristic) that the PICO analysis could not be effectively implemented. The PICO analysis method was chosen to assist researchers to identify tools, tactics, strategies, or initiatives designed or implemented to improve CALD workers' health and safety in the workplace, where the intervention resulted in increased / decreased rates of injury or fatality amongst CALD workers;

(c)    But there has been relatively little development and implementation of tools, tactics, strategies, or initiatives to improve CALD workers' health and safety in the workplace, and so little research on those which have been developed or implemented and the extent to which they reduce injury, that analysing the effect of those few tools, tactics, strategies and initiatives in a rigorous way has been limited; and

(d)    Moreover, the tools, tactics, and strategies we did find largely related to discrete industries, migrant workers and refugees. But these tools, tactics, and strategies cannot be generalised to CALD workers as a broad group, as CALD includes the full spectrum of culturally and linguistically diverse people, who have different backgrounds and experiences and work in different industries. Given this, we have endeavoured, throughout the jurisdictional review particularly, to make clear which types of CALD workers we are discussing, as this may affect the applicability of the identified tools, tactics and strategies.

125    Accordingly, while Part 3 of this report has not explicitly identified "what works" for improving the health and safety outcomes of CALD workers, it has identified the range of tools, tactics, strategies, and initiatives that are being deployed globally to try to achieve this goal.

126    Moreover, we have identified that more research is needed. We hope this report serves as a call to action to other researchers to pay attention to this important area.

# Part 2: Insights into Health and Safety Cultures of New Zealand Ethnic Groups

## INTRODUCTION

127 In this section, we review current knowledge of the health and safety culture of non-indigenous ethnic groups in New Zealand, as well as "mainstream Kiwi" health and safety culture.[64]

128 In so doing, we use generalisations or stereotypes to express a hypothetical understanding of the health and safety culture of different ethnic groups in New Zealand.

129 This hypothetical understanding of the health and safety culture of different ethnic groups in New Zealand draws on a number of studies which examine the correlation between Hofstede cultural dimensions and dimensions of safety culture (Taras, Steel & Kirkman, 2011; Reader et al., 2015). Taras et al. (2011) concluded after 30 years of research in the field, that national culture is one of the best predictors of attitudes, behaviours and performance in the workplace. For that reason, it is essential to consider the impact of national culture, and cultural values, on initiatives to prevent workplace injury.

130 We set out below the key cultural attributes of major non-indigenous ethnicities in New Zealand, based on our research:

   (a)   "Mainstream Kiwi culture";

   (b)   Pacific culture;

   (c)   Asian culture (separated into Chinese, Indian, Korean and Filipino); and

   (d)   "MELAA" or "Other" (in which we analyse Iranian and Brazilian cultures).[65]

131 This section will address the following for each of the identified ethnic groups:

   (a)   The Hofstede and GLOBE cultural dimensions;

   (b)   Specific cultural values; and

   (c)   Likely implications for health and safety behaviours.

132 This approach reflects current academic approaches to cultural analysis which tend to use the Hofstede and GLOBE cultural dimensions frameworks, while acknowledging their limitations.

133 As discussed in the overview section, the use here of the Hofstede and GLOBE models generalises, or "stereotypes", the characteristics of the ethnic groups surveyed. While acknowledging the dangers inherent in stereotyping, we recommend that these stereotypes are used only as a starting point for conceptualising the impact of cultural differences on injury prevention efforts.

134 The following sections explain the Hofstede and GLOBE models; theorisations of "safety culture" as a means to explain health and safety attitudes and behaviours; and how cultural values are linked to safety culture, in order to determine a hypothesis of the health and safety cultures of different ethnic groups in New Zealand.

**How culture is measured**

135 The following paragraphs explain the Hofstede and GLOBE models (including an analysis of their limitations), and explore their usage in relevant literature.

136 Hofstede's original study (1980) analysed four separate dimensions (described in detail further on in this report):

   (a)   Power Distance;

---

[64] "Mainstream Kiwi culture" is defined in paragraph 16, and includes all those who identify with it, regardless of their ethnic origin.
[65] The MELAA group is included as they have a very high incidence of injury while working in New Zealand.

(b)   Individualism;

(c)   Masculinity; and

(d)   Uncertainty Avoidance.

137   Further dimensions of Long Term Orientation (explained below) and Indulgence (referring to freedom to enjoy life and have fun, versus restraint, relating to regulation of such activities by strict social norms) were added to the model in 2010 after further studies (Hofstede, Hofstede & Minkov, 2010). However, subsequent studies using Hofstede's model tend not to address the indulgence dimension.

138   A successor study by House et al. (2004), known as the "GLOBE" study, used the equivalent categories of:

(a)   Power Distance;

(b)   Institutional Collectivism, In-Group Collectivism (together a refinement of Hofstede's individualism concept);

(c)   Uncertainty Avoidance;

(d)   Future Orientation (an adaptation of Hofstede's long term orientation); and

(e)   Gender Egalitarianism, Assertiveness, Humane Orientation and Performance Orientation (together referencing Hofstede's masculinity dimension).

139   A few studies have considered the GLOBE study dimensions as supplementary to the Hofstede dimensions (European Agency for Safety and Health at Work, 2013). Similarly, this report uses Hofstede's analysis as the primary source, and uses the GLOBE study to supplement findings, where necessary.

**National Culture and Safety Culture**

140   As briefly explained in paragraphs 14 and 15, Safety Culture is a term used by researchers to describe a group's inherent attitudes, behaviours and values towards occupational health and safety, although different descriptors have been used by different research groups (Cooper, 2000). Studies have consistently shown correlation between indicators of poor safety culture and workplace accidents (Noort et al., 2016). Common measurements of "good" safety culture include (p.520):

(a)   management commitment to safety;

(b)   collaboration to safety;

(c)   incident reporting;

(d)   communication;

(e)   colleague commitment to safety; and

(f)   safety support.

141   We note however that "safety culture" is not a universally acknowledged concept, and is often thought of as merely a subset of organisational culture (Guldenmund, 2000).

142   It has been acknowledged in the literature that a person's ethnic and national culture affects their personal "safety culture". As put by Kouabenan (2009):

…each worker (has) his or her own set of beliefs, representations, norms and culture… They affect political or strategic choices, and economic and cultural choices as to what levels of risk are

acceptable, unavoidable, or useful; they have an impact on measures taken to counter potentially harmful effects, and on whether safety procedures are accepted and followed; they influence how individuals evaluate their personal exposure to risk, their decision as to whether or not to protect themselves, and their receptivity to prevention messages…(p. 768).

### EU-OSHA report

143    The European Agency for Safety and Health at Work ("EU-OSHA") released a report on cultural approaches to health and safety in 2013 (Starren et al., 2013). After their own review of cross-cultural literature, they state four assumptions made by different research groups in regards to the Hofstede categories and workplace health and safety:

- Workers from high power distance cultures readily accept instructions from their superiors. Conversely, safety could be more at risk in certain circumstances if workers do not challenge the decisions of their superiors;

- Workers from collectivist cultures tend to communicate better and are team oriented;

- Workers from masculine cultures tend to exhibit macho, risk-taking behaviour. Femininity is more about valuing people and relationships, and has the potential to extend to concerns about occupational health and safety and well-being; and

- Workers from cultures with higher uncertainty avoidance are more likely to comply with safety procedures. However, they may also be less flexible, creative and resilient in unexpected situations or emergencies.

144    The EU-OSHA report found that the cross-cultural theories and studies do have a useful role in explaining, for example, behaviours in multicultural teams. It does, however, warn that care should be taken not to overstate the role of such theories, given the risk of stereotyping and the fact that every individual has several identities. This is consistent with the Superdiversity Institute's own recognition of the importance of addressing the specific situations of individual workers and employers.

145    The report further emphasises the role that leadership (which is also correlated with culture) plays in ensuring safe practices at work, and gives the following recommendations to managers (Starren et al., 2013):

- Address language barriers;

- Adapt leadership style to be culturally appropriate;

- Train workforce in intercultural competence; and

- Stimulate an inclusive working environment.

146    This indicates that understanding of cultural difference does have a significant role to play in addressing workplace health and safety, despite disagreement as to the extent to which reliance should be placed on cultural theories.

### Further studies

147    Merkin, Taras and Steel (2014) also conducted a meta-analysis of studies correlating Hofstede dimensions to communication styles in the workplace. They concluded that culture had a "weak to moderate but significant" effect on communication patterns (p. 14). This effect was significantly stronger for men in "culturally tight" societies (societies with strong social norms and degrees of sanctioning) (p.8).

148    In particular Merkin et al. (2014) found that individualistic cultures were more likely to communicate in direct speech, and communicate their own interests. They were less likely to use deception, be concerned about "saving face" or protecting their place in social hierarchies, and be sensitive to

other's reactions. High power distance cultures were more likely to be sensitive, face-saving and to use indirect communication. Masculine cultures were more likely to be self-promoting and direct, and less likely to be sensitive and concerned with face-saving. High uncertainty avoidant cultures were more likely to be sensitive and face-saving.

149    This research can be compared to Hall's research on "high context" cultural groups (which communicate in indirect ways requiring deciphering) and "low context" cultural groups (which communicate slower but more directly) (Hall, 1976).

150    Seymen and Bolat (2010) considered that the four original Hofstede dimensions affect three indicators of "good" safety culture:

(a)    management commitment to safety;

(b)    employee commitment to safety; and

(c)    risk perception.

151    In particular, Seymen and Bolat (2010) identify uncertainty avoidance and individualism as being the most likely to have widespread effects on safety culture. To summarise their predictions:

•    High power distance culture is likely to indicate centralised, hierarchal and formalised safety management, with one-sided (as opposed to reciprocal) safety communication from superiors to workers (and vice versa);

•    High uncertainty avoidance culture is likely to indicate continuous, rigid and didactic safety education, with less participation by workers in the process;

•    High individualism culture is likely to indicate more personalised and participative safety education, which emphasises safety as a personal responsibility. Safety programmes are directed at individual safety desires (as opposed to group safety); and

•    High masculinity culture is likely to indicate high individual safety responsibilities, and success, improvement and material gain being the predominant safety values (as opposed to group successes and group safety responsibilities).

152    Burke et al. (2008) is often cited in other literature reviews on this subject. This research examined the relationship between national culture and the efficiency of organisational safety training in 68 organisations from 14 countries. They found that high uncertainty avoidance culture "paradoxically" caused greater uncertainty in the transfer of safety training, and trainees responded in a rigid manner towards critical situations (Brookes, 2015. p.9).

153    Mearns and Yule's (2008) study examined the relationship between Hofstede dimensions, management commitment to safety (as a measure of safety climate) and risk taking at work, for oil industry workers from six countries. They found a "small but significant" relationship between masculinity and power distance, and risk taking (p.7). However they found that management commitment to safety was a much stronger predictor of risk taking. When this factor was added into their model, it rendered power distance non-significant, although masculinity remained a significant predictor. They concluded that, although masculine and high power distance cultures were more likely to be risk taking, organisational culture (such as management commitment to safety) had a more significant impact on stopping accidents than national culture.

154    The importance of this study is twofold. Firstly, despite national culture playing a role in health and safety, it is not the only contributor to workplace accidents. Secondly, it highlights that management culture is just as important as worker culture when considering health and safety. Literature on management culture will be touched on later in this report.

155    A 2006 Australian study examined correlations between Hofstede cultural dimension scores and the behaviours, attitudes and beliefs of construction workers and managers in Pakistan (Ali, 2006).The study found that workers with high collectivism, femininity (as opposed to masculinity) and uncertainty avoidance were much less likely to continue working if put into a risky situation (p.95). The study also identified collectivist, feminine and uncertainty avoidant workers as more likely to have a level of safety awareness and beliefs indicative of good safety culture, as well as a safe physical working environment onsite. Power distance on the other hand, was identified as correlating with poor safety awareness and beliefs (p.99).

156    More recently a study from the University of Auckland of workers from the Fonterra Cooperative Group in 32 different countries, found statistical correlations between power distance, individualism and long term orientation and worker's attitudes towards health and safety (Brookes, 2015). In particular, the study found that high power distance and low individualism cultures prefer to use rules and procedures to keep themselves safe, whereas low power distance and high individualism cultures prefer to take care of themselves (p.47).

157    Recent studies from Europe have similarly shown correlation between Hofstede dimensions and safety culture (Noort et al., 2016; Reader et al., 2015). Two 2015 studies from the London School of Economics and Political Science regarding European air traffic workers are particularly helpful. Noort et al. (2016) compared indicators of uncertainty avoidance to six separate measures of "good" safety culture (management commitment to safety, collaboration to safety, incident reporting, communication, colleague commitment to safety and safety support) and found that uncertainty avoidance was negatively correlated to all six measures (p.526). In particular, high uncertainty avoidance strongly indicated poor safety collaboration and incident reporting. The study concluded that national tendencies for uncertainty avoidance not only influenced perceptions of safety culture but also shaped employee attitudes towards safety related practises (p.530).

158    Reader et al.'s (2015) English study evaluated the same six indicators of "good" safety culture against five of the Hofstede dimensions, and found all Hofstede dimensions to be statistically correlated; collectivism, power distance, uncertainty avoidance, masculinity and short-term orientation were all significantly negatively associated with all measures of "good" safety culture. Of these dimensions, high uncertainty avoidance and low long-term orientation were the strongest indicators of poor safety culture (p.783). The researchers hypothesised that (p.16):

· High power distance culture reduces openness of communication on safety;

· Collectivist culture creates tendencies to maintain group harmony, and reluctance to challenge unsafe group activity;

· High uncertainty avoidant culture creates an overreliance on established practise which limits innovation and flexibility; and

· Masculine and short term oriented culture creates a focus on competition and immediate gains over long term interests.

159    The above two studies are important as they contain the strongest evidence of a link between Hofstede dimensions and workplace accidents.

**Management Culture**

160    As highlighted by Mearns and Yule (2008), and EU-OSHA, management culture can be more important in the health and safety paradigm than worker culture. While much of this report will focus on ethnic cultures of workers generally, for the sake of completeness, it is important to briefly touch on the literature regarding ethnic management culture.

161     Meyer (2017) has identified two different dimensions of cultural approaches to management; authority and decision-making. Authority refers to how hierarchical a culture is, and decision-making refers to whether decisions are quickly made by one person, or longer and by consensus. She identified that, while Western cultures such as the United States are less hierarchical, decision-making is more autocratic; whereas in Eastern societies like Japan, the culture is more hierarchical, but lower members of the hierarchy expect decisions to be made collaboratively with them. In India and China, the culture is both hierarchical and autocratic, meaning that workers do not expect to be involved in management decision-making at all. These different styles of management will affect the degree to which employees implement managerial decisions on health and safety.

162     A report published by the English Health and Safety Executive (HSE) regarding ethnic minority businesses identified ethnicity as an important "second order" cultural influence. Ethnic-owned businesses appeared to perform less strongly than what the study described as "white-owned" businesses on most indicators of strong health and safety, although there was greater variance between ethnic groups (HSE, 2003). In particular, managers of ethnic-owned businesses were significantly less aware of health and safety legislation than native businesses as a collective group, with South Asian businesses being significantly worse, although Chinese businesses were slightly better (although the study suspects that these results may be skewed owing to sampling issues) (p.103). Ethnic-owned businesses were also less likely to have good current workplace health and safety practices or to have made health and safety improvements.

163     The EU-OSHA report also contains research on management styles and their workplace health and safety outcomes. The report highlights how transformational leadership (a style of leadership which intends to change employees beliefs through leaders acting as role models, challenging employees, encouraging creativity and paying attention to individual employee's needs) and leader-member exchange (which places importance on maintaining a positive two way relationship between managers and individual workers) can result in positive safety outcomes, and be particularly important in culturally diverse work teams (Starren et al., 2013, p.44). The report also emphasises the importance of maintaining a culture of inclusion (which fosters workplace integration and respects cultural differences) in maintaining a safe environment. The report gives the BMW company in Munich as an example: BMW trained management specifically to deal better with cultural diversity and intercultural competencies, and developed a system of "health pilots" specifically trained to promote health initiatives to workers from migration backgrounds (p.48).

164     Gladwell (2008) has observed how a change in management style can overcome cultural difficulties with health and safety, in the context of Korean Air pilots. He identifies that Korean Air used to have one of the worst crash records in the world (more than 17 times higher than American carriers), due to their high power distance culture inhibiting direct and efficient communication in the cockpit during crisis scenarios (p.217). Where a Korean Air Captain would make a mistake, his co-pilot would not point it out for fear of appearing insubordinate. After hiring David Greenberg from Delta Airlines, the language of all Korean Air flight operations was changed from Korean to English. Following the change, Korean Air maintained a spotless safety record (p.182).

**What this means for workplace health and safety and our review of cultures in New Zealand**

165     In determining the health and safety culture of ethnic groups, we follow Reader et al.'s (2015) study, which examines whether there is an association between national culture and safety culture, and which expresses the below associations between Hofstede's dimensions and health and safety behaviours:

(a) High Uncertainty Avoidance cultures value strict adherence to protocol, and avoid behaviour which may have threatening consequences. This makes high uncertainty avoidance cultures less likely to report errors, raise safety problems, communicate risk, and effectively improvise during safety crisis scenarios;

(b) Low Individualism/High Collectivism cultures fear endangering the harmony of group relationships, and avoid behaviour which breaks group norms. This makes low individualism cultures less likely to communicate errors, speak up to authority figures, and critique or question unsafe practices;

(c) High Power Distance cultures emphasise respect and inequality between workers and their superiors. This makes high power distance cultures less likely to communicate freely with superiors about safety issues, and more likely to defer personal responsibility for safety onto their superiors;

(d) High Masculinity cultures prefer to place individuals who exhibit "masculine" traits, such as aggression, assertiveness and competitiveness, in positions of power. This makes high masculinity cultures less likely to collaborate on safety issues; and

(e) Low Long Term Orientation cultures prioritise immediate gains over long term benefits. This makes short term oriented cultures more likely to pressure employees to prioritise increased production over the long term health benefits of proper safety procedures.

166 The following sections will examine literature on each culture individually. The sections examine each culture's national Hofstede scores (supplemented with GLOBE insights where appropriate), and how these are expressed in a health and safety context, following Reader et al.'s (2015) approach above. We also highlight "specific cultural values" of each culture to give greater context to the Hofstede (1980) / Reader et al. (2015) analysis.

## "MAINSTREAM KIWI CULTURE"

### Evaluation of the Literature

167 There was a surprising lack of academic literature on "mainstream Kiwi culture", as defined in paragraph 16, or workplace health and safety. A 2016 Colmar Brunton poll found that "mainstream Kiwis" view themselves as having the following qualities (among others): friendly, proud, "can-do" attitude, and easy-going/laid-back (Wade, 2016).

168 "Mainstream Kiwis" have been identified as having poor safety culture in certain studies. Bentley, Page and Laird (2001) have identified that "mainstream Kiwis" in small firms show indicators of poor safety culture, particularly in the realm of accident reporting and investigation. As a result many small firms, particularly in the tourism industry, have high accident rates.

### Hofstede analysis

169 New Zealand's national culture is characterised in Hofstede et al.'s (2010) study as:

- *Highly Individualistic*: Members of this culture prioritise individual interests over group interests;

- *Low Power Distance*: Members of this culture expect consultation and equality between superiors and underlings;

- *Moderately Masculine*: Members of this culture predominantly favour "masculine" values such as competition, assertiveness and aggression;

- *Intermediate Uncertainty Avoidance*: Members of this culture show some preference for "going with the flow" over protocols and rules[66]; and

- *Low Long Term Orientation*: Members of this culture adhere to tradition, show a preference for achieving quick results and care less about their long term wellbeing.

### Workplace health and safety implications

170   Following the methodology described in paragraphs 85 and 101, the expected health and safety traits of "mainstream Kiwi" workers are:

(a)   Strong at reporting errors and communicating risk to superiors;

(b)   Poor willingness to question or challenge superiors in regards to safety;

(c)   Slightly worse at adhering to safety protocols but slightly better at improvising during crisis situations;

(d)   Worse at collaborating with others on safety issues; and

(e)   Worse at supporting safety procedures generally.

### Specific Kiwi cultural values

171   A report published by the Forte Business Group (2015) conceives "mainstream Kiwi" national culture as:

Kiwis are individualist but "mateship" modifies its expression. Kiwis are better described as self-reliant with high initiative. There is little difference between male and female roles and similarly only modest power differentials are tolerated. Kiwis tolerate uncertainty making achieving awareness of personal risk challenging. Further they err towards mastery of their environment ensuring a high degree of confidence in their ability to control their situation. Collectively these result in a culture where concern for the well being of others is high but so is risk taking. DIY is a national trait but it is suggested that the associated improvising, she'll be right, give it a go daring is an important factor to consider (p.1).

172   "Mainstream Kiwis" are actually cultural outliers in many aspects. "Mainstream Kiwis" work long hours, the second longest average hours of any country in the industrialised world (Forte Business Group, 2015). "Mainstream Kiwis" have an unusually strong sense of integrity; New Zealand is rated as the least corrupt country in the world on the 2017 Corruption Perceptions Index (Transparency International, 2017). "Mainstream Kiwis" are also egalitarian; New Zealand has one of the lowest scores for power distance in the Hofstede study, and the lowest power distance score of the countries included in the Merritt (2000) study. In the GLOBE study New Zealand has the lowest score out of all countries for assertiveness. Writing for the GLOBE study, Kennedy (2000) explains:

New Zealanders often use pejorative adjectives such as 'pushy' or 'aggressive' to describe assertive behaviours by others and the idea of standing up for one's own rights can go against the social norm of conformity (p.12).

173   The strong desire amongst "mainstream Kiwis" to conform obviously has negative connotations in the health and safety context. It is quite likely that, unlike other low power distance and masculine cultures, Kiwis are unlikely to be assertive in the workplace, and may not challenge unsafe group activities for fear of generating conflict.

---

[66] New Zealand has an uncertainty avoidance score of 49, which is close to intermediate, but is in the bottom 20 per cent of the countries surveyed.

174    Similarly, Associate Professor Carla Houkamau (2018) has identified five key values of "mainstream Kiwi" culture:

(a)    Individualism, self-responsibility and self-interest;

(b)    Competition as necessary and beneficial;

(c)    Wealth as individual and financial;

(d)    Materialism, the accumulation of material things as a measure of success; and

(e)    Careerism, the pursuit of personal career advancement as normative and desirable.

175    Values such as competitiveness, materialism, pride, and having a "can-do" and "easy-going" attitude, may indicate negative health and safety behaviours. Not only do they indicate high masculinity and low uncertainty avoidance on the Hofstede scales (which is associated with negative workplace health and safety behaviours as discussed above), but an easy-going and "she'll be right" attitude towards risk is inherently likely to be unsafe.

176    The Forte Business Group (2015) has also identified "mainstream Kiwi" DIY and self-reliant culture as factors which make Kiwis poor at health and safety, saying, "Our willingness to improvise and make do has a high probability of contributing to accidents. It is vital therefore to focus on ensuring that the workplace safety culture trumps the she'll be right, give-it-a-go daring Kiwi culture" (p.10). They describe an incident in which a Kiwi homemaker made a rudimentary device which used a bottle to prop up an egg beater to beat cream in a large bowl. When the cream thickened, the beater fell off the bottle whipping its power cord into the forehead of the woman. "Mainstream Kiwis" may be too inventive for their own good (p.12).

Power Distance

177    Brookes (2015) found that the "mainstream Kiwi" work culture is unique, with low power distance and high individualism. New Zealand is an outlier when it comes to power distance; other Pacific and Asian countries are characterised by high power distance and collectivism, and most other Western countries, although similarly individualist, score significantly higher on the power distance dimension. This means that even migrants from Western countries may struggle to navigate cultural differences in the workplace, and workers from Asian nations may find it even more of an adjustment assimilating to New Zealand culture than other countries in the west.

178    For example, the Forte Business Group (2017) has identified that "mainstream Kiwis" are the most uncomfortable with being told exactly what to do; whereas Asian cultures such as Filipinos are uncomfortable if they are not told exactly what to do (consistent with power distance score). This means that in the workplace, management styles which are normal for "mainstream Kiwis" may actually cause stress with migrant workers.

Collectivism

179    Probably the biggest dimension where "mainstream Kiwis'" cultural values contrast those of the other cultures in this report is in the high level of individualism. New Zealand has a very low score for in-group/family collectivism. This is in stark contrast to Asian and Pacific attitudes towards the family. As explained by Kennedy (2000):

There is a theme of independence running through some of the dominant New Zealand European cultural archetypes, and this can carry over into attitudes towards the family. Young New Zealanders are keen to leave the family, to make their own way, often starting with a period of 'OE' (overseas experience). It is uncommon for adults (whether single or married) to share their home with older generations. Around 70 per cent of households consist of 'one family', defined as 'a husband and/or wife with or without unmarried children of any age who are living at home' (p.13).

180   Once again, this unusual cultural characteristic of "mainstream Kiwis" may make adaption to New Zealand culture difficult for new migrants, especially those from collectivist Asian and Pacific countries. Where "mainstream Kiwis" are comfortable with working long hours and being away from their families, other cultures feel the opposite. "Mainstream Kiwi" employers likely underestimate the extent to which family and collectivist concerns are psychological stressors for migrant workers.

181   In MacLennan's (2018) study of Filipino construction workers in New Zealand, many of them expected help from their employers regarding the immigration status of their families, expecting similar cultural behaviour to collectivist Filipinos. However this help was rarely provided, as it was commercially beneficial for "mainstream Kiwi" employers to have employees with indeterminate immigration status, in accordance with western capitalist and individualist tendencies. This resulted in high reported levels of psychological stress by the Filipinos interviewed.

## PACIFIC CULTURE

### Overview

182   Auckland has the largest concentration of Pacific workers of any city in the world and it is predicted that by 2026, Pacific peoples will make up 10 per cent of the total population of New Zealand (Stats NZ, 2010). In 2013, approximately 49 per cent of the Pacific population was Samoan, 21 per cent were Cook Island Māori and 20 per cent were Tongan (Stats NZ, 2014). Furthermore, 63 per cent of Pacific peoples living in New Zealand were born here. Although the Pacific population is not homogenous, being comprised of individual cultural groups with their own specific cultural practises and norms, it is useful to assume some amount of homogeneity for the purposes of this research. As said in the Discussion paper by the New Zealand Treasury (2018a):

It is worth noting that over 90 per cent of the New Zealand Pacific community share a common Polynesian ancestry with obvious implications in terms of shared values, beliefs and social structures… pan-Pacific models… have emerged which reflect both the differences and similarities in Pacific communities… These models are particularly useful for gaining insight into community priority issues such as poverty, housing and inclusiveness…(p.6)

183   In 2014, Cammock, Derrett, and Sopoaga found that Pacific peoples have higher rates of hospitalisation due to injury (2,744 per 100,000) compared with the national average (2,393 per 100,000). The report revealed that "there remains a paucity of research addressing the social and cultural aspects of injury and rehabilitation outcomes for Pacific peoples in New Zealand" but that "there is a general consensus in the literature that Pacific peoples' views of health and disability are different to mainstream European ideologies" (Cammock et al, 2014, p. 33).

184   A large amount of the literature on Pacific workers and workplace health and safety has been done by the same two researchers, Hailey Feilo and Tyrone Laurenson (who is interviewed later in this report).

### Hofstede analysis

185   Neither the Hofstede studies, nor the GLOBE study, analyse any Pacific countries. Therefore, we used descriptions in other studies and literature of Pacific cultural traits (as cited below) to determine these dimensions of Pacific culture:

- *Low Individualism*: Members of this culture prioritise family, religious and cultural group relationships over personal interests (New Zealand Treasury, 2018a);

- *High Power Distance*: Members of this culture are comfortable conforming to hierarchies and do not expect consultation from their superiors (Thaman 2010);

- *Somewhat Low Masculinity*: Members of this culture predominantly favour "feminine" values such as service, inclusivity and compromise (Massey University, 2016);

- *Low Uncertainty Avoidance*: Members of this culture are uncomfortable with unfamiliar or socially threatening situations (Yong, 2011, p.58); and

- *Low Long Term Orientation*: Members of this culture show a preference for achieving quick results and care less about their long term wellbeing (p.100).

**Workplace health and safety implications**

186   Following the methodology described in paragraphs 85 and 101, the expected health and safety traits of Pacific workers are:

    (a)   Poor at reporting errors and communicating risk to superiors;

    (b)   Poor willingness to question or challenge superiors in regards to safety;

    (c)   Worse at adhering to safety protocols but better at improvising during crisis situations;

    (d)   Better at collaborating with others on safety issues; and

    (e)   Worse at supporting safety procedures generally.

**Comparison with mainstream Kiwi culture**

187   The main area where Pacific culture differs from mainstream Kiwi culture is in the dimensions of power distance and collectivism. This means that Pacific workers are likely to be more willing to accept a superior's orders or conform with the group than New Zealand workers. In situations where a New Zealand employer may expect a worker to speak up against an unsafe group activity or a superior's unsafe instructions, a Pacific worker is unlikely to do so.

188   The Treasury (2018) have also made a comparison between Pākehā and Pacific cultures in terms of fundamental values. They identify the following conflicting values:

| Pākehā | Pacific |
|---|---|
| Individual | Communal |
| Secular | Spiritual |
| Consumer | Ecological |
| Conflictual | Consensual |

**Specific Pacific Cultural Values**

189   Current research has identified the key values of Pacific employees as respect, humility, loyalty and hard work (Department of Labour, 2012). The Department of Labour's Pacific Strategy 2010 – 2015 sets out that Pacific people share common values which dictate their worldviews including spirituality, the value of reciprocity as a basis for sustaining relationships, respect for authority, high regard for community and social structures as well as status. These values identify Pacific Islanders as *collectivist* and *feminine* in terms of the Hofstede cultural dimensions.

190     The Department of Labour produced a report in 2012 called "*In Harm's Way: A case study of Pacific workers in Manukau manufacturing*". 40 Pacific workers and 19 Employer representatives across six manufacturing firms in Manukau were interviewed by Department of Labour staff and a Samoan researcher based in Auckland. Employers reported that they perceived "Pacific workers as hard-working people who are also self-effacing and strongly religious" (p.v). They acknowledged that these traits meant that Pacific workers were both less likely to report minor injuries, near misses and dangerous situations, and more willing to perform sometimes dangerous duties outside their normal roles.

191     Masters research by Feilo (2016) gives further evidence of a Pacific cultural willingness to do whatever is necessary in order to get their work done. Motivations for this tendency are identified as a desire to please their superiors and fear of losing their employment. Findings by Bust, Gibb and Pink (2008) show that Pacific workers sometimes risk their own safety in order to complete a job faster and this is supported by anecdotal evidence which indicates that the production rate is usually prioritised over safety in daily on-site activities (Kines et al., 2010). This literature indicates that Pacific Islanders are likely high on the power distance dimension and low on the long term orientation dimensions. This is because these cultural dimensions are consistent with a willingness to take risks in order to please superiors. Risk-taking cultural tendencies obviously also have negative implications for health and safety.

192     Fuimaono Karl Pulotu-Endemann has developed a Pacific model of health, called the Fonofale model (New Zealand Treasury, 2018a). The Fonofale model is in the shape of a Pacific fale, with the foundation representing family, the pillars representing physical, spiritual, mental and other (including sexuality, gender and age) dimensions and the roof representing culture. This model highlights how, Pacific views of occupational health are not restricted to the physical realm, but extend to their spiritual and familial lives, which may make Western workplace health and safety interventions, that focus only on physical and mental health, culturally ineffective. For workplace health and safety interventions to actually be effective at improving Pacific physical health, it is important to address all aspects of Pacific health (Rochford, 2014).

**Power Distance**

193     Pacific peoples' upbringings are characterised by large power distances. As said by Feilo (2016), "parents teach children obedience, the young respect the elders, and from a young age you are only allowed to speak if you are spoken to and are required to respond" (p.60). Pacific people are "conditioned from early childhood to learn passively, primarily by careful observation and listening, reinforced by admonition so they become sensitized to other people at an early age" (Thaman, 2010, p.8). Accordingly, Pacific peoples tend not to question their employers and work supervisors, as to do so would be considered disrespectful. The appropriate behaviour considered in many Pacific contexts is not asking questions and not interrupting those in authority, including elders (p.8).

194     The research has revealed that Pacific workers also find it difficult and unnatural to take instructions from younger people, as their tradition is built upon respecting elders. Pacific workers migrate to New Zealand with their own understanding of who they should look up to. Laurenson (2014) has explained that Samoan elders have had to provide training to Recognised Seasonal Employer (RSE) intake workers to ease their discomfort with following the directions of managers who are younger or who are not the matai (chief) of the group when working in New Zealand.

195     The Ministry of Business, Innovation and Employment has reported that Pacific migrants often come to New Zealand with relatively poor English language skills compared with other groups, with over 20 per cent having moderate/poor English language ability (Department of Labour, 2009). Pacific tendencies towards high power distance can combine with low English literacy

skills to produce negative effects for occupational health and safety. For example, a Pacific worker may not understand the contents of a staff health and safety briefing (if they have low English literacy) but will still be reluctant to speak up or ask questions to clarify the information (due to their high power distance tendencies).

196 Research suggests that reluctance to challenge or even speak to supervisors is a pervasive cultural trait among Pacific peoples. Feilo's (2016) study confirmed that objecting or voicing opinions about a task "contradicts the values of Pacific Island construction workers" (p.65). Such behaviour is typical of high power distance and uncertainty avoidance cultures, as speaking up during a meeting goes against the culturally ingrained hierarchy, and contradicting the culturally ingrained status quo has uncertain social consequences. Two examples from Feilo's survey illustrate this point.

197 The first participant describes how his cultural attributes (although he does not phrase it this way) made him reluctant to challenge an incorrect decision of a supervisor (Feilo, 2016):

I remember there was this time when our boss came on site and spoke to me and the foreman. He wanted us to do a specific task a certain way. I didn't agree with what he said and I wanted to say something but I was also scared that if I said something I was overstepping my supervisor. So, I did it how they wanted it even though I knew it wasn't going to work (p.61).

198 A second participant observed how his Pacific workers' culture made them reluctant to report a dangerous incident to him (Feilo, 2016):

…sometimes when you are in a higher position than others, it gets harder for individuals to tell you what is wrong. I once had my boys out on a job and there was an incident that happened. They didn't tell me about it until later on, I was disappointed in my boys but I also understood that it's the position that I held that made them hide what happened. They don't want to lose their jobs and covering up the incident at the time, I guess they thought it was a good idea. After I expressed to one of the boys that yes he would have been disappointed about the incident but he would be more concerned if anything serious happened to them, the individual didn't realise or thought that way (p.51).

199 Feilo (2016) has also noted that a Pacific worker's silence has different cultural connotations than silence in Western culture. In Western cultures, silence can mean that a person agrees with the speaker, does not understand or is not listening, but in Pacific culture silence is instead a sign of respect and a manifestation of their culture's high power distance. In high power distance cultures, individuals are only comfortable speaking to people higher up the hierarchy if they are directly asked something specific (p.65). Feilo observed that this cultural reluctance is increased when Pacific workers are placed in formal (and particularly New Zealand European) settings (p.60).

**Uncertainty Avoidance**

200 Many of the participants in Feilo's (2016) study also indicated that incidents were not reported due to concerns about job security. Many respondents expressed fear that they would be reprimanded and in turn could lose their jobs (p.63). Job security is a concern for Pacific migrants, as many come to New Zealand to support extended families back in the Islands (p.29). This fear increases uncertainty avoidance behaviours, such as reluctance to speak up to supervisors.

**Collectivism**

201 Pacific cultures are highly collectivist. They place great emphasis upon family (including extended family), church and village relationships and connectedness; their loyalties lie with the group, tribe or village to which they belong. Pacific peoples see themselves as a part of the group before they

see themselves as individuals. As Tui Atua Tupu Tamasese, the former Head of State of Samoa, has put it: "Pacific or Māori peoples, are not individuals; we are integral parts of the cosmos… we belong to our families and our families belong to us. We belong to our villages and our villages belong to us…" (New Zealand Treasury, 2018a, p.11).

202     The research has revealed that health and safety in New Zealand is very different from health and safety in the Pacific Islands. For Pacific workers, workplace health and safety compliance is not driven by legalistic concerns, and as such legal penalties are not strong motivators. Laurenson (2014) explains that Pacific peoples are motivated to keep themselves safe at work because of a desire to keep their jobs and/or avoid punishment by the community back home. For Pacific peoples, social pressures to conform are far more effective than threats by New Zealand law enforcement.

203     Feilo (2016) asked the Pacific participants in her study, "who do you work for?" and half the respondents automatically answered "my family" (p.57). Family and church pressures are omnipresent in Pacific cultures. Feilo's (2016) study also corroborates other literature which explains that, as well as family, "for most Pacific peoples, Christian spirituality plays a fundamental role in attitudes, expectations and relationships" (Mental Health Commission, 2000). One such piece of literature is Laurenson's (2014) work regarding car safety in Pacific communities in New Zealand, which found that the best way to spread safety messages to Pacific communities is through community groups and the Church. This means that interventions which are focused on Pacific churches and family groups will likely be more effective than traditional Western workplace health and safety interventions which focus on the workplace itself.

# INSIGHTS **TYRONE LAURENSON**

**Tyrone Laurenson is a New Zealand-born Samoan whose parents migrated to New Zealand in the 1940s. He served in the New Zealand Police for 25 years before moving to Samoa. He has since held various roles in Samoa at the National University of Samoa, the Oceania University of Medicine and the Pacific Education Centre.**

Mr Laurenson said that, over time, he has come to understand that there are three main issues that Samoans face when confronted with New Zealand health and safety culture and meeting requirements. These are: perceptions of safety equipment as a hindrance, language barriers and "culture shock", and attitudes towards leadership. He spoke specifically about Samoan workers who come to New Zealand under the Recognised Seasonal Employer ("RSE") scheme. The Scheme is seen as important and beneficial for Samoa as it provides Samoan workers the opportunity to come to New Zealand to earn money and also to gain skills that they can take back to Samoa. Between 1 July 2016 and 31 July 2017, 1,690 workers from Samoa came to New Zealand under the Scheme. The Scheme has been running since 2007.

## Attitudes towards safety equipment: 'But then I can't feel the trees'

Mr Laurenson gave an example about his daughter, who was born in Samoa. He explained that when she was young she used to love climbing coconut trees and he would always find himself telling her that she must put shoes on. Her response would be "but then I can't feel the trees". He went on to explain that in discussions with Tuatagaloa Joe Annandale (the High Chief of the Village Poutasi), he realised that Samoan workers told to wear boots in orchards and the like had similar reactions, and thus an aversion to doing so. He used these examples to demonstrate that use of safety equipment and comprehension of and willingness to take on risk varies greatly between Samoa and New Zealand, thereby impacting Samoan health and safety culture

## Language and cultural differences

The second big issue is language barriers. An ability to communicate linguistically and culturally in English and in New Zealand is important if workers are to truly understand what health and safety culture means in New Zealand. He said that "smoko" and "going for a break" were foreign concepts to Samoan workers. In Samoa they work hard and stop earlier. The typical eight hour day in New Zealand can therefore be problematic. In Samoa, while people generally start work at 8 or 9am they always finish by 4.30pm at the latest. This is mainly because the last bus to the villages from the town centre leaves at 5pm. People are therefore not used to working the long days in New Zealand.

## Leadership

The third main issue concerns leadership. He explained that Samoans have a "Matai" (chiefly) system and that this does not necessarily fit well with the New Zealand culture of having managers and/ or supervisors who may be younger than workers. Workers found it difficult and unnatural to take instructions from younger people. This was particularly an issue for workers coming to New Zealand to participate in the RSE Scheme.

Mr Laurenson explained that elders back in Samoa resolved this issue by explaining to the RSE workers that while they were at work they needed to respect the leadership of whoever had been chosen to be the supervisor or manager (even if this person was not a Matai) and that outside of work the normal Matai would resume her or his duties in terms of organising prayer, meals, social events and meetings. The resolution of this issue required cultural knowledge and expertise and highlights the importance of understanding the culture from which a person will be approaching New Zealand health and safety laws, regulations and culture.

## Discipline

Mr Laurenson explained that one of the biggest clashes with New Zealand Health and Safety Laws that Samoans under the RSE Scheme have faced related to discipline. If somebody on the RSE Scheme had to be disciplined they were first sent on a plane to Auckland and would be met at the airport by the Consul. They were then sent back home and put before the Village Council. They would usually be fined a significant monetary fine, which could be up to 20 times a minimum weekly salary, which would require the extended family to come up with. No one in their family would be allowed to go to New Zealand under the RSE Scheme until it was paid because Samoa wanted to protect the integrity of the Scheme.

New Zealand employers dislike this approach as it has meant they often lose good workers. They have expressed their preference for any issues to be dealt with in New Zealand under the laws and regulations already in place here. Because RSE Scheme workers represent the pride of Samoa, the Samoans responded to this approach by New Zealand employers by simply not allowing workers to return to New Zealand after they went home for the Christmas holidays.

## Other problems with New Zealand Health and Safety

Mr Laurenson explained that Samoan workers simply are not used to the health and safety culture in New Zealand. He explained that in Samoa, they joke that jandals are Samoan safety boots and back to front baseball caps are Samoan helmets. The below pictures illustrate this:



Images taken by Mr Laurenson of dangerous Health and Safety practices in Samoa

When Mr Laurenson was the Associate Vice Chancellor at the Oceania University in Samoa, the Vice Chancellor, who had come from Monash, insisted upon the gardeners wearing proper protective gear. This gear was not designed for the Samoan heat and these workers had to start work at 5 or 6 am because otherwise it would be too hot for them to work. The photograph adjacent demonstrates the stark contrast in safety equipment required for the workers at this University, with the general lack of safety clothing and equipment worn in Samoan workplaces.

## Workplace culture

Mr Laurenson's view is that New Zealand health and safety culture is about writing things down and whistle blowing. Workplace culture tends to be much stricter than in Samoa.

His years working in New Zealand as a Police Officer and now in Samoa in a variety of roles have taught him that the New Zealand style is confrontational, while the Samoan style is consultative. This is important to remember when considering how Samoan people will feel about interacting with Health and Safety culture in New Zealand.

## Keeping each other safe

Mr Laurenson explained that there is a very strict social order in Samoa and that each generation looks after the other, and keeps them accountable. He outlined that babies are looked after by young children, young children are looked after by teenagers and so on. Everybody has a role to play and so there are social incentives to behave in certain ways. What other people in the village think of you is more important than following any strict regulations. There is a built in system for taking responsibility for each other, both inside and outside of the workplace.

## Pacific peoples are not a homogenous group

Mr Laurenson made it clear that while Pacific peoples are often treated as a homogenous group, each Island is different. While the importance of family and extended family bonds is common in most Pacific cultures, to have the greatest understanding and impact, it is important that they are considered as distinct groups when determining their relationship towards health and safety in New Zealand. However, he also indicated that Tokelauan is a very similar language to Samoan so this can be useful when you need to communicate linguistically with either ethnic group.

## Different Risk Culture

Mr Laurenson explained that it is hard to explain the differences between the health and safety culture in New Zealand and the health and safety culture in Samoa as they are completely different. He came back to the coconut tree example and explained that while New Zealand has quite rigorous standards, in Samoa it is acceptable for people to regularly climb 50 metre high coconut trees in bare feet, with machetes between their teeth.

---

### Key takeaways

- Samoans perceive risk differently.

- Samoans will be incentivised to behave in certain ways by their village rules as opposed to New Zealand health and safety regulations or laws.

- Strong cultural knowledge and expertise is required to resolve tensions; for example between Matai systems and New Zealand culture of having younger managers/supervisors.

- The Samoan style is consultation, as opposed to confrontation.

- If you want to spread messages to the Samoan community, it is important that these messages come from members of the community. Churches can be a good place to start this education.

---

# INSIGHTS **RAVEEN JADURAM**

**Raveen Jaduram has had a long running career in Watercare. He has been the Chief Executive Officer for Watercare Services Limited since 2014, after serving as General Manager of the Maintenance Services in 2013, and Chief Operating Officer at Watercare during 2010. He is also a director of Committee for Auckland. He is originally from Fiji but has lived in New Zealand since the 1980s.**

## There is no such thing as "health and safety culture"

Mr Jaduram said that people always talk about "health and safety culture" but in his view health and safety culture is not separable from a person's ethnic culture. He separates the concepts of culture and health and safety; people do not have a "health and safety culture" but instead the way that people view health and safety is simply the way in which they view everything through their cultural lens. He felt strongly that the way in which people do and see things outside of work influences the way they do and see things at work.

## Differences between Fiji and New Zealand

He explained that attitudes towards health and safety were different in Fiji from those in New Zealand. He said that in Fiji, while people do not try to get hurt, their focus is on "getting the job done" rather than meeting any particular safety standards. He explained that even though there were not the same standards in Fiji, there are other drivers that motivate people to keep themselves safe at work. He explained that there is no social welfare system in Fiji and so workers are acutely aware that if they were unable to work because of injury or sickness, they would not be able to earn money to feed their families.

Mr Jaduram has noticed that employers in New Zealand put a lot more effort into creating safe environments for workers than in Fiji. He admitted that this difference was probably due to the fact that employers can be prosecuted in New Zealand if they do not, whereas in Fiji the rules and regulations are not as stringent.

Mr Jaduram said that many people are also not aware of the implications of certain behaviours. He said this was particularly the case with longer term health implications, for example, wearing safety gear to protect hearing.

Mr Jaduram explained that the standards in New Zealand have certainly risen since he first arrived. When he first came to New Zealand in the 1980s he found the difference in health and safety between New Zealand and Fiji to be almost negligible. He gave an example of people dying in both countries at similar times from being in confined spaces without proper ventilation but explained that each country's response to these incidents has been what sets them apart. He explained that New Zealand reacted by legislating more stringent health and safety regulations, while change in Fiji has been much slower. He said that, as a society becomes more affluent, they are more willing to put time and money into prevention and to protecting workers. In contrast, in less affluent countries people are seen as disposable.

**Watercare Services Limited**

At Watercare, more than fifty per cent of Mr Jaduram's staff are ethnically diverse. He explained that they have employees, contractors and sub-contractors to consider and it is important for the business that there is the same thinking about health and safety across all groups.

He has noticed that workers from many cultures including Pacific cultures, Indian and Chinese do not naturally speak up for themselves the way that Kiwis who are born here might. He said that, because of their experiences in their home cultures, they do not naturally trust institutions or supervisors. They worry about being sacked or disciplined.

Mr Jaduram explained that his attempt to counteract the effect of this cultural attitude in the workplace has been to issue all new staff with a card that looks like a credit card. On this card there is Mr Jaduram's pledge to his employees/contractors/subcontractors on one side and his employee's, contractor's/ subcontractor's pledge to themselves on the other. All workers are told at their induction (by Mr Jaduram himself) that if they feel at all unsafe at work then they have his permission to stop what they are doing. He tells them that they can present their card to their superior at any time and say that they have authority from Mr Jaduram to stop.

**Watercare safety card**

Mr Jaduram explained that the cards had been in operation for approximately two years and in that time the company's Total Recordable Injuries Frequency Rate ("TRIFR") has halved. Mr Jaduram said that the idea was born out of a conversation with a staff member a few years back who had explained that workers felt people were not taking them seriously when they said they felt unsafe.

Mr Jaduram is acutely aware that safety is incredibly important, particularly in his business. He understands that safety is more than just what the law says it is. He is clear that safety needs to be reinforced at every opportunity and so Watercare has made an effort to ensure that good and bad news stories were always shared to ensure that health and safety was at the forefront of people's minds.

He acknowledged that of course people still get hurt but as an organisation they have continually tried to remove systematic hazards.

**"Mainstream Kiwi" culture**

Mr Jaduram said that if you look at overall "mainstream Kiwi" culture,[67] there are a lot of road deaths and people like extreme sports and rugby. People consider themselves to be tough and good at solving problems. There is very much a macho culture so it is not seen as okay to speak up and say that something is unsafe. He is aware that this culture pervades many workplaces.

---

[67] "Mainstream Kiwi" culture is defined in paragraph 16, and includes all those who identify with it, regardless of their ethnic origin.

He has noticed that "mainstream Kiwis" are not afraid to break the rules and this is evidenced by the amount of drug taking in this country. He explained that a number of people have lost their jobs after random drug tests at Watercare and this was a challenge, as well as the macho culture, that New Zealand needed to be aware of, and overcome, to reduce injuries at work.

He said that they had to work hard to show their workers that being macho was not always the answer. Mr Jaduram said that female engineers and tradespeople have really helped things, as he has noticed that male workers generally tend to listen to females and they have found female managers and health and safety leads to be more effective.

Mr Jaduram has also noticed the effects of people coming from different countries to New Zealand. He said that people from the United Kingdom and Australia tend to bring a more stringent perspective on health and safety, while at the same time there are a number of people coming from countries where they do not understand that it is ok and important to speak out or blow the whistle. However, from personal experience, he knows that it is entirely possible for people's attitudes and behaviours to change but that, in order for this to happen, employers need to actively find tools and tactics in order to effect change.

---

**Key takeaways**

- There is no such thing as "health and safety culture". There is only culture and a person's culture affects the way they act towards and understand health.

- Asian migrants often do not speak up for themselves, but providing concrete ways to authorise them to speak up for themselves (for example, by using safety pledge cards) can have a significant effect on injury rate.

- "Mainstream Kiwi" workers often exhibit 'macho' risk taking behavior, and hiring female health and safety managers was effective in mitigating this behavior.

---

## ASIAN CULTURE

### Overview

204 The population of the New Zealand population identifying as Asian is expected to grow to 21 per cent of the total population by 2038, with Chinese immigrants making up the largest Asian ethnic group in New Zealand (Superdiversity Centre, 2015). Despite showing slower growth than in previous years, the Chinese population grew by 16.2 per cent between the 2006 and the 2013 Census, to over 170,000 people. The Indian population is the second largest Asian population, at over 155,000 people, and has been steadily outgrowing the Chinese population since 2001. The Filipino population was the fastest growing, having increased by 138.2 per cent between the 2006 and 2013 Census, to over 40,000. The Filipino population has overtaken the Korean population which was the third largest Asian ethnic group until 2013. Auckland has the highest density of Asians, with almost one in four Aucklanders identifying as Asian in 2013 (Stats NZ, 2014).

205 Migrant experiences of young Asians are increasingly complex and diverse (Wong, 2015). Young Asians are increasingly adapting and integrating to the New Zealand environment, particularly as their attendance at New Zealand schools increases their exposure to mainstream New Zealand culture. As put by Wong:

Some migrant (Asian) youth have a strong preference for integration; to retain their cultural heritage and to also adopt aspects of the New Zealand culture. However many Asian youth uphold conflicting identities and feelings of neither belonging in New Zealand or their country of origin and there is evidence of lowered levels of mental health… It is also important to recognise that many young Asians are not recent migrants and share different experiences to those of their parents of those of an older generation (p.8).

206 Wong (2015) cautions against aggregating the diverse and different Asian communities together statistically, Asia encompassing 48 countries with a population of 4.5 billion people (p.4). In the health sector, Wong identifies that, while Asians appear to be in relatively good health as a collective group, a number of health concerns arise when the group is disaggregated. In particular, Indians have a high rate of cardiovascular disease, diabetes and low birth weight, while Chinese have a high risk of stroke (p.5). These specific problems are masked by aggregation. Asians as a whole also have lower rates of access to healthcare and health care utilisation (p.5).

207 As workers, Asians from different countries can be very different in culture, language and religion. Neelankavil, Mathur and Zhang (2000) state in their research that the traditional East/West divide is inconsistent, and Eastern countries are not homogenous on Hofstede dimensions.[68] Thus to avoid aggregation, whilst still maintaining a workable scope, Asian culture is split into four separate cultures in this report. In the GLOBE study, Asian peoples are identified as coming from two separate cultural clusters: Confucian Asia (which includes China, Hong Kong, Japan, Singapore, South Korea and Taiwan) and Southern Asia (which includes India, Indonesia, Iran, Malaysia, the Philippines and Thailand). To represent these two cultural clusters, this report will focus on Chinese and Korean (representing the Confucian Asia cluster), and Indian and Filipino Culture (representing the Southern Asia cluster), which are the four most significant Asian ethnic groups in New Zealand (although it must be cautioned that this will not be representative of all Asian New Zealanders).

---

[68] The number of non-fatal injuries is not known.

# INSIGHTS **JENNY LIM**

**Jenny Lim is a Malaysian-born Kiwi. She was the Sport Capability Project Manager at Harbour Sport for eight years and led a number of successful ActivAsian initiatives within the community. She was also the Chairperson of the North Shore Chinese Community Network Trust and a Board Member of Takapuna Grammar School.**

## Differences between Malaysia and New Zealand

Ms Lim grew up in a village in Malaysia and came to New Zealand at the age of 15. She explained that health and safety as we know it in New Zealand was not a priority in the village she grew up in. She said that there were not necessarily health and safety systems but rather people took a "common sense" approach to keeping themselves safe.

Ms Lim noticed that there is much more of a focus or emphasis on health and safety in New Zealand and the regulations are much more stringent.

## Prohibitive effect of health and safety regulations

Ms Lim explained that there is a lot of health and safety regulation for sporting activities in New Zealand. She said that while she understands that it is required for a good reason, the paper work and regulations can be cost- and time-prohibitive. She provided an example of a walking group run by Harbour Sport. She explained that even though the walk itself only takes one hour, they need to employ somebody for eight hours in order to complete all the health and safety work required for each walk. In addition to this because of health and safety requirements, they are unable to expand the group due to resourcing requirements which are dictated by health and safety laws and regulations.

## Educating migrants on health and safety

Ms Lim said that while people from all countries have an instinct to keep themselves safe, she has noticed that for people who are not born in New Zealand, there is less consideration of health and safety laws and regulations. She said, however, that migrants are always open to learning, which is great because Harbour Sport tries to make their projects as community-led as possible. Where there is not a natural comprehension of health and safety requirements, the organisation makes an effort to put in more time to ensure that people understand what is required. Educating migrants is not difficult; it just sometimes takes more time. Ms Lim explained that having safety briefings and materials in different languages has been beneficial for their organisation.

## Incident Reporting

Ms Lim was not sure whether Asian migrants are more or less likely to report incidents than their Kiwi counterparts. She said that Harbour Sport had only ever had one injury and in that instance a staff member reported it. However, she assumed that there could be language issues for people in her

community which might prevent them from reporting injuries, and they may also worry about what would happen if they report something.

---

**Key takeaways**

- Health and Safety is not the priority in Malaysia that it is in New Zealand.

- The prohibitive effect of cost and time for complying with regulations should be considered.

- Having translators and/or safety resources in multiple languages can help to get important health and safety messages across in educating migrants about health and safety.

- Language barriers and fear of consequences may be a barrier to reporting incidents.

---

# INSIGHTS **JADE LEUNG**

**Jade was born in Hong Kong but raised in the United Kingdom, before coming to New Zealand at the age of 12. She is a human resources professional with over 17 years of experience in leadership. She is currently an independent contractor with the IAG Group, but she has held previous leadership roles at the Auckland Council, Leighs Construction and the Auckland Airport.**

## Comparing Australia and New Zealand

Despite being born in Hong Kong, Ms Leung's background is very Western. She has worked for a number of large companies, including Qantas and, as a result, has seen a noticeable difference in the way in which Australians and New Zealanders approach health and safety. She said that while the New Zealand legislation essentially mirrors the Australian legislation, the culture is quite different. Ms Leung said that, compared to Australia, New Zealand had a less prescriptive approach to health and safety until something goes wrong.

She acknowledged that the Australian law has been in place for a long time, whereas in New Zealand we are just getting our feet under the table. While behavioural safety has been in Australia for decades, there simply is not the same depth of data or research in New Zealand. She also noted that the ACC scheme in New Zealand is different from Australia.

## Leigh's Construction Limited [69]

Ms Leung explained that when she worked at Leigh's Construction they had a lot of Filipino workers who came from a very different culture in terms of attitudes towards health and safety. She gave examples of the workers sending their Personal Protective Equipment home to the Philippines because they were so proud to show that they were working for a good company in New Zealand. She also said these workers were very grateful for the work boots they were provided with, while their Kiwi counterparts would complain about them being uncomfortable.

Ms Leung said that a lot of these workers had little awareness of health and safety and they were focused on getting the job done. She explained that any disregard for health and safety was unintentional.

Ms Leung explained that Leigh's made an effort to translate as much material into Tagalog as possible and they also sent people on health and safety courses and tried to get Filipino representatives on the health and safety committees. She said that this was harder than they had anticipated, as workers were reluctant to stand out from the group. She expressed that this desire to blend in contrasted with the Chinese culture where people wanted to stand out. Ms Leung noted that her experience was not necessarily representative of all Filipino workers but rather simply of the group that she worked with. She indicated that, because they were all brought together to New Zealand as a group, this may have exacerbated any underlying cultural desire for homogeny.

---

[69] The number of non-fatal injuries is not known.

**Health and safety messaging**

Ms Leung explained that, as an HR professional, she is acutely aware that many people do not take the time to read through health and safety manuals. Throughout her career she has had to make an effort to ensure that health and safety information is always presented in a simple, clear and direct format. She has found that it is important to pitch these important types of instructions using plain language and that visuals and summaries are important.

Ms Leung recalled a poster campaign from her time at Air New Zealand which took a more holistic and inclusive approach that incorporated Pacific and Māori workers' sense of family. The tag lines were along the lines that a moment at work can impact a lifetime at home. She emphasised the importance of understanding the behavioural drivers of the people you are working with.

---

**Key takeaways**

- It is important to understand the behavioural drivers of why people behave the way that they do, as a way of transcending cultural differences.

- New Zealand can learn a lot from Australia, especially in terms of enforcement of health and safety obligations.

- People's attitudes towards health and safety in New Zealand will be informed by where they come from.

- There are differences between Asian cultures.

- The desire to conform may prevent workers from certain cultures from participating in worker representation initiatives.

---

## CHINESE CULTURE

### Overview

208   A quick Google search for "Chinese health and safety" reveals several videos and thousands of images of Chinese workers engaged in unsafe behaviour (such as lifting up a forklift carrying a heavy load with a second forklift, and a Chinese soldier sitting on a chair holding up a target at a shooting range).
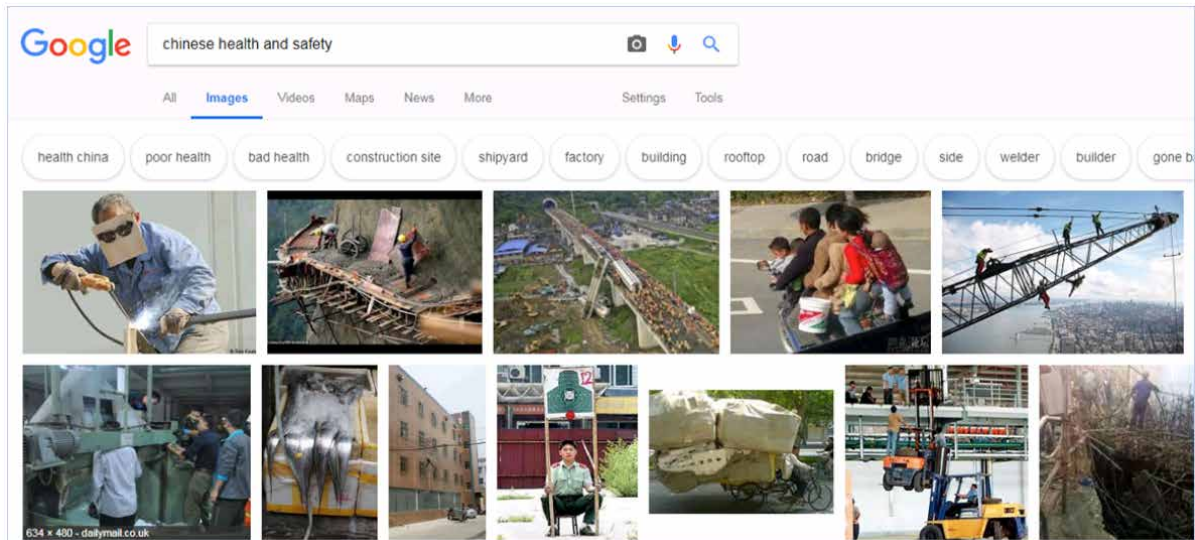


209   There have also been a recent series of high profile disasters in the People's Republic, including the Qingdao Oil Pipeline explosion in 2013, which killed 62 people, and an explosion at a factory in Kunshan in August 2014, which killed 146 (Warburton, 2017). Both disasters were caused by workers overlooking obvious and serious safety hazards. In Qingdao, pipeline operators were informed of a dangerous leak but no preventative action was taken (Hong & Jing, 2013); in Kunshan, warnings about dangerous dusty work conditions by the city's safety regulator were also ignored (Yan, 2018). Following the Qingdao explosion, the company operating the pipeline, Sinopec, identified 8,000 additional safety risks in its oil operations (Hua & Stanway, 2013) .

210   Chinese immigrants from China come from a country with a documented history of poor health and safety culture. Zhang Ping, vice chairman of the Standing Committee of National People's Congress, stated that the prevailing attitude towards health and safety in China has, until recently, been characterised by "a rising tendency to put an emphasis on development while overlooking safety" (Warburton, 2017).

211   Based on the statistical data from the State Administration Work Safety of China, there were 627,158 accidents during production activities in 2006 which resulted in 112,822 deaths (Wei, Dang & Hoyle, 2008), although some Chinese researchers have argued that these are the fault of foreign-owned mining operations (Chen & Chan, 2010). The Asian-Pacific Newsletter on Occupational Health and Safety identified construction as the most fatal industry in China in 2004 (Xia, Lu & Liang, 2004). Workers in the Chinese construction industry were often exposed to noxious chemicals and gas, dust and other particles, heat, vibrations, low pay, poor quality of life, poor hygiene, substance abuse, and musculoskeletal disorders. The report reasoned that the high accident and fatality rate was caused by an insufficient legislative framework, of which, "compliance and enforcement are sometimes lacking or minimal" (Xia et al., 2004, p.9).

212   The International Labour Organisation ("ILO") released a report in 2012 on health and safety in China. Although it noticed some improvement, the ILO's assessment of Chinese workplace health and safety was "the current work safety situation remains grim" (p.108). The ILO noted that

workplace accidents and diseases remained abundant, and current Chinese infrastructure and corporate management were not equipped to keep people safe.

213     A Chinese study from 2008 identified five elements of the Chinese economy which lead to greater numbers of industrial accidents (Wei et al., 2008). These included: inadequate resources focused on health and safety, hyper-fast economic development, poor monitoring by regulators, and reluctance to sacrifice production for safety. Importantly, they also identified the *Chinese agricultural cultural background* as a major driver behind poor Chinese health and safety culture (p.3).

214     However, it is important to note that people of Chinese ethnic origin do not come only from mainland China. There is a significant Chinese diaspora within Asia, including in Malaysia and Singapore, and outside Asia, in Australia, New Zealand, Canada, and the United States. Therefore, depending on the individual's country of origin or country in which they grew up, they may not have the same experiences as the mainland Chinese experience described above.

215     In New Zealand, Chinese people have identified as vulnerable in certain areas of occupational and general health. Chinese people have been reported as experiencing barriers to healthcare access, high rates of smoking, high risk of stroke, and poor oral health. In addition, Chinese migrants have reported high rates of mental health issues, sexual health issues, family violence, and stress compared to the general population (Yong, 2011). This reflects itself in worker injury rates for this ethnicity.

**Hofstede analysis**

216     China's national culture is characterised in Hofstede et al.'s (2010) study as:

- *Highly Collectivist*: Members of this culture prioritise group relationships over individual interests;

- *Very High Power Distance*: Members of this culture are very comfortable conforming to hierarchies and do not expect consultation by their superiors;

- *Moderately Masculine*: Members of this culture predominantly favour "masculine" values such as competition, assertiveness and aggression;

- *Somewhat Uncertainty Avoidant*: Members of this culture show some preference for protocols and rules over "going with the flow"; and

- *Very High Long Term Orientation*: Members of this culture easily adapt traditional practices, show a preference for long term benefits over quick results and care strongly about future wellbeing.

**Workplace health and safety implications**

217     Following the methodology described in paragraphs 85 and 101, the expected health and safety traits of Chinese workers are:

(a)     Poor at reporting errors and communicating risk to superiors;

(b)     Very poor willingness to question or challenge superiors in regards to safety;

(c)     Slightly worse at adhering to safety protocols but better at improvising during crisis situations;

(d)   Worse at collaborating with others on safety issues; and

(e)   Better at supporting safety procedures generally.

**Comparison with "mainstream Kiwi" culture**

218   The main area where New Zealand differs from China in respect of Hofstede's cultural dimensions is individualism. New Zealand is a highly individualistic culture, whereas China is a strongly collectivist culture. This means that in situations where a "mainstream Kiwi" employer may expect a worker to speak out against unsafe group activity or a supervisor's instructions, a Chinese worker is unlikely to do so.

**Specific Chinese cultural values**

219   Outside of culture-based literature, large amounts of writing on Chinese "values" have been completed by Chinese academics (Chinese Culture Connection, 1987).

220   In 1987, the Chinese Culture Connection (an international group of researchers administered by the Chinese University of Hong Kong) published a study which identified 40 different values inherent to Chinese culture. These values were developed after consultation with Chinese social scientists. The values which showed the strongest statistical correlation with one another were: tolerance of others, harmony with others, solidarity with others, non-competitiveness, trustworthiness, contentedness, being conservative, having a close intimate friend, filial piety, patriotism, chastity in women, ordering relationships, thrift, persistence, having a sense of shame, reciprocation, personal steadiness, protecting your "face", respect for tradition, kindness, patience, courtesy, sense of righteousness, moderation, keeping oneself disinterested and pure, having few desires, adaptability and prudence (p.150).

221   The values showed strong correlations in four clusters which the researchers labelled: Integration, Confucian work dynamism, Human-heartedness and Moral Discipline (Chinese Culture Connection, 1987). Hofstede's dimensions of Collectivism and Power Distance were found to have a strong correlation with Integration and Moral Discipline, and Masculinity with Human-heartedness. This data gives some credence to workplace health and safety predictions based on Hofstede dimensions, although no Chinese values correlated with Uncertainty Avoidance (p.152).

222   Fan (2000) added to the Chinese Culture Connection's list of values in 2000, identifying 71 different values inherent to Chinese culture and management. These values showed a tentative correlation with the Hofstede cultural values of collectivism, uncertainty avoidance, power distance and masculinity (p.9).

223   The 31 extra values identified by Fan (2000) are as follows: bearing hardship, governance by leaders rather than law, equality, propriety (li), inherent human goodness, kinship, veneration for the elderly, deference to authority, conformity, belonging, compromise, avoiding confrontation, collectivism, indifference to profit, networking (guanxi), prioritising long lasting relationships over gains, morality, virtue (te), wisdom, gentlemanliness, obligation to family and nation, pragmatism, contentment, past orientation, maintaining historical legacy, seeing the big picture, the way (Tao), fatalism/karma, a spiritual force underlying relationships to things and people (Yuarn) (Noronha, 2002, p.272), harmony with nature, and unity of Yin and Yang (where Chinese concepts are not adequately described in English the original Chinese word has been provided) (Fan, 2000, p.8).

224   Jiang and Yang's (2011) study from China identified a four-dimensional model of Chinese worker's values: material conditions (earning material gain from work), self realization (self improvement from work), social harmony (maintaining harmonious social relationships) and prosperous development (helping others in your life and in wider society). Consistent with the collectivist

findings of the Hofstede and GLOBE studies, social harmony (closely related to collectivism) scored the highest in terms of factor analysis (see ecological factor analysis above) results.

225　Interestingly Jiang and Yang's (2011) study also showed that the younger generation of Chinese workers (having grown up as only children under the China One Child policy) were more individualistic than older workers (p.582). This may evidence a shift away by modern Chinese from the highly collectivist culture expected given the Hofstede and GLOBE results. This finding would suggest that younger Chinese may be more comfortable communicating with and potentially challenging their superiors on safety issues.

## Fatalism and Collectivism

226　Research on cultural beliefs and risk taking indicates that certain Chinese cultural values are particularly important in the health and safety context. Certain researchers have argued that subjective beliefs inform people's safety actions more than the actual cause of accidents (Dejoy, 1994). Kouabenan (2009) has identified that "fatalistic or superstitious" Chinese beliefs can cause a believer to take less personal responsibility for their safety, and therefore be more willing to take risks (p.772). As Kouabenan explains:

…fatalistic explanations can lead to the playing down of one's personal role and thus to inaction, copping-out, negligence, or careless risk-taking. In this way, biased explanations can represent an obstacle to prevention. Conversely, "correct" inferences can translate into relatively well-adjusted behaviour and a greater commitment to preventative actions…(p.773).

227　Kouabenan (2009) also identifies that fatalist beliefs are more commonly observed in collectivist cultures. The Chinese beliefs of Karma and Yuarn identified by Fan (2000) are examples of such fatalistic beliefs.

228　Corroborating this, Morris and Peng (1994) reported that Chinese students were more likely to attribute the causes of a social event to external causes rather than internal causes (for example that, a murder occurred because of the murderer's social situation rather than his personality) whereas American students were likely to make the opposite attribution (p.963). Kouabenan (2009) takes these studies as evidence of Chinese "fatalistic attribution error" i.e. the belief that events occur due to forces external to human control. If a person attributes the cause of accidents to forces outside of their control, then they are less likely to take personal responsibility for preventing them, and this attitude results in more preventable accidents occurring. According to his theory, Chinese traditional cultural beliefs would make a Chinese person more willing to take risks in the workplace.

229　However, research has been done on Chinese tolerance to risk, which does not necessarily corroborate Kouabenan's (2009) theory (Cheng, 2010). A 2006 American study showed almost twice the proportion of Chinese were willing to undertake substantial financial risk than Americans (Fan & Xiao, 2006). The study's findings were consistent with two earlier studies, one which showed Chinese students to be more willing to take financial risks than their Western counterparts (Weber & Hsee, 1998), and a second study, where the same researchers found Chinese students to be more willing to take financial risks than Americans, but less likely to take risks medically or academically (Hsee & Weber, 1999). Both sets of researchers proposed a "cushion hypothesis" whereby Chinese would be more willing to take financial risks as the collectivist nature of Chinese culture meant they would be more likely to receive help from family and friends if their financial risk resulted in loss.

230　In a workplace setting, this means that Chinese people would be less likely to take physical risks than their Western co-workers. It is also evidence of Chinese culture's strong collectivist tendencies, which in a workplace setting means worse reporting of errors and less likelihood of challenging superiors on safety issues.

231    Other cultural values such as "saving face" are also important. It has been observed that face-saving concerns are negatively associated with direct and clear communication (Merkin et al., 2014). And it has also been observed that Asians will take steps to avoid the stigma (or loss of face) resulting from failures (New Zealand Treasury, 2018b). It is likely that this negatively affects safety behaviours such as error reporting.

**Power distance**

232    A group of researchers from Cardiff University released a study on Chinese health and safety in shipping management in 2015 (Xue, Walters & Tang, 2015). The study found that the large power distance between shipping workers and management compromised effective health and safety practices on board ships, and resulted in psychological and physical burdens on the crew.

233    A study comparing China to nine other countries using Hofstede's cultural dimensions found that China was shown to have higher than average scores for power distance and uncertainty avoidance, a significantly higher score for masculinity, and a lower score for individualism (Fernandez et al, 1997).

234    A 2012 study of Chinese, Taiwanese and Filipino shipping workers examined the correlation between Hofstede scores and human failures (i.e. unintentional actions or decisions) regarding health and safety (Lu et al., 2012). The study found partial support that high power distance, collectivism and short term orientation correlate with an increase in human failures. They did not find support for a correlation between masculinity and an increase in human failures. The study also found that for all sailors, low numbers of human failures were associated with low long term orientation combined with high collectivism (Lu et al., 2012).

# INSIGHTS **LEON FUNG**

Leon Fung was born in China and has over 20 years of managerial experience in the food and dairy industry. Approximately 14 of these years were spent in China. He was previously the Deputy General Manager of Yashili New Zealand Dairy Co Ltd and is currently the General Manager of Winston Nutritional Ltd.

## Health and Safety in China and New Zealand

Mr Fung felt that people's awareness of health and safety is a lot lower in China than New Zealand. He said that the laws and government standards in China were also not as high as in New Zealand. He explained that there is general guidance and legal requirements in China but they are not rigorously implemented or enforced. He said that in China, if there is a major accident or issue, someone will be punished but small issues are generally ignored.

As a business owner in New Zealand, Mr Fung has legal responsibilities relating to health and safety and he acknowledged that China lagged behind in this regard. He said that people always want to protect themselves and, if health and safety is not prioritised in China, it is more because standards are not enforced and there is very little education, rather than because people do not care about their own health or safety.

## Reporting incidents

He felt confident that Chinese workers would be likely to blow the whistle if they felt unsafe; however, he acknowledged that language was often a barrier to Chinese workers fully participating in health and safety programmes in New Zealand and that most Chinese people do not want to cause trouble or make a big fuss. He said Kiwis would be more naturally inclined to blow the whistle as they had grown up in a culture where they were encouraged to speak out.

## Distinction between multi-national corporations and small sub-contractors

Mr Fung explained that he worked for large multi-national corporations in China and so high health and safety standards were required. He said it was much easier for smaller sub-contractors in China to get away with having lower health and safety standards.

## Health and Safety messaging

Mr Fung felt it was important for workers in his company to meet English requirements before being allowed to operate machinery but he also felt that an employer had a responsibility in New Zealand to make health and safety messaging available in various languages as required.

---

### Key takeaways

- Workplace health and safety standards are not as high in China and are not necessarily enforced or implemented.

- Workers in China care about their health and safety but lower levels of education and enforcement are barriers to prioritising workplace health and safety in China.

- Language barriers and the desire not to create a fuss may hinder Chinese workers in reporting concerns.

- It is important to ensure that foreign workers have a good level of English so that they can understand health and safety messages.

- Due to the importance of health and safety messaging, employers should make this available in various languages, as required.

# INSIGHTS **GAVIN YANG**

**Gavin Yang was born in China and came to New Zealand from Shanghai in 2013. Gavin has extensive experience in the financial services industry, in both NZ and China, and is currently the Managing Director of Trademonster Ltd. He was previously the Marketing Director at Travelpharm Ltd.**

## Experience working in Chinese and international companies

Mr Yang has worked for various financial institutions in China, including Citibank and a local Chinese company. He said that the health and safety instructions in the local company were even more detailed and prescriptive than what he experienced working at Citibank (an international company). He explained that, in the Chinese company before people started work on their first day, they were given comprehensive training in health and safety. They were taught to hold the handrail when using the stairs as well as how to put pencils in their pencil holders and how to carry scissors and knives. He said that the law in China was geared towards protecting employees and that employers took huge risks if they did not comply with health and safety laws.

He said that he felt health and safety had gotten a lot better in China since 2005 and that now the laws were quite comparable to the New Zealand ones. He said that big organisations followed good practices more so than smaller ones but that even though the laws are there, Chinese standards are probably overall not as good as New Zealand ones. They certainly are not enforced to the same degree.

## Lack of ACC equivalent

Mr Yang said that in China it all came down to how much risk an employer was willing to handle. He explained that there is no ACC and if a person is injured in your workplace then you have to pay. He says that employers might put pressure on employees not to say anything. He said this was more the case in smaller cities and that naturally companies do not want anything bad on their records. He said that if a person has a high hospital bill then the employer has to cover it, so this provides an incentive for employers to enforce health and safety at work.

## Reporting injuries

He said that Chinese people tend to be humble and do not want to say anything to cause a problem, so if they have a small injury they might not say anything. He understood that this Chinese mind-set was ingrained, and that employers needed to understand it and be aware of it in New Zealand when hiring Chinese migrants.

## Experience at Trademonster

Mr Yang explained that approximately eighty per cent of his staff at Trademonster are from overseas. While he was confident that all staff were aware of health and safety regulations, he was aware that some staff from particular cultures might be more worried than others about reporting incidents. The important question for him was whether staff knew how to report incidents because he felt that this was a new concept for many overseas workers.

He said that he was aware that his Chinese staff have an inherent reluctance to cause a fuss, and that they also have communication issues in the workplace so he has found that it is important to do more to protect these (and other migrant) workers. He ensures that these workers are given extensive training, and that important materials are translated into required languages.

**ACC**

Mr Yang said that he found ACC to be very helpful for employees and employers when it was required; however, he also felt that its existence influenced the attitudes of some employers who might be inclined to be more relaxed about health and safety as they took the "oh well, ACC will be there" approach.

---

**Key takeaways**

- The situation in China in terms of health and safety has dramatically changed since 2005.

- Employers in China can put pressure on employees not to report injuries so as not to get fined.

- Chinese people might not feel comfortable reporting small incidents as they do not want to be seen as causing any trouble.

- Reporting incidents may be a new concept for migrant workers and it is important that workers are made aware of how to report incidents.

- It is important that migrant workers receive extensive training, regular updates and translation.

- The existence of the ACC may influence employer behaviour, both positively and negatively.

---

## INDIAN CULTURE

### Overview

235    Much like China, a quick Google search for "Indian Health and Safety" reveals hundreds of images of Indian workers engaged in unsafe conduct, such as dangling to the side of trains of working in factories shirtless and without shoes.
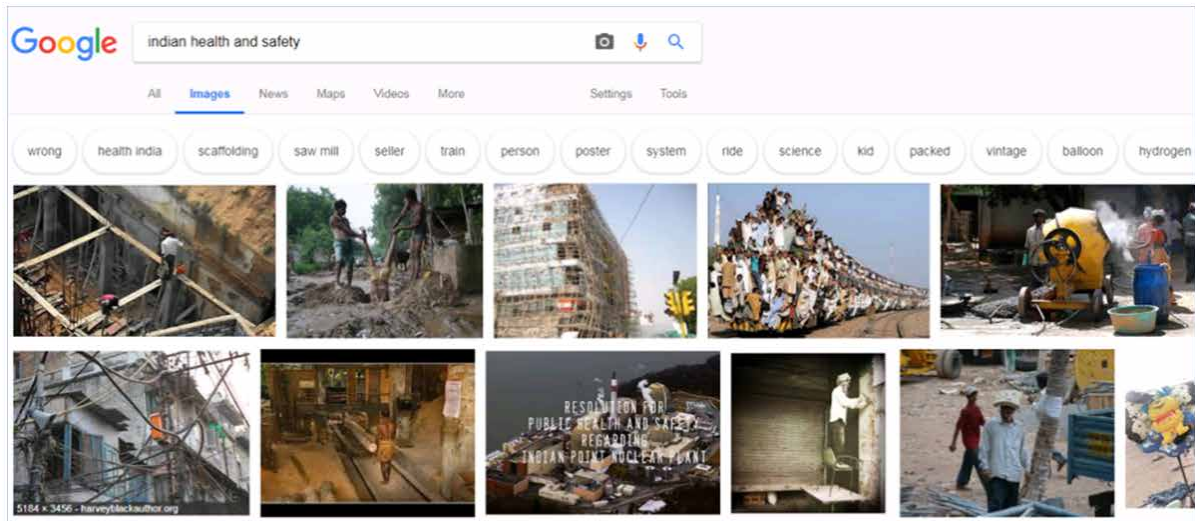


236    Similarly to immigrants from China (as discussed above), immigrants from India come from a national background with a poor health and safety record.

237    Pingle (2012) has noted several obstacles for health and safety in India. 90 per cent of working age Indians work in the "informal economy" (jobs that are unregulated) with no formal health and safety training or equipment. The Director-General of the Factory Advisory Services and Labour Institutes reported 1,509 fatal and 33,093 non-fatal injuries from a sample of factory workers of 13,100,129 in 2009, but research reports suggest that these figures are grossly underestimated (p.168).

238    Several health vulnerabilities have been identified in Indian migrants. In New Zealand, Indians have been identified as having a high rate of diabetes and cardiovascular disease, as well as low birth weight. In addition, older Indians have been reported as experiencing social isolation, elder abuse and financial abuse, partly attributed to language and settlement difficulties (New Zealand Treasury, 2018b). This reflects itself in worker injury rates for this ethnicity.

### Hofstede analysis

239    India's national culture is characterised in Hofstede et al.'s (2010) study as:

- *Somewhat Collectivist*: Members of this culture show a slight preference for group harmony over individual interests;

- *High Power Distance*: Members of this culture readily accept their place in hierarchies, and superiors expect obedience;

- *Intermediate Masculinity*: Members of this culture slightly favour "masculine" values such as competition, assertiveness and material wealth;

- *Intermediate Uncertainty Avoidance*: Members of this culture show slight preference for "going with the flow" over protocols and rules; and

- *Intermediate Long Term Orientation*: Members of this culture show very slight preference for adapting traditional practices, and achieving long term benefits over quick results.

---

**Workplace health and safety implications**

240 Following the methodology described in paragraphs 85 and 101, the expected health and safety traits of Indian workers are:

(a) Poor at reporting errors and communicating risk to superiors;

(b) Poor willingness to question or challenge superiors in regards to safety;

(c) Slightly worse at adhering to safety protocols but better at improvising during crisis situations;

(d) Neither better nor worse at collaborating with others on safety issues; and

(e) Neither better nor worse at supporting safety procedures generally.

**Comparison to "mainstream Kiwi" culture**

241 Hofstede found it difficult to determine dominant preferences in Indian culture (perhaps owing to its high levels of diversity), resulting in many "intermediate" scores (i.e. hovering around 50 out of 100).

242 However, Hofstede identified a dominant preference in Indian culture for high power distance. This is a dimension where India differs significantly from New Zealand, which is a low power distance culture. Therefore, where a New Zealand employer may expect an employee to question or challenge them regarding unsafe behaviour, an Indian employee is unlikely to do so.

**Specific Indian cultural values**

243 India is one of the most ethnically diverse, and particularly religious diverse, countries in the world. India has a population of over 1.2 billion people. Indian culture can be thought of as an amalgamation of many different sub-cultures, religions and community groups. The language, religion, dance, music, architecture and food change depending on the geographical area of the country. The central theme of Indian culture appears to be diversity. The constitution of India recognises 23 different languages (Zimmerman, 2017), and the Gujarat High Court has held that India has no national language (Khan, 2010).

244 Likewise, India is religiously diverse; according to the CIA World Factbook, around 80 per cent of the population is Hindu, 14.2 per cent is Muslim, 2.3 per cent is Christian, 1.7 per cent is Sikh and 2 per cent is unspecified (Zimmerman, 2017). Many religions originate from India such as Hinduism, Buddhism, Jainism and Sikhism. Many of these religions share concepts such as dharma (a cosmic law and order) and karma (a spiritual principle of cause and effect). These can be compared to the same fatalistic beliefs held by the Chinese.

245 As such, Indians have a variety of cultural values, and it is hard to determine a single national culture. For example, while Hofstede considers that material wealth is valued highly in secular Indian culture, Hindu Indians may identify more strongly with aparigraha, which is avoidance of avarice, and non-accumulation of material wealth.

246 For these reasons, it is hard to narrow down a definitive list of Indian values. However commonly listed cultural values in the literature are:

- Religion and spirituality;

- Family harmony;

- Generosity (dana);

- Restraint;

- Conformity; and

- Protection of one's "face".

247 These values strongly differ from Western values, particularly in regards to the importance of family and fatalism (dharma and karma). Narayanan, Menon and Spector (1999) have reported that perceptions of stress and coping strategies differ between India and the United States. In the United States, work overload and lack of autonomy were the main sources of stress, and supervisor support was the most important source of social support. In India, lack of clarity was the main source of stress, and family support was the most important source of social support.

248 This study also showed that Indians tend to have an external locus of control, while Americans tend to have a more internal locus of control (meaning that, while Americans see themselves as in control of their own destiny, Indians see themselves as controlled by their families, communities and God) (Narayanan et al, 1999). These authors theorised that this difference was due to the fact that externality is perceived as an acceptable form of resignation according to the laws of karma in India; whereas in the United States, externality is perceived as a sense of powerlessness and an undesirable form of lack of control.

249 Therefore, for Indian immigrants living in New Zealand, isolation from family groups and lack of clarity due to communication issues are likely to be major occupational stressors.

**Power distance**

250 India's high score on the power distance dimension has been attributed to its historical usage of the caste system (Juhasz, 2013). The caste system divided Indian people into five categories, Brahmin (priests and academics), Kshatriyas (warriors and kings), Vaishyas (farmers and merchants), Shudras (labourers) and Dalits or untouchables (sanitary workers). The castes formed a complex hierarchy with Brahmin at the top. Castes dictated all aspects of life: lower castes had to show respect for upper castes, intermarriage was not allowed, and each caste lived in segregated communities. Although it is now outlawed, the continuing prevalence of the caste system in contemporary Indian attitudes and beliefs has been well documented (Kumar, 2016).

251 A number of authors have considered how high power distance tendencies are reflected in the behaviour of Indian workers. Juhasz (2013) writes:

Indian people are very sensitive to the rank/position of people, and such awareness shapes their behaviour towards it. They are used to a system of hierarchy in the workplace, as senior colleagues are obeyed and respected. Discussion is always led by the most senior person. Supervisors are expected to monitor individual work and take responsibility for meeting the deadlines (p.42).

252 Rana (2018) writes:

…employees are more dependent on managers and bosses for direction on what to do and how to do it. Paternalistic attitude of Indian managers starkly differs from higher decentralisation in US corporate. High power distance in India is also a result of caste system. If the boss does not find something important, then it will not be followed [sic] (p.19).

253     This indicates that, like other high power distance cultures, Indian workers can be expected to have poor safety initiative and abdicate personal responsibility for safety onto their superiors, as well as poor communication regarding safety and poor willingness to challenge superiors on unsafe tasks (Noort et al, 2016, p.526).

## Collectivism

254     It has been noted that both individualist and collectivist tendencies are displayed in Indian culture, probably due to the diverse nature of Indian sub-cultures, however holistically Indians still display more collectivist tendencies than Westerners (Rana, 2013). Like many other Asian cultures, Indians are collectivist and family and extended family are a focal point of their lives. However, Indian religions also believe that a person is individually responsible for how they live their life, and this causes individualist behaviours (Rana, 2013).

255     Perlow and Weeks (2012) compared incidences of "helping behaviours" between Indian and United States workers in software engineering (helping behaviours defined as taking time away from one's own tasks to assist another with a work related problem). They found that Indian software engineers were much more likely to engage in helping behaviours than their Western counterparts. They theorised that these behaviours were caused by the individualistic and collectivist tendencies of both cultures combining with Indians organisation culture, resulting in different psychological "framing" of helping behaviours by employees. While Western employees framed helping as unwanted interruptions, Indian employees framed helping as an opportunity to develop their skills.

256     However, studies have shown that helping behaviours can be more likely to result in workplace injuries in dangerous workplace environments. Burt, Banks and Williams (2014) have reported that helping behaviours can create safety risks for both the helper and the recipient. They theorised that this risk may arise from employees' failure to communicate to other workers that they are performing helping behaviours, and from the failure of colleagues to inform the helper about risks associated with activities. Therefore, it is possible that Indian cultural tendencies towards poor communication (due to power distance) and positive attitudes towards helping others (due to collectivism) may combine to expose them to additional safety risk.

# INSIGHTS **JACOB MANNOTHRA**

**Jacob Mannothra is an Indian-born New Zealander. He came to New Zealand in 1996. Jacob has been the Managing Director of Zindia Ltd for 14 years. Zindia Ltd exports forestry products from New Zealand to India, and received the Best Exporter to India Award in 2008 and 2009.**

## Health and Safety consciousness in India

Mr Mannothra's company ships considerable quantities of logs and lumber to India from New Zealand. He explained that when the ships are loaded in New Zealand, specialist stevedores are responsible for doing this and these workers are only allowed to work if they are wearing steel-capped, oil resistant boots and belts, high-vis vests, helmets, gloves, proper overalls and any other required safety gear. In New Zealand, if any of the requirements are not met, an infringement notice will be issued.

Mr Mannothra said that in India, where the same ships arrive, the people unloading the ships have none of this gear or equipment. He explained that while occupational health and safety is a top priority in New Zealand, it is not in India. Mr Mannothra explained that even where there are rules around health and safety in India, they are not typically followed. He also outlined that if there are rules, they generally are not enforced so there is little consequence for not following them.

When Mr Mannothra first arrived in New Zealand, he absolutely noticed the difference between the health and safety culture in New Zealand compared to the one he was used to in India. He explained that it took a short period of time to adjust but he quickly learnt the importance and now he totally respects the system.

## The ethnic make up of Mr Mannothra's staff

Mr Mannothra's staff mostly identify with "mainstream Kiwi" culture.[70] He has noticed that his "mainstream Kiwi" staff naturally follow the rules when it comes to health and safety. Mr Mannothra's feeling is that, in certain cultures, it is not natural to necessarily wear protective gear to do certain tasks but he has seen that "mainstream Kiwi" workers generally think it is a good idea to wear this protective gear and so they follow the rules.

## Communications have to be culturally specific

Mr Mannothra explained that he works in a very dangerous industry and therefore has to be extremely careful. He said it was important to have culturally relevant and specific ways to communicate risks and he was cognisant of the fact that culture of origin and ability to understand New Zealand health and safety laws needed to be taken into account when explaining Health and Safety procedures and risks to staff.

---

[70] Mainstream "kiwi" culture is defined in paragraph 16, and includes all those who identify with it, regardless of their ethnic origin.

**"Mainstream Kiwis" are more likely to speak up because they know their rights**

Mr Mannothra has observed other ethnically diverse companies and suggests that Asians are not good at reporting incidents because they are afraid they might lose their jobs. He said that his own experience has been that "mainstream Kiwis" are not afraid to report incidents or speak up because they generally tend to know their rights.

---

**Key takeaways**

- Due to the lower priority accorded to health and safety in India, Indians coming to New Zealand may generally have little comprehension of health and safety.

- Indian workers often quickly understand that if they want to be successful in business in New Zealand they will need to abide by the New Zealand rules.

- The importance of culturally relevant and specific ways to communicate risks.

- Fear of repercussions may explain the reluctance of Asian workers to whistle blow.

- Knowledge of workplace rights may explain the greater willingness of "mainstream Kiwi" workers to report incidents or speak up.

---

## INSIGHTS **SAMEER HANDA**

**Sameer Handa is an experienced international business leader. He is currently a Director of Glowbal NZ, the Bank of India (NZ) and Refrigerant Recovery. He was previously the Managing Director of Beijer Ref AustralAsia. He is also an executive committee member of the India New Zealand Business Council and an Advisory Board Member of NZ Asian Leaders. He was born in New Delhi, India, but came to New Zealand in 1995.**

### Health and Safety in India and New Zealand

Mr Handa said that he noticed a huge difference between health and safety requirements and attitudes in New Zealand and India. He explained that in South Asia they were much more relaxed about health and safety than in New Zealand. He said that profits were often prioritised over safety as the focus was usually on the bottom line.

Mr Handa explained that his view of health and safety has absolutely changed since moving to New Zealand. He said that when he arrived in New Zealand, straight away he realised that his life had a meaning because health and safety was seen as important. He said migrants interpret this as meaning that they will be cared for and looked after, and and accordingly, there is a change in the attitude of migrants.

Mr Handa explained that in India usually the employee takes the blame (never the employer) if there is an accident. He said that most people in India are simply grateful for having a job. He said that migrants often brought these attitudes to New Zealand but based upon his own experience he said it was possible for migrants to change and get accustomed quickly to the way in which things are done in New Zealand.

### Experience as a Managing Director

Mr Handa explained that he has worked in various parts of the world including the Middle East, Fiji, Australia and New Zealand. He said that New Zealand and Australia were at the top of the tree in terms of how much they care about employees and health and safety. He said that in India, Fiji and the Middle East, to a certain degree, they still have a pretty casual attitude towards health and safety and they definitely do not have the same 'safety' culture. He acknowledged that there were cultural and language barriers to understanding that exacerbated the differences between attitudes towards health and safety and how new migrants, in particular, approached health and safety in the workplace.

He explained that some workers who are not from New Zealand take a more casual approach to health and safety and might, for example, turn up to work without their safety boots. He said that unlike mainstream Kiwi workers some overseas born workers had a more casual attitude towards compliance. He explained that this was closely linked to their perception of risk. He gave the example that in some places people think it is normal to climb high without a harness and they bring that mentality to work in New Zealand.

He explained that it was important to make sure that people from different places (and in different places) took health and safety seriously. He said that when he worked at Beijer Ref AustralAsia they sent people from New Zealand to other countries to try and change the cultural attitudes towards health and safety. He said that the locals were surprised by the extent to which the company cared about

them and that people were receptive to the training. He said they could see that it was helpful and they were accordingly very grateful. He also explained that they demonstrated to staff that they cared about wellbeing such as delivering fruit each day.

Mr Handa explained that at Beijer they wanted to have a very high standard of safety and so they voluntarily asked to be audited. He said that at Beijer Ref in Auckland approximately 60 per cent of staff were from ethnic backgrounds so they took extra measures to ensure that all workers understood health and safety messages. They invited an organisation to come and teach staff language, mathematical and analytical skills and they also had people come in and talk about safety both at work and at home. They also provided training on how to budget, how to plan your life and how to look after yourself. He said they took pride in achieving the highest standard of health and safety.

## ACC

Mr Handa said that there is a lack of knowledge about ACC and WorkSafe among workers, particularly those not born in New Zealand. He joked that people in the workplace often thought that ACC stood for Auckland City Council.

He said that in the companies that he has worked in, they have always made it a priority to teach workers about ACC and WorkSafe and to ensure that workers know these organisations are there to help them.

He said that he has noticed that there is a gap in perception for migrants between accidents in the office and accidents in the factory. In other words, there is a perception that accidents are only something that might happen in a factory. He said that this perception comes from people's home country and culture. He also explained that in India there is a cultural focus on physical health but not mental health.

---

**Key takeaways**

- In South Asia, profits are prioritised over safety and the employee takes the blame, not the employer.

- It is important to show migrant workers that you care about their safety, as a first step to improving health and safety compliance.

- To enable migrant workers to better protect themselves, training in skills that will help them to better understand health and safety messaging (for example, English language classes) is important.

---

## KOREAN CULTURE

### Overview

257     In this report, references to "Korean culture" relate to South Korea. North Korea has not been considered in Hofstede's studies and, owing to the closed nature of that society, is likely to be substantially different to South Korean culture.

258     Workplace injury and illness rates in South Korea have improved substantially in recent years. The Korea Occupational Safety and Health Agency reports that:

The activities for preventing occupational injuries and diseases have been successful in Korea. The accident rate and fatality rate decreased dramatically in the last two decades (Kang, 2012, p.15).

259     In particular the South Korean fatal injury rate has declined by 35 per cent in the last 10 years, although it is still higher than most European countries.

260     The huge improvement in South Korean workplace health and safety can be attributed to its enormous economic growth over the last 50 years. South Korea has been transformed from one of the poorest countries in the world to the 11th largest economy in the world (Jones, 2016). This economic development had been dubbed the "Miracle on the Han River", as the South Korean economy grew at an average annual rate of nearly 9 per cent, and per capita income increased more than a hundredfold (Encyclopaedia Britannica, n.d.).

261     South Korean migrants to Western countries have been observed to have higher rates of depression, even when compared to other Asian migrant groups (Hovey, Kim and Seligman, 2006; Yeh, 2003). Hovey et al found that among Korean-Americans higher levels of adherence to Asian cultural values were strongly associated with lower self-esteem, higher anxiety and greater depression (Hovey et al, 2006). They attributed this to an "ethnic bind", whereby conflicts between Korean traditional values (such as patriarchy and collectivism) and capitalist Western values (such as gender equality and individualism) cause extra stress to Koreans who feel as though they live between two dissonant cultures. Increased bicultural competence has been identified as an effective method of improving migrant Korean mental health (Yeh, 2003).

### Hofstede analysis

262     South Korea's national culture is characterised in Hofstede et al.'s (2010) study as:

- *Highly Collectivist*: Members of this culture prioritise group relationships over individual interests;

- *High Power Distance*: Members of this culture readily accept their place in hierarchies, and do not expect any consultation by superiors;

- *Moderately Feminine*: Members of this culture predominantly favour "feminine" values such as consensus, equality and solidarity;

- *High Uncertainty Avoidance*: Members of this culture show strong preference for protocols and rules over "going with the flow"; and

- *Very High Long Term Orientation*: Members of this culture easily adapt traditional practices, show a preference for long term benefits over quick results and care strongly about future wellbeing.

**Workplace health and safety implications**

263    Following the methodology described in paragraphs 85 and 101, the expected health and safety traits of South Korean workers are:

(a)    Poor at reporting errors and communicating risk to superiors.

(b)    Very poor willingness to question or challenge superiors in regards to safety.

(c)    Much better at adhering to safety protocols but much worse at improvising during crisis situations.

(d)    Better at collaborating with others on safety issues.

(e)    Better at supporting safety procedures generally.

**Comparison with "mainstream Kiwi" culture**

264    New Zealand strongly differs from South Korea on a number of different dimensions. In fact, South Korea is the only country in this report to score the opposite value on every single Hofstede dimension, meaning that workers of Korean origin will have almost an entirely opposite set of strengths and weaknesses compared to "mainstream Kiwis".

**Specific Korean cultural values**

265    Much like China, Korean culture has been heavily influenced by traditional Confucian values, mixed with modernised Western democratic influences. Savada and Shaw (1990) describe Korean culture as:

…a kind of yin-yang opposition and synthesis. There is the tension, for example, between self control and solemnity on the one hand, and almost explosive volatility on the other, at the level of individual behaviour; between the duty-bound austerity of Confucian family life and ritualism, and the ecstasy and abandon of shamanistic rites; between the conservatism of agricultural villages and the looser social organization of fishing communities; between the orthodox concept of male supremacy and the reality of much "hidden" female power; between the "higher" rationalized, humanistic, or scientific culture imported from China, Japan, or the West, and much older indigenous or native cultural themes; between hierarchy and equality; and between slavish deference to authority and principled resistance (pp 89-90).

266    Like other collectivist cultures, social relationships and social harmony are paramount values for Koreans. However, unlike the other collectivist cultures featured in this report whose collectivism is focused around the family, such as Filipinos, Korea's collectivism is actually most prevalent in Korean corporate culture. Korea has the second highest score for institutional collectivism in the GLOBE (2004) study after Sweden, and Hofstede's (1980) model and Trompenaars' (1994) study both describe Korea's corporate culture as one of the most collectivist in the world, even more so than the Japanese.

267    Korea's unique cultural expression of collectivist and power distant values is best explained with the Korean concepts of kibun and nunchi. Kibun is described as "a mood or feeling or balance and good behaviour" (Lee, 2012, p.184), and "a good mood and a generally satisfactory state of affairs" (Cho & Yoon, 2001, p.70). Kibun is analogous to the concept of "face-saving". Kibun mandates that respect must be shown to others' feelings at all times, especially superiors. Bad news must be communicated ambiguously, or late in the day. Others should not be criticised or contradicted. Communication should be implicit and conveyed through non- verbal cues. Nunchi is the ability to pick up on another's kibun by looking at them (Lee, 2012, p.185).

268    These cultural values have serious effects on the interpersonal relationships and communications of Korean people, which can have serious consequences for health and safety. For example, it would seriously disturb another's kibun to point out that they were doing something unsafely. The impact of Koreans' preference towards high context communication for health and safety is discussed in more detail below.

## Power distance

269    Merrit published a study in 2000 which scored commercial airline pilots from 19 countries on Hofstede dimensions, and successfully replicated Hofstede's results. She concluded that this meant that "national culture exerts an influence on cockpit behaviour over and above the professional culture of pilots, and that 'one size fits all' training is inappropriate" (Merrit, 2000, p.283). Of the countries surveyed, Korean pilots had the second highest score for power distance and the highest score for uncertainty avoidance.

270    Gladwell (2008) has theorised the effects of these cultural dimensions on Korean Air crashes. Korean Air had 19 serious crashes in the period of 1970 to 1999, during which time it wrote off 16 aircraft in serious incidents and accidents with the loss of 700 lives (p.180). He places particular emphasis on the high power distance displayed in Korean cultures. The culture among Korean air pilots was strong veneration for superiors. Junior officers would bow to superiors and use a formal form of address when speaking (Korean language has six different forms depending on who one is speaking to). On layovers a junior officer would be attentive to the captain to the extent of making him dinner or purchasing gifts.

271    In some cases, captains actually physically hit subordinates for making mistakes. As Korean linguist Ho-min Sohn writes:

       …a lower-ranking person must wait until a higher-ranking person sits down and starts eating… in greeting a social superior a Korean must bow… All social behaviour and actions are conducted in the order of seniority or ranking; as the saying goes, chanmul to wi alay ka issta, there is order even to drinking cold water (Gladwell, 2008, p.215).

272    This high power distance displays itself in poor communication between inferiors to superiors in the cockpit. Inferiors would speak in "mitigated speech" to the captain, which is an indirect and vague form of speech which shows deference to the captain's authority (Gladwell, 2008). For example, the first officer of a fatal Korean Air crash tried to warn his captain of hazardous weather by saying "Don't you think it rains more? In this area here?" (p. 215), rather than telling him directly of oncoming danger.

273    Gladwell (2008) notes that after hiring an American, David Greenberg, to run Korean Air's flight operations, the number of accidents reduced dramatically. Since 2000, Korean Air has had no fatal accidents. Gladwell credits this change to a cultural change in the airline; the language of all Korean Air flight operations was changed to English. This change lowered the power distance between flight crew, as crew members no longer had to speak to their superiors in one of the formal forms of address. As he explains:

       …they were trapped in roles dictated by the heavy weight of their country's cultural legacy. They needed an opportunity to step outside those roles when they sat in the cockpit, and language was the key to that transformation. In English, they would be free of the sharply defined gradients of Korean hierarchy… Instead the pilots could participate in a culture and language with a very different cultural legacy (p.219).

274    Although Korean high context communication is important to protecting other's kibun, direct Western-style communication is far more appropriate in crisis scenarios. Therefore, forcing Korean pilots to abandon high context communications in Korean in favour of direct communications in English actually had a tangible effect on airplane crash incidence.

## INSIGHTS **AUSTIN KIM**

**Austin Kim is a Korean who moved to New Zealand with his parents when he was 16. After completing university in New Zealand he moved back to Seoul and worked there before returning to New Zealand to work in the public sector. He currently works for Auckland Council as a Principal Advisor.**

### Safety culture in Korea

Mr Kim said that Koreans take a less vigilant approach to safety than "mainstream Kiwis". He gave the example that there are less regular checks of building sites in Korea than in New Zealand. Workplace health and safety issues are also restricted to physical issues in Korean culture. Mental health issues are downplayed and seen as "losing face". Mental health issues are not considered common in Korea as they are internalised and unreported. This results in greater stress for people with mental health issues, who often turn to unhealthy means of coping such as gambling and alcohol. This can result in addiction and, in extreme cases, even suicide.

Mr Kim prepared a report for the Ministry of Justice regarding this issue. The report found that many family violence cases in the Korean community had been withdrawn by the complainants. The complainants had mainly been Korean wives/mothers who were afraid of losing their husband's income, even if it meant living with stress and abuse.

### Korean immigrant experiences with New Zealand workplace health and safety culture

Koreans find New Zealand workplace health and safety culture very foreign. For Korean immigrants two things are seen as more important than everything else: having a place to live, and having a job. Health and safety is seen as subservient to those two priorities. Koreans especially will not tell people if they are feeling stressed, which can lead to gambling and alcohol addiction, which in turn can lead to family violence. This problem is exacerbated for Korean immigrants as their community is currently shrinking in New Zealand. This has resulted in Korean businesses suffering, which leads to less income, more stress and so on.

### Sexual Harassment

In his time speaking to people from ethnic communities, Mr Kim has heard that a large number of young female Asian immigrants are sexually harassed or assaulted at work, particularly international students working in retail or hospitality. These incidents are often not reported to the police, or when they are, are not prosecuted, as it is difficult for the complainants to provide evidence. He considers female international students particularly vulnerable members of the Korean community.

### How Korean cultural differences affect Health and Safety

Koreans have an overly strong work ethic. They often feel a need to prove themselves to their employer, and as such are willing to take risks, overwork themselves and work overtime without pay. These Korean people have a general understanding about their rights and they know they do not have to work overtime without pay. However their concerns about their employer's perception of them motivate them to do so anyway.

**How Korean cultural differences affect Health and Safety**

Koreans have an overly strong work ethic. They often feel a need to prove themselves to their employer, and as such are willing to take risks, overwork themselves and work overtime without pay. These Korean people have a general understanding about their rights and they know they do not have to work overtime without pay. However their concerns about their employer's perception of them motivate them to do so anyway.

**How "mainstream Kiwi" workplace health and safety culture compares to Korean health and safety culture**

Mr Kim has only ever worked in the public sector, but said that "mainstream Kiwis" have a strong reporting culture in his experience. They communicate even minor things, and minimise risks to other people as well as themselves.

**Korean feelings about the New Zealand work environment**

Korean people often feel limited in the New Zealand job market. Koreans do not have a culture where it is normal to ask for a promotion or about career development, instead they come from a culture where their managers would take charge of that development. "Mainstream Kiwi" managers often do not know what Korean people want out of their jobs. By contrast, Korean managers think of their workers like family, they look after workers individually and are rewarded with their workers' loyalty. In contrast, "mainstream Kiwi" managers view workers as individuals who could leave at any time. Threats of restructuring and redundancies which are common in the New Zealand business environment are particularly stressful for Koreans.

**Key takeaways**

- Mental health is not viewed as a workplace health and safety issue within Korean culture.

- Korean workers may be particularly vulnerable to stress, given the tendency to work very hard and for long hours; and to relieve stress through substance abuse or gambling, rather than seeking help.

- Korean workers may also have other hidden health vulnerabilities, such as sexual harassment/assault and domestic violence.

## FILIPINO CULTURE

### Overview

275    The Filipino population was identified as the fastest growing Asian ethnic group in the 2013 Census, overtaking the Korean population as the third largest Asian ethnic group in New Zealand. The Filipino group was recognised by the Ministry of Business, Innovation and Employment as a major source of young temporary migrants from South East Asia, while the Chinese and North Asian population fell by 10.3 per cent over 5 years (Merwood, 2013).

276    Occupational health and safety protections and standards are largely non-existent in the Philippines. The ILO has released an estimate that 17 out of 18 people in the nation's workforce have no effective workplace health and safety protection or services (ILO, n.d.a). That amounts to approximately 36.6 million people who are unprotected. The ILO estimates that 2 million of these workers die each year from work related injuries or disease. The lack of workplace health and safety in the Philippines meant there was little literature relevant literature for this country.

### Hofstede analysis

277    The Philippines' national culture is characterised in Hofstede et al.'s (2010) study as:

- *Highly Collectivist*: Members of this culture prioritise group relationships over individual interests;

- *Very High Power Distance*: Members of this culture readily accept their place in hierarchies, and do not expect any consultation by superiors;

- *Moderately Masculine*: Members of this culture predominantly favour "masculine" values such as competition, assertiveness and strong work ethic;

- *Low Uncertainty Avoidance*: Members of this culture show some preference for "going with the flow" over protocols and rules; and

- *Low Long Term Orientation*: Members of this culture adhere to tradition, show a preference for achieving quick results and care less about their long term wellbeing.

### Workplace Health and Safety Implications

278    Following the methodology described in paragraphs 85 and 101, the expected health and safety traits of Filipino workers are:

(a)    Poor at reporting errors and communicating risk to superiors;

(b)    Very poor willingness to question or challenge superiors in regards to safety;

(c)    Worse at adhering to safety protocols but better at improvising during crisis situations;

(d)    Better at collaborating with others on safety issues; and

(e)    Worse at supporting safety procedures generally.

**Comparison with mainstream Kiwi culture**

279    Much like China, the main area where New Zealand differs from the Philippines in Hofstede and GLOBE scores is individualism. This means that in situations where a "mainstream Kiwi" employer may expect a worker to refuse to carry out unsafe work, a Filipino worker is unlikely to do so.

**Specific Filipino Cultural Values**

280    Bower et al. (2017) outline several key values of second generation Filipino migrants to America. Of these, religion, family and food were identified as central aspects of Filipino lifestyle. The Filipino culture emphasises responsibility and respect for family and community members. The giving and eating of food together is one of the ways in which this appreciation is shown. The report also identified idiosyncrasies unique to Filipino communication, such as a tendency to communicate more with body language and gestures (such as using their lips to point at things) than words.

**Collectivism**

281    In the GLOBE study, Filipinos are identified as having one of the highest in-group or family collectivism scores (6.36/7). This means that Filipinos strongly value their families and the Filipino family is a key focal point in their lives. Filipinos do not necessarily see themselves as individuals, rather as a part of their families as a collective whole. This is reflected strongly in the experiences of Filipino migrant construction workers interviewed by MacLennan (2018). Almost all of the workers she interviewed expressed that the immigration status of their families was a significant stressor, and all sent money to their families overseas.

282    As identified by Merkin et al. (2014), a fundamental value of collectivist cultures is the idea of protecting "face", that being a person's position within social and cultural hierarchy. As observed by Christie (2012), Filipino migrants are often incentivised to work in New Zealand as the social status of their family in the Philippines is raised by having a family member working abroad (p.57). Similarly MacLennan (2018) observed that a Filipino family who returned home to the Philippines "significantly lost face" in their community (p.16). This means that even Filipinos who struggle in adapting overseas are unlikely to report this to family members at home, and even less likely to return there.

283    Similarly, Filipino culture has been observed as somewhat isolationist in terms of social networks and preferences. A number of workers interviewed by Christie (2012) and MacLennan (2018) reported feeling socially isolated from "mainstream Kiwis", and strongly preferring to limit their social connections to other Filipinos in the community.

284    One Filipino worker said:

The first time I arrived here in New Zealand I just found the Filipinos. I'm just looking for the Filipino community. That's the first thing I am thinking when I arrive in New Zealand, I just want to find Filipinos. And when I found the Filipino I am just happy. Because our culture is, even though we don't know each other, once you are Filipino they accommodate you... I didn't really meet the Kiwi community, only my boss (Christie, 2012, p. 52).

**Short Term Orientation**

285    Lu et al. (2012) compared Taiwanese, Chinese and Filipino container shipping workers' cultural dimensions and occurrence of human failures (workplace accidents resulting from human error). They found that Filipinos showed the strongest collectivist tendencies, while Chinese and Taiwanese seafarers showed the strongest long term orientation. The study results showed that

high power distance and collectivism were correlated to human failures. Importantly the study also compared the interactions between long term orientation and the other Hofstede dimensions and human failures. The study found that for Filipino seafarers, high uncertainty avoidance combined with low long term orientation, resulted in fewer human failures. As the researchers state:

This result suggests that Filipino seafarers are not willing to take risk when they lack safety information. Thus, complete or clear information from the master or ship owner is very important. This may increase seafarer's motivation and efforts to prevent human failures [sic] (para 5.1).

286    This study is interesting, as having administered questionnaires to the seafarers who were the subjects of the study in order to determine the appropriate cultural dimensions for the relevant ethnic groups, the researchers identified Filipino seafarers as having high uncertainty avoidance. This is different from Hofstede's analysis which found that Filipinos (as a whole) have low uncertainty avoidance. Consequently, while cultural factors influence workplace health and safety, workplace factors could also influence cultural dimensions (i.e. the unique nature of international shipping operations could affect workers' otherwise cultural approaches towards risk) (Lu et al., 2012, para 5).

**Power Distance**

287    Filipinos have one of the highest Hofstede scores for power distance (94/100). As a construction sector worker interviewed by Cleland and Burns (2015) in their research on the cultural characteristics of the Christchurch rebuild workforce, said:

They are very subservient and they're not used to the answering back and giving each other a hard time. So they take a while to adjust… You being the boss, you're right and whatever you say is right and I'm just going to do it, because they do not want to go home early. No, and if they do something wrong they're absolutely horrified (p. 14).

288    The high power distance is perhaps why few Filipino workers interviewed by MacLennan (2018) expressed dissatisfaction with lower pay rates than their white colleagues. It also explains the low incident reporting rates self identified by many of the interviewees (p.15).

## INSIGHTS **MIKEE SANTOS**

**Mikee Santos comes from the Philippines and has been living in New Zealand for almost 4 years. He is the Chair of Migrante Aotearoa, a volunteer support group for Filipino migrants, and a spokesman for the First Union.**

### Filipino Health and Safety

Mr Santos said that health and safety in the Philippines is almost zero. If you asked a worker to climb up a tall pole, they would do it without a harness or any other Personal Protective Equipment ("PPE"). However, seasoned Filipino workers who have worked in the Middle East or Japan and were familiar with health and safety would ask for PPE before beginning work. One problem for Filipino workers is that they get charged for their PPE by their employers. Mr Santos estimates that about 7 out of 10 workers have their pay deducted for this reason.

### Communication Issues

The Filipino national language is Tagalog, but Filipinos speak very good English. Mr Santos has been learning English since watching Sesame Street as a child, as all TV broadcasts in the Philippines are in English. School in the Philippines is also taught in English. Despite being able to read and speak well, Filipinos still struggle to actually converse with "Kiwi slang". Filipinos are given health and safety literature when they get to New Zealand. Unfortunately, most of them do not read it. Likewise, they do not know about ACC or their entitlements to sick leave, because they are not used to being entitled to such work rights. Mr Santos has had to painstakingly explain to workers that they can take a day off if they are sick.

### Characteristics of Filipino Culture

While famous for their happy disposition and cheerful personality, Filipinos are typically very shy and reserved. They also value other people's opinions and perceptions of them very highly. As such they find it hard to stand up to their Kiwi employers. Often they might find it easier to just get on with a task, rather than make a fuss by telling their employer that they are too tired or sick. This is especially so for Pākehā employers. This is mainly because their work visas are bound to their employers, but partially because of the Philippines' history of colonisation, which has embedded in the Filipino workers a mentality that white men are to be obeyed. Even if they know a task is dangerous, their cultural barriers mean they will not speak up about it. Generally speaking, many Filipino workers share a mentality that white men are more superior, and therefore, should not be questioned. This mentality is rooted in the Philippines' long history of colonisation. This, partnered with their quiet and reserved nature means that they are less likely to speak up about something even if they know its unlawful or dangerous.

### Unions

Though Filipinos have a long history of unionism, they tend to shy away from joining unions. They bring that belief into New Zealand. However, more and more Filipinos are joining the union nowadays – especially those within the construction sector.

## Pathways for Future Migrants

Mr Santos said that 50,000 new migrants are expected to enter New Zealand in the next year and of those – 10,000 will be Filipino. He wants to see the pathways for these migrants fixed. He would like them to be inducted into proper health and safety procedures before they arrive.[71] New migrant workers in the construction industry have very little time between getting off the plane and having to work on the 20th floor of a construction site, for example. This short timeframe is often disorienting for these migrants, who are usually between the ages of 35 to 55 and are not as adaptable as younger people.

## Kiwi Employers

Mr Santos said Kiwi employers prefer Filipino workers because they speak good English, and are familiar enough with Western culture. Filipino workers are also very obedient and never complain. They will never refuse work, even if they wind up working for up to 15 hours a day. This can result in exhaustion for Filipino workers.

## Manpower services

Mr Santos said that 50,000 new migrants are expected to enter New Zealand in the next year. Mr Santos said that Filipinos are often exploited by dodgy manpower services. There are about 6,000 Filipinos who leave the Philippines every day due to unemployment. Overseas Filipino Workers (OFW) are deemed as 'modern day heroes', producing one of the highest remittance rates in the world. For Filipinos, migrating out of the Philippines is a 'golden ticket'. Hope for a better life partnered with desperation to provide for their families makes Filipinos prone to exploitation. Some agencies charge Filipinos a large placement fee, even if their employer had already paid one. Filipino workers sign binding agreements with these agencies, which means that the agencies "own" them. Filipino culture perpetuates a strong sense of 'debt of gratitude' – which means that migrants continue to feel like they 'owe' these agencies despite the circumstances. There is no regulation of these agencies in the Philippines. He would like Filipinos to be told, before they depart for New Zealand, that the rent and the cost of living are far higher here than in the Philippines, and to be careful about getting into debt with manpower agencies. Mr Santos hopes that New Zealand officials would produce some certification, regulation or an official approval list of Filipino labour hire agencies, so Kiwi employers do not source labour from exploitative ones.

## Filipino Injury

Mr Santos says one way to stop Filipinos being hurt on worksites is to make sure that they take regular breaks so they are not stressed, because Filipinos will never say no to extra hours. Better enforcement of minimum working standards and conditions would also help. When Filipinos are injured on the job they often do not report it. One member of Migrante Aotearoa severely injured his back in August 2017, but after visiting the doctor, he went straight back to work. His back was so injured that his legs were numb while he was working. He continued working until Mr Santos forced him to stop in January 2018. Mr Santos said that this is a result of Filipino's lack of knowledge on their work rights (sick leave and ACC), partnered with their shy, uncomplaining nature.

## Racism

Mr Santos said that Filipinos often encounter racism in New Zealand. The most prominent way they are discriminated against is in their pay. He would like to see wage parity between Filipino migrants and their New Zealand colleagues.

---

[71] Literature has corroborated this point. see Elma B Torres and Others "Occupational Health in the Philippines" (2002) Occupational Medicine at [9.4]: "The limited pre-departure orientation and preparation of (overseas Filipino workers) to work in a foreign land has led to an alarming rate of stress and severe emotional problems…".

**Key takeaways**

- Migrants should be informed before they come to New Zealand about health and safety, and about the high cost of living, accommodation and manpower agencies.

- It is very important to regulate which manpower agencies New Zealand firms can source from, create an international certification for manpower agencies or publish a list of approved agencies.

- Employers and regulators should enforce minimum working standards for Filipino workers, such as minimum working hours, and ensure Filipinos are given sick leave.

- Equal pay between Filipino workers and native New Zealanders should be enforced.

## OTHER CULTURES

**Overview**

289    "Other" cultures in New Zealand are typically defined as Middle Eastern, Latin American and African (MELAA). This percentage of our population is very small (1.2 per cent) (Stats NZ, 2014); however, they make up a disproportionately large percentage of work related injury claims (4 per cent). MELAA cultures had an injury incidence rate of 207 claims per 1000 full time employees in 2016, over twice as the rate of any other ethnic group. A large proportion also works in retail and hospitality, 22.4 per cent compared to 15.6 per cent in the general population. The MELAA population is young, with approximately 31 per cent aged between 20 and 34 years old, compared to 19 per cent in the general population (Stats NZ, 2014). The low average age of MELAA workers could be a factor relevant to their high injury rate, as workers between the age of 15 and 25 are the most likely to be injured at work (with the exception of workers over 75).

290    The Auckland District Health Board (2010) has identified MELAA as a particularly vulnerable group in terms of health. MELAAs compared poorly to Pākehā and the general population on a number of different health indicators and outcomes. In particular, all MELAA groups had higher unemployment rates, higher percentages of people on an unemployment benefit, lower mean income, and lived in more crowded conditions, in higher deprivation areas, compared to Pākehā, despite possessing similar qualifications. MELAA groups also had higher rates of diabetes; respiratory diseases; worse mental health, oral health, utilisation of health services; and significantly worse sexual health.

291    Many MELAA (and in particular Middle Eastern) migrants come to New Zealand as refugees, which make them particularly vulnerable in terms of occupational health and health in general (McLeod & Reeve, 2005). Many carry health risks with them to New Zealand; in particular refugees from Sub-Saharan Africa have a high rate of HIV/AIDS infection (McLeod & Reeve, 2005). After arrival, refugees also often develop "Western" diseases as well, such as diabetes, hypertension, and obesity. It has been observed that most refugees know "nothing about the responsibilities of their employers vis-à-vis safety training or protective equipment and they do not know what to do when they are asked to do something unsafe or when they are injured" in their new countries (Canadian Occupational Safety, 2017). Research has identified that long periods in detention camps, trauma, culture shock and negative attitudes towards refugees in their new communities all contribute to negative consequences for refugees' occupational wellbeing (Mayne, Lowrie & Wilson, 2016).

292    In the 2013 Census approximately 46,953 people identified themselves as MELAA in New Zealand. Of these the most common specifically identified ethnicities were Iranian (3,198), Arabic (2,919), Brazilian (2,868), Iraqi (2,583), Chilean (1,686) and Somalian (1,617) (Stats NZ, 2014).

293    Given that it is not possible to generalise a "MELAA" or "other" culture, we examine below Iranian culture and Brazilian culture as two large subsets of the MELAA population in New Zealand.

## IRANIAN CULTURE

**Overview**

294    In 2013, 3,195 Iranian people lived in New Zealand, comprising less than 1 per cent of the total population. 90 per cent of these lived in the North Island and 97 per cent lived in main urban areas. 76 per cent lived in Auckland.

295    As this population makes up such a small percentage of the total population they are usually aggregated into the MELAA group when work injury rates are analysed in New Zealand. However there are studies on work injury rates in Iran. Iran has very poor injury statistics; they have one of

the lowest World Health Organisation (2018) rankings for disability-adjusted life year ("DALY"). One DALY equals one year lost of "healthy" life. In 2003, approximately 6,040 DALYs were attributed to injury (Naghavi et al., 2009). In 2017 Hatami et al., (2017) reported a worker injury rate of 12.5 per 1,000 workers in the Iranian construction industry. For comparison, the work-related injury rate in New Zealand is 0.16 per 1,000 workers (Stats NZ, 2017b). Unintentional injury is the second leading cause of death in Iran (Hatami et al., 2017).

## Hofstede analysis

296    Iran's national culture is characterised in Hofstede et al.'s (2010) study as:

- *Somewhat Collectivist*: Members of this culture show a preference for group harmony over individual interests;

- *Somewhat High Power Distance*: Members of this culture readily accept their place in hierarchies, and superiors expect obedience;

- *Somewhat Feminine*: Members of this culture slightly favour "feminine" values such as consensus, equality and solidarity;

- *Somewhat Uncertainty Avoidant*: Members of this culture show slight preference for protocols and rules over "going with the flow"; and

- *Very Low Long Term Orientation*: Members of this culture strongly adhere to tradition, show preference for achieving quick results and care much less about their long term wellbeing.

## Workplace health and safety implications

297    Following the methodology described in paragraphs 85 and 101, the expected health and safety traits of Iranian workers are:

(a)    Poor at reporting errors and communicating risk to superiors;

(b)    Poor willingness to question or challenge superiors in regards to safety;

(c)    Somewhat better at adhering to safety protocols but worse at improvising during crisis situations;

(d)    Better at collaborating with others on safety issues; and

(e)    Much worse at supporting safety procedures generally.

## Comparison to "mainstream Kiwi" culture

298    Iranian culture is less individualistic and more power distant than "mainstream Kiwi" culture. This is likely to mean that where a "mainstream Kiwi" employee is likely to contradict unsafe group activity or unsafe orders from a supervisor, an Iranian employee is unlikely to do so. Iran's particularly low score for long term orientation also indicates that, even more so than "mainstream Kiwis", an Iranian worker will prioritise quick results and improved production over safety concerns.

## Specific Iranian cultural values

299    Like collectivist Asian cultures, the family is a focal point of Iranian culture. Iran has a very high GLOBE score for family collectivism (Jalali, 2005). However, unlike other cultures, the family is

more protective and isolated from the wider community. This can be observed in certain cultural practices, such as being protective of female family members (Jalali, 2005).

300    Another key cultural value for Iranian people is the idea of "Taarof" or politeness. This cultural value emphasises humility and proper etiquette (such as initially refusing when something is offered to you, so that the host may insist upon giving it) (Miller et al., 2014). This is an example of "face saving" behaviour, which can have negative health and safety connotations. For instance, an Iranian is very unlikely to report errors, as acknowledging a mistake would cause them to lose face. Similarly, it is seen as taboo in Iranian culture to express feelings of anger or depression ("narahati") outwardly (Pliskin, 1992). The may result in negative consequences for Iranian workers' mental health, as Iranian workers are unlikely to report stress or depression, increasing the risk of mental injury.

## BRAZILIAN CULTURE

### Overview

301    In 2013, 2,868 Brazilian people lived in New Zealand, comprising less than 1 per cent of the total population. 67 per cent of these lived in the North Island and 76 per cent lived in main urban areas. 42 per cent lived in Auckland.

302    As this population makes up such a small percentage of the total population they are usually aggregated into the MELAA group when work injury rates are analysed in New Zealand. However there are studies on work injury rates in Brazil itself. Schoemaker et al., (2000) reported that Brazilian workers in the steel working sector have an injury incidence rate of 5.6 per 100 person-years (meaning that for every 100 years a group of workers work altogether, they are expected to be injured 5.6 times). Mendeloff (2015) writes that in 2012, while the reported Brazilian work related fatality rate was 3.6 per 100,000 workers, the actual worker fatality rate is expected to be 4 times that.

### Hofstede analysis

303    Brazil's national culture is characterised in Hofstede et al.'s (2010) study as:

- *Highly Collectivist*: Members of this culture show preference for group harmony over individual interests;

- *High Power Distance*: Members of this culture readily accept their place in hierarchies, and superiors expect obedience;

- *Intermediate Femininity*: Members of this culture do not show a preference for "female" values over "male" values;

- *High Uncertainty Avoidance*: Members of this culture show strong preference for protocols and rules over "going with the flow"; and

- *Somewhat Low Long Term Orientation*: Members of this culture very slightly adhere to tradition, and show only slight preference for achieving quick results.

**Workplace health and safety implications**

304    Following the methodology described in paragraphs 85 and 101, the expected health and safety traits of Brazilian workers are:

(a)    Very poor at reporting errors and communicating risk to superiors;

(b)    Very poor willingness to question or challenge superiors in regards to safety;

(c)    Much better at adhering to safety protocols but much worse at improvising during crisis situations;

(d)    Somewhat better at collaborating with others on safety issues; and

(e)    Somewhat worse at supporting safety procedures generally.

**Comparison to "mainstream Kiwi" culture**

305    New Zealand strongly differs from Brazil in terms of individualism and power distance. This means that where a "mainstream Kiwi" employer may expect an employee to contradict unsafe group activity or unsafe orders from a supervisor, a Brazilian employee is unlikely to do so.

**Specific Brazilian cultural values**

306    Like other collectivist cultures, Brazilians highly value their families, which are often very large. Brazilians are very outgoing and affectionate people (Rezende, 2008). Brazil is a high power distance culture, which could be attributed to the nation's history of slavery and colonisation. Social structure in Brazil is often stratified along racial lines (Agier, 1995), which may mean that Brazilian workers are less likely to question the orders of a Western supervisor.

307    Similarly, physical appearance is an important sign of social status in Brazil (Goldenburg, 2010). As a fit and good looking body is an important symbol of status, a Brazilian may have more respect for a supervisor who is physically fit and attractive, than one who is overweight. As Goldenburg writes, "a cared for body is considered fundamental in the markets of love, marriage, sex and, yes, employment" (p.237). Conversely, Brazilian women have been identified as particularly vulnerable to mental health concerns stemming from body image issues (p. 227).

# Part 3: Jurisdictional Reviews
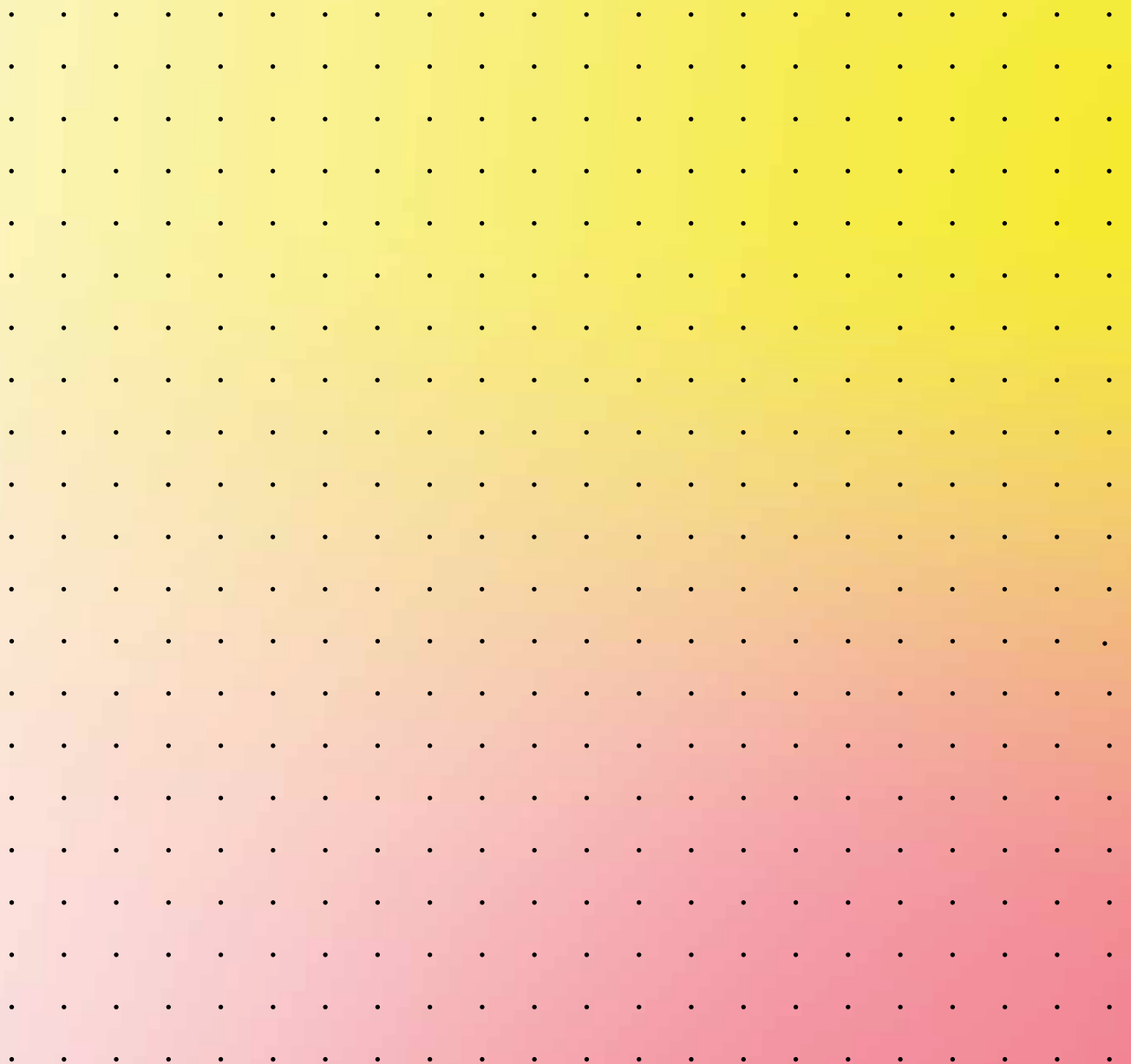
## INTRODUCTION

308 Part 3 of this report aims to provide a detailed description and analysis of tools, tactics and strategies used in the eight selected countries to address the occupational health and safety challenges of diverse populations.

309 These tools, tactics, and strategies were retrieved by reviewing peer-reviewed and published research, theses and dissertations, government documents, industry, corporate, and non-profit material, soundly based unpublished material, and evidence based information identified or provided to us by the Superdiversity Institute's unique network of contacts.

310 In conducting the jurisdictional reviews, we were surprised at the limited range of tools, tactics, and strategies designed to prevent injury among CALD workers, especially given the superdiverse nature of the jurisdictions chosen.

311 We posit three main reasons for this lack of tools, tactics, and strategies. The first is the paucity of good data about CALD workers' increased risk of workplace injury and illness. While there is strong anecdotal evidence (and some published evidence) to this effect, better data would help strengthen the urgent need for tools, tactics, and strategies to address this problem.

312 Secondly, from speaking with representatives of overseas' health and safety regulators, we are aware that CALD workers are only now becoming a strategic priority. It is arguable that leadership from the top (i.e. government) is necessary to ensure that employers are putting in place tools, tactics and strategies to reduce the risk of injury among their CALD workers.

313 Thirdly, where those tools, tactics, and strategies exist, few of them incorporate useful measurement or evaluation metrics. Therefore, identifying the efficacy of the tools, tactics, and strategies is difficult (particularly as it is difficult to attribute improvement in injury rates, when there is little specific injury information available which is specific to CALD workers).

314 To ensure the greatest range of information, we have therefore included some tools, tactics, and strategies that may have an indirect effect on CALD workers' workplace injury rates, even if they are not expressly designed for that purpose.

**Context provided**

315 In each jurisdictional review section, we identify the relevant occupational health and safety laws. We included this in the report to provide context for the tools, tactics and strategies which operate in that country. This context is essential, as it affects the appropriateness of the intervention for the New Zealand context. For example, the success of an intervention may depend on the unique nature of a country's laws and culture. Thus key differences between societies – such as their laws – have been considered before recommending overseas tools, tactics and strategies that could succeed in New Zealand.

316 The countries studied provided relatively easy access to their occupational health and safety laws. Many have a dominant health and safety statute which is supplemented by regulations.

317 Where considered relevant, we also provided context about the policies and actions (if any) of the countries' health and safety regulators, and other relevant government departments.

## CANADA

318    Canada is the most advanced jurisdiction of the eight countries studied in this report in its use of tools, tactics, and strategies to decrease injury rates among CALD workers.

### Assessing the Problem

**Population Demographics**

319    The most recent official population data for Canada is the 2016 Census, which states that Canada's population was approximately 35,000,000 (Statistics Canada, 2018).

320    The immigrant population (defined as foreign-born people living in Canada) accounts for about 20 per cent of Canada's population (7,500,000 people) (Statistics Canada, 2017c).

321    Of the 2016 Census respondents who identified their ethnic origin, one-third identified as Canadian, half identified as being British (including Irish), 10 per cent as German, 5 per cent as Chinese, and 4 per cent as Italian, First Nations or Caribbean. Note that the 2016 Census allowed people to select multiple ethnicities (60 per cent of respondents gave multiple ethnic origins) (Statistics Canada, 2017b).

**Workforce**

322    While the 2016 Census has been taken, comprehensive analysis has not yet been conducted of the labour force participation of visible minorities in Canada.

323    In the 2006 Census, visible minorities represented 15.4 per cent of the Canadian labour force, up from 6.4 per cent in 1986. In 2006, the top five visible minority groups in the labour force were South Asian (24.9 per cent), Chinese (23.6 per cent), Black (15.1 per cent), Filipino (9.3 per cent), and Arab/West Asian (7.8 per cent) (Ryerson University School of Management, n.d.). Projections suggest that almost one third of Canada's total force could be foreign-born by 2031 (Western University of Canada, 2014).

**Occupational Injury and Death Rates**

324    In 2013, 16 per cent of Canadians aged 15 to 74 (approximately 4.2 million people) sustained injuries that limited their normal activities. For 14.5 per cent of those injuries, their most serious injury took place while working at a job or business. The three most common types of injuries sustained at work in 2013 were sprains or strains (49.9 per cent), cuts, punctures or bites (19.2 per cent), and broken or fractured bones (8.7 per cent) (Statistics Canada, n.d.).

325    However, a recent study has found that male immigrants in their first five years in Canada report twice the rate of work-related injuries requiring medical attention compared to Canadian-born male workers (Institute for Work & Health, 2016).

**Explanation and Analysis of Disparities**

326    The tools, tactics and strategies implemented in Canada to improve occupational health and safety outcomes for CALD workers have generally been implemented under the umbrella term of 'vulnerable workers'. This term includes migrant, immigrant and new workers, as well as young and aging workers. Vulnerable workers are disproportionately employed in physically demanding or hazardous jobs, placing them at higher risk of workplace injuries and illness (Expert Advisory Panel on Occupational Health and Safety, 2010).

327    The Vulnerable Worker Task Group was established in Ontario in response to recommendation #29 of the 2010 Expert Advisory Panel report on Occupational Health and Safety (OHS). The Vulnerable Worker Task Group (2015) summarised the challenges in reaching vulnerable workers as a:

(a)   lack of occupational health and safety awareness, including of rights and obligations;

(b)   perception among workers that injuries are "accidents" and are not preventable;

(c)   lack of awareness of free resources and support services;

(d)   lack of awareness of risks associated with work in the underground economy;

(e)   difficulty communicating with workers with limited English-language proficiency and literacy;

(f)   fear of reprisal and mistrust of government; and

(g)   reaching workers in remote locations or precarious employment, including in the underground economy.

## Legal and Regulatory Framework

328   Each jurisdiction (federal, province, and territory) has its own occupational health and safety legislation, outlining the general rights and responsibilities of the employer, the supervisor and the worker.

329   The federal health and safety legislative framework comprises the Canada Labour Code and the Canada Occupational Health and Safety Regulations.

330   While each jurisdiction is different, the broad principles are the same and accord with those set out in the Canada Labour Code (the legislation for the federal jurisdiction). The Canadian legislation is quite different conceptually to the New Zealand legislation, lacking concepts of general duties to manage risks, the concept of a PCBU, "officers", and a primary duty of care. Canadian legislation also does not use the "reasonably practicable" concept.

331   The key health and safety features of the Code are:

(a)   General duty on employers. Section 124 of the Code creates a general duty for employers to "ensure that the health and safety at work of every person employed by the employer is protected";

(b)   Specific duties on employers. Section 125 lists specific duties that employers must abide by. These include ensuring that buildings meet the relevant building codes, investigating and reporting accidents, making OSH regulations accessible to employees, providing first-aid and safety equipment, maintaining plant and equipment, ensuring that employees are properly trained, cooperating with the workplace health and safety representative and complying with directives from the regulator;

(c)   Specific duties on employees. The Code only sets out specific duties imposed upon employees. These duties concern the safe use of equipment, compliance with safety procedures and instructions, cooperation with the regulatory and workplace committees and reporting of hazards and accidents; and

(d)   Penalties. Section 148 of the Code establishes general and specific offences. General contraventions of health and safety rules carries a maximum penalty of either or both of a $1,000,000 fine and two years' imprisonment. The same penalties apply if the contravention causes death or serious injury to an employee or if the intentional contravention creates the risk of death or serious injury and the contravener knows this result is likely. Section 148 applies to both employers and employees.

## Tools, Tactics and Strategies

332     Canada, and Ontario in particular, has a number of useful tools, tactics, and strategies intended to reduce the incidence of workplace injury among CALD workers.

**Government**

**Ontario Ministry of Labour: "Vulnerability in the Workplace Action Plan: Newcomer and Migrant Work Stream"**

333     The Ministry of Labour developed the *Vulnerability in the Workplace Action Plan*, to address the recommendations of the Vulnerable Worker Task Group. The Action Plan had a "Newcomer and Migrant Work" stream, for which the goal was that "newcomers and migrant workers are made aware of their OHS rights and responsibilities to help them safely transition into Ontario workplaces". The Action Plan focused on four actions (Ontario Ministry of Labour, 2016a, p.3):

(a)     Expanding the internet presence of OHS throughout network of intermediaries;

(b)     Targeting outreach to specific newcomer and migrant worker groups;

(c)     Facilitating inclusion of newcomer and migrant worker stakeholders in ministry consultations; and

(d)     Educating newcomers and intermediaries through webinars.

334     The Ministry of Labour (2016a) evaluated the success of the Newcomer and Migrant Work stream. It identified as the key lessons learned that (p.14):

(a)     It is beneficial to partner with "large newcomer organisations" as they transmit information to smaller newcomer organisations, are better resourced and have more capacity to partner and collaborate, and receive high traffic/click-throughs from government immigration websites;

(b)     It is useful to educate intermediaries on health and safety, i.e. to "train the trainer." This "extends the reach of the system and supports sustained impact"; and

(c)     Resources should be provided both in newcomers' first languages and in English.

**Ontario Ministry of Labour: Needs assessment and development of multilingual resources**

335     The Ministry of Labour (2016a) conducted a needs assessment with Chinese immigrant women in the nail salon industry in central Toronto. A large proportion of Toronto nail technicians are immigrant women. Nail salon technicians are at higher risk of work-related diseases, including skin disease, respiratory illness, musculoskeletal disorders, cancer, reproductive issues and infections (p.18). As a result of the findings (that many women had little to no workplace health and safety training and considered adverse health systems a normal part of the job), the Ministry developed education resources, training modules, and workshops to specifically support nail salon workers in their workplace health and safety. The resources are available in the main languages of immigrant nail technicians – English, Chinese and Vietnamese (Yanar, Kosny & Smith, 2018).

**Ontario Ministry of Labour: "Prevention Starts Here" poster**

336     The Ministry of Labour published in 2012 the "Health & Safety at Work: Prevention Starts Here" poster, which was made available in 20 languages (Ontario Ministry of Labour, 2017b). This summarises workers' health and safety rights and responsibilities and the responsibilities of employers and supervisors. Mandatory posting in English and in the majority language of the workplace is required by section 25(2)(i) of the Occupational Safety and Health Act.

**Ontario Ministry of Labour: Multilingual advertising campaign**

337   In March 2014, the Ministry of Labour conducted an advertising campaign to help vulnerable workers understand their workplace rights. The month-long "Know Your Workplace Rights" campaign featured advertisements in 27 languages and reached television, digital media and ethnic print publications (Ontario Ministry of Labour, 2014b). The campaign sought to raise awareness of workers' rights to be treated fairly on the job, work in a safe and healthy workplace, and to be trained to handle workplace hazards. The campaign was not formally evaluated. A similar campaign was also conducted by SAFE Work Manitoba, "Safety is a Language We Can ALL Speak" (SAFE Work Manitoba, 2017).

**Ontario Ministry of Labour: Mandatory awareness training and supplementary resources**

338   In 2013, a new regulation under Ontario's Occupational Health and Safety Act, Ontario Regulation 297/13 – Occupational Health and Safety Awareness and Training, was passed. As of 1 July 2014, the regulation requires all workers and supervisors in Ontario to have completed basic health and safety awareness training. The training is designed to enhance knowledge of basic rights and responsibilities under the health and safety legislative framework, as well as awareness of basic workplace health and safety issues.

339   The Ministry of Labour (the regulator) designed and made freely available a training programme that meets the requirements of the regulation. This is available either as a printable workbook, or as an e-learning module. The workbook is available in English, French, Traditional Chinese, Simplified Chinese, Hindi, Punjabi, Portuguese, Spanish, Urdu and Thai (Ontario Ministry of Labour, 2016b). Employers are not required to use these resources, however their training programme must align with the regulations' requirements. The Ministry of Labour supplies tools to help employers assess their existing programmes for alignment with the requirement of the regulations (Ontario Ministry of Labour, 2014a). The regulation also requires records to be kept of completion of the training.

340   In 2016, the Ministry surveyed the success of the training. 106 employers representing 90,325 workers and 16,193 supervisors who used the free Ministry-developed resources participated in the survey (Ontario Ministry of Labour, 2014a, p.41)). The survey found that 79 per cent of participants found the awareness e-learning modules "very useful" or "useful", and that 75 per cent found the awareness e-learning modules "very easy" or "easy" to use. There has not however, been any evaluation of whether the mandatory training has resulted in a decrease in workplace injury or illness.

**WorkSafe BC partnership with Mexican government**

341   WorkSafeBC partnered with the Mexican government to create a Mexican-based health and safety awareness training programme for approximately 3,500 seasonal agricultural workers who come from Mexico to work in British Columbia (Worksafe BC, 2011). Since the launch of the programme in 2012, more than 18,000 workers have undertaken the programme.

**British Columbia Employers' Advisers Office**

342   The Employers' Advisers Office ("EAO"), a branch of the British Columbia's Ministry of Jobs, Tourism & Skills Training and independent of the regulator WorkSafeBC, provides assistance to employers. Seminars are held on occupational health and safety requirements, disability management, due diligence, accident investigation, Joint Occupational Health & Safety Committees, emergency preparedness and assessments, and new worker orientation (British Columbia Government, 2018).

343   Although the EAO does not have specific initiatives targeting migrant employers, the prevalence of migrants who come to Canada and open businesses suggests that the EAO could be an important tool for assisting CALD employers to ensure health and safety outcomes for their workers. As the

EAO is independent of the regulator, it is able to provide impartial advice to migrant employers in confidence, making the EAO more approachable for migrant employers who may otherwise fear penalties for non-compliance.

344    Such a tool aligns with ACC as small businesses in New Zealand report that they do not have adequate resources to dedicate to health and safety (WorkSafe New Zealand, 2016). Along with WorkSafe, ACC has held regional forums focusing on health and safety that have been attended by small businesses. The forums provide an opportunity for employers to raise their issues, but the tool of an EAO goes further and is an effective channel to reach small businesses.

**Other agencies**

**Institute for Work & Health, Ontario: "Prevention is the Best Medicine" toolkit**

345    Responding to a finding that migrants to Canada lacked comprehensive, timely, and accessible information about occupational health and safety, the Institute for Work & Health, a research institute majority-funded by the Ontario Ministry of Labour, developed the "Prevention is the Best Medicine" toolkit to teach migrants before they enter the labour market. The toolkit contains comprehensive resources to teach lessons on occupational health and safety and workers' compensation, including lesson plans, suggestions for in-class exercises and discussion questions, and slide show presentations. It is designed to be delivered in a classroom setting, either in a settlement agency or through existing language and employment programmes for new migrants. The toolkit has not been evaluated but informal feedback has been positive, with other jurisdictions and NGOs also adapting the toolkit for their own purposes (Institute for Work & Health, 2017).

**Quest Community Health Centre**

346    One tool used in Ontario is specialised occupational health clinics that target migrant workers engaged in the Seasonal Agriculture Workers Programme ("SAWP"). The clinics provide primary healthcare to migrant workers to prevent further development of untreated occupational injuries and illnesses, and also leverage off the healthcare treatment to deliver occupational health and safety education (Di Costanzo, 2014).

348    In practice, a migrant farmworker may attend a clinic with the intention of receiving treatment for an injury. However, during the appointment they may also receive a blood pressure test. The practitioner will use the opportunity to explain to the worker that their blood pressure is low because they are sitting down and calm, but that it may change when they are picking strawberries in summer, putting them at risk of a heart attack, stroke or kidney failure (Di Costanzo, 2014).

349    In Ontario, the Hamilton Niagara Haldimand Brand Local Health Integration Network funds the Quest Community Health Centre to provide primary healthcare to migrant workers. At Quest Community Health Centre, nurses tend to take on the role of health and safety teaching. Chronic disease management (especially for diabetes), self-care for soft-tissue injuries and eye protection are said to be the main topics. A team of volunteer translators address any language barriers and strategic scheduling is used, offering migrant workers a series of clinics on Sundays from 3pm to 6pm (Di Costanzo, 2014, p.15).

350    The Quest Community Health Centre runs into challenges when migrant workers need to see specialists or have blood tests performed at laboratories that are not usually open outside of regular business hours. Reluctant to spend time away from working on the farm due to their low wages, migrant workers often skip these appointments. In response, Quest Community Health Centre strategically encourages patients to go to the nearby laboratories that stay open and assist migrant workers in accessing other services to avoid appointments that conflict with work hours.

This increases the likelihood of migrant workers receiving the care they need and reducing the risk of further occupational injury or illness (Di Costanzo, 2014, p.15).

351 As occupational health and safety education is not the exclusive goal of the health clinics, in practice, occupational health and safety information may come secondary to the provision of healthcare. This may result in varying levels of occupational health and safety education. At the discretion of the practitioner: some migrant workers may receive substantial education, while those who present with more urgent injuries may receive less.

352 The services provided to migrant workers are limited in scope to basic education and primary healthcare. Clinics can only encourage migrant workers to undertake further education, tests and procedures. This does not address the issue of workers' continued rejection of time-consuming appointments. Migrant workers may continue to perform work without receiving complete treatment, increasing their risk of further occupational injury or illness (Di Costanzo, 2014).

353 Health clinics only educate a relatively small number of migrant workers. Between 20 and 35 workers typically present at each of Quest Community Health Centre's Sunday clinics (Di Costanzo, 2014).

354 Harm prevention initiatives in the New Zealand agricultural sector include developing and delivering awareness campaigns, workshops, children's educational tools and partnering with Farmstrong. A step further would be introducing strategically timed occupational health clinics as a tool to deliver occupational health and safety information. Through occupational health clinics, workers receive occupational health and safety education without intending to do so. Current initiatives rely on an opt-in system to participate in, for example, the Farmstrong Challenge Initiative or Healthy Thinking workshops, and therefore do not engage the many agriculture workers who choose not to participate. The strength of using occupational health clinics as a vehicle to deliver health and safety education lies in its ability to also engage those workers who would not otherwise opt in to health and safety training.

**Occupational Health Clinics for Ontario Workers**

355 From 2006, the Ministry of Labour-funded Occupational Health Clinics for Ontario Workers ("OHCOW") have provided clinics and prevention workshops for agricultural workers.

356 OHCOW delivers programmes specifically focused on supporting migrant farmworkers and their employers. The programme delivers occupational health and safety workshops, information, resources and materials, and also supports farms with strategies and best practices. Assistance with translation of occupational health and safety materials is also available.

357 The educational resources include a welcome booklet for migrant workers and a tip factsheet for employers on how to build a positive health and safety culture. Specific guides focused on eye health, heat stress and sun safety, insect hazards, mental health, muscle strain prevention and pesticide safety are also available. All guides feature pictures and have minimal text (Occupational Health Clinics for Ontario Workers, 2018).

358 Despite there being six clinics in Ontario, a registered nurse for OHCOW stated that most of her work takes place outside of the clinics (Di Costanzo, 2014). It is usual practice for clinic workers to travel to as many as 40 farms a year to prevent work-related health problems and to provide health and safety information. OHCOW strategically targets farms with fewer than 50 workers, as greenhouses that employ close to 600 workers usually have their own health and safety departments (p.16).

359 OHCOW registered nurse, Mary Falconer, emphasised that the key first step in improving health and safety outcomes for these workers is developing a connection with the farm, saying "if you're invited on the farm, you're invited into their home" (Di Costanzo, 2014, p.16).

360     There is flexibility for the courses to be held on farms that have high staff numbers or at which a greater number of neighbours gather (Di Costanzo, 2014). OHCOW's work outside of the clinic indicates that there is value travelling to and delivering educational material on the farm itself.

361     Presentations are delivered over the lunch hours so that workers are not forced to choose between their wages and learning about occupational health and safety. Over 1000 migrant farmworkers have attended the workshops (Di Costanzo, 2014). Discussions include topics of heat stress, basic ergonomics like safe lifting, working with pesticides, and the importance of hand washing prior to and after using the toilet due to residual chemicals. As over 25 per cent of migrant workers' injuries are reported to be strains, sprains and back injuries, Falconer encourages warm-up exercises, basic stretches and job rotation (p.16). An interpreter accompanies Falconcer, and because as many as 60 per cent of workers can't read in their own language, she also utilises pictorial handouts (p.16).

362     After learning that up to a third of workers attending the clinics were developing eye conditions such as conjunctivitis or other forms of irritation, OHCOW received funding to provide safety glasses, and when providing them, were able to educate migrant workers on eye safety and the conditions that can develop as a result of too much sun exposure (Di Costanzo, 2014, p.16).

**BCFED Health & Safety Centre**

363     Funded by the BC Workers' Compensation Board, the BCFED Health & Safety Centre is the largest provider of occupational health and safety training in British Columbia. It runs one-day courses that qualify for the eight-hour annual education Joint Health & Safety Committee members are entitled to under section 135 of the British Columbia's Workers Compensation Act (BCFED Health & Safety Centre, n.d.).

364     BCFED Health & Safety Centre has targeted programmes for immigrant and migrant workers, which is run in the workers' first language. The training takers into account that many participants have likely been out of the formal education system for a long period of time and may face barriers in their first language (BCFED Health & Safety Centre, 2018).

365     BCFED Health & Safety Centre also host English as an Additional Language courses. The goal of the programme is to educate participants about workplace health and safety using an English as a Second Language ("ESL") curriculum model.[72]

**Unions**

**Agricultural Workers Alliance: support, education and advocacy in OHS initiatives for migrant workers**

366     Comprised of former workers under the Temporary Foreign Worker Program and SAWP, the Agricultural Workers Alliance provides support, education and advocacy in occupational health and safety-related initiatives for migrant workers (United Food and Commercial Workers Union [UFCW], 2011).

367     Funded by the United Food and Commercial Workers Union ("UFCW"), the Agriculture Workers Alliance operates Agriculture Worker Support Centres. The Support Centres deliver health and safety training, educate workers about their rights and advocate for workers when their rights are violated (National Union of Public and General Employees, 2018). The Support Centres provide interpreters and translation services for workers, employers and healthcare providers, and transport workers between their accommodation and healthcare facilities (WorkSafe BC, 2010).

368     The Agriculture Workers Alliance's outreach is extensive. In 2007, the Abbotsford Support Centre had case files on more than half of the Mexican workers registered in the province (WorkSafe

---

[72] Note that no publically available assessment of the effectiveness of the training has been undertaken.

BC, 2010). From 2002 to 2015, there were more than 60,000 case files, documenting hazardous working conditions among other issues (UFCW & Agriculture Workers Alliance, 2015) .

369     In June 2018, the Agricultural Workers Alliance combined a Welcome Back Community Barbeque and 'Know Your Rights' workshop. Workers and community members learnt about their rights in Canada, with a focus on occupational health and safety laws (UFCW, 2018a).

370     The combination of a barbeque with a workshop provides a positive environment for migrant workers to learn about what they may perceive as a dull topic. This could increase the likelihood of receipt and uptake of occupational health and safety information. The event was well attended by over 250 migrant agriculture workers (UFCW, 2018a).

**United Food and Commercial Workers Union: Unionised of Farmworkers and Health and Safety Courses**

371     With 240,000 members across Canada, the United Food and Commercial Work Union is one of the largest private sector unions in Canada (UFCW, n.d.). Their members are from every aspect of the food industry; from the harvest, to food processing, to grocery stores and restaurants.

372     In 2001, the UFCW launched a campaign aimed at organising Canadian farmworkers. Its efforts included legal challenges to promote worker rights through provincial and federal legislation, unionisation of agricultural worksites and direct outreach to workers. Unionisation advanced occupational health and safety on farms. In the collective agreement signed between UFCW and Floralia Plant Growers Ltd in 2009, UFCW were able to establish recall rights to ensure migrant workers would be rehired in subsequent years (Worksafe BC, 2010). This removed a deterrent preventing migrant farmworkers from reporting occupational injury or risk.

373     UFCW provides free online health and safety courses, ranging from:

(a)     Training for health and safety committee members;

(b)     Ergonomics for retail workers;

(c)     Accident prevention and investigation;

(d)     Workplace violence prevention;

(e)     Emergency preparedness; and

(f)     Global harmonised system and workplace hazardous material information systems and technical training.

374     In response to hazards that community health workers encounter when servicing clients at their homes, UFCW developed a one-day occupational health and safety course designed specifically for healthcare members working in the community (UFCW, 2018b). Healthcare workers are exposed to a number of injury and safety risks, largely due to patient interactions. 'Health and Safety Essentials' gives members resources and specifically focuses on the three rights accorded to workers.

375     The only publically available evaluations of the efficacy of the occupational health and safety training are statements made by UFCW representatives and course participants. UFCW representatives report that the training "is basic enough that participants don't find it overwhelming, but also clear and factual so that members leave understanding their rights and responsibilities when performing their jobs" (UCFW, 2018b). One course participant, a home support worker, emphasised the different perspective of the course and praised the opportunity to exchange ideas and share information with other workers in similar fields (UCFW, 2018b).

376     UFCW's tool of tailored occupational health and safety training for healthcare workers is relevant to New Zealand workplaces. Healthcare and social assistance is a high-risk industry, accounting for 1,900 injuries in 2014, the approximate cost of which to the ACC scheme is $35 million per year (WorkSafe New Zealand, 2016).

377    Similar to UFCW, the New Zealand health and safety system has guidelines, resources and videos for the healthcare sector to prevent injuries from moving and handling people. These resources could be extended along the lines of the UFCW's course, which provides a forum for workers in the industry to share stories, strategies and ideas.

## Non-governmental organisations

### PEI Association for Newcomers to Canada: settlement, integration and language programmes for newcomers

378    The non-profit charitable organisation, the PEI Association for Newcomers to Canada (PEIANC), conducts settlement and integration and language programmes for newcomers (PEI Association for Newcomers to Canada [PEIANC], n.d.a).

379    PEIANC has a Settlement Worker staff member, who assists temporary foreign workers and their employers with issues surrounding settlement, including occupational health and safety. PEIANC's Settlement Worker meets with employers and workers both individually and in group settings and also arranges interpreters for employers as needed to ensure workers with language barriers are fully aware of health and safety regulations and workplace duties (PEIANC, n.d.b).

380    PEIANC strategically administers language testing for newcomers in order to place them in an appropriate English language programme. This tactic ensures that newcomers receive the most effective English language training for their level and do not unproductively spend time in a language class below or above their competency (PEIANC, n.d.b). Focusing on workers' English language competency is likely to have positive effects for occupational health and safety as this allows for better communication in the workplace and understanding of occupational health and safety.

381    PEIANC also delivers cultural inclusion training, which aims to cultivate a welcoming and inclusive community for migrants by combatting stereotypes, bias and discrimination. The training is available to workplaces and the broader community, and can be tailored to any length of time and specific subject matter (PEIANC, n.d.c). The cultural inclusion training has not been evaluated; however, we note that bias and discrimination can negatively affect CALD workers' mental health and lead to worse occupational health and safety outcomes (see the discussion regarding "incivility" in the Singapore section).

382    Similarly, valuing and supporting diversity in the workplace is in all agencies' interest. The New Zealand government is broadening its focus from physical injury to include wider health and psychosocial risks (New Zealand Government, 2018). Supporting diversity is a contributor to psychosocial wellbeing through building inclusive and culturally competent workplaces (p.11).

### Ontario Council of Agencies Serving Immigrants: Multilingual guides for migrant workers and industry specific resources

383    The Ontario Council of Agencies Serving Immigrants is a registered charity comprising more than 200 community-based organisations in Ontario (Ontario Council of Agencies Serving Immigrants, n.d.). With funding from the Ministry of Citizenship, Immigration and International Trade, the Ontario Council of Agencies Serving Immigrants developed multilingual guides for migrant workers in the agricultural, caregiver, low and high-skilled and SAWP streams. The guides provide information on occupational health and safety rights, as well as housing, legal rights and workers services in Ontario (Ontario Ministry of Labour, 2017a).

384    The Ontario Council of Agencies Serving Immigrants' resources are specifically developed for migrant workers, and are available in multiple languages (Ontario Council of Agencies Serving Immigrants, 2015).

**Prescription eyewear programmes**

385   Eye problems are a common health issue among farmworkers in SAWP, likely caused by exposure to pesticides or irritant dusts, physical hazards and prolonged sun exposure. Eye problems are compounded for migrant farmworkers who also have sight impairment and require prescription lenses. It is not recommended that these workers use normal safety glasses if this means that they cannot wear corrective lenses, given the corrective lenses ensure workers clearly see the workplace and its hazards (Psyklwec et al., 2011).

386   Although safety eyewear has become the norm on most worksites, many eye injuries still occur daily. The Canadian National Institute for the Blind ("CNIB") reports that 700 Canadian workers sustain eye injuries on the job every day, costing Canadian employers an estimated CA$80,000 in lost production time, medical expenses and workers' compensation (Eyesafe, n.d.).

387   For safety eyewear to protect the wearer, it must be worn. The CNIB reports that simply wearing the proper safety eyewear could have prevented over 90 per cent of reported incidents (Eyesafe, n.d.). Common excuses for not wearing protective eyewear are that it does not fit properly or that it is uncomfortable (Eyesafe, 2018a).

388   Prescription eyewear can be very expensive and the process can be time-consuming. Many migrant workers suffer economic precarity on arrival and this can be an inhibitor to acquiring appropriate person protective equipment ("PPE") in circumstances where employers require migrant workers to bring their own PPE or contribute towards the cost.[73]

389   Not-for-profit safety eyewear programmes, such as Eyesafe run by the Alberta Association of Optometrists, are a tool to reduce the cost burden on migrant workers and ensure that their PPE complies with Canadian Standards Authority ("CSA") standards and company policy compliant (Johnson, 2016).

390   When workers need a new pair of prescription glasses, the employer prints off a work ticket or requisition form on the Eyesafe website. Based on a work hazard assessment of the employee's responsibilities and environment, information will be included on the form about the kind of frames and lenses the worker should have, such as the appropriateness of different coatings, tints or frames. For example, if Eyesafe is aware that the worker works with electricity, they know not to provide metal frames. The employee can then redeem the ticket at one of 500 participating optometrists. Eyesafe has 300 client companies in Alberta and delivers more than 11,000 pairs of glasses per year (Eyesafe, 2018b).

391   The programmes allow companies to ensure their workers are receiving the most effective eye protection. If workers are instructed to get their own glasses, the company's safety manager has no way of knowing if the glasses are up to proper standards. The programmes control this and ensure that eyewear complies with standards set by the CSA and company policy.

392   The programme also prevents CALD workers buying generic ill-fitting prescription safety glasses. Safety glasses complaints include headaches, eye strain, soreness on the bridge of the nose and pain around the ears. Employees wearing prescription safety eyewear may find that a wrong prescription can result in eye fatigue, headaches and poor vision. Employees who experience discomfort are less likely to wear their safety eyewear all the time and this non-compliance creates a risk of eye injury and loss (Akbar-Khanzadeh & Bisesi, 1995).

393   Similar to Canada, occupational eye injuries are also prevalent in New Zealand. Such prescription eyewear programmes align with ACC's interests as ACC receives more than 9,000 claims for workplace eye injuries each year (Site Safe, n.d.).

---

[73] Whether employers or workers pay for safety eyewear differs between Canadian jurisdictions.

394    Differently from Canada, employers in New Zealand are required to provide workers with appropriate PPE, including eye protection, where there is a risk of eye injury, as set out in sections 27 and 36 of the Health and Safety at Work Act 2015. A prescription eyewear programme in New Zealand would facilitate the provision of prescription safety eyewear by employers and also ensure workers are trained in when and how to use their eye protection as well as how to maintain it, fulfilling employers' statutory obligations.

**Justicia for Migrant Workers: raising public awareness of migrant workers' OHS issues**

395    The volunteer collective Justicia for Migrant Workers ("J4MW") has created public awareness of migrant workers' occupational health and safety issues in Ontario and British Columbia. J4MW organises migrant farmworkers to collectively lobby the Canadian government and local communities. J4MW provides direct outreach in British Columbia, transporting workers to healthcare providers and offering translation services (Justicia for Migrant Workers, n.d.).

**Migrant Workers Community Program: Health & Information Fair for migrant workers**

396    The Migrant Workers Community Programme ("MWCP") is a non-profit organisation that conducts an Annual Health & Information Fair for migrant workers. Blood tests, eye tests, HIV information and occupational health and safety information are delivered to migrant workers (Caropresi, 2018a). The tests alert migrant workers to illnesses or injuries and prompts them to seek treatment before any further deterioration. The Mexican and Guatemalan consulates attend the Fair to facilitate the delivery of information to Mexican and Guatemalan workers respectively.[74]

**Lydia Rybenko's Occupational Health Clinics: occupational health clinics for seasonal migrant workers**

397    Similar to the occupational health clinics discussed earlier, in Ontario, dedicated individual and registered nurse, Lydia Rybenko, runs free occupational health clinics to monitor seasonal migrant workers for hypertension, renal disease, diabetes or chronic obstructive pulmonary disease. She also treats upper respiratory infections, diarrhoea, strains and sprains (Di Costanza, 2014, p.13). Recognising that typical 9am-5pm walk-in clinics are inaccessible for migrant farmworkers, Rybenko strategically schedules her clinics to suit the long work hours of migrant farmworkers. Clinics are deliberately scheduled from 6-8pm and also coincide with the bus transporting workers from a local farm into town (p.13).

398    Rybenko addresses language barrier difficulties by working with a settlement worker from Colombia, who doubles as a Spanish translator. The settlement worker develops a rapport with local farmers, travelling to local farms to post the dates and times of Rybenko's health clinics (Di Costanzo, 2014).

399    Rybenko's clinic is driven by her individual passion and does not have any broader institutional support.

**AgSafe BC: Improving communication of workplace health and safety messages to agricultural workers**

400    AgSafeBC, the first health and safety association created by an agreement between regulator WorkSafeBC and agriculture employers and the unions, assists agriculture employers in conducting safety orientations in their workers' language.

401    AgSafeBC provides employers with translated safety signs in Spanish, Punjabi and Cantonese. The translated signs include "First Aid," "Confined Space" and "Pesticide Stay Away Time," among others (Caropresi, 2018c).

---

[74] The effect on CALD workers' of the MWCP's Annual Health & Information Fair has not been assessed.

402    The primary importance of displaying safety signs is to prevent injury and ensure agriculture workers are well aware of the hazards ahead in certain environments. However, safety signs are of little use to workers who are unable to understand them. Translated signs assist linguistically diverse workers to accurately understand the occupational health and safety hazards (Caropresi, 2018c).

**AtocTli: Migrant Worker Magazine and Presentations**

403    AtocTli is an organisation aiming to improve the communication, safety and welfare of migrant workers on Canadian farms, AtocTli utilises an annual magazine and presentations to convey this information. AtocTli's Migrant Worker Magazine provides information to workers and employers on communication barriers, cultural differences and safety tips. The magazine, which dedicates a section to Work and Safety, is free of charge and available in Spanish and English.

404    Relevant to the cross-cutting programme on clean air led by WorkSafe and contributed to by ACC, the 2015 Migrant Worker Magazine issue included an article titled 'Hazard Symbols when working with Pesticides'. This article is significant for migrant workers as interpretation of images is not always uniform (McKillop et al., 2016), the article explains different Canadian symbols on labels and signs where pesticides have been used (Caropresi, 2018b).

405    Readers receive three key messages; the shape of the symbols express the degree of the hazard, the degree and type of hazard are also expressed by means of symbols, and to only enter areas where permitted. Another relevant article to clean air is the magazine's 'Do You Know the Signs of Pesticide Poisoning?', the article informs workers of common symptoms of pesticide poisoning and gives advice on what to do in the case of pesticide poisoning (Caropresi, 2018b).

406    AtocTli's articles on pesticide poisoning have relevance to New Zealand workplaces as exposure to pesticides and fertilisers is the third ranked airborne agent of work-related disease in New Zealand (ACC and WorkSafe New Zealand, p.55). The document *Reducing Harm in New Zealand Workplaces: An Action Plan 2016-2019* states that a challenge to making change in the agriculture sector is the "under-reporting of work-related injuries and work-related health risks (for example exposure to pesticides and fertilisers)" (p.21).[75] Educating workers about pesticide poisoning symptom recognition is likely to result in more accurate reporting and therefore increased effectiveness in addressing the problem.

407    In addition to the Migrant Worker Magazine, AtocTli delivers presentations to employers on improving communication between workers of different cultures and languages. The presentations explain how to be aware of cultural differences and how to better communicate with migrant workers. Strategies are offered on how to improve training, health and safety, compliance and personal relations (AtocTli, n.d.).

---

[75] Since the writing of this report, the Reducing Harm in New Zealand Workplaces: An Action Plan 2016-2019 by WorkSafe New Zealand and ACC has been updated and therefore references to page numbers of the Action Plan made in this report may no longer be accurate.

## THE UNITED STATES OF AMERICA

408 The United States also has a number of useful tools, tactics and strategies, which are largely directed towards the large Hispanic workforce.

### Assessing the Problem

**Population Demographics**

409 The 2010 Census provides the most recent official population data for the United States. As at the Census date the national population was more than 308 million (United States Census Bureau, 2011). The US Census Bureau estimates that as at 2017 the national population was approximately 326 million and it projects this will grow to around 404 million in 2060 (Vespa, Armstrong and Medina, 2018).

410 The Bureau also projects a significant rise in the foreign-born population. Current estimates place that population at 44 million in 2017, which is projected to increase to 69 million by 2060 (Vespa et al, 2018). This represents a rise of 14 per cent of the total population to around 17 per cent in 2060, provided other assumptions about population growth hold. Further, if the trend continues through 2060 the United States will have the highest share of foreign born persons in its history, the previous peak being 15 per cent in 1890 (p.4).

411 The US Census uses a "race" measure, rather than an ethnicity measure, so respondents are asked to explain their "race" in terms of "White," "Black, African American, or Negro" and "American Indian or Alaska Native" (among others). Of the Census respondents who identified as of one race and who also specified what that race was, more than 223 million indicated they were "White", while 38.9 million identified as "Black" or "African-American" (United States Census Bureau, 2012a). Those figures represent that approximately 72 per cent of the population identify as White, and 12.6 per cent as Black or African-American. The US Census also has a question about "Hispanic Origin" (additional to the question about race). The Hispanic or Latino population accounted for more than 16 per cent of the total population in the 2010 Census. Thus the non-Hispanic White population was more than 196 million, or 63.7 per cent of the total population (United States Census Bureau, 2012a).

412 The 2010 United States Census reported that Asian Americans accounted for 5.6 per cent of the total American population, either as Asian alone or in combination with one or more other races (United States Census Bureau, 2012b). The Asian population grew at a faster rate than all race groups in the United States. The Census found that the Asian population increased more than four times faster than the total American population. The largest ethnic subgroups in the United States are Chinese, Indians, Filipinos and Vietnamese (Lopez, Ruiz & Patten, 2017).

413 The Bureau projects that the non-Hispanic White population will contract in both raw numbers and as a proportion of the population. It places that population at around 198 million as at 2016, but forecasts its reduction to 179 million by 2060, even as total population is forecast to rise (Vespa, Armstrong & Medina, p.4). These forecasts suggest that from 2045 non-Hispanic Whites will no longer form the majority of the US population (p.4).

**Workforce**

414 The ethnic and racial mix of the workforce does not reflect the population as a whole. Black and African-American workers are "underrepresented in professional categories and overrepresented in blue-collar and service jobs" (Murray, 2003). For instance, Murray reports that in 1996 50 per cent of garbage collectors were Black or African-American, as were 33 per cent of lift operators and nurse aids and orderlies. Latinos are similarly overrepresented in low-skilled jobs. 68 per cent of farm product graders and sorters were Latino, as were 37 per cent of farmworkers and 34 per cent of fabric machine operators.

415     The disparity in occupations was even more starkly demonstrated in seasonal and migrant farmworkers, where 71 per cent and 85 per cent respectively were Latino (Murray, 2003, p.222).

416     Historic studies indicate disparities, not only in the occupations or industries in which different populations work, but even within specific industries and occupations. Lloyd's classic study of the steelwork industry uncovered that 21 per cent of all Black steelworkers worked on coke ovens (where carcinogen exposure was the highest) while only 8 per cent of White workers did so. Black workers constituted 74 per cent of all workers who worked on the ovens, far in excess of their representation in the steel industry as a whole (Lloyd, 1971).

417     Comparable dynamics are evident in the occupational structure of foreign-born workers. The Bureau for Labor Statistics defines a foreign-born person as persons who reside in the United States but who were born outside the country or one of its outlying areas to parents who were not U.S. citizens and includes legally-admitted immigrants, refugees, temporary residents like students and temporary workers, and undocumented immigrants (United States Department of Labor, 2018). The Bureau of Labor Statistics reports that "foreign-born workers were more likely than native-born workers to be employed in service occupations and less likely to be employed in management, professional, and related occupations" (p.1). Specifically, 23.9 per cent of foreign-born workers were employed in service jobs, compared to 16.1 per cent of native-born workers. Meanwhile 13.9 per cent of foreign-born workers were employed in the natural resources, construction and maintenance sectors, whereas only 8.3 per cent of native-born workers were (p.3).

418     In 2016 the Census Bureau estimated that about 78 per cent of the foreign-born population was of working age, compared to just 59 per cent of the native-born population (Vespa et al., 2018). It estimates that this difference will remain through to at least 2030, despite the fact that both demographics are projected to age, on average (Toosi, 2016). Coupled with the estimated rise in the foreign-born population from 44 million to some 69 million, it seems eminently possible that this will effect a change in the structure of workforce diversity.

419     Ethnicity and country of birth also correlate with unemployment rates. In 2016, foreign-born "Black" workers had an unemployment rate of 6.1 per cent, as against 4.7 per cent for foreign-born Hispanics, 3.7 per cent for foreign-born "Whites" and 3.4 per cent for foreign-born Asians. Among the native-born, Black people had an unemployment rate of 8.8 per cent, Hispanics 6.8 per cent, Asians 4.2 per cent and Whites 4 per cent.

420     The disadvantage evident in differing unemployment rates also manifests in poverty rates. US Census Bureau figures put non-Hispanic White poverty at 8.8 per cent in 2016. The rate for Asian Americans was 10.1 per cent, Hispanics 19.4 per cent and African-Americans 22 per cent (down from 24.1 per cent in 2015). Put another way, though non-Hispanic Whites constitute 61 per cent of the population, they are just 42.5 per cent of those in poverty (Semega, Fontenot & Kollar, 2017, p.12). Disadvantage, unemployment and poverty are relevant to workers being vulnerable to taking survival jobs which tend to be "DDDD" (dirty, difficult, dangerous, and dull work, as coined by Philippe Legrain) and to have a much higher injury rate (Legrain, 2018).

**Occupational Injury and Death Rates**

421     Before passage of the Occupational Health and Safety Act 1970, there were an estimated 14,000 occupational fatalities per year. In 2010 the US Bureau of Labor Statistics put this figure at around 4,500 (United States Department of Labor, 2011). When population and employment changes are accounted for, the change in occupational fatality rates is 11 per 100,000 workers in 1972 to 3.5 per 100,000 workers in 2010 (United States Department of Labour, 2016). This increased marginally to 3.6 per 100,000 in the latest survey in 2016 (United States Department of Labor, 2017).

422     The burden of occupational injury and death is not distributed evenly across all demographics (Murray, 2003). Although research into this area is hampered by a lack of comprehensive statistics, the existing data is clear.

423     First, African-American occupational injury rates significantly exceed that of the population as a whole. The greater rate of occupational death among African-Americans is well documented. Numerous studies in the 1980s discerned the higher rate (Baker, Samkoff, Fisher & Van Burren, 1982; Robinson, 1989a), which Loomis and Richardson put at 6.5 per 100,000 among African-Americans, compared to 5.8 per 100,000 among "Whites" (Loomis & Richardson, 1998). Cognisant of this disparity, Loomis and Richardson conducted a case-study with data of unintentional fatal workplace injuries collected in North Carolina between 1977 and 1991. Controlling for age and sex, the study found that the rate of fatal workplace injury was 36 per cent higher for African-Americans than for Whites (p.41). This result is consistent with subsequent findings. In 2004 the Department of Health and Human Services reported that within the agricultural industry, black workers suffered disproportionately high fatality rates: 26.9 per 100,000 workers, while White workers suffered at 21.2 per 100,000 (Department of Health & Human Services, 2004).

424     The inequality of the occupational injury burden between different races and ethnicities extends to the Hispanic population (Orrenius & Zavodny, 2009). A study by the Californian Department of Industrial Relations in 2015 found that Hispanic occupational fatalities constituted 49 per cent of the state-wide total; despite the fact that only 36 per cent of the labour force was Hispanic (Lanier, Baker & Sum, 2015, p.4). Nor was the trend promising. Between 2012 and 2013, the occupational death toll among Hispanics increased from 137 to 188 (37 per cent). However, over the same period the number of fatalities of non-Hispanic workers dropped by 40, or 17 per cent. While the period studied is too short to signal a definitive trend, the incongruence between Hispanic and non-Hispanic occupational death rates indicates a likelihood that there are health and safety challenges specific to the Hispanic population which remain unaddressed.

425     Secondly, injury rates of foreign-born workers are stubbornly higher than those of native-born Americans. A study of the period 1996-2001 by Loh and Richardson (2004) documented that despite an increase in the share of foreign-born workers by only 22 per cent during that period, the share of fatal occupational injuries increased by 43 per cent. Moreover, this occurred simultaneously with a nationwide reduction in fatal occupational injuries by 5 per cent (p.42).

426     Further research corroborates this data. Flynn et al., (2013) put the rate of fatal occupational injury among foreign-born Latinos at 5.9 per 100,000, while the rate of native-born Hispanics is below that of all workers (3.5 vs 4 per 100,000) (p.34). Further, between 2003 and 2006 two-thirds of occupational deaths among Latinos were immigrant workers. This fatality rate is higher than non-Latino white workers (4 per 100,000) and non-Latino black workers (3.7 per 100,000) (p.52). As at 2016, the US Census of Fatal Occupational Injuries considered that the rate of fatal injury among immigrants was 15 per cent higher than among the native-born (Byler & Robinson, 2018).

**Explanation and Analysis of Disparities**

427     This section focuses on four areas which may explain the disparities discussed above, as follows:

(a)     The disproportionate representation of CALD workers in more hazardous occupations than other workers;

(b)     The disproportionate performance of more hazardous jobs within occupations by CALD workers, as compared to other workers;

(c)     Workplace health and safety attitudes and behaviours of CALD workers; and

(d)     Systemic vulnerabilities.

428 Many of the reasons discussed below operate concurrently, with one often causing another. These relationships are noted, where appropriate.

## CALD Workers: Occupations and Industries

429 The preponderance of evidence suggests that America's CALD workers are employed in more hazardous occupations than non-CALD workers. These findings are not new. In 1984 and 1989, Robinson attributed the fact that Latino and Black workers were at greater risk of occupational injury to job characteristics (Robinson, 1989; Robinson, 1984), and this has been endorsed by other studies (Orrenius & Zavodny, 2009; Strong & Zimmerman, 2005). Similar findings were made by Loomis and Richardson, who noted that African-Americans and White workers have a different 'occupational structure', with the former being disproportionately employed in hazardous jobs, compared to the latter, who were more likely to occupy sales, managerial and other low-risk jobs (Loomis & Richardson, 1998, p.41).

430 Unequal participation in hazardous industries is equally pronounced between foreign-born and native-born Americans. Orrenius and Zavodny (2009) explain that their results from their analysis of data for the period 2003-2005 "clearly indicate" that immigrants work in more hazardous occupations (p.548). In 2016 the Bureau of Labor Statistics summarised their data and observed that foreign-born workers are more likely to be employed in the service sector and less likely than the population average to work in professional and white-collar jobs (United States Department of Labor, 2018). Moreover, foreign-born worker participation rates in many of the highest risk industries exceeded those of native-born Americans (Moyce & Schenker, 2018, p.353). In the natural resource, construction and maintenance sectors, the foreign-born worker participation rate (13.6 per cent) compared to just 8.3 per cent for native-born Americans. Meanwhile, in the production, transportation and 'material moving' jobs, foreign-born participation again exceeded native-born Americans by 14.8 per cent to 11.1 per cent (Moyce & Schenker, 2018).

## Reasons for the Disproportionate Representation in high-risk industries

431 Asking why CALD workers are disproportionately represented in high-risk industries implicates the forces which shape labour allocation in the job market, among them educational attainment, socio-economics and hiring practices (including conscious and unconscious bias).

## Economic Disadvantage

432 Inequality between CALD and non-CALD people in industry participation is attributable to greater economic disadvantage among minorities (Strong & Zimmerman, 2004). Such disadvantage during childhood can have a lasting impact upon employment prospects by affecting: i) childhood development (Luby et al., 2013); ii) educational attainment (considered below) (Sirin, 2005); iii) and access to health care and other necessities (Andreß, & Heien, 2001). Financial hardship during adulthood may also lead to a greater pressure to accept more dangerous jobs and may make workers less willing to raise concerns due to fear of job loss (Orrenius & Zavodny, 2009). This has the dual effect of channelling CALD workers into more dangerous occupations, while constraining their ability to challenge the safety risks they faced, in turn creating disparities in occupational injury rates (Belin, Zampurutti, Tull & Hernandez, 2011).

## Educational Attainment

433 Educational attainment is closely correlated with a person's employability: those with fewer educational credentials must ordinarily settle for lower-skilled work. Such work is disproportionately manual and often dangerous (Belin et al., 2011). Educational attainment rates differ substantially between foreign-born and native-born Americans. In 2016 the US Bureau of Labor Statistics reported that 22.4 per cent of the foreign-born labour force aged over 25 lacked a high school education, compared with just 4.5 per cent of the native-born population (United States Department of Labor, 2018). A less stark, but still remarkable, gap in attainment rates exists between non-Hispanic

white, black and Hispanic populations. The US Census Bureau's 2016 study for the previous year documents that 63.8 per cent of the non-Hispanic White population had "some college or more", compared to 52.9 per cent of Black people and 36.8 per cent of Hispanics (of any race) (Ryan & Bauman, 2016, p.2).

434     A study by Loomis and Richardson (1998) suggests that educational disadvantage among the black population plausibly explained the injury rates. The likelihood of injury was associated with having a low-paying, dangerous job, and so lower attainment rates could explain the "sorting of hazardous jobs along racial lines" (p.42; Berdhal & McQuillan, 2008).[76] While some of this association could be notionally attributed to a propensity of less educated workers to ignore safety instructions or act negligently, the more compelling explanation is that educational attainment also acts as a sorting mechanism during job hiring and job assignment. Therefore, given the differences in average educational attainment between foreign-born, Black and Hispanic workers[77] and the non-Hispanic White population in America, education is likely to be a reason why these CALD workers are, on average, in more dangerous occupations (Ryan & Bauman, 2016; Loh & Richardson, 2004; United States Department of Labor, 2018) and, as a corollary, have higher injury rates.

435     In contrast, despite having high levels of educational attainment, Asian workers are disproportionately found to be overqualified for their jobs. While the percentage of overqualified Asian workers is falling (from 38.71 per cent in 1980 to 25.99 per cent in 2014) (Rose, 2017), this remains a significant problem.

**Racial and Ethnic Discrimination**

436     Another powerful force exercising influence over job allocation is discrimination, both current and historic. As Robinson (1984) reports, "Black workers with the same levels of education and experience as Whites will, on average, find themselves in substantially more dangerous occupations" (p.588). An explanation that Black workers sought those jobs appears implausible, lacking in evidential foundation, and ignorant of history. The literature shows that racial biases – which exist and persist – influence hiring decisions (Crow, Fok & Hartman, 2008; Pager & Western, 2009; Bertrand & Mullainathan, 2004). Such discrimination manifests in explicit, conscious ways, in subconscious aversions to people based on appearance, accent or culture, and in unjustified stereotyping of populations (Fiske, 2002). For instance, an employer might overlook a person based on an assumption that 'their sort' lack the necessary skills for a certain job, or speak poor English. As a result, prejudice against CALD workers in all its forms should not be discounted as causative of their disproportionate participation in lower-skilled, higher-risk industries (Farquhar et al., 2008).

**Language**

437     Language difficulties pose multifaceted problems for some CALD workers. Such workers, usually immigrants (Grieco, 2003),[78] may lack sufficient linguistic skill to perform certain jobs competently; they may face unjustified prejudice from employers and prospective employers because of their accent; and they may misunderstand health and safety expectations in the workplace due to comprehension problems. Those with worse English ability have also been found to work in riskier jobs (Orrenius & Zavodny, 2009). This correlation, while not demonstrating that poor language necessarily causes employment in riskier occupations, is instructive, as it accords with the intuitive notion that many jobs require communication skills which CALD workers do not have.

---

[76] Berdahl and McQuillan (2008) used data primarily sourced from 12 years of the National Longitudinal Survey of Youth to yield the proposition that there is a negative association between average years in education and likelihood of injury, namely that "one additional year of average education in an occupation is associated with almost a 19-percent decrease in the odds of injury".

[77] O'Conner et al. (2011) note that the largest contingent of foreign-born workers in the US is Mexican, for whom the average length of formal education is eight years.

[78] For example, 35 per cent of immigrants reported not speaking English well or at all in the US Census 2000.

**CALD Workers: Jobs within Occupations and Industries**

438    Research has indicated that, even within an occupation, CALD workers tend to be assigned to more dangerous jobs. In their survey of occupational fatalities in North Carolina, Loomis and Richardson (1998) contend that, although objective characteristics about the industries and general job categories of Black workers were plausible reasons for their heightened risk (pp. 41-42), the age- and sex-adjusted fatality rate differential between races was not eliminated by controlling for job characteristics. The inevitable inference is, as the authors explain, that in-work factors produce the disparity (p.42). This conclusion is supported by a study of steelworkers in 1971 which found that Black workers constituted 74 per cent of those who worked on particularly dangerous ovens (Lloyd, 1971, p. 53), while 8 per cent of White workers also did work on those ovens, this was significantly less than the number of Black workers doing so (21 per cent). Statistics from the agricultural industry suggest this disparity continues; for example, in 2004 the fatality rate of Black agricultural workers was 26.9 per 100,000 workers, compared with 21.2 for White workers (Department of Health & Human Services, 2004).

439    Studies on racial, ethnic and cultural bias in hiring are also instructive here. If employers exhibit prejudice in their hiring practices, it is improbable that their decisions assigning jobs to their workers are somehow insulated from those prejudices (Dong & Platner, 2004). The research therefore suggests that the inequalities in occupational health outcomes explicable only by inequalities of in-work experiences are likely referable to ethnic and cultural discrimination.

**Workers' Dispositions**

440    Not all of the discrepancies in hazardous job assignments are referable to extrinsic forces acting on CALD workers. Workers may volunteer for such roles and happily perform them. For instance, various writers contend that certain (especially immigrant) populations are less risk averse (Berger & Gabriel, 1991),[79] either because they have prior experience dealing with riskier environments in their native country, or because they wish to impress their employer with their diligence and productivity (Gomberg-Munoz, 2010; Starren et al., 2003). They may also be required to overcome direct or indirect discrimination.

441    Power structures in the workplace provide another reason for disparate injury rates within given industries, as a greater acceptance of authority, lower propensity to complain and increased willingness to accept hazardous tasks contribute to higher injury rates. Such behaviour is often associated with migrant workers, and extends to a reluctance to raise health and safety issues with colleagues or their employer (Starren et al., 2003, p.43). This issue is canvassed in detail in Part 2 of this report.

442    Immigrants also tend to be healthier on arrival in the US than natives, on average, and thus more willing and able to take on physically strenuous tasks, which are more dangerous (Orrenius & Zavodny, 2009, p.536). Further, as the average age of many diverse populations in the US is significantly younger than that of native-born Americans, such workers may be more capable of physically demanding, and hence riskier tasks (Vespa et al., 2018).

**Systemic Vulnerabilities**

443    As well as a cultural reluctance to complain, migrant workers often lack the ability to complain. Such timidity often derives from a worker's uncertain immigration status; for example, workers holding H-2 visas only have the benefit of legal protections such as guaranteed pay, workers' compensation and the legal right to live in the United States while employed in work specified by the visa (Moyce & Schenker, 2018, p.358). Undocumented workers fearing deportation are also less likely to make formal complaints due to fear of job loss and deportation, despite being

---

[79] Berger and Gabriel speculative that a willingness to move countries, itself, indicates that immigrants may be less risk adverse than native workers.

overrepresented in dangerous industries (like agriculture and construction) and more likely than legal immigrants to experience unsafe working conditions (p.357; Orrenius & Zavodny, 2009). As a result, migrant and undocumented workers may face a stark choice: tolerate unsafe work practices or be forced to leave the country (Flynn et al., 2013).

## Legal and Regulatory Framework

444    United States' federal health and safety law is grounded in the *Occupational Safety and Health Act 1970*.[80] The Act is similar in many respects to New Zealand and commonwealth legislation. The key features of this Act are:

(a)    **General duty on employers**. Section 5 imposes a general duty on employers to "furnish to each of his employees employment and a place of employment which are free from recognised hazards" that could cause death or serious harm;

(b)    **Occupational Health and Safety Standards**. Observation of that general duty requires that employers comply with all occupational health and safety standards promulgated under the Act (section 5(2));

(c)    **Obligation of the Secretary of Labour regarding making Federal standards**. The Secretary of Labour is obliged by section 6 to make as standards any established national consensus or Federal standards, unless he considers they will not further health and safety. At present, such regulations are found in Title 29 of the Code of Federal Regulations (CFR) and include general regulations and other industry-specific standards;

(d)    **Power of Inspection**: Under section 8(a), the Secretary has powers of inspection and the power to compel testimony and procure evidence (section 8(b));

(e)    **Record Keeping**. Employers must have record keeping duties under section 8(a)-(c);

(f)    **Penalties**. Demonstrated violations of the Act of Title 29 of the CFR render an employer liable to the penalties outlined in section 17, which are limited to $70,000 per violation and must exceed $5,000 for each wilful violation (section 17(a)); and

(g)    **Rights of Employees**. As in NZ and the Commonwealth, employees have rights to aid enforcement of the Act. Section 8(f)(1) provides that employees may alert the Secretary to imminent or actual violations of the Act, after which the Secretary may conduct an inspection. An employee who requests such an inspection or who otherwise attempts to enforce the Act cannot be discriminated against for that reason (section 11(c)(1)).

## Tools, Tactics and Strategies

### Government

#### Executive

445    The first notable tranche of executive governmental initiatives is the inter-governmental partnership described by Flynn et al., (2013). The US National Institute for Occupational Safety and Health (NIOSH) and Mexican Ministry of Foreign Affairs collaborated with the aim of promoting greater health and safety awareness among Mexican migrant workers in the US. The collaboration aimed

---

[80] Federal System. The main divergence between US and Commonwealth systems consists in the unique relationship between the US Federal statute and State laws. Section 18(a) preserves state jurisdiction to legislate for matters not included in federal standards made under section 6. A state can also submit a plan to the Secretary for approval which differs from the Federal statute and regulations, provided that it complies with the provisions of section 18, the most important such provision of which is that the plan be "at least as effective in providing safe and healthful employment and places of employment as the standards promulgated under section 6...". As at 2018, 22 states or territories had passed their own plans of equivalent efficacy.

to increase the internal capacity of each institution to deal with the high rates of occupational injury among Mexican workers, including by better documenting their injuries (p.33). As the authors noted, occupational health and safety agencies often lack sufficient cultural competence to address the needs of Latino immigrant workers (and other populations) (p.34). Flynn and colleagues thus conclude that it is crucial for occupational health and safety professionals to pair with organisations which have "cultural and linguistic competence and the trust of immigrant communities" (p.34).

446 This partnership fathered the development of a number of specific strategies for occupational injury prevention. First, NIOSH and multiple Mexican authorities combined to improve data collection. The New York Centre for Immigrant Health created a survey with NIOSH which was conducted at the Mexican consulate in New York City (Flynn et al., 2013, p.36). Secondly, NIOSH helped the Mexican National Population Council incorporate occupational safety questions in its Migration Survey for the North Mexican Border. Questions were directed at people returning to Mexico and asked about their experience of occupational injury, their use of services, and whether their injuries motivated their return home.

447 Thirdly, NIOSH took advantage of an existing Mexican governmental programme, 'Health Windows'. The programme operates in all 50 Mexican consulates and provides health information, screening and referrals to Mexicans in the US. In conjunction with the Institute for Mexicans Abroad and other organisations, NIOSH created materials for dissemination through this programme. Flynn et al. (2014) also report that consulate staff will be given basic occupational safety training.

448 Fourthly, NIOSH adopted the lay-health promotor regime described above to formulate health and safety information for Latino workers. It did so in consultation with the Mexican consulate in El Paso (Flynn et al., 2013, p.36). Fifthly, the Occupational Safety and Health Authority signed an agreement with the Mexican Ministry of Foreign Affairs under which the latter sends information to OSHA about occupational health concerns of Mexican immigrants, and that it publicises Spanish-language health and safety information (United States Department of Labor, 2009).

**Department of Labor**

449 Further federal government initiatives are limited. The Department of Labor has translated significant material into Spanish, some into Vietnamese, and less still into other languages, which it provides on its website, as well as health and safety resources specific to Hispanic workers (United States Department of Labor, n.d.a, p.30). State health and safety regulators provide similar translations.[81] The Department provides profiles of businesses which have successfully 'reached out' to their Hispanic workers (United States Department of Labor, n.d.a.) and offers the services of "Diverse Workforce/Limited English Proficiency Coordinators" to assist businesses, unions and others with training, education and outreach to Hispanic and other CALD workers (United States Department of Labor, n.d.b).

450 The former resource groups "success stories" by industry and describes situations where employers have implemented outreach, training or best practice with successful results. Examples are provided under the 'Employer' heading of this report.[82]

451 A particularly notable feature of this approach is that the benefits to employers (for example, less lost time) are emphasised to increase compliance. While the United States' Department of Labor website currently only provides four such examples, limited to Hispanic workers, it seems to be a useful and effective tool.

452 To our knowledge, ACC does not profile businesses which succeed at protecting their CALD workers on their own website (although profiles of businesses which have implemented other

---

[81] For Oregon see <www4.cbs.state.or.us>; for Texas Department of Insurance (Spanish) see <www.tdi.texas.gov>; for Californian multilingual resources see <www.dir.ca.gov>.
[82] Note that all the examples relate to Hispanic workers.

successful health and safety measures are available on the Business Leader's Health and Safety Forum website). There is merit in expanding this resource across a range of industries and workers. Despite the initiatives described above to provide health and safety information in multiple languages, there are still a number of important areas where information that is crucial to health and safety is only available in English. For example, under the Federal Insecticide, Fungicide and Rodenticide Act 1910, the Environmental Protection Agency regulates the information that must be included on pesticide labels. Importantly, manufacturers are not required to translate labels into other languages, despite the substantial proportion of those with poor English who have contact with pesticides. Moreover, as Liebman et al.'s (2013) study contends, messages are often difficult to understand and lack reference to many common, serious side-effects of pesticide illnesses. Indeed, if the English explanations are not easily comprehensible, it seems doubtful that migrant workers, or other workers with limited English or education, will be able to understand the message, let alone to act in accordance with it.

### State governments

453 State governments have shown some willingness to address the concerns of certain diverse groups. The Oregon Occupational Safety and Health Authority recently awarded funding to help Latino forestry workers and their spouses to avoid exposure to harmful chemicals. Meanwhile the Federal Government has partnered with the Heartland Workers Centre of Omaha to improve guidance, education and access to training resources for immigrant workers (United States Department of Labor, 2014). Following this partnership's implementation in September 2014, the injury rate of Hispanic workers in Nebraska fell to 0 in 2016, despite the overall injury rate rising by 20 per cent (Bureau of Labor Statistics, 2018).

### Other government action

454 Other regulations address industries in which CALD workers work, although CALD workers are the incidental, rather than intended beneficiaries of such rules. For example, the Worker Protection Standard for Agricultural Pesticides (1993) sought to reduce the incidence of pesticide related illness. Numerous studies argue that the standard is poorly enforced (Keifer, 2010; Arcury, 1999). Further, even the training it mandated was of limited effect. Whalley et al. (2009) found that fully 25 per cent of those surveyed who had received the requisite training did not understand its contents.

455 Moreover, many authors doubt whether sufficient effort is being made by US government agencies to produce culturally-appropriate materials, both at the prevention and treatment stages of occupational injuries (Quandt et al., 1999).

456 The paucity of governmental attention to industries in which CALD workers are disproportionately represented is starkly evident in the agricultural industry. As we indicated above, agriculture remains among the most dangerous industries (Arcury, Estrada & Quandt, 2010). Despite this, Arcury et al. summarise the regulatory position as at 2010 by saying that "almost no occupational health and safety training is required for agricultural workers" (p.6). While the Occupational Safety and Health Administration prescribes standards for such matters as migrant housing and field sanitation, no occupational health and safety training is mandatory for agricultural employers. It is not as if mandatory health and safety training is unknown to United States law. For instance, in Rule 1910.30 of Title 29 of the CFR, employers are obliged to train employees exposed to potential "fall hazards" and "equipment hazards".[83] Interestingly, the employer has a discrete and particular obligation to give understandable training: Rule 1910.30(d) requires the employer to give "information and training to each employee in a manner that the employee understands".[84]

---

[83] See rules 1910.30(a) for fall hazards and 1910.30(b) for equipment hazards, both in Title 29 CFR, promulgated under the 1970 Act <www.osha.gov>.
[84] Rule 1910.30(d), Title 29 CFR, above n 725 (emphasis added).

## Employers

### General: Language and Communication

457    Many businesses have attempted to bridge the linguistic divide by requiring one employee to translate health and safety instructions into the commonest language of the other employees (Flynn, 2014). However, this route has limitations in that the employer cannot be sure of the accuracy of the translation, and passing translation responsibilities to another employee risks defeating the efficacy of the health and safety briefing. The translating employee may imperfectly understand the instructions, may lack knowledge of key concepts in the briefing, and may even exploit the position to their own advantage (O'Connor et al., 2011).

### Rinker Materials Corporation's Hydro Conduit Plant: Redesigning Weekly Safety Presentations

458    Rinker Materials Corporation ("Rinker Corp") is a supplier of concrete pipe and products. While the corporation formerly used interpreters to communicate with its Spanish-speaking employees, Rinker Corp felt that this required too much time for safety meetings and exacerbated cultural barriers between Spanish-speaking employees and safety personnel (United States Department of Labor, n.d.c). To address this concern, the weekly safety presentations were redesigned to include photographs of various processes in the plant, depicting safe and unsafe practices, which were simply labelled in both Spanish and English as safe or unsafe. Interpreters attended the meetings to translate questions and answers.

459    As a result, Rinker Corp found that employees grasped safety concepts more quickly and understood the Company's commitment to safety and health more clearly. The programme increased communication between employee worker groups and safety personnel. Further, as employees were more willing to offer suggestions and opinions, Rinker Corp was able to identify issues which might not otherwise have been raised. Given the relative ease and limited expense required to develop slides for use in presentations such as this, this approach appears attractive to cost-conscious employers.

### Dallas/Fort Worth International Airport Board of Directors: Mandatory Training Programme

460    The Airport's Board of Directors wanted to ensure the safety of all airport and construction workers during a $2.7 billion expansion project. Together with the two prime contractors (Hensel Phelps Construction Company and Austin Commercial L.P) they developed a compulsory 40 hour training programme for all workers (United States Department of Labor, n.d.f). This involved:

(a)    Classes presented in English and Spanish, with the individual workers electing which they would attend;

(b)    Print materials to take on the job, including a pocket card with basic translations of key construction terms; and

(c)    Reinforcement throughout the project via safety professionals and toolbox meetings.

461    14,272 workers had gone through the programme by the time of the completion of the project in 2005 and the project experienced no fatalities in its five year duration.[85]

### Torcon, Inc: Bilingual Safety Programme

462    Torcon, Inc ("Torcon") is a general, non-residential building contractor. In order to address the fact that the company was employing more Hispanic workers, many of whom lacked proper safety training, it developed a comprehensive safety programme (United States Department of Labor, n.d.d). Features include:

---

[85] It is not known the extent to which this programme contributed to the nil fatalities.

(a)  Requirement that contractor supervisors for sites employing Hispanic workers must be bilingual;

(b)  Site safety orientation is conducted in English and Spanish;

(c)  Health and Safety posters, emergency evacuation procedures and safety videos are provided in English and Spanish; and

(d)  Requirement that its contractors (not just its employees) conduct weekly bilingual safety meetings ("Tool Box Safety Talks") and provide the Company with proof that the contractor's employees attended.

463  Since the implementation of the programme in 2001, Torcon experienced an estimated 30 per cent decrease in injuries and became the first construction firm to achieve the VPP (OSHA's Voluntary Protection Programme) 'Star' rating (highest possible) at multiple job sites. There has also been an improvement in employee relations and client satisfaction.

**Wenner Bread Products: Increased Bilingual capability**

464  Wenner Bread Products ("Wenner") is a independent frozen dough bread company, operating over 150,000 square feet of production and warehouse space and employing about 500 workers, 70 per cent of whom are Hispanic. In order to improve its health and safety it increased its bilingual capabilities by offering a range of resources in Spanish, including daily safety briefings and weekly safety meetings; weekly safety tips and monthly safety committee meeting minutes; and translation assistance for workers who need medical appointments to treat work-related injuries.

465  Wenner's average injury rate for the last 10 years has been approximately 22 per cent lower than the industry average. Wenner was awarded VPP star status in 1998, and was recognised in 2004 by OSHA's Region II Regional Administrator for its Hispanic outreach efforts (United States Department of Labor, n.d.e).

**Non-Governmental Organisations**

466  In their survey of the agricultural industry – about 33 per cent of whose workers are immigrants (Passel & D'Vera, 2016) – Arcury et al. (2010) and Desilver (2017) criticise the "dearth" of regulations and the "lack of systematic programs" for agricultural workers. That vacuum has been filled – albeit very partially – by NGOs such as community organisations and universities (Arcury et al., 2010).

**Community Initiatives: Materials and Programme to reduce eye injuries**

467  Forst et al. (2004) conducted a study to determine the efficacy of a "Community Health Worker – promotor de salud" – ("CHW") model, whereby community health workers provided protective eyewear and training to farm workers, in order to reduce the incidence of pesticide-related eye injuries. Materials and a programme were specifically designed for the subject community: 90 per cent of the workers were Mexican, 100 per cent spoke Spanish, 77 per cent read Spanish, only 16 per cent read English and 75 per cent had fewer than eight years of schooling. The workers were divided into three intervention blocks: the first received protective eyewear and training from the community health workers; the second received eyewear (but no training) from the community health workers; and the third received eyewear without a community health worker being present. Forst and colleagues found greater self-reported use of eyewear in all three groups, but the greatest change was in the group that received the eyewear and training from the community health workers. They therefore concluded that the CHW model was an effective tool to train farm workers in eye health and safety, improving the use of personal protective equipment and knowledge (p. 612).

**University of Illinois and Work Centres: curriculum for low literacy**

468    As described by Forst et al. (2004), the University of Illinois partnered with two Work Centres (advocacy and service centres for low-wage workers) to design a curriculum for low-literacy, Spanish-speaking construction workers. In addition to enlisting workers to aid the programme's design, train the trainer techniques (referred to above) were used to teach certain workers how to pass on knowledge gains to their colleagues. This method yielded a statistically significant advance in safety awareness, including in regard to fall prevention and ability to communicate about potential hazards (p. 831). Moreover, the workers' acquisition of safety knowledge appeared sustainable. After three months, interviews were conducted to determine the longevity of the messages conveyed. On average, interviewees reported greater awareness and behavioural change as a result of the programme (p.831). This merits attention both for the knowledge retention and the behaviour changes it effected.

**University of Illinois and Work Centres: Picture-Learning**

469    The collaboration between the University of Illinois and work centres also demonstrates some increase in safety awareness through the use of picture-learning (Forst et al., 2004; Center for Construction Research and Training, 2008).[86] Although the use of pictures helps to surmount linguistic and educational barriers to effective health and safety training, it suffers from significant shortcomings. Starren et al. (2013) argues, people from different cultures differ in the way they perceive images, as Nisbett and Miyamoto (2005) demonstrated. When designing picture-based programmes for populations of different health and safety cultures, Starren et al. therefore recommends pretesting proposed images with members of the intended audience.

470    Moreover, the amount of information able to be conveyed through images is limited. Ordinarily, images can illustrate and warn about certain risks, but strategies about risk-prevention are not easily reduced to comprehensible pictures. Thus, Starren et al. (2013) endorse the conclusions of Burke et al. (2008) in their global study about effective training of multicultural workers. As we indicated earlier, Burke et al. advocates for more engaging methods of teaching health and safety strategies, and attests to the greater effectiveness of intensive methods rather than simply providing fliers, posters or other passively-received information.

**National Farm Medicine Centre and Migrant Clinicians Network: Train-the-Trainer Programme**

471    In the dairy industry, the National Farm Medicine Centre and Migrant Clinicians Network partnered to design a train the trainer programme in conjunction with workers, in order to fashion an educationally appropriate training regime. As Juarez-Carrillo, Liebman, Reyes, Ninco Sanchez & Keifer (2017) describe the programme, it comprised lesson modules in English and Spanish, the use of stories, discussion, demonstrations, interactive exercises and games. Importantly, it required only the bare minimum as far as literacy (p.507). The "minimal" wording used was "simple" and designed to facilitate selected workers passing on that training to others (p.507). Even so, the authors recommended that the variable literacy and comprehension capacity of workers requires trainers to repeat instructions in many cases (p.513).

**Academic Literature**

**Initiatives regarding language and communication**

472    As the community in Forst et al.'s (2004) study indicates, language difficulties are among the most cited challenges to workplace safety in diverse workplaces (Gany et al., 2011). One possible remedy suggested by Flynn (2014) is to provide English classes to employees, in pursuit of developing a genuine "bilingual capacity" in an organisation.

---

[86] See Forst and others, and The Center for Construction Research and Training, Telemundo, LLC, Hollywood, Health and Society program at the University of Southern California. Public Service Announcement. (2008). There is no evidence as to the efficacy of this campaign.

473     However, there is reluctance in some quarters to implement this approach. Flynn cites anecdotal evidence that United States-born workers feel that immigrants are receiving special (and unjustified) treatment. Moreover, various international studies indicate that many businesses are reluctant to offer different health and safety training and support to employees from different national cultures (Starren et al., 2013).

474     For instance, Schubert and Dijkstra (2009) found that foreign contractors operating in the Netherlands were reluctant to recognise differences between people for health and safety training purposes; a fact which they attributed to the Dutch social ideal of equality (p.786). Following Ely and Thomas (2001), Starren et al. (2013) call this conception of what equality requires the 'discrimination and fairness perspective' (p.47). As they put it, the perspective is characterised by the belief that "everybody is similar, and therefore deserves equal treatment" (p.47). If this sentiment underlies the attitudes Flynn reports, then a significant impediment exists to specialised health and safety training for CALD workers.

475     In response, Flynn proposes that businesses provide both English and Spanish (or other relevant language) lessons, with appropriate economic inducements to workers to participate. As well as receiving the benefit of learning a second language, workers would also submit to benefitting from "the shared struggle" of learning a language, which might "break down barriers" between them.

476     However we note that for most businesses, such an undertaking would be unattractive, as it would require allowing employees time off work to learn another language (which could quickly erode many smaller businesses' margins). Indeed, funding such courses may prove beyond the capability of many businesses. Moreover, incentivising workers to attend such sessions may prove difficult, for as Flynn et al. (2013) admit, workers may only attend if they "anticipate some immediate benefit".

477     Moreover, there is little assistance for businesses to offer such classes. Although OSHA's provision of 10 Diverse Workforce/Limited English Proficiency Coordinators (staff whose role is to provide seminars, workshops and speaking events for CALD workers (United States Department of Labor, n.d.b)) is a step in the right direction, there is insufficient capacity for them to assist businesses to offer such classes.

## Types of programmes

478     Existing health and safety programmes are broadly classifiable as one of a number of more general forms. O'Connor et al. (2014) classifies health and safety training programmes into four categories: i) social marketing and public health; ii) 'train-the-trainer'; iii) lay health advisor; and iv) direct worker training.

### Social Marketing and Public Health

479     Public health campaigns and programmes have been used by governments and NGOs in many instances. The California Department of Public Health (2010) ran a public information campaign about the dangers of lead paint for residential painters; the Partnership for Citrus Worker Health ran a campaign to induce positive perceptions about use of eyewear among Hispanic citrus workers in Florida (Monaghan et al., 2014); and the Californian Department of Industrial Relations (2010) conducted a heat illness information campaign.

480     While many of these interventions disproportionately benefit CALD workers by virtue of their greater participation rates in the given industries, more targeted injury prevention efforts have also been used. In 2008 the Centre for Construction Research and Training worked with occupational health experts and members of a well-watched Spanish language programme to convey construction safety messages to Latino construction workers.

**'Train-the-Trainer'**

481    The second training-based intervention consists in training employees or others in a workplace to give the health and safety briefing. As O'Connor et al. indicate, this is predicated on the assumption that workers are more amenable to hearing such a talk from their peers, and more likely to behave in accordance with the plan. Iterations of such programmes have been tried by the International Union of the United Automobile, Agricultural Implement, and Aerospace Workers, and the Oil, Chemical, and Atomic Workers International Union (Fernandez, Daltuva & Robins, 2000; Slatin, 2001).

**Lay-health advisors**

482    Lay-health advisors are the centre of a related, but distinct type of programme. Such programmes involve specially trained members of the community instructing workers in health and safety expectations. This format does not circumscribe the content of the programme or the method of teaching. Nonetheless, O'Connor et al. (2014) report on its broad success across a range of industries. The authors illustrate the purport of such programmes by reference to the Justice and Health for Poultry Workers group. That group was formed by collaboration between Wake School of Medicine and another community group, with the aim of promoting health and safety practices among Latino workers in North Carolinian poultry factories. The group formulated a culturally sensitive brochure and lesson in order to explain health and safety rights to the workers, and to enable them to identify the development of cumulative stress disorders to which they were susceptible. Forst et al. (2013) studied the efficacy of the intervention and concluded that it conferred demonstrable improvements in knowledge, hazard identification and ongoing consciousness of health and safety practices.

**Identifying Characteristics of Successful Initiatives**

483    Among the many training programmes formulated, certain characteristics have proven more successful than others.

(a)    **Involving Target Audiences**: Flynn et al. (2013) identify a common theme from the literature about training for 'underserved populations': "the need to involve the target audience from the beginning [of the programme design] and tailor the training to its reality" (p.15). This technique is designed to avoid producing programmes which are incomprehensible to CALD workers (Liebman et al., 2013). As Rother (2008) and Arcury et al. (2010) have shown, "what the employer, corporate producer, and scientist see as appropriate" may be interpreted differently by blue collar, Hispanic or other CALD workers (p.10).

(b)    As such, various organisations have devised health and safety training programmes for CALD workers based on the Community Based Participatory Research model. Each of these programmes includes workers in its design and implementation (Arcury et al., 2010, p.8). The work of the University of Illinois (described above) is an example of this.

(c)    **Peer Education**: The efficacy of peer education as a method of conveying health and safety knowledge is confirmed by Caffaro et al., (2018). In a scoping review, the authors found strong evidence for the effectiveness of peer education among migrant farmworkers, and indeed all engaging methods of training (p.14). While increases in knowledge about health and safety are not always reflected in changes to behaviour in the workplace, the authors still identify some behavioural improvements from worker-involved programmes. Indeed, they emphasise that their analysis underlies the "fundamental role of a participatory approach to the training process, in which the workers are proactively engaged in development of their own training" (p.14).

(d)    **Interventions involving workers' families and communities**: Further, recent research has explored the extent to which families are important providers of health and safety knowledge. Perla et al. (2015) found (unsurprisingly) that parental knowledge is easily

accessible, and that a growing body of research indicates that parent-initiated discussions about occupational safety are "valuable" contributors to a worker's knowledge (pp. 174-175). As will be apparent, involving parents and families in occupational safety education helps avoid cultural misunderstandings and increases the likelihood that messages will be rendered into language and concepts the worker understands. Consonant with this view, Caffaro et al. surmise that health and safety interventions which involve workers' families and communities in training programmes have manifested higher success rates (p.14).

**Accommodating Low Literacy and Education Levels**

484     The second general training imperative applicable to CALD workers is that training programmes must accommodate workers with low literacy and education levels. We demonstrated above that many diverse populations suffer educational disadvantage as well as the linguistic disadvantage that many foreign-born diverse workers bear. It is therefore crucial that training curricula and trainers do not "rely too heavily on written materials" (Flynn et al., 2013).

485     As Flynn et al. (2013) and Farquhar et al. (2008) also emphasise, the limited understanding of many CALD workers derives from reasons broader than their inability to speak English. For instance, many workers may have limited literacy in their native languages, some native languages are purely oral and CALD workers in the US have lower than average educational attainment. One illustration of this is the work of the National Farm Medicine Centre and Migrant Clinicians Network (above), and the use of picture based training in the work of the University of Illinois and the Centre for Construction Research and Training's initiative (above).

**Focussing on National Safety Cultures**

486     There are residual cultural particularities of many CALD workers which are not adequately addressed by accounting for educational and linguistic disadvantage. As Flynn (2014) explains, a "fixation on language can cause other important cultural differences to be overshadowed". For instance, "how immigrants understand work and their relationship to their co-workers and employers" varies between different national safety cultures, and indeed between safety cultures within the same country (p.54). These differing cultures affect perceptions of risk, the legitimacy of complaints about possible hazards and how workers adapt to working environments, among other matters. In their further review, O'Connor et al. (2014) indicate that "Western biomedical ideas about illness causation" are relevant considerations when determining the applicability of a health and safety programme for a diverse population (p.93).

487     As suggested above, credible evidence indicates that mental processes like risk apprehension can be affected by national culture. Rohrmann (2000) contends that a risk assessment is based on information about the risk, the person's confidence in the supplier of the information and on the cultural history of the receiver (p.11). Kouabenan (2009) puts the point strongly, that "cultural beliefs are central to risk evaluation and interpretation" (p.771).

488     Such beliefs develop, "by way of interactions and shared experiences that individual members of the same group or community gradually elaborate a common culture of risk" (Kouabenan, 2009, p. 771). If risk perception does partially depend on what information is conveyed and the person conveying it, it stands to reason that different cultural perceptions of risk can be addressed by manipulating the content of the message and selecting its conveyer from among the same cultural group, as Starren et al. (2013) recognise (p.45).

489     The best solution to avoid cultural misapprehensions, according to O'Connor et al. (2014) and the authors cited above, is to involve members representing the intended audience in the design of the messages, to "focus-group test" those messages and to use, where possible, members of the audience's "own cultural group" to impart the information (p.93). For, as multiple studies indicate, most people are more receptive to hearing information from members of their cultural group (Forst et al., 2004; Grzywacz, 2009; Luque, 2007).

## UNITED KINGDOM

490    As a country with a high level of diversity, and a long history of health and safety regulation, the United Kingdom has a significant number of tools, tactics, and strategies to reduce injury among CALD workers.

## Assessing the Problem

### Population Demographics

491    The Office of National Statistics estimated that the population of the United Kingdom in 2017 is slightly greater than 66,000,000 (Office for National Statistics [ONS], 2018). It is estimated that the population will grow to about 73,000,000 by 2041 (ONS, 2017).

492    The non-United Kingdom born population accounts for 14 per cent of the total population (9,400,000 people). Between 2016 and 2017, this population increased by about 200,000. The increase in population is mostly accounted for by migration from EU14 and EU12 countries. Poland is the country from which most of the United Kingdom's foreign-born population originates (White, 2018).

493    Of the 2011 Census respondents who identified their ethnic identity, 86 per cent identified as White, 7.5 per cent as Asian or British Asian, 3.3 per cent as Black, African, Caribbean or Black British, 2.2 per cent as mixed and 1.0 per cent as other (which includes Arab) (White, 2012).

494    The United Kingdom, and London in particular (which is superdiverse), demonstrates extraordinary ethnic and linguistic diversity, with people identifying with more than 270 nationalities and speaking more than 300 languages (Prynn, 2011).

495    The United Kingdom is expected to become more ethnically diverse and ethnic minorities are expected to be spread more evenly across the country (compared to the current situation where London has the highest concentration of ethnic diversity in the United Kingdom). Research indicates that ethnic minorities will comprise about one-fifth of the population by 2051 (University of Leeds, 2010).

### Workforce

496    The 2016 Annual Population survey shows that 5 per cent of people in England, Scotland and Wales were unemployed. The "Bangladeshi/Pakistani" group had the highest employment rate (11 per cent) and the "White/Other" group had the lowest (4 per cent) (Department for Work and Pensions, 2017).

497    A8 migrants (migrants from Estonia, the Czech Republic, Latvia, Hungary, Poland, Lithuania, Slovenia and Slovakia) tend to be in temporary and low-paid employment and are from countries where English is not the main language spoken (Sergeant & Tucker, 2009, p.14).

498    The United Kingdom Government states that in 2016 the ethnic group most likely to work in restaurants, distribution and hotels were Bangladeshi/Pakistani people (made up 28 per cent) (Department for Business Energy & Industrial Strategy, 2018).

499    Out of any "ethnic group",[87] Black workers had the highest percentage of people (43 per cent) working in education, health and public administration in 2016 (Department for Business Energy & Industrial Strategy, 2018).

---

[87] Note the discussion at Part 1 regarding race and ethnicity. In the United Kingdom, the census data refers to "race" categories, which are "White," "mixed/multiple ethnic groups," "Asian/Asian British," "Black/African/Caribbean/Black British," "other ethnic group." ONS. (n.d.) 2011 *Census Questions – England* Retrieved from http://www.ons.gov.uk).

500   In Great Britain, ethnic minority groups are more likely to be employed in industries related to storage, transportation, human health, social accommodation services, food services, retail trade and wholesale trade than the population as a whole (Department for Work and Pensions, 2016).

**Occupational Injury and Death Rates**

501   In 2017/2018, there were 144 workplace fatalities in Great Britain, of which (HSE, 2018):

(a)   38 were in construction;

(b)   29 were in agriculture;

(c)   15 were in manufacturing;

(d)   15 were in transport and storage;

(e)   12 were in waste and recycling (part of waste management) ; and

(f)   35 were in other industries.

502   There were 600,000 non-fatal injuries to workers in Great Britain in 2016-2017 (HSE, 2017).

503   Migrants are prevalent in the construction industry which had the highest number of workplace fatalities in the Great Britain in 2017/2018 year (HSE, 2018). In 2015, 16 foreign/migrant construction workers were killed at work (Stone Specialist, 2016).[88]

**Explanation and Analysis of Disparities**

504   These disparities may arise from:

(a)   **The types of industries that CALD workers in the United Kingdom work in**. The Migrants Rights Network has reported that many migrants were exposed to health and safety issues due to being concentrated into physically demanding and "low-skilled" jobs, for example, picking and packing or cleaning (Migrants Rights Network, 2018, p.18).

(b)   **A lack of health and safety training**. This factor is made up of multiple elements:

(i)   Migrants have reported not understanding their health and safety training due to their low English ability (Migrants Rights Network, 2018, p.18);

(ii)   Migrant and Refugee Community Organisations have reported that health and safety procedures were not explained to them properly by their employers (p.18); and

(iii)   A report by Loughborough University found that health and safety training of migrants only really occurs at induction (Tutt et al., 2011, p.4). It was also found that it was not uncommon for workers to be distracted from watching the induction presentation and/or video due to work forms and medical forms being handed out at the same time (p.5).

(c)   **Underreporting**. The Trade Union Congress (2007) found that there is a large amount of underreporting in industries with a number of migrant workers. This is likely to be because of the issues highlighted above.

---

[88] HSE's definition of 'migrant worker' is someone who is or has been working in Great Britain in the last 12 months, and has come to Great Britain from abroad to work within the last 5 years.

**Legal and Regulatory Framework**

505    The United Kingdom health and safety regime is governed by the *Health and Safety at Work etc Act 1974* and is supplemented by additional regulations. The regime is the product of the Robens Report – hence the UK follows the Robens model. The regime is similar in many respects to the New Zealand regime; however, UK law does not create a statutory compensation body.

506    The key features of the *Health and Safety at Work etc Act 1974* are:

(a)    **General duties on employers**. Section 2 imposes general duties on employers that are almost identical in substance to the duties that section 36 of the New Zealand Health and Safety at Work Act 2015 imposes. However, the New Zealand duties are broader in scope than the United Kingdom duties, requiring PCBUs to ensure the health and safety of other persons, as well as of workers;

(b)    **General duties on employees**. Both the New Zealand and UK legislation imposes duties on employees to take reasonable care to protect themselves and others from harm that might result from their acts or omissions. The New Zealand duties, however, apply to "workers", which is broader than "employee" and encompasses people such as apprentices and volunteers; and

(c)    **Occupational Health and Safety Standards**. Under the Act, specific standards are set by regulation. The most widely used application regulation is the Management of Health and Safety at Work Regulations 1999. The Regulations place specific risk mitigation duties on employers. For instance, employers must undertake an OSH risk assessment and, if they have five or more employees, must record these findings. The risk assessment follows a hierarchy that places risk avoidance, evaluation and combat at the top; adaption of work processes in the middle; and policy, training and protective measures at the bottom. Employers also have a duty to monitor their employees' health and to make arrangements to manage situations that risk imminent harm occur. Employees also have a duty to report dangerous situations, to use equipment in accordance with their training and to take reasonable care.

## Tools, tactics and strategies

**Government**

507    The United Kingdom does not have an ACC equivalent (employers are instead required to have employer's liability insurance). Work undertaken by other regulators and governmental departments in the United Kingdom is still, however, relevant to ACC, given that these initiatives are focussed on injury reduction.

**Health and Safety Executive**

508    We have identified the following tools, tactics and strategies from the Health and Safety Executive, the United Kingdom regulator:

(a)    2008: Launched migrant worker webpages containing health and safety information in English, Polish, Russian, Punjabi, Chinese, Romanian, Urdu, Bengali, Portuguese, Turkish, Hindi, Lithuanian, Czech, Slovak, Kurdish, Albanian, Latvian, Arabic, and Gujarati (Health and Safety Executive Board, 2008);

(b)    2009: HSE's Construction Division funded a six month London Outreach Worker project in London, which trialled the concept of "independent multilingual outreach workers talking to foreign migrant construction workers in their mother tongue" (HSE, 2009, p.5). The project employed 3 multilingual outreach workers for a 12 month project from May 2009, targeting

Polish, Romanian and Indian languages (Hester, 2010). The outreach methods included (pp.2-4):

    (i)    Language-specific health and safety information cards;

    (ii)   Language-specific newspaper, website and radio advertisements;

    (iii)  Multilingual telephone helplines;

    (iv)  Health and safety awareness days aimed at construction companies and site managers; and

    (v)   Arranging for outreach workers to assist inspectors conducting visits and investigations to help make workers feel more at ease;

(c)   2010: Published specific guidance for employers about "Protecting migrant workers" which identifies risks specific to migrant workers, and recommendations for mitigating these risks (HSE, 2010). Some of the recommendations included:

    (i)    Using employees with good spoken English to act as interpreters;

    (ii)   Using a 'buddy system' (i.e. putting an experienced migrant worker with a new or inexperienced migrant worker that speaks the same language);

    (iii)  Providing a clear explanation of signs and instructions for emergencies and generally preferring non-verbal communication over written communication;

    (iv)  Doing a skills audit to determine who can help if a worker has difficulty communicating;

    (v)   Giving supervisors guidance on cultural differences that affect working relationships ("cultural intelligence");

    (vi)  Emphasising the importance of reporting accidents and near misses;

    (vii)  Making sure employers explain that accidents and near misses are investigated to stop more people being injured and improve conditions for all workers, and aren't used to blame or sack people; and

    (viii) Thorough investigation of accidents by employers so that any underlying behaviours and attitudes can be addressed; and

(d)   2015/16: Compiled a 'Migrant working intervention manual' which details all relevant information about migrant workers for all HSE and Local Authority inspectors (HSE, n.d.b). It sets out the approach for inspectors to take to ensure that migrant workers are protected, not only from a health and safety perspective, but also in relation to illegal practices amounting to abuse and exploitation. It includes prompts to inspectors to ensure that migrant workers have acceptable and appropriate accommodation, transport, personal protective equipment, and that language issues are appropriately addressed (HSE, n.d.b).

**Department for Business Enterprise and Regulatory Reform**

509   In 2008 the Department for Business Enterprise and Regulatory Reform ("BERR") released the final report of the Vulnerable Worker Enforcement Forum.

510   The Forum was set up to look at the abuse of worker rights, to assess how effective the current framework of enforcement was, and to consider improvements that could be put in place (BERR, 2008, p.3).[89] The Forum was composed of the Trade Union Congress (TUC), a range of other unions, Citizens Advice, business representatives and government enforcement bodies (p.3).

---

[89] The unions involved in the Forum were Trade Union Congress, Unite, GMB, Union of Construction Allied Trades and Technicians, and Union of Shop Distributive and Allied Workers. Business representatives involved were the Confederation of British Industry, Recruitment and Employment Confederation, and WF Watt. Regulatory Bodies: Gangmasters Licencing Authority, HM Revenue and Customs, and Health and Safety Executive.

511     A key tool that the Forum suggested could be used in the campaign was a single enforcement helpline (BERR, p.5). The Forum identified that vulnerable workers found it difficult to access government enforcement bodies due to the fact that at the time of the report there were five bodies involved in enforcement and each had its own helpline (p.5). Therefore, the report stated that the government was going to establish a single phone line in which the operators would identify the appropriate enforcement body (or bodies) to deal with the issue (p.6). These regulatory bodies include the Gangmasters Licencing Authority and the Health and Safety Executive, which both have a focus on occupational health and safety. This phone line was subsequently added to the existing Advisory Conciliation and Arbitration Service ("Acas") phone line service as discussed below.

512     The Department also funded TUC's Vulnerable Worker's Project, which partly focused on health and safety for CALD workers. This is discussed in more detail below.

## Advisory Conciliation and Arbitration Service (Acas)

513     Acas is an executive, non-department body which provides free and impartial advice for employers and employees on employment law and workplace relations, including health and safety (Advisory Conciliation and Arbitration Services, n.d.). The phone line service for complaints discussed by the Vulnerable Worker Enforcement Forum was added to the service already offered by Acas. Complaints made through the phone line are directed on to the appropriate government agency (United Kingdom Government, n.d.).

514     The Acas phone line provides a free translation service for over 100 languages (United Kingdom Government, n.d.). This would be a useful tool for improving enforcement of health and safety for CALD workers, as it provides non-English speakers with a way to access health and safety information. This should help to improve their knowledge on their occupational health and safety rights, in turn decreasing their risk of injury.

## Gangmaster and Labour Abuse Authority

515     The Gangmaster and Labour Abuse Authority (2018a) was set up under the Gangmasters (Licensing) Act 2004. This Act was a response to the Morecambe Bay Tragedy where at least 21 Chinese migrant cockle pickers were killed, which raised awareness of the exploitation of migrant workers in the food processing and agriculture industry.

516     The Authority is a non-departmental government body (Gangmasters and Labour Abuse Authority, 2018b). Its main function is to enforce a licensing scheme upon labour providers, employment agencies and gangmasters, in the horticulture, agriculture and shellfish gathering industries. The licensing standards include health and safety.

517     The purpose of establishing such a licensing regime is to incentivise labour providers, employment agencies and gang masters to improve health and safety for fear of penalties or arrest, (section 12 of the *Gangmasters Licensing Act 2004*). It also incentivises workers to report health and safety issues as they will be more likely to do so if they are confident that the issue will be rectified. The combination of these factors should lead to decreasing the risk of injury among CALD workers.

518     A tool put in place by the Authority is a system of complaint forms, which are available in eight languages (Gangmasters and Labour Abuse Authority, 2018c). These forms can be used by anyone to report labour providers in the agriculture, food and drink processing and shellfish gathering industries which are exploiting worker's rights and welfare. The Authority has interpreters and therefore can take calls in any language (Gangmasters and Labour Abuse Authority, 2018d).

519     Having a complaints service provides an avenue for CALD workers in these industries to report any abuses of their health and safety, with the knowledge that these abuses will be addressed. This in turn should lead to a decreased risk of injury among those workers due to these abuses being addressed by the Authority.

**Employers**

**Uniq Prepared Foods Ltd: Common Health and Safety Policies across European Operations**

520     Uniq Prepared Foods (now Greencore Food Limited) is a food manufacturing company (Bloomberg, 2018a, Bloomberg, 2018b). The company was part of the Uniq Group which operates in several countries including Germany, France, Poland, Spain, the Netherlands and the United Kingdom (Northwest Food Alliance, 2004).

521     The Uniq Group found there were cultural differences in health and safety attitudes and behaviour. A tactic that senior management adopted was to put in place common health and safety policies across their European operations. This was successful in reducing the injuries in the workplace. Lost-time accidents dropped by 13 per cent in the first year, and 16 per cent in the second. While the Northwest Food Alliance states that the key message behind this is that leadership from the top of companies is important when making and implementing safety culture in a multicultural work environment, we would suggest that the key message is that having a clear policy and targets for health and safety, and communicating the reasons for them, can decrease the risk of injury even in multicultural operations (Northwest Food Alliance, 2004, p.6).

**Uniq Prepared Foods Ltd, Spalding: Strategies to communicate with workers with limited English ability**

522     Uniq Prepared Foods' Spalding branch has implemented some key tools, tactics and strategies to improve the health and safety of workers who have limited English ability in order to decrease their risk of injury. These are (Northwest Food Alliance, 2004, p.14):

(a)     Use of induction day assessments to identify workers who can speak some English so that these workers can translate workplace rules and procedures to those who speak little English;

(b)     Providing training via subtitled videos (in 20 languages) to ensure workers with low English literacy skills understand;

(c)     Teaching safe work systems and procedures in stages with the help of the identified English speakers; and

(d)     Workplace manuals that include photographs showing correct procedures.

523     The company also contracts an agency that provides them with an on-site supervisor who speaks a range of languages. This strategy has "assisted greatly" with integrating workers who cannot speak English into the business and is "helping them to realise their full potential" (Northwest Food Alliance, 2004, p.14).

**Delepak Foods Limited: Utilising other workers as translators**

524     Delepak Foods Limited is a food manufacturing company (Bloomberg, n.d.). The company was struggling to find language assistance to deliver basic health and safety and food hygiene training for their Kurdish and Iraqi employees (Northwest Food Alliance, 2014, p.6). A tactic used to mitigate this issue was to have two Iraqi employees translate the course. This resulted in the group passing their basic food health and safety exam (p.16). This shows the value of communicating health and safety information to workers in their native language.

**Greencore Cakes (Hull): Audits**

525     Greencore Cakes (Hull) was a cake and dessert business.[90] The company put in place some strategies in order to ensure that workers understood instructions that were given to them and the health and safety risks associated with their roles. These were:

---

[90] It has recently been sold to another company, Bright Blue Foods.

(a) Having office workers conduct "audits" on the shop floor on a regular basis (Northwest Food Alliance, 2014, p.12). These audits included conversations with workers on their role and the health and safety and risks (p.12); and

(b) Requiring that, before starting a new role, workers could verbally and physically demonstrate that they understood the task (p. 12).[91]

**Greencore Group: Greencore Sandwiches Site, London: Communication Strategy**

526    The Greencore Sandwiches Site has employees who speak over thirty languages (Northwest Food Alliance, 2014, p.20).

527    They have put in place a communication strategy in order to ensure that health and safety messages are effectively conveyed to all workers. This strategy includes (p.20):

(a) The use of diagrams and pictures to accompany text in their notices and manuals;

(b) The use of manuals and tests which are in a range of languages and a bilingual trainer who provides training to those who speak Sri Lankan Tamil; and

(c) The provision of English language training (p.20).

**Speedibake Limited: PPE Posters**

528    Speedibake is one of the UK's top producers of bakery goods (Associated British Foods Pls, n.d.). As the company's employees speak over 13 different languages, Speedibake had experienced difficulties in conveying what Personal and Protective Equipment ("PPE") was needed in particular parts of their operations (Camp & Mather, n.d, p.26).

529    A tool that the company introduced in order to ensure that CALD workers understood the PPE that was required in particular areas, was to use a cartoon baker called PePE (Camp & Mather, n.d, p.24). In order to create the PePE posters the company used a standard set of cartoon PPE drawings and would copy and paste these onto PePE.

530    PePE was part of the company's "Safety First" programme which saw a decrease in incidents from 151 to 17 in just five years (Camp & Mather, n.d, p. 25). Speedibake won a prize for PePE at the Institution of Occupational Safety and Health ("IOSH") Awards (ISOH is a chartered body for health and safety professionals) (p.24; IOSH, n.d.).

**Tulip Limited: Strategic Approach to Language and Communication**

531    Tulip Ltd is a leading food manufacturer in the UK (Tulip Ltd, n.d.). They have 17 facilities in the UK. It is a subsidiary of the Danish Crown Group, the largest meat processing company in Europe.

532    In order to improve health and safety outcomes for CALD workers, Tulip Ltd has put in place the following tools, tactics and strategies (Northwest Food Alliance, 2004, p.12):

(a) Gauging the level of English of the applicants in the recruitment process by having them complete a basic assessment;

(b) Having a section in their Health and Safety Policy which addresses the translation services they provide and how they manage non-English speaking workers;

(c) Identifying roles where a low understanding of English would result in an increased risk of injury and prohibiting employees from working in these roles until they have had English training or until other measures have been put in place to moderate the risk of injury;

(d) Using pictograms as a tool to train workers in health and safety, and keeping written documents to a minimum;

---

[91]There was no publically available information on the success of these approaches.

(e)     Keeping a register of their employees' first languages;

(f)     Providing their employees with ESOL classes and also encouraging employees to attend further language courses so that they can learn important skills in a second language;

(g)     Displaying photographs of translators so that employees are aware of who they can approach if needed. The company also has a list of emergency translators which can be accessed on the Group Health and Safety Management System;

(h)     Providing a library where they keep all the health and safety documents which have been translated by the Group, making them accessible to workers on the Group's Health and Safety Management System; and

(i)     Encouraging employees who do not speak English to join the on site Health and Safety Committee. It was not explained how this works in practice if they cannot speak English.

### Stateside Foods Ltd: Use of Pictograms

533     Stateside Foods produces frozen pizzas (Stateside Foods, 2018). The company replaced text resources with pictograms to ensure that their health and safety messages in regards to cleanliness were conveyed (Northwest Food Alliance, p.18). Evidence on the effectiveness of this approach was not reported. However, they have since used pictograms in other areas of the business, which suggests they find it an effective way to convey health and safety messages (p.18).

### Unnamed medium construction contractor: Two-Card system

534     A tool that a medium-sized contractor used on one of their projects was to use a "Two-Card system" (Tutt et al., 2011, p.7) This approach was based upon the "universal language of football" to show workers with low English-speaking ability the consequences of poor health and safety in the workplace (p.7). For example, one worker on this site was given a red card for not wearing safety glasses, which meant they had to leave the site (p.7).

### Unnamed Major Contractor: 'Talk Sign'

535     A tool that was used by a major contractor on one of their sites was a "Talk Sign" (Tutt et al., 2011, p.11). Workers can push buttons on the device and hear explanations of each workplace sign in their chosen language (p.11). The purpose of this tool is to enable workers who have limited English language skills to understand critical health and safety signs which should decrease their injury risks.

536     There was no evidence of the effectiveness of the tool on this site. However, one potential issue that employers need to be aware of is that workers may not want to use the device as it would alert other workers to their limited English ability (Tutt et al., 2011, p.11).

### Unnamed Midlands Distribution Deport: Language and Communication Strategies

537     The majority of the staff at an unnamed Midlands distribution depot for a supermarket (which was a case study in the Loughborough University report, "Migrant Construction Workers and Health and Safety Communication") are migrant workers (Trades Union Congress, 2007, p.7). The migrant workers have a high union membership rate and have the full quota of Health and Safety Representatives (p.9).

538     The Midlands distribution depot work with the Union of Shop, Distributive and Allied Workers ("UDSAW") safety representatives to put in place tools, tactics and strategies to ensure that health and safety messages are communicated clearly to CALD workers. One of these tactics was to ensure that, owing to the high proportion of Polish workers at the site, that all the health and safety signs in the workplace were provided in Polish as well as English (Trades Union Congress, 2007, p.9).

539    The Midlands distribution depot worked with USDAW representatives to provide the workers with ESOL training in the union learning centre (Trades Union Congress, 2007). The reason for these classes was to ensure that the workers understood the health and safety briefings (p.9).

540    The company also uses shop-floor translators (it was not clear in the report as to whether they were staff members) to translate when a person who has a low English-speaking ability is experiencing a health and safety issue (Trades Union Congress, 2007, p.9).

**South Holland District Council: Research into the Dynamics of Migrant Labour in South Lincolnshire**

541    East Midlands Development Agency, Lincolnshire Enterprise, Boston Borough Council and South Holland District Council commissioned and funded a project into the Dynamics of Migrant Labour in South Lincolnshire (Zaronaite & Tirzite, 2006, p.6). The research was carried out to try and understand issues around migrant workers to help plan services and amend current provisions to aid the integration of South Lincolnshire migrant workers (p.6).

542    The research report focused on labour users and providers. A labour user is a person who uses or hires workers (HSE, n.d.a). A labour provider is a company or person who supplies workers to a third party (i.e. they may be an employment agency or a gangmaster).

543    The report identified some key tools, tactics and strategies in order to improve migrant occupational health and safety and decrease injury that had been put in place by the labour providers and users they surveyed. These included the following:

(a)    A tactic used by some labour users was to have migrant workers with English language skills to translate relevant documents (Zaranaite & Tirzite, 2006, p.23). These included induction courses and health and safety materials. Migrant workers with good English skills were also used as translators for other workers. None of the companies interviewed used professional translation services (p.23);

(b)    As a tool to ensure that migrant workers understand workplace instructions (including health and safety instructions), some labour users provided their workers with ESOL classes through the Food and Drink Forum, which is a not for profit organisation in the food and drink industry (Zaranaite & Tirzite, 2006, p.23). It was noted that this helped to improve their understanding of instructions in the workplace (p.23);

(c)    A third of the labour providers who had health and safety inductions translated their courses into a range of languages, such as Russian, Polish and Latvian (Zaranaite & Tirzite, 2006, p.40). Some of the labour providers used workers who spoke a range of languages to act as a translator (p.40); and

(d)    Some employers used computer translation programmes (it was not specified in the report which ones they used) as a tool for translating health and safety documents (Zaranaite & Tirzite, 2006, p.76). However, it was cautioned that these translations were not of a high quality (pp.76, 106).

**Unions**

**UNISON: Guide for Migrants and Migrant Workers Participation Project**

544    UNISON (the public service union) is one of the largest unions in the United Kingdom, with over 1.3 million members (UNISON, 2018a). The members are in the public services, including those from public authorities, private companies, the voluntary sector and the community sector (UNISON, 2018b).

545    UNISON released a guide for migrants on their rights and responsibilities when working in the United Kingdom, which contains a section on health and safety (UNISON, n.d.). Although the guide

does not contain a large amount of information on health and safety itself, it does highlight that migrant workers are entitled to a healthy and safe environment at work, and refers the reader to information by TUC on Health and Safety Representatives and to the HSE website (p.11).

546     UNISON also ran a "Migrant Workers Participation Project." The aim of this project was to increase the union membership of migrant workers by encouraging migrant participation (UNISON, 2010). A migrant workers participation team was set up to educate UNISON activists and officials on the needs of migrant workers (p.2).

547     The project was carried out over a two-year period and had some aims relevant to occupational health and safety in the workplace. One of these aims was to increase migrant participation in all levels of the Union, they wanted to get more migrants to become health and safety representatives (UNISON, 2010, p.2). They also aimed to create agreements that could be examples of best practice for health and safety and ESOL courses (p.2).

548     A tactic that the facilitators of the project found useful was the Pathways into UNISON course. This was a free two day course where migrants were introduced to aspects of UNISON's work, including health and safety in the workplace (UNISON, 2010, pp.4, 6). Some of the migrants who attended the course later became health and safety representatives (p.4).

**TUC: Guide to help Union Officials**

549     TUC released a guide to help union officials, including those who have the role of safety representative, to work with migrant workers. This guide is a tool to help ensure that safety representatives are able to effectively advocate for migrants' health and safety rights in the workplace. The guide was a response to tragedies in the workplace involving migrant workers, in particular the Morecambe Bay tragedy (discussed above) (Trades Union Congress, 2007).

550     The guidance suggested the following ways union safety representatives could effectively advocate for the health and safety rights of migrants in the workplace (Trades Union Congress, 2007, pp. 7, 10):

(a)     **Body mapping**. This is a tool which helps workers to identify areas where they are experiencing pain. It is used to help safety representatives identify common problems workers might be experiencing and their potential causes (USDAW, 2001). The workers are provided with a chart with a front and back view of a body (USDAW, 2017). Workers mark where they are suffering pain or injury. Different coloured pens or markers can be used to identify different problems. For example, blue could be for bruises, green for illnesses and red for aches. It is suggested that instead of getting workers to do the task individually they can work as a group as it helps them to discover common problems and come up with solutions to these (p.2);

(b)     **Communication strategies including**:

(i)     Having bilingual union officers or safety representatives; and

(ii)    Ensuring there are materials available for migrant workers in their own language (Trades Union Congress, 2007, p.10). The guide contends that the union material that has been the most successful is material which has been written specifically within the language of the migrant workers rather than a translation of standard English union material (p.10);

(c)     **Language Training**. The guide states that unions have provided migrant workers with access to language training either outside of the workplace or through on-site resource centres (Trades Union Congress, 2007, p.10). Unions have also tutored workers on health and safety by integrating it into language training (p.10). The guide does not provide further information on how unions have done this in practice.

551    There has been no available assessment of the effectiveness of the guide or the tools, tactics and strategies included within it.

### GMB: Branch for Migrants in Southampton

552    The GMB is a general trade union (GMB, n.d.). It has almost 639,000 members (Trades Union Congress, 2007). The GMB set up a branch for migrants in Southampton (p.5). The branch provided migrant workers with health and safety fact sheets as a tool to increase their knowledge on occupational health and safety. They also held monthly advice sessions which focused on the rights of employees and the responsibilities of the employer in terms of health and safety (p.5).

### Unite the Union: English courses

553    Unite the Union describes itself as being "active in all sectors of the economy" (Unite the Union, 2012a). It has 1.42 million members (Unite the Union, 2012b). One of the sectors it is involved in is construction, an industry with a high number of migrant workers (Unite the Union, 2012a).

554    Unite the Union set up eight ESOL ("English for Speakers of a Second Language") classes (Metcalf, 2016). The classes were arranged to fit around the workers' shift patterns at the warehouse and construction centres where they worked, and were facilitated by Unite's regional learning manager.

555    The Unite regional learning manager stated that these classes were important as workers who cannot speak English are not able to understand their workplace's health and safety rules (Metcalf, 2016). Although there was positive feedback from the regional manager for the union and some of the migrant workers, there were no reported results on the impact the classes had on injury rates in the workplace (Metcalf, 2016).

### Union of Shop, Distributive and Allied Workers (USDAW): Negotiations on ESOL classes

556    USDAW has over 436,000 members, making it one of the largest trade unions in Britain (USDAW, n.d.). A strategy the union uses to improve migrant health and safety is to negotiate with employers to make ESOL classes more accessible (USDAW, 2008, p.20). This is because the classes help to improve migrants English language skills which in turn helps them to comply and understand health and safety procedures (p.20). Employers the union worked with have agreed to measures such as providing facilities for classes in the workplace, providing paid time off and shift changes so workers can attend the classes (p.20). This initiative does not appear to have been evaluated.

### TUC: Vulnerable Workers Project (VWP)

557    TUC conducted a Vulnerable Workers Project (2009) that was funded by the Department for Business, Enterprise and Regulatory Reform ("DBERR") and was delivered through the South-Eastern Region Trades Congress Union ("SERTUC"). The project was a two year pilot which looked at a range of issues that vulnerable workers face, including issues around occupational health and safety (p.14).

558    The project tested some key tools, tactics and strategies which aimed to improve occupational health and safety for CALD workers, thereby lowering their rate of injury. These tools, tactics and strategies were as follows:

(a)    **An employment based ESOL course, which contained a section on health and safety**. London Citizens (a chapter of Citizens UK, a non-governmental organisation which aims to help members of socially and economically disadvantaged communities) was commissioned to deliver the courses (Citizens UK, 2018). The courses were held in three locations. One was still ongoing at the time of this report; however, the outcomes of the other two courses were examined (Vulnerable Workers Project, 2009, p. 18). London Citizens found there was an attendance rate of only 50 per cent, which they attributed to the fact that many migrants worked long hours, and that their employers discouraged them from attending the

courses. Therefore, if these courses were to be used as a strategy to increase CALD workers' knowledge around health and safety rights in the workplace, it is clear that employer buy-in is required (p.18).

(b) **An ethnic media campaign**. The campaign was run by Primus Personnel (a business which provides employment and advice services to the diverse workforce, with a particular focus on migrants, Vulnerable Workers Project, 2009, p. 20). The VWP published articles on employment rights, one being on health and safety in three key newspapers. These were Goniec (aimed at the Polish community), Brazilian News and Express News (aimed at Latin American and Spanish communities) (p.20). These articles were effective as they generated an increase in enquiries to the VWP (pp.20-21). Therefore, this appears to be an effective tool in raising awareness of employment rights including health and safety rights.

**Non-Governmental Organisations**

**Institution of Occupational Safety and Health ("IOSH"): "Using Pictures in Training" Initiative**

559     IOSH is a chartered body for health and safety representatives (IOSH, 2018a). It is the largest health and safety membership organisation in the world with over 46,000 members (IOSH, 2018b).

560     To test guidance by the Health and Safety Executive, which recommended using images, pictures and signs as an tool in training migrant construction workers on health and safety, IOSH commissioned Glasgow Caledonian University to study whether the use of pictorial aids during training improved migrant workers' knowledge of relevant health and safety practices compared to training with text resources (IOSH, 2003, pp.1-2). Migrant workers were defined as defined as being domiciled outside the United Kingdom (economic migrants) and not speaking English as their first language (p.18). The study took place across four construction sites and interventions were trialled on 20 migrant workers on each site (p.2).

561     The study found that training with the aid of pictorial materials increased the understanding and knowledge of migrant workers compared to training which just used text resources (IOSH, 2003, p.6). The results for the training with pictorial aids had a statistically significant increase in test scores, whereas there was only random variation for text-only training (e.g. for themes A and B, the average test score increased from 11.35 to 11.85, whereas for the text-only group the average test score decreased from 11.75 to 11.55) (p.4). These scores remained high when tested a month later (p.4). The behavioural scores (the difference in the observed behaviour) were not as conclusive, with only a random variation (p.5). However, the researchers did find improvement on one site which they claimed was likely due to the fact that the management of that site had made posters based off the pictorial aids used in training (p.5).

562     Therefore, the researchers recommended that a useful tactic to help improve the health and safety of migrants on construction sites is to use pictorial aids instead of just text when training migrants in health and safety (IOSH, 2003, p.6). The format that was found to be effective was a combination of pictograms, photographs and sketch drawings, which followed a hazard, consequence and control format, like that used on warning labels (p.6). The researchers suggested training should be reinforced with posters around the workplace with the same images (p.6).

**Migrants Rights Network: "Route to Your Rights"**

563     "Route to your Rights" was a project which was funded by the non-profit Paul Hamlyn Foundation (2018), of which one of its functions is to provide funding to organisations who want to help young migrants, who are struggling due to hardship and vulnerability.

564     The project was run from August 2017 to March 2018 by the Migrant Rights Network ("MRN") (Migrants Rights Network [MRN], 2018, p.3). The MRN is a non-governmental organisation which

campaigns and works for migrants' rights (MRN, 2016). The project investigated societal factors which increase the vulnerability of migrants. One of the areas that it looked into was employment, including the increased health and safety risks migrants face due to the concentration of migrants in physically demanding and low skilled jobs (MRN, 2018, pp. 4, 18).

565 A tactic that the MRN suggested to increase the migrants' knowledge of their employment rights, including the right to occupational health and safety, was to use a "multilingual peer-to-peer approach." The "multilingual peer-to-peer" approach was not defined in the research, but from the context it appears to mean interacting with other people who speak the same language to deliver health and safety information. With regards to health and safety, this approach could be used to increase migrants' knowledge of their rights to health and safety which should in turn decrease their risk of injury in the workplace (MRN, 2018, p.3).

**Home Builders Federation ("HBF") "Guidance on Health and Safety of Non-English Speaking Workers on HBF Sites"**

566 The HBF is the representative body in England and Wales for the home building industry (Home Builders Federation [HBF], 2018). The HBF provided a tool to the members of the Federation in the form of guidance to help ensure the health and safety of CALD workers (HBF, 2007, p.1). The guidance provides strategies and tactics employers can use when considering taking on people who cannot understand and/or cannot speak English.

567 The strategy that the HBF suggested was to assess the health and safety risks associated with a person who is not able to speak and/or understand English. The employers need to look at each activity and assess these risks (HBF, 2007, pp 1, 2). The employer then needs to reduce the risk. HBF provided a useful tool that could be used to reduce the risk to the health and safety of linguistically diverse workers. This is the "gang-interpreter approach" (p.2). A "gang" in the United Kingdom construction industry is a group of people who carry out a trade together (Construction Dictionary, n.d). The "gang interpreter approach" is where those who cannot speak English are put in "small manageable gangs" and a "working ganger" (supervisor) acts as an interpreter for each group. They must be with the group all the time to deliver briefings, instructions, and inductions (HBF, 2007, p.2).[92]

568 The guidance also provides an example of a policy statement that could be used as a tool for managing linguistically diverse workers health and safety and therefore reduces their risk of injury. It contains some key aspects that employers should address and strategies on how to do this:

(a) If a trade contractor employs a non-English speaker then they must also employ a trained translator who can communicate/translate the induction, health and safety information and safety briefings (HBF, 2007, at 8);

(b) For every five non-English speakers on site there needs to be at least one English-speaking supervisor. This can be changed if the activity is high risk (HBF, 2007, pp.4-5). The supervisor must stay with the workers at all times so that they can deliver inductions, instructions and briefings (p.5). The supervisors have to meet a minimum standard of health and safety training and be experienced and competent in their work. The supervisors have to be identified in writing (p.5); and

(c) The employer should also provide a list in the policy statement of the high risk activities that are not to be undertaken by non-English speaking workers (HBF, 2007, p.5).

---

[92] While no efficacy studies have been conducted, the guidance states that this is a successful approach that is often used.

**The Workforce Cohesion Toolkit: Effective Communication with a Multi-Language Workforce**

569     The Workforce Cohesion Toolkit was prepared by the Association of Labour Providers ("ALP"), The Co-operative Food, Poultec: the Training Specialists, and the Workforce Cohesion Alliance (Camp & Mathers, n.d.). ALP is a trade association which encourages "responsible recruitment" for labour providers in the agricultural, food processed and consumer goods supply chain (Association of Labour Providers, 2018). The Co-operative Food is the fifth largest food retailer in the UK (the co-operative, n.d.). Poultec is a training specialist company (Poultec, n.d.).

570     Managers can use the toolkit to help them effectively communicate with workers where there is more than one language that is spoken in the workplace (Camp & Mathers, n.d.). It provides key strategies and tactics which can be used to improve the occupational health and safety of linguistically diverse workers. These are as follows:

(a)     The toolkit suggests employers should have a language policy within their communication policy (p.5). Employers can then develop plans and processes to ensure that workers understand basic procedures and policies, business objectives, job tasks and standards in order to have a range of positive outcomes including a high standard of health and safety (p.5). If an employer has, or wants to have, a minimum level of English literacy they need put in place assessments during recruitment to test English literacy levels. If not then they will have to translate all health and safety material into different languages (p.5); and

(b)     A further tactic provided by the toolkit is to check the workers' understanding of verbal and written English by providing workers with opportunities to show their understanding (pp.33-34). This could include asking them to demonstrate their understanding physically, having them verbally explain their understanding, asking open questions and providing them with appropriate assessments/tests (pp.37-38). Such strategies could be applied to ensure that workers understand health and safety risks and the actions they need to take in response to these.

**Northwest Food Alliance: Guidance for the Food Industry on Training and Instructing Ethnolinguistic Groups**

571     Northwest Food Alliance Limited ("NFA") created a working group to put together guidance for the food industry on how to train and instruct ethnolinguistic groups (Northwest Food Alliance, 2004). They identified the need for the guidance following a conference about managing ethnically diverse teams, where the issue of the impacts of ethnic diversity on health and safety was raised. Northwest Food Alliance was a company that has since been dissolved and replaced with Food North West (Company Check, n.d.).

572     The guidance is a tool that can be used by employers in the food and drink industry to ensure they address the occupational health and safety of migrants in order to decrease injury rates.

573     The guidance provided the following tactics that can be used by employers to ensure the health and safety of migrant workers (Northwest Food Alliance, 2004, pp.6,13):

(a)     Identifying particular risks that multicultural workers may be exposed to and develop specific arrangements and procedures with regards to health and safety and ensure that these are effectively implemented;

(b)     Assessing the competency of new workers to ensure that they safely carry out the job they were employed to do. This includes the employees' numeracy, literacy, completion of relevant qualifications and/or training in their country of origin, work experience, ability to interact with others on site and the job's physical requirements. Employers should consider these when they are giving the employees tasks in order to decrease the risks to their health and safety;

(c) Having other employees who are multilingual, or use specialist language trainers, to help in the delivery of health and safety to those who do not speak English;

(d) Translating training materials into the relevant languages. These materials should include signs and pictograms; and

(e) Delivering health and safety training using:

(i) A buddy system: new employees are assigned to a colleague who is able to speak their language, so that they can provide the new worker with assistance;

(ii) Translators: employers can provide a translator to help train new employees if the role is complex;

(iii) Bilingual workers: in larger companies employers could hire bilingual workers whose main role is to ensure that safe working practices are met by working as a communicator between management and workers and to train workers. Smaller companies could work together to share their bilingual resources;

(iv) Train supervisors and managers: employers could have managers and supervisors to learn different languages or key words;

(v) Pictograms and signage: These can be used as a tool to convey health and safety information, employers need to ensure that workers are made aware of what they mean during their induction;

(vi) Computer training: software can be used to deliver health and safety training, it should be translated into different languages; and

(vii) Multi-media: CD-ROMS and videos can be used to deliver health and safety training, they are able to be translated and given subtitles.

## Academic Research

### Loughborough University Report: Migrant Construction Workers and Health and Safety Communication

574 Researchers from Loughborough University (Tutt et al., 2011) recognised that there had recently been an increase in migrants working in construction. They therefore decided to look into the communication practices that already occur in construction sites. Ten different UK construction sites were examined, ranging from small to large contractors (p.2).

575 The report recommended some key tools, tactics and strategies that could be used to improve the occupational health and safety of migrants and therefore decrease their risk of injury. These are as follows (Tutt et al., 2011, pp. iii, iv, 1, 2):

(a) Taking a collaborative and interactive approach during induction. For example, they may ask the workers questions. They stated that there should be a clear identification and difference between the briefing and the training of new workers. Employers need to ensure that workers know what the format, delivery and contents of the site induction are;

(b) Combatting the stigma around discussing health and safety issues. Employers can put in place strategies to encourage there to be discussion of hazards and risks, and ensure that workers are aware that reporting of incidents will not result in them risking their job. Employers should also provide opportunities for migrant workers to become better informed of their responsibilities and rights and ways in which they can be more involved in health and safety practices;

(c) Auditing. To ensure measures employers have adopted are effective, employers should regularly audit their effectiveness with regards to communicating key messages. The

report also suggested standardising the visual information on PPE in order to help improve communication between the workers and the managers of the sites; and

(d)   English support and training. The researchers recommended that there should be courses which are compatible with the worker's learning style and maximise their learning capacity. Different levels of teaching may be needed in order to reflect the different ability levels within groups of migrant workers.

**Explanatory case study of Pictorial Aids for Communication health and safety for Migrant Construction Workers**

576   Hare et al. (2013) carried out a study to test the effectiveness of the use of pictograms as a tool for conveying health and safety messages to migrants on construction sites in the United Kingdom (p.824).

578   The researchers developed a lexicon of common health and safety terms and then created pictorials for these words. These images were then used to test 50 migrant workers in order to evaluate their comprehension of these (Hare et al., 2013, p.824).

579   The study found that the nationality of workers was a significant factor in their ability to understand the safety images. Workers from European countries were able to correctly identify the messages that the safety images were showing compared to those who were of Indian or African origin. The researchers claimed this may have been due to the fact that United Kingdom and the rest of Europe have similar safety signs. However they pointed out that it also suggests that cultural differences may impact upon a workers understanding of safety signs (Hare et al., 2013, p.824). It was found that a worker's English skill level did not impact on their ability to understand the images. The study also found that if the concept was new to the worker then they scored low on the test, as opposed to those who had prior knowledge (p.824).

580   Overall, the study found that pictorials are a useful tool when trying to communicate health and safety information to migrants. However, they should be used to supplement current communication standards as opposed to replacing them (Hare et al., 2013, p.824).

## AUSTRALIA

581    Despite being a country with a high level of ethnic diversity, Australia lacks a strategic approach to ensuring the safety of CALD workers, and the tools, tactics, and strategies implemented tend to be ad hoc and reactive.

### Assessing the Problem

### Population Demographics

582    Australians now come from nearly 200 countries, and represent more than 300 ethnic ancestries (Australian Bureau of Statistics [ABS], 2017c). 28.5 per cent (6.7 million) of the resident population was born overseas in 2017 (ABS, 2017a). The most common birthplace was the United Kingdom, which accounted for 5 per cent of the total population, 2.5 per cent from New Zealand, 2.2 per cent from China, and 1.9 per cent from India (ABS, 2017a).

583    Australia records ancestry rather than ethnicity data in its census to provide an indication of ethnic background. Their census asks to provide no more than two ancestries and is designed to identify the respondent's ethnic origin, rather than a self-identification approach (ABS, 2015).

584    In 2016, there were over 300 different languages spoken in Australian homes. The top 5 languages spoken were English (72.7 per cent), Mandarin (2.5 per cent), Arabic (1.4 per cent), Cantonese (1.2 per cent) and Vietnamese (1.2 per cent) (ABS, 2017c).

585    Australia ranks third proportionally in the OECD in their foreign-born population, behind Luxembourg and Switzerland. New Zealand ranks fifth (after Israel), and the United Kingdom ranks 16th (OECD, 2013). Victoria is the most diverse state within Australia, with more than 30 per cent of Victorians born overseas (ABS, 2017a).

586    Australia's indigenous population is growing rapidly. In 2016, Aboriginal and Torres Strait Islander people accounted for 2.8 per cent of the population, representing an 18 per cent increase from the 2011 Census (ABS, 2017a). New South Wales had the highest proportion of Aboriginal and Torres Strait Islander people at 33 per cent of the national total, followed by Queensland (29 per cent) and Western Australia (12 per cent). Together, these three states made up almost three-quarters of Aboriginal and Torres Strait Islander people.

### Workforce

587    In 2016, 56 per cent of Australia's foreign-born population were employed (ABS, 2017e). This is slightly lower than that for the Australian-born population at 60 per cent. The top five countries of birth with the highest proportion of employment for 2016 were: Nepal (79.2 per cent), Zimbabwe (76.4 per cent), Brazil (73.5 per cent), South Africa (71.8 per cent), and Canada (71.1 per cent) (ABS, 2017e). Recent migrants (defined as people who came to Australia in the last 10 years) and temporary residents (based on the type of visa held) had an unemployment rate of 7.4 per cent, as against 5.4 per cent for people born in Australia) (ABS, 2017b).

588    As of 2016, migrant workers outnumber Australian-born workers in a number of sectors including taxi and other road transport, clothing manufacturing, and poultry processing (Department of Immigration and Border Protection, 2014).

589    In the health care and social assistance sector, South East Asian workers make up 17 per cent of the total workforce, the most of any other ethnic group (Department of Immigration and Border Protection, 2014). Since the 1990s, the Health Care and Social Assistance sector has been the primary provider of new jobs in Australia (Department of Jobs and Small Business, n.d.). The

Department of Jobs and Small Business projects the Health Care and Social Assistance sector to make the largest contribution to employment growth from 2018 to 2023, followed by the Construction sector.

## Occupational Injury and Death Rates

590    Australia is inhibited by limited occupational health and safety data regarding the ethnic, cultural, and linguistic characteristics of workers.

591    Safe Work Australia estimated 106,260 "serious claims" in 2016. A serious claim is defined as a claim "where the compensated injury or disease resulted in one week or more off work" (Safe Work Australia, 2016a). By industry, the highest rate of serious claims occurred in agriculture, forestry and fishing, followed by construction and manufacturing (Safe Work Australia, 2018b). Body stressing, and falls, trips and slips represented the top two causes of occupational injury (Safe Work Australia, 2018b).

592    Safe Work Australia reported that employees born in countries that did not have English as its main language were less likely to apply for workers' compensation as against those born in Australia and those born in mainly English speaking countries (Safe Work Australia, 2011a).

## Explanation and Analysis of Disparities

### Language barriers and lack of understanding of rights

593    In its Submission on the Draft Report of the Productivity Commission on Regulation of Australian Agriculture (2016a), Safe Work Australia identified migrant workers as having a higher workplace health and safety risk than Australian-born workers, due to factors such as poor English language skills, poor understanding of rights, job insecurity, as well as personal characteristics.

### Precariousness

594    Australian regulators have attributed the OHS vulnerability of migrant workers to factors such as linguistic barriers, job insecurity, power distance, risk tolerance levels and limited knowledge of relevant law (Safe Work, 2016a). This is consistent with Tucker's indicators of precariousness, which includes factors such as the certainty of ongoing employment, degree of employee control, level of income, level of benefits, and degree of regulatory and union protection (Hannif & Lamm, 2005).

### Migrant Workers

595    Safe Work Australia has identified migrant workers, particularly those with temporary visa status, as being vulnerable to unsafe working conditions. Workers under a Working Holiday visa (subclass 417) are required to complete "88 days" of work in rural areas of Australia (commonly fruit picking) in order to receive a second Working Holiday visa. Thus migrant workers are more vulnerable to exploitation. Unions explain that "because the backpackers' top priority is to get their paperwork signed, they are likely to put up with illegal wages and poor conditions." Poor conditions include lack of occupational health and safety training (Davies, 2018).

### International Student Workers

596    International student workers are doubly disadvantaged, being both migrants and young workers. A paper relevant to Australian international student workers was presented during the World Congress Safety and Health 2017. The paper found that international students, defined as full-fee paying students studying in Australia on a student visa, are at greater risk of experiencing serious injury in the workplace compared to young local workers. More specifically, young female

workers born overseas in non-English speaking backgrounds are more likely to experience serious injury in the workplace. International students make up approximately 20 per cent of Australian universities. The majority of international students in Australia come from China, India and Malaysia. The paper found that 42.1 per cent of international students worked in restaurants, 21.1 per cent worked in supermarkets, and 12.6 per cent worked in cleaning jobs. Furthermore, 10 per cent of international students experienced injury in the workplace and 60 per cent did not receive any health and safety training before commencing work. Working more than 20 hours per week was found to be a significant predictor of injury. Lack of confidence in discussing workplace health and safety issues was another predicator of injury (Thamrin, 2016)

597 The paper also found that international students had mixed views about health and safety in the workplace. Some were not concerned about health and safety risks even if they understood the hazard. Overall, the paper found that international students lack workplace health and safety awareness (Thamrin, 2016).

## Legal and Regulatory Framework

598 Prior to 1 January 2012, each Australian state and territory had a principal health and safety act which set out workplace health and safety requirements. In 2011 Safe Work Australia, a statutory body set up to improve work health and safety, developed a single set of workplace health and safety laws, otherwise known as the model WHS Act and Regulations.

599 For the model WHS laws to become legally binding, states and territories must separately implement them as their own laws. The model WHS Act has been adopted by the Australian Capital Territory, New South Wales, the Northern Territory, Queensland, South Australia, Tasmania, and the Commonwealth.

600 Where the model WHS Act and Regulations are adopted, limited departures from the national scheme are permitted, but must be made in accordance with jurisdictional notes (found in the model Act and Regulations) which specify in what way the model Act may be varied. These allow Commonwealth, state and territory WHS regulators to address local matters and ensure the provisions work, such as by referencing the relevant courts in each jurisdiction (Safe Work Australia, 2018a).

601 Each state and territory has its own workers' compensation scheme (Safe Work Australia, 2018b).

## Tools, Tactics and Strategies

### Federal and state government agencies

602 In 2008, WorkSafe Victoria (the Victorian regulator) published a Compliance Code for "communicating occupational health and safety across languages" (WorkSafe Victoria, 2008). The Compliance Code is practical guidance and is not mandatory. The Code highlights that ethnically, culturally, and linguistically diverse workers may be hesitant to communicate health and safety concerns to their employer, because they may assume the employer should not be questioned or disagreed with, or they may fear losing their job (p.4).

603 In 2016, NT WorkSafe (the Northern Territories regulator) designed, developed and implemented the Remote Community Work Health and Safety Initiative in partnership with North East Arnhem Land Aboriginal community stakeholders. The program provided advice, education and training to workers and employers, and "aimed to ensure that remote Aboriginal workers were given accessible, culturally appropriate work health and safety training" (NT WorkSafe, 2017, p.10). As

part of this program, NT WorkSafe developed three "culturally appropriate" short films (which were produced locally, and featured local workers and residents), as well as other guidance and educational material. These films are available on Safe Work Australia's website. We could not locate any relevant evaluative material on the effectiveness of this Remote Community Work Health and Safety Initiative.

## Workers' Compensation Agencies

### icare NSW: Multilingual Website and Community Events

604    icare is the administrator of workers' compensation insurance in New South Wales (icare, n.d.a). The accessibility of its website was enhanced in March 2018. It is now available in 27 languages powered by Google Translate (icare, n.d.b). Thus, workers from non-English speaking backgrounds can navigate icare's website more easily and more effectively to find out what to do when injured in the workplace and how to lodge a claim for compensation. During July 2018, icare's website was most commonly translated into Simplified Chinese, followed by Traditional Chinese, Korean, Japanese and Arabic (icare, 2018a). This translation tactic aligns with icare's Multicultural Plan. In 2017, icare developed and implemented a Multicultural Plan in consultation with ethnically and culturally diverse people to ensure that its services are easily accessible by all (icare, 2017).

605    Recently, icare reached out directly to Chinese workers and employers. icare attended Emerge Festival, the largest annual cultural celebration festival in Willoughby, Sydney, to connect and inform Chinese workers and employers about their workplace health and safety rights and responsibilities in Mandarin (icare, 2018b).

## Employers

### Kellogg's: English Language Classes and Pictorial Tools

606    Kellogg's participated in an inquiry into the causes of health and safety issues, and commented that the benefits of providing translated workplace health and safety material may be limited for superdiverse workers who have poor literacy skills in their native language. Consequently, Kellogg's has instead provided English classes in the workplace to help CALD workers improve their English language skills. Kellogg's also suggested that conveying occupational health and safety information through visual aids such as posters and symbols may be an effective tool. However, the United Trades and Labour Council of South Australia noted that this tactic may not be feasible for smaller employers with limited resources (Productivity Commission, 1995). Furthermore, the South Australian Employers' Chamber of Commerce and Industry stated that developing multilingual occupational health and safety information in the workplace represented an ongoing cost to individual employers.

## Unions

### Australian Manufacturing Workers' Union: Translated Posters and Union Organisers for Temporary Migrant Workers

607    The Australian Manufacturing Workers' Union ("AMWU") has created posters in Simplified Chinese and Vietnamese outlining steps workers should take in the event of a workplace injury (Australian Manufacturing Workers' Union, n.d.). Knowing what to do when injured can be confusing so AMWU has developed this tool to assist injured workers (including foreign workers) with practical guidance. There is, however, no evidence of the effectiveness and utility of such a tool.

608    Furthermore, AMWU deployed union organisers to directly intervene in the workplace to ensure that temporary migrant workers under subclass visa 457 (Temporary Work (Skilled) visas) had access to multilingual information about workplace health and safety (Caspersz, 2009). This was against the background of an increasing number of reports detailing poor working conditions including breaches of workplace health and safety laws, discrimination and exploitation in the workplace experienced by visa 457 holders (MacDermott & Opeskin, 2010).

**Australasian Meat Industry Employees Union: Guide to the Occupational Health and Safety Act for health and safety representatives in the meat industry**

609    The Australasian Meat Industry Employees Union ("AMIEU") has produced a guide to the Occupational Health and Safety Act for health and safety representatives in the meat industry. Health and safety representatives act as a channel for workers to raise workplace health and safety concerns. This guide contains examples to help health and safety representatives understand their workplace health and safety rights and responsibilities so that they can promote healthier and safer workplaces (AMIEU, n.d.). This guide is available in Arabic, Somali and Vietnamese which corresponds with the most common native languages (other than English) spoken by migrants in Australia (Kosny & Allen, 2016). There is however no evidence of the effectiveness and utility of such a tool.

**Unions NSW: Recommendation to translate the OHS Claims Administration Manual**

610    In a submission to the government regarding the proposed development and implementation of a new online workplace health and safety claims administration manual for New South Wales, Unions NSW recommended that the manual be translated into different languages so that workers from non-English speaking backgrounds can have equal access to information (Union NSW, 2018). The benefits of providing translated OHS material may, however, be limited for CALD workers who have poor literacy skills in their native language (Productivity Commission, 1995, p.474).

### Non-governmental organisations

**Adult Multicultural Education Services: "Speak Safe" DVD**

611    Recognising that newcomers to Australia may lack communication skills to report unsafe work environments, Adult Multicultural Education Services ("AMES"), a settlement agency in Australia, has produced a DVD resource "Speak Safe" to help newcomers develop communication skills to speak up and report workplace health and safety issues in the workplace (AMES Australia, n.d.). There is however no evidence of the effectiveness and utility of such a tool.

**Adult Multicultural Education Services: "Maximise opportunities to experience the Australian workplace"**

612    AMES delivered a four-year-long education service to CALD communities in Victoria. Compiling lessons learnt from this initiative, AMES recommended training for CALD workers that mirrors the actual workplace environment such as providing hands-on practice of specific work tasks to assist understanding of workplace health and safety implications (AMES, 2012).

### Research Centres

**Cross-Cultural Care Program for Aged Care Staff**

613    In response to the cultural and linguistic diversity within the residential aged care sector, the University of South Australia's Research Centre for Languages and Cultures published a workbook for staff and educators in aged care facilities. The workbook includes five learning modules with

group activities, case studies and videos designed to assist staff to improve cross-cultural care for residents and to work better with co-workers from diverse cultural backgrounds. One case study describes a situation in which a resident's spiritual preferences (the lighting of candles when praying) conflicted with internal health and safety policies (no candles can be lit within the building). Partner organisations Helping Hand Aged Care and Southern Cross Care have indicated that feedback from staff has been positive (Flinders University of South Australia, 2017).

## Academic Research

### Scan of OHS resources for migrant workers

614    In a 2015 literature scan of occupational health and safety resources for migrant workers in Australia, Kosny and Allen found that only 52 of 207 websites of unions and community groups contained relevant information on OHS and that most materials found were booklets or training workshops. Furthermore, one third of the located resources were available in a language other than English, most commonly in Arabic, Chinese and Vietnamese. Only 15 resources exclusively focused on OHS information for newcomers. The authors however did not detail where these tools could be found or which bodies produced them. The authors concluded that there is a lack of resources to assist migrant workers in Australia to understand OHS and injury prevention (Kosny & Allen, 2016).

## SINGAPORE

615     As a result of policy responses to population growth requirements, ageing population and domestic labour supply issues, Singapore has a significant foreign workforce. Overall, Singapore appears to have a number of active programmes targeting the health and safety of foreign workers. These programmes have been initiated by the government, trade unions, various NGOs and industrial companies themselves.

616     Overall, the most effective tools, tactics and strategies appear to be compulsory health and safety courses in high-risk industries, outreach programmes for hard to reach workers, e-tools for online learning, and the Ministry of Manpower's various targeted workplace health and safety strategies. Increasing the awareness of employment rights and health and safety obligations is a recurring health promotion tool, as well as ensuring that all relevant instructions are translated to improve communication and understanding.

## Assessing the Problem

### Population Demographics

617     As of 2017, Singapore had an estimated population of 5.61 million people. The citizen population comprised Chinese (74.3 per cent), Malay (13.4 per cent), Indian (9 per cent) and "Others" (3.2 per cent) (Singapore Department of Statistics, 2017).

618     Singapore is linguistically diverse and has four official languages: Mandarin (spoken by 36 per cent of the population), English (spoken by 30 per cent of the population), Malay (spoken by 11.9 per cent of the population), and Tamil (spoken by 3.2 per cent of the population) (Central Intelligence Agency, 2019).

### Workforce

619     In 2017, Singapore's labour force comprised 3.65 million people. Of those employed, 2.26 million (62.1 per cent) were residents and 1.39 million (37.9 per cent) were foreign workers (as determined by administrative records on the number of work passes issued) (Ministry of Manpower [MOM], 2018b). Around one million of Singapore's foreign workers are low-waged migrant workers from the developing world; particularly Malaysia (44 per cent), China (18 per cent), India (6 per cent), Philippines (6 per cent), and Indonesia (6 per cent) (Harrigan, 2017).

620     Foreign workers (those holding valid work passes) generally hold either a Work Permit (unskilled or semi-skilled – generally for low wage workers); an S Pass (have a degree/diploma and some relevant years of experience); or an Employment Pass (for skilled professionals). In 2017, 70.8 per cent of foreign workers held a Work Permit, 13.7 per cent an Employment Pass, 13.5 per cent an S Pass and 2.2 per cent held an 'other Work Pass' (MOM, 2018f). Therefore, most foreign workers in Singapore are engaging in unskilled or semi-skilled work for low wages.

621     The Ministry of Manpower ("MOM"), a department of the Singapore government responsible for the formulation and implementation of labour policies related to the workforce, identified in its 2017 Labour Force Summary that foreign workers comprised 49.7 per cent of the manufacturing workforce and 73.7 per cent of the construction workforce (MOM, 2018b).

622     From 1 January 2018, MOM requires that at least 10 per cent of construction Work Permits in a firm must be Higher-skilled (R1) before any new Basic-Skilled (R2) construction workers are hired or existing R2 workers Work Permits are renewed. By 1 January 2019, any firm that does not meet the 10 per cent R1 minimum, will not be able to hire or renew R2 construction workers and will have excess R2 construction Work Permits revoked (MOM, 2018h). The policy rationale behind

this is to raise the quality and productivity of the construction workforce; however, it could also have the effect of improving occupational health and safety statistics, given skilled workers are more likely to have greater occupational health and safety awareness.

623    MOM has found the number of foreign workers employed is decreasing, and the number of local workers employed is increasing. In 2017, local employment grew by 21,300 (nearly double the level of growth in 2016). By contrast, the number of foreign workers employed decreased by 32,000, compared to a decline of 2,500 in 2016.

624    The decline has been attributed by MOM to a decrease in work permit holders in sectors such as marine/shipping and construction, which historically tended to have a high percentage of foreign workers (Channel News Asia, 2018b). This has been attributed to subdued global economic conditions and internal economic restructuring. The construction sector has also reported a decline in private sector projects (Seow, 2018; Seow, 2016).

**Occupational Injury and Death Rates**

625    The national statistics do not categorise injury or fatality rates to distinguish whether the injured person is a local or foreign worker (MOM, 2018e).[93] However, it is evident from the statistics that foreign workers comprise a significant number of the workforce in high-risk industries such as manufacturing and construction. This is supported by research conducted by Singapore's leading trauma centre in 2004, which concluded that foreign workers were more often hospitalised than local workers. These workers also tended to be younger than the resident workforce. Falls were the most common accident among foreign workers, accounting for 2-3 foreign worker deaths (Carangan, Tham & Snow, 2004).

626    Despite the significant improvements in injury statistics, the International Labour Organisation ("ILO") has expressed concern regarding the underreporting of injuries when compared with injury data from similar countries. The ILO provided an estimate of the scale of underreporting of Singapore's workplace injuries in 2012: while 11,005 injuries were reported, ILO estimated that there were actually 71,000 reportable injuries that year. Accordingly only 1 in 6 accidents in 2012 were likely to have been reported (Transient Workers Count Too, 2018). We address the reasons for this below.

627    In 2017, Singapore achieved the lowest fatality rate in 13 years, recording 42 fatal workplace injuries (1.2 fatalities per 100,000) (MOM, 2017a). The accident rate in 2017 for non-fatal workplace injuries was 16.9 per 100,000 people for major injuries and 351 per 100,000 people for less severe injuries (MOM, 2017a).

628    As of 2017, the construction sector continues to be the highest contributor to workplace fatal injuries, accounting for 28.6 per cent of all fatalities. Manufacturing and transportation & storage remain the combined second highest contributors of workplace injury accounting for 16 per cent each (MOM, 2017b, p.24).

**Explanation and Analysis of Disparities**

629    Research funded by the National University of Singapore, regarding migrant experiences in the construction industry, revealed that workers identified barriers such as lack of communication, understanding and experiences of "incivility" (defined as "uncivil communication", in practice, meaning being shouted at and being called names) as features of work which contributed to a greater risk of injury at work (Dutta, 2017). Instances of incivility included verbal abuse from

---

[93] The last report of foreign workers numbers in the labour force by sector was published in 2008: see MOM. (2018) Employment of Singapore citizens, permanent resident and foreigners, 1997-2006.

supervisors because of workers' lack of understanding due to language barriers. The study noted that the feeling of pressure caused by instances of incivility, as well as the distracting nature of such uncivil communication, made workers more likely to make mistakes (p.8).

630    A study conducted by the Lien Centre for Social Innovation researched the mental and emotional health of South Asian migrant workers in Singapore. The survey found that 62 per cent of salary and injury claim workers met the screening conditions for a serious mental injury (Harrigan & Koh, 2015). The report identified the main drivers of psychological distress among South Asian migrant workers as threats of deportation from employers, agent fee debt, and lack of housing for workers who have run away from their employers (p.25).

631    The report identified that 65 per cent of salary and injury claim workers also reported that they had been threatened with repatriation by their employer (Harrigan & Koh, 2015, p.31). Threats of repatriation undermine occupational safety and health by causing employees to hide workplace injuries and disputes (p.35).

632    In comparing New Zealand and Singapore's workforce, New Zealand similarly has a significant proportion of its workforce born overseas. A New Zealand report for the Human Trafficking coalition identified that migrant workers in construction, hospitality and horticulture industries were found to be vulnerable to exploitation (Stringer, 2016). Despite the difference in high-risk industries between New Zealand and Singapore, the report identified that migrant workers faced similar issues of low-wages, long hours, debt bondage and degrading treatment. The interventions below may assist New Zealand to improve employee understanding of employment rights, health and safety responsibilities and to address communication issues to prevent injury.

## Legislative and Regulatory Framework

633    Singapore's primary workplace health and safety legislation is the Workplace Safety and Health Act 2006 ("WSHA"). The WSHA was brought in to address concerns that its predecessor, the Factories Act 1973, was too prescriptive and focused on addressing physical risks instead of tackling them at the source. In theory, the WSHA is broader in ambit and ensures that employees are covered by legislation regarding occupational health and safety.

634    The WSHA is the key legislation and introduced a new regime which emphasised the importance of proactively managing health and safety.

635    Similar to New Zealand's Accident Compensation Act 2001, Singapore also has a Work Injury Compensation Act 2008, which acts as a no-fault worker compensation scheme. This covers all work-related injuries and applies to both foreign and local workers.

### The Workplace Health and Safety Act 2006

636    The WSHA does not cover all employees, as it does not cover managers that earn a basic monthly salary more than $4,500.[94] The WSHA also excludes domestic workers,[95] seafarers,[96] and statutory board employees or civil servants. These employees are instead subject to the terms and conditions contained in their employment contracts. Part IV of the WSHA, which covers rest days, hours of work, annual leave and other conditions, does not apply to workmen[97] that earn a basic monthly salary more than $4,500, or employees that are not workmen, who earn a basic monthly salary more than $2,500 (MOM, 2018a). This limits the ambit of health and safety obligations to the terms set in employment contract.

---

[94] Managers and executives are employees with executive and supervisory functions.
[95] Domestic workers are covered by the Employment of Foreign Manpower Act. This entitles foreign domestic workers to a weekly rest day, or compensation in lieu. Employers must also provide domestic workers with medical insurance to cover all medical expenses and also provide adequate food and accommodation.
[96] Seafarers employment rights are set out in the Merchant Shipping (Maritime Labour Convention) Act 2014.
[97] A Workman is defined as a person whose work involves mainly manual labour.

637  Section 12 of the Act contains duties on employers to take "reasonably practicable measures" to ensure the safety of workers and other people that are affected by the work being carried out.

638  The Act is implemented by the MOM'S Occupational Safety and Health Division, which has policy, education, and enforcement functions (MOM, 2017c).

639  In Singapore, section 40B(3) provides for the issuing of Approved Codes of Practice ("ACOP"). These are issued by the Workplace Safety and Health Council ("WSH Council"), a statutory body charged with improving health and safety in Singapore. ACOPs have the same status in Singapore as they do in New Zealand, (i.e. they are not binding, but are admissible in court proceedings as evidence of whether or not a duty has been complied with).

640  The WSH Council's 2015 *Code of Practice on WSH Risk Management* states that risk assessors should consider cultural factors when assessing risk (MOM, 2015a). However, it does not elaborate on what these cultural factors may be.

**Legislation specific to foreign workers**

641  Singapore has enacted legislation to protect foreign workers: the Employment of Foreign Manpower Act 1990. This Act prescribes the responsibilities and obligations for employing foreign employees. It covers regulations and enforcement for work passes and offences for non-compliance (MOM, 2012).

642  Additionally, the Employment of Foreign Manpower Regulations 2012 states that employers are responsible for providing and bearing the cost of medical treatment for non-work related injuries for their Work Permit or S Pass employees. This responsibility is made known to employers at the point of work pass application as a condition of the work pass (MOM, 2015b).

## Tools, Tactics, and Strategies

**Government**

**Workplace Safety and Health Council**

### WSH 2018: National Strategy

643  In April 2009, the Workplace Safety and Health Council published "WSH 2018: A National Strategy for Workplace Safety and Health in Singapore" ("the Strategy") (MOM, 2009).

644  The Strategy aimed to reduce the occupational fatality rate to 1.8 per 100,000 by 2018. This goal was met in 2018 when the occupational fatality rate fell to 1.2 (Channel News Asia, 2018a). Singapore has attributed this improvement to the commitment of employers and employees to a 'Vision Zero' mindset in which all workplace injuries and illnesses are viewed as preventable (Ariffin, 2017). The 'Vision Zero' movement was launched by the WHS Council in 2015, as part of its national campaign which aligned with this strategy. Singapore now aims to reduce its fatality rate to 1 per 100,000 by 2028.

645  Recommendation 1 of the Strategy states that, in order to become a global player for occupational safety and health ideas and expertise, Singapore needs to draw just as much upon its Asian heritage as its European influences (MOM, 2009):

> While the European and American experience could provide useful learning points on WSH frameworks, their efforts in developing a safety and health culture would need to be contextualised for application to Singapore and other Asian countries, given the different cultural settings. Singapore could spearhead efforts in the area of applied research and the adaptation of international best WSH practices to the Asian context (p.33).

646    Recommendation 5 of the Strategy encouraged enhancing the workplace safety and health training framework for foreign workers and suggested that stakeholders (agencies and employers) should consider providing workplace safety and health training in the workers' home countries. This was to support workers to grasp workplace safety and health issues before their arrival. The strategy also recommended increasing workers' health and safety knowledge through the provision of trade-specific training (MOM, 2009, p.33).

647    MOM has implemented this recommendation by encouraging a Building and Construction Authority's Skills Evaluation Certificate test for foreign workers in their source country to ensure a good grasp of workplace safety and health before arrival, aiming to shorten the learning curve when in Singapore. MOM has also enhanced the training syllabus for workers in high-risk industries (Workplace Safety and Health Council, 2010).

648    The Action Plan includes a requirement to take into account workers' different educational and cultural backgrounds to enhance the effectiveness of communications when reviewing training needs, developing courses and training material, and conveying the rationale for workplace safety and health control measures (Workplace Safety and Health Council, 2010, pp. 38, 44, 46).

**Outreach Programmes**

649    The WSH Council runs programmes which aim to educate foreign workers on workplace safety and health and increase their awareness of employment issues. Most of these outreach efforts take place in dormitories where migrant workers live,[98] and are conducted in the form of roadshows where messages are delivered in an educational and fun way (e.g. comedy skit and stage games with attractive prizes). The WSH Council has also organised a number of public campaigns, which include translated posters to increase foreign worker's understanding of OSH (Workplace Safety and Health Council, 2010, p.32).

**Safety Compliance Assistance Visits Plus**

650    The Safety Compliance Assistance Visits Plus ("SCAV+") programme is offered by the WSH Council free to all companies that are bizSAFE certified that need and want help to improve their workplace safety and health.[99] This programme provides on-site customised compliance assistance by certified workplace safety and health professionals to work with management to identify workplace safety and health lapses and recommend relevant control measures (Workplace Safety and Health Council, 2017).

**Ministry of Manpower**

**Guide for Foreign Workers**

651    MOM also provides an online "Guide for Foreign Workers" which covers topics of health and safety responsibilities, working in Singapore, conditions of work permits, agency fees, employment laws, Singapore laws and also provides useful links and number for help. This is available in Bengali, Tamil, English, Malay, Mandarin and Thai and is accessible through the MOM website (MOM, 2017c).

**WSH2018Plus**

652    The WSH2018Plus plan is an additional strategy published by MOM in 2016, which encourages greater workplace safety and health competency to reduce workplace injury and fatality. It has three key priorities: 1) improve workplace safety and health performance in the construction industry; 2) strengthen workplace safety and health competency; and 3) build collective workplace safety and health ownership (MOM, 2016, p.9).

---

[98] Employers of Work Permit employees are required to provide accommodation by statute.
[99] bizSAFE is a five-step programme that assists companies to build up their WSH capabilities, it is organised by the WSH Council.

653     The main point of relevance of this strategy is the focus of reorienting practice to reflect a 'Vision Zero mind-set' that "all injuries are preventable." This perhaps reflects a recognition of attitudes among Asian cultures that accidents are inevitable (see the discussion at Part 2) (MOM, 2016, pp.13-14).

## Demerit Point System

654     The MOM has a Demerit Point System (amended in 2015) to prevent unsafe work practices in the construction sector. Under this system, companies who have accumulated 25 or more demerit points are barred from hiring foreign workers. Since the 2015 amendments and, as at August 2017, MOM had issued 2400 demerit points to 223 companies, and 25 of those companies had been banned from hiring foreign workers (MOM, 2017c).

## Foreign Domestic Worker Initiatives

655     The MOM has begun to roll out initiatives to protect Foreign Domestic Workers ("FDW"). FDWs are defined by MOM as female foreign workers, between the age of 23−50,[100] from an approved source country or region with a minimum of eight years of formal education with a recognised certificate (Strait Times, 2014). FDWs are employed at their employer's home address.

656     FDWs are generally live-in housekeepers, carers and child-minders. Singapore relies heavily on FDWs to care for children and the elderly. The following tactics have been implemented to address FDW's general health and safety issues:

(a)     Employer focus: The Employers' Orientation Programme ("EOP") is a three-hour programme which helps employers of FDWs to understand their role and responsibilities under Singaporean law. The course is offered in English or Mandarin. The course outlines what it means to be an FDW employer, the responsibilities of an FDW employer, how to understand FDWs, providing a safe working environment, and fostering a good and harmonious working relationship with FDWs in the workplace (MOM, 2018d). This is a mandatory course for all first-time employers wishing to employ a FDW and is a condition of a Work Permit application; and

(b)     Worker focus: The Settling-In Programme ("SIP") is a mandatory one-day orientation programme to be introduced in October 2018 for first-time FDWs. This subsumes the compulsory Safety Awareness Course, which was a four-hour training course. The purpose of the SIP is to educate FDWs on safety precautions and living in Singapore. Topics include, "safety at home" and "safety in other areas." Employers are required to send FDWs to this course within three days of arrival as the MOM requires completion of this course before a FDW can begin working. Employers are encouraged to register their workers before they arrive to secure to training spot.

## The Foreign Manpower Management Division

657     The Foreign Manpower Management Division ("FMMD") is a branch of MOM that is responsible for the well-being of foreign workers during their employment. Under this, there is an Employment Inspectorate Department, Well-Being Department, Planning & organisation Development Department and a Corporate Management Department. The Well-Being Department is particularly relevant as it focuses on working conditions and the physical well-being of foreign workers in Singapore (Lee, McGuiness & Kawakami, 2011).

658     As a condition of a valid work pass, all marine and construction foreign workers are required by MOM to attend industry-specific safety courses (MOM, 2018c). These courses include topics such as common safety requirements and health hazards, prevention of accidents and diseases, and rights and responsibilities under the employment law. The training also incorporates the WSH2018

---

[100] FDWs over 50 can only renew their work permits until they reach 60 years old.

Strategy and provides information on risk management and control measures. The courses are conducted in seven languages, and for those with literacy difficulties, they are provided audio instructions (Lee et al., 2011, p.32).

**The National Integration Working Group for Workplaces**

659    A Workplace Diversity Management Toolkit for organisations was published by The National Integration Working Group for Workplaces ("NIWGW"). The NIWGW was set up by the MOM to help employers respond to the increasing diversity within Singapore's workforce. The toolkit provides case-studies of initiatives organisations have used to facilitate effective communication and inclusion (National Integration Working Group for Workplaces [NIWGW], n.d., p.38). This was intended to be a guide for managers and employers. These lessons can be translated to the health and safety context as they relate to effective communication. The toolkit uses buddy systems, employee networks and workplace activities to facilitate better communication and break down cultural barriers (p.11).

**Employers**

**HSL Constructor Pte Ltd: Mandatory Training Course**

660    HSL Constructor Pte Ltd (HSL) is a Singapore-based construction and maintenance company that employs around 500 workers, the majority of whom are foreign workers on a Work Permit. In order to facilitate better communication between staff, HSL requires foreign employees to take a mandatory training course, which equips them with basic English skills, as well as common technical terms (e.g. terms for equipment, tools, safety processes and symbols) relevant to their work. HSL has found this has improved the communication and productivity of its foreign workers (NIWSGW, n.d., p.22).

## Unions

661    A country study conducted by the ILO on migrant labour in South East Asia identified a low level of unionisation among Singaporean foreign workers: only 17.5 per cent of the foreign Work Permit holders were members of a relevant union (Lee et al., 2011, p.32). Recruitment efforts for foreign workers members were typically focused on those in the construction and shipping industries, reflecting the large union presence in these industries. Despite foreign workers being guaranteed membership and participation in existing trade unions, they are generally restricted from taking executive positions. This is because foreign members require approval from MOM, under section 30 of Trade Unions Act 1941, before assuming an executive position. The ILO recommends that the rights of migrant workers can be further promoted by removing this barrier and creating a more efficient manner to ensure more representative unions (p.35).

## Non-Government Organisations

662    A number of NGOs have been set up to focus on the needs of foreign workers. These include the Migrant Workers' Centre ("MWC"), Foreign Domestic Worker Association, Centre for Domestic Employees, Transient Workers Count Too ("TWC2") and Humanitarian Organization for Migration Economics ("HOME").

663    MWC was established by the National Trade Union Congress and the Singapore National Employers Federation. MWC offers a variety of services including a free legal clinic twice a month. MWC promotes awareness of migrant workers' employment rights, provides humanitarian assistance and aid for distressed workers, provides social support networks and structures and advocacy and representation for the fair resolution of employment disputes (Migrant Workers' Centre, n.d.).

664     The Foreign Domestic Worker Association provides a clubhouse, training, humanitarian aid, mediation services and also a 24-hour helpline (Foreign Domestic Worker Association for Social Support and Training, n.d.).

665     The Centre for Domestic Employees aims to actively promote healthy employer-employee relations to improve the foreign domestic worker landscape (Centre for Domestic Employees, n.d.).

666     TWC2, through research and engagement with policymakers and employers, advocates a more enlightened policy framework for migrant labour. TWC2 also offers workers' advice from social workers and training volunteers. They also promote the eradication of migrant exploitation through social media, newsletters, emails, public talks, outreach to schools, engagement with employers and participation in events such as fairs and exhibitions (Transient Workers Count Too, n.d.).

667     HOME offers programmes to provide skills training, language courses, workshops and seminars on labour laws and legal rights (Lee et al., 2011, p.32).

## GERMANY

668 Before commencing this jurisdictional review, we considered it likely that Germany would be one of the most useful examples, given the reasonably similar cultures and legal and regulatory frameworks.

669 However, in conducting the review, we found that, in fact, the cultural context with its focus on assimilation, rather than multiculturalism, means that the tools, tactics and strategies used with the intention of reducing workplace injuries among CALD workers may be less apposite to the New Zealand context.

## Assessing the Problem

### Population Demographics

670 Germany has a population of about 82.7 million people (Federal Statistics Office, n. d.). Approximately 22.5 per cent (18.6 million) of the population have a migrant background. Of those with a migrant background, 6.3 million come from EU countries. A person with a migrant background is defined as a person with foreign citizenship or who was born abroad and moved to Germany after 1949 (Federal Statistical Office, 2012).[101]

671 As of September 2018, 143,167 applications for asylum were made, 33,778 of which were received from persons coming from Syria (Herkunftslander von Fluchtlingen, Statista, 2019).

672 Turkish people are the largest migrant group present in Germany (2.8 million people). Polish people comprise the second largest group at 1.8 million people and Russians the third at 1.2 million people.

673 An overwhelming majority of the German population speak German as their first language. German is spoken as a second language by only 9 per cent of the population. 1.8 per cent of the German population speak Turkish, and 0.3 per cent speak Kurdish (British Broadcasting Corporation [BBC], 2014).

### Workforce

674 In 2017, 71.46 per cent of employees in Germany were active in the service sector, followed by 27.26 per cent in industry and 1.29 per cent in the agriculture sector (Statista, 2018). Many migrants are found in the service industry, including cleaning, caring, hospitality, and construction work (Boege, n.d.). Some 12 per cent of the 70,000 refugees who were registered as unemployed and found employment between February 2017 and January 2018 began working in the hotel and restaurant industry. Persons with a migration background are more likely to be in minor employment; for example, a mini job (a part-time job with a monthly income of less than €450) (Boege, n.d.).

### Occupational Injury and Death Rates

675 The Federal Institute for Occupational Safety and Health ("BAuA") reported that occupational accidents in Germany have declined – from 1,088,672 in 2004, to 955,919 in 2014 (representing 24 accidents per 1,000 full-time employees) (German Federal Institute for Occupational Health and Safety [BAuA], 2016).

---

[101] The Germany Federal Statistical Office defines a person as having a migrant background if they migrated to Germany themselves or were born in Germany and have at least one parent who migrated to Germany. The Office estimates that, in 2010, there were 2.3 million families (out of 8.1 million) with children under 18 who fit into this definition: see Federal Statistical Office "Migrant Background" (13 March 2012) <www.destatis.de>.

676    Studies tend to indicate that foreign workers (defined as persons with exclusively non-German citizenship) have a slightly increased risk of suffering a workplace accident (Razum et al., 2008). A study by the Robert Kochs Institute found that foreign workers, especially those of Turkish nationality, were more likely to be victims of workplace accidents (Razum et al., 2008). However, the gap between foreign and domestic workers does appear to be closing in recent years (Boege, n.d.).

677    In general, foreign workers suffering a workplace accident are more likely to work in sectors with lower qualifications requirements, in particular cleaning and waste management tasks and unskilled labour in manufacturing, agriculture, kitchen work, storage or transport (Deutsche Gesetzliche Unfallversicherung, 2016).

## Explanation and Analysis of the Disparities

678    Boege suggests three reasons for this disparity (Boege, n.d.):

(a)    Prior language knowledge;

(b)    Cultural differences in safety behaviours; and

(c)    The types of industries and sectors in which foreign workers are employed.

679    Boege explains that good language ability is required to be able to understand preventative measures, and put these into practice. Lack of language knowledge can, therefore, lead to situations where instructions and warning calls are not understood, or understood too late (Boege, n.d.).

680    Boege also explains that cultural factors, which depend in large part on the worker's home country, play an important role in determining safety behaviours and motivations (see our extensive analysis of this at Part 2). This can be the case if the worker's home country employs outdated or no safety measures. A worker's motivation can also vary depending on their values and beliefs. Boege states that one example is religious belief, as workers who hold fatalistic beliefs are often less inclined to take safety precautions to protect themselves (Boege, n.d.).

681    The impact of cultural factors can be exacerbated by other factors, such as the inherent risks of the industry (for example, construction or agriculture which include features such as shift work; strenuous physical activities; insufficient safeguards and breach of work safety standards; and unattractive job profiles, like lack of control). These elements, combined with a lack of support from colleagues and managers and the challenges of being separated from friends and family can lead to psychological and social problems, such as burn-out (Boege, n.d.).

## Legal and Regulatory Framework

682    The German occupational health and safety regime, along with the accident insurance scheme, was established in 1884 (World Health Organisation [WHO], 2012). Germany has a "dual" system, in which the workplace health and safety administrations of the 16 regional governments and the accident insurance institutions hold joint responsibility for workplace health and safety (WHO, 2012).

683    The most relevant laws for the purposes of this study are:

(a)    The Occupational Health and Safety Act;

(b)    The Works Constitution Act; and

(c)    The German Social Code.

684 The federal legislation, the Occupational Health and Safety Act, defines universal workplace health and safety standards applicable to all workplaces. German federal OSH standards have moved from a historic emphasis on prescriptive regulatory standards to performance-based standards (WHO, 2012).

## The German Occupational Health and Safety Act

685 The German Occupational Health and Safety Act contains many similar elements to the equivalent New Zealand legislation. Key features of the Act for the purposes of this study include:

(a) **Duty to take "necessary measures"**. The Act revolves around the concept of "necessary measures". Employers are under a specific duty to take "the necessary measures of occupational safety and health" to ensure workers' health and safety. The duty contains a requirement for employers to develop, evaluate and adapt measures to improve the protection of workers. These measures appear to function as an occupational health and safety plan (section 3);

(b) **General duties**. The Act requires employers to consider a number of principles when developing, evaluating and adapting measures to reduce risks to occupational health and safety (section 4). These general principles form the core of employers' occupational health and safety obligations and are similar to the duties required of PCBUs under New Zealand's Health and Safety at Work Act (see sections 22, 30 and 36);

(c) **Training**. Employers are required to provide their employees with "sufficient and appropriate" training. Training is to include workplace- and sector-specific instructions and explanations and must occur prior to workers commencing work or to the introduction of new equipment; and

(d) **Workers' rights and obligations**. Employees have the right to suggest health and safety improvements to their employer, and are protected from retaliatory action by employers. As in New Zealand, employees also have a duty to ensure the health and safety of themselves and others, in accordance with their training. They also have the duty to immediately report dangers to their employer or supervisor (sections 15–17).

## The German Social Code

686 The occupational health and safety regime is overseen by statutory insurance organisations that work with state governments. The insurance model is a compulsory, no-fault, employer-funded scheme that levies contributions according to risk and accident rate (WHO, 2012). Unlike ACC, German statutory insurers only cover accidents that occur at work or on the way to and from work (WHO, 2012).

687 Book 7 of the Social Code sets out the statutory basis for the states' and insurers' powers to monitor, enforce and develop occupational health and safety within their territories.

688 The Code grants insurers and state governments broad discretionary powers to develop and enforce occupational health and safety policy. This enforcement role for insurance agencies makes the German regulatory model very different from the New Zealand model.

## Tools, Tactics and Strategies

### Government

### Regulators

689     The implementation and control of compliance with national regulations on occupational health and safety are under the individual responsibility of the 16 states through their labour inspection authorities. The implementation of accident prevention regulations is the duty of the inspection services of the accident insurance institutions.

690     There are approximately 3,500 state labour inspectors and 3,000 inspectors of the statutory accident insurance institutions. State and insurance inspectors usually coordinate their work, avoid duplication and keep each other informed by the exchange of written records (WHO, 2012).

691     In 2008, insurance inspectors performed 560,000 site visits and issued 900,000 orders or citations (Institute for Work and Health, 2010).

692     A new strategy was implemented in the 1990s, shifting the labour inspection approach to allow inspectors to use their own judgement when inspecting enterprises (WHO, 2012).

693     The new inspection approach has the following features:

(a)     Continued provision of checklists to aid employers but without the obligation to inspect all companies for compliance with every item;

(b)     More time allotted to advising employers or planning and conducting campaigns in order to reach a larger section of the target population; and

(c)     Inspectors acting primarily as initiators, moderators of occupational health and safety, while not relinquishing their previous role when necessary.

694     The World Health Organisation asserts that the strategy has been effective. It states that a major outcome of the new approach is a higher level of understanding and acceptance of occupational health and safety measures among employers (WHO, 2012). We have been unable to source data validating this assertion.

695     While this approach was not specifically designed with CALD workers in mind, this appears to be moving towards a more "responsive regulation" approach (where an inspector changes his or her enforcement style, from a cooperative style to a progressively more deterrent approach if cooperation and dialogue fail). An Australian study found that language barriers inhibited a responsive regulation approach (which presumes a cooperative style at the outset), as they limited dialogue and the possibility of providing advice, persuasion, and assisting with compliance (Safe Work Australia, 2011). Therefore inspectors may find that, where language barriers are present, this "responsive" enforcement approach is not as effective for CALD employers or workforces.

### Institute for Work and Health of the German Social Accident Insurance

696     The Institute for Work and Health of the German Social Accident Insurance (IAG) is part of the DGUV Academy in Dresden. It is responsible for the training and qualification of health and safety inspectors and the safety representatives of enterprises. The IAG has developed tools for labour and workplace health and safety inspectors to engage effectively with culturally diverse organisations (Starren et al., 2013).

697     The goal of the tools was to assist inspectors and businesses communicate occupational health and safety issues in culturally diverse workplaces. Effective communication, in turn, leads to safer workplaces and reduced occupational injury and illness for CALD workers (Starren et al., 2013).

698    IAG developed a checklist on "Intercultural Consultation" and specific practical guides. Both resources included information on country-specific cultural preferences, how these differed from German cultural preferences and the potential consequences for health and safety.

699    The specific practical guides were on the Arab Gulf countries, Japan, Norway, Russia and Turkey – cultures that inspectors were likely to encounter.

700    To provide readers with context, the guides begin with country-specific facts and figures on government, geography, population and economy. The guide explains the following relevant factors for each culture: communication styles, perceptions of time, gender roles, and personal space (among others) (Starren et al. 2013). Each section explains how those factors differ from the German approach, and also incorporate a Hofstede analysis (as discussed in Part 2 of this report). For example, the guidance on Turkish culture explains that uncertainty avoidance is higher in Turkey than in Germany, meaning that Turkish workers prefer a stronger hierarchy and more detailed orders from supervisors (as compared to the German workers). The guides also provide specific health and safety examples and practical tips, particularly focusing on workplace injury prevention. These guides allow inspectors and businesses to better understand how to effectively improve health and safety outcomes for Turkish workers in Germany.

701    These guides are a practical demonstration of how insights into the different health and safety cultures of ethnic groups (as discussed in Part 2 of this report) can be used to prevent injury among CALD workers.

**Immigration Act: an "assimilationist" approach**

702    Germany's official policy towards newcomers is to enforce linguistic and cultural conformity – an "assimilationist" approach. The Immigration Act requires immigrants who cannot demonstrate sufficient skill in the German language to participate in an extensive language and cultural programme to help them integrate into the workforce (Speckesser, 2013).

703    These lessons are composed of 600–900 hours of language learning and 60 hours of cultural lessons. The courses are not workplace-specific, with specific training left to employers (Speckesser, 2013).

704    While the course is not intended to ensure that newcomers have the ability to comprehend occupational health and safety information and training, increased language fluency is likely to reduce incidence of workplace injury among CALD workers.[102]

705    However, the courses have been criticised for proceeding at too fast a pace, preventing non-German speakers from adequately grasping the German language (Metall, 2018).

706    Starren et al. (2013) writing for the European Agency for Safety and Health at Work's ("EU-OSHA", a decentralised agency of the European Union) study on cultural diversity, caution against the use of an assimilationist approach to manage workplace cultural differences. While such approaches usually proceed on a desire to treat employees equally, the authors note that such an approach (which ignores relevant cultural differences) can have negative consequences for occupational safety, as it means that problems resulting from cultural differences (such as communication styles – see the discussions at Part 2 of this report for further detail) are not addressed. The findings of this EU-OSHA study are discussed in more detail in Part 2 of this report.

---

[102] See previous discussions regarding the impact of language barriers on injury rates.

**Employers**

**BMW Group: programme to improve management**

707 The Health and Work Initiative ("IGA") partnered with the BMW Group in Munich to help develop a concept to assist the company to better serve its migrant workers (Starren et al, 2013). BMW found that migrant workers often did not take advantage of company health promotion offers, leading to an increased occupational health and safety risk.

708 The programme utilised a 'peer-approach', resulting in the implementation of a "health pilot" scheme. Employees with migrant backgrounds were trained in health promotion to act as "health pilots" for other migrant colleagues.

709 The "health pilots" sought to overcome language and sociocultural barriers to enable migrant workers to take advantage of the health services offered by BMW, so as to reduce the incidence and impact of workplace injury caused and exacerbated by health problems.[103]

710 Being from migrant backgrounds themselves, the "health pilots" better understood cultural differences and were able to effectively communicate the available services to employees, using their native language. In turn, migrant workers were more receptive of the health information having received it from colleagues with whom they felt familiar, comfortable and shared cultural values with (Starren et al. 2013).

711 The programme was well received, winning the 2009 Bavarian Prevention Award, as well as the DFG (German Research Foundation) award in 2010 (Elsler, n.d.).

**BMW Group: intercultural training programme**

712 In November 2015, BMW implemented an intercultural training programme in conjunction with the Federal Employment Agency Munich and the Jobcenter Munich (BMW Group, 2015). The refugee initiative called "WORK HERE!" is a nine-week practical work programme to help qualified refugees with social and professional integration.

713 WORK HERE! teaches skills that will give refugees better prospects in Germany and help them start a new life. It gives participants an opportunity to demonstrate their skills in a real-life situation so that their skills can be validated. The validation of skills leads refugees to have better job prospects, protecting them from entering low-skilled "survival jobs" where occupational health and safety risks are heightened (Reid et al., 2014).

714 The programme comprises two practice-based project phases. Throughout the three-week orientation phase and subsequent six-week practical training, participants are mentored by BMW employees. For up to six hours a day, refugees learn about work processes in different departments, including development, sales and marketing, human resources, finance, production and IT (Starren et al., 2013).

715 This is supplemented by a daily language class and a specially-developed training programme that teaches essential intercultural and social skills. In small groups, participants interactively learn German norms and values as well as intercultural key qualifications. It is important for refugees to understand German norms and values as the basis of occupational health and safety. For example, occupational health and safety is a German norm but may not be a norm in the refugee's home country (Starren et al., 2013).

716 The programme started out with 40 refugees at the Munich location and, in early 2016, was expanded to six other BMW plant sites and branches across Germany. The initiative has supported the social and professional integration of around 500 refugees in total (Starren et al., 2013).

---

[103] See the diagram of the two-way relationship between effects of worth on health and effects of health on work, WorkSafe New Zealand. (2016). *Healthy Work: Strategic Plan for Work-Related Health 2016 to 2026* p.9.

### BMW Group: Entry Qualification Programme

717   BMW is also expanding its six-month programme of entry qualification for production mechanics. An additional 20 places in Munich were offered to refugees under the age of 25 from January 2016, while the number of places was also be increased at other BMW Group locations. The goal is for approximately 500 refugees to participate in practical work training and entry qualification. The aim of the entry qualification is to provide the technical foundation necessary to qualify for an apprenticeship, so that refugees can continue into skilled labour instead of the "survival jobs" noted above (Starren et al., 2013).

## Unions

### IG Metall

718   IG Metall is the dominant metalworkers' union in Germany with over 2.3 million members, making it the country's largest union (IG Metall, n.d.). Almost 500,000 members of IG Metall have a migration background (IG Metall, 2018a).

719   As a response to its concerns about the government language programme discussed above, IG Metall hosts German language courses for refugees. They state that the courses also act as a safety net for people who are ineligible for the state-subsidised language course. The aim of IG Metall's courses are to reduce language barriers in order to preventing the communication failures that can contribute to workplace injury.

## Non-governmental organisations

### Migrant sex workers: drop-in clinics and street work outreach

720   Up to 90 per cent of street-based male sex workers ("SMSW"s) in Germany are migrants (Castañeda, 2013). It is widely understood that most SMSWs in Germany are of Roma ethnicity. However, very little data exists to reflect this, as the collection of statistics on groups likely to face discrimination is a sensitive issue in Germany (likely owing to historical factors). The prevailing view is that if racial or ethnic stereotypes are the product of racism, then using racial or ethnic categories is likely to reinforce such discrimination. As a result, most organisations serving migrant SMSWs do not collect data on ethnicity (Castañeda, 2013).

721   While documented sex workers have legal rights (including access to health services) under the 2002 Act Regulating the Legal Status of Prostitutes, undocumented migrant workers have no such protections (Castañeda, 2013).

722   Migrant SMSWs are at high risk of sexually transmitted infections ("STIs") for a number of reasons. A lack of job options, language barriers, and insecure housing means that they are pushed to work in riskier settings, have greater competition and a higher susceptibility to violence. All these factors influence their willingness to engage in riskier sex practices (Castañeda, 2013).

723   Social workers and physicians have also reported that migrant SMSWs have little knowledge of STIs. With an average age of 21, and entering sex work largely outside of formal employment arrangements, they often lack knowledge about health threats and are willing to engage in risky behaviour (such as failing to use condoms) (Castañeda, 2013).

724   A recent national progress report on HIV conservatively estimated prevalence among male sex workers in Germany at 5–10 per cent. Other studies focused on this population have found higher rates, ranging from 27 per cent STI and 15 per cent HIV prevalence to an overall STI rate of 24–33 per cent (Castañeda, 2013).

725    Non-profit organisations in several German major cities provide assistance specifically to SMSWs (largely funded by municipal HIV prevention monies). In 2011, drop-in centres in each city served between 200 and 500 sex workers annually.

726    Programmes include (Castañeda, 2013):

(a)    Social work consultations conducted, where possible in the client's native tongue and providing advice on work-related concerns, prevention and health, mental health, dealing with government offices, living situation, sexual identity, family relationships, debts and leaving prostitution;

(b)    Weekly medical consultations (to counteract the lack of health insurance of SMSW) focussing on HIV and other STIs. Physicians are sometimes provided by the local health department, or volunteer or retired doctors;

(c)    Using a mobile clinic outside local bars regularly throughout the year and advertised through street work outreach and word of mouth (Berlin project); and

(d)    Regular street work; for example, touring cruising areas at night to inform SMSW about services and to distribute health information, condoms and lubricants.

727    However, the programmes are limited in scope and are unable to cover the entire range of treatment needs. Everyday medical concerns and experiences of violence are often obscured by the overwhelming focus on STIs. Physicians also shared that they were unable to adequately address mental health issues, even though many young men reported depression and somatic symptoms (Castañeda, 2013).

728    The situation has also been worsened by the introduction of restricted areas which prohibit public prostitution. The effect has been that prostitution continues in hidden locations, worsening the situation for non-professional SMSW, as they face risks associated with law enforcement, have less power to negotiate with clients and have become more difficult for outreach workers to find.

729    The tools, tactics and strategies targeting sex workers in Germany are of particular relevance to New Zealand. Like Germany, prostitution in New Zealand is legal, and the increased risk of STIs for sex workers is likewise considered an occupational health and safety risk (Department of Labour, 2004).

730    Similarly to the situation in Germany, significant numbers of non-New Zealand sex workers have been found in the greater Auckland area, with workers predominantly from Thailand and China (Prostitution Law Review Committee [PLRC], 2005, p.50). A 2013 study conducted by Dr Michael Roguski, commissioned by the New Zealand Prostitutes Collective, found that while migrant sex workers face some greater occupational health risks (i.e. a higher incidence of urinary tract infections compared to non-migrant workers), they were not seen to have higher occupational safety risks (i.e. contracting HIV or experiencing violence) than other sex workers. This was attributed to high levels of supportive camaraderie among migrant sex workers which meant the migrant workers received more information about safe sex practices, condom use, and referral to support services (Roguski, 2005). However, this study did not differentiate between different groups of migrant sex workers, and it may be that levels of supportive camaraderie differ between different cultural groups.

## Academic Work

### Report of the European Agency for Safety and Health at Work

731    EU-OSHA provides a list of four recommendations that companies can implement to improve workplace health and safety in the face of a diversifying workforce (Starren et al., 2013):

(a)    Use pictograms to illustrate risks and (un)safe circumstances or conduct. However, in qualifying this recommendation, the authors warn that workers from different cultural backgrounds may interpret pictures differently. The same holds true for participative training

(role-playing, toolboxes, etc). In the New Zealand context, Wylie (2012) has confirmed the dangers associated with the misinterpretation of pictograms. Common graphic symbols used in emergency situation communications may not always be understood by culturally-diverse persons as intended (p.29). It is important to be aware of these differences and adjust the use of symbols accordingly. There is considerable value in testing such pictorial guidance with CALD workers, to determine whether cultural or linguistic factors may prevent it from being interpreted as intended;

(b) Managers should adapt their leadership behaviour to that preferred in the host country. In today's globalised world, CALD workers regularly interact and work with non-CALD persons and the adaptation of leadership behaviour can prevent misunderstandings and conflicts that arise out of cultural differences. Courses in leadership and communication should further take into account which leadership or communication style(s) work best for different cultures;

(c) Workers should receive training to improve their intercultural effectiveness, focusing on cultural empathy, open-mindedness, social initiative, emotional stability and flexibility and transformative leadership. EU-OSHA states these certain competences are relevant to culturally diverse work teams, and are associated with effective coping. EU-OSHA expects the training to enhance intercultural communication among team members, leading to safer workplaces. The training should be tailored to the cultures represented in the workplace and should be embedded into organisational structure; and

(d) Support an inclusive working environment to ensure that people from diverse backgrounds feel respected and recognised. EU-OSHA states research shows that the style and quality of leadership is associated with, and predictive of, many occupational health and safety outcomes. These range from workplace accidents to health issues such as musculoskeletal disorders, stress and well-being. Transformative leadership styles allow people to think about old problems in a new light and created shared goals, supporting an inclusive working environment. While leadership styles have always been significant for occupational health and safety, EU-OSHA expects their importance to increase in diverse workplaces.

732 The fundamental point is that managing workplace health and safety in culturally diverse environments requires a willingness to include multiple voices to allow for the broadening of knowledge and the consideration of alternative options. This also has the effect of encouraging stakeholder buy-in to workplace health and safety policies and helps CALD workers to understand the reasons for rules and procedures.

**Report on 'Intercultural Aspects of Occupational Safety'**

733 A report by Boege (n.d.), provided to us by the IAG, suggests that improving CALD workers' language skills prior to their commencing employment is an effective way to address disparities in occupational injury rates between CALD and non-CALD workers in Germany.

734 Boege (n.d.) suggests that when a person with low German language capability is first employed, the worker and employer should agree on ways of addressing any potential language problems. She also suggests that the appointment could be postponed until the requisite language level has been achieved, noting that this could be a good incentive to language learning.[104]

---

[104] However we note that this sort of pressure is unlikely to be conducive to language learning.

## KUWAIT

735    Kuwait's occupational health and safety law and enforcement is minimal. CALD workers in Kuwait appear to face extensive stratification and overt discrimination, distinct from the New Zealand context.

736    In Kuwait, the construction industry has a high proportion of CALD workers, who are exposed to a high number of health and safety risks. 66 per cent of the population are expatriate CALD workers, most of whom are employed by subcontracting firms (Robertson, n.d.). The Kuwait construction industry employs the highest percentage of expatriate labour in the world (Robertson & Lamm, 2009). The five main nationalities that constitute the labour force in the construction industry are Egyptians, Indians, Syrians, Pakistanis, Iranians and Bangladeshis (Al-Tabtabai, 2002).

737    While Kuwait and New Zealand are very different jurisdictions (for a number of reasons, not least culture, geography, and legal and regulatory framework), the section below shows that there are still lessons to be learned for New Zealand from the experience of CALD workers in the Kuwaiti construction industry.

738    A recent report by MacLennan (2018) for the New Zealand Industrial Relations Foundation highlights a range of health and safety risks for migrant Filipino workers in the New Zealand construction industry, which draw parallels to the experience of migrant workers in the Kuwaiti construction industry.

## Assessing the Problem

### Population Demographics

739    Kuwait has an estimated population of 4.2 million people ("World Population Review," n.d.). According to Kuwait's 2013 Census, Kuwaitis constitute 33 per cent of the population and non-Kuwaitis account for the remaining 67 per cent.

740    2013 estimates of Kuwait's ethnic makeup list Kuwaiti as 28 per cent, Asian as 37.8 per cent, Other Arab as 27.9 per cent, African as 1.9 per cent and Other as 1.1 per cent ("World Population Review," n.d.). Arabs and Asians are distinct segments that rarely inter-marry and have maintained their separate identities and culture in Kuwait (Shah, 2013).

741    Kuwait's law does not provide non-citizens a clear or defined opportunity to gain nationality. As there is no path to citizenship, non-Kuwaiti workers are considered expatriates and are not labelled as migrants (Bureau of Democracy, Human Rights and Labour, 2017).

742    The number of expatriates in Kuwait is projected to decrease as the Kuwait government attempts to reduce the number of non-Kuwaitis in the country. In 2013, the Kuwait government passed a law aimed at reducing 100,000 expatriates per year until 2023 ("World Population Review," n.d.). Only those earning a minimum monthly salary of KWD250 (USD900 or more) in the public sector or KWD400 (USD1,400) may bring their wife and children into Kuwait.

743    Kuwait hosts a sizeable percentage of non-national residents who are likely to have well-established social and professional networks developed over several decades. For these families, the move to Kuwait has proved to be fairly 'permanent', despite their temporary residency status (Shah, 2013).

744    A significant population difficulty concerns the Bidoon. In Kuwait, the Bidoon (also known as Bedoun, Bedoon, Bidoun and Bidun) are members of tribal groups who came from Saudi Arabia between the 1950s and 1980s seeking employment. Some members of these tribes were granted citizenship during this period, but those who were not are not allowed to participate in the political process, have no right to work, and are constantly at risk of arrest or detention (Weiner, 2017). In 2015 there were over 110,000 registered Bidoon in Kuwait (Weiner, 2017).

**Workforce**

745    Kuwait's labour market is unofficially divided according to ethnicity (Robertson, 2011):

(a)    Europeans tend to be employed in professional occupations, such as engineering, logistics, human resources and education; and

(b)    The less skilled and manual occupations tend to be dominated by workers from the Middle East and Asian countries.

746    Kuwait has an estimated 660,000 domestic workers, most of whom are women from Asia and Africa, and who constitute nearly a third of the country's entire workforce (Human Rights Watch, 2015).

**Occupational Injury and Death Rates**

747    According to Ministry of Social Affairs and Labor ("MSAL") statistics, the construction industry has been responsible for the majority of worker injuries between 1996 and 2007. Construction workers accounted for an average of 40.09 per cent of all work-related injuries for the years 1996, 1997, and 1999 to 2007 (Humaidi & Tan, 2009). In light of the significant numbers of expatriate workers in this industry, it is more likely that expatriate workers are exposed to greater occupational risk than other workers.

748    Moreover, it is probable that Kuwaiti statistics on occupational injury are inaccurate. Many accidents are not reported to the Kuwait Municipality ("KM"), the official reporting body for all industries (Robertson & Lamm, 2009). The exact number of accidents in Kuwait is unknown.

749    Research undertaken by Kartam and Bouz (1998) at Kuwait University attribute Kuwait's inaccurate statistics to inexperienced and untrained investigators, investigators' reluctance to assert authority, narrow interpretation, judgmental behaviour, incomplete or erroneous conclusions, poor interviews and delays in accident investigation.

**Explanation and Analysis of Disparities**

**Kuwait culture**

750    There is a general and pervasive cultural and class tension between the large CALD population and the dominant Kuwaitis, amounting to an unofficial stratification of labour (Robertson, 2011). Societal discrimination against CALD workers is prevalent and occurs in most areas of daily life. Although Kuwait officially supports internationally accepted labour practices, there is increasing resentment from Kuwaiti citizens towards foreign labour, as a result of rising unemployment among citizens.

751    Kuwaiti managerial approaches are also theorised to increase workplace injury. These approaches include the primacy of personal relationships over work relationships, favouritism and personal loyalty at work, an unwillingness to shoulder responsibilities, multiplicity of rules and regulations, rigid and obsolete administrative systems and policies, and influence of cliques in workplaces (Robertson & Lamm, 2009).

752    A clash of cultural values exists between Kuwaitis and Western conceptions of occupational health and safety. Robertson and Lamm (2009) write that a sense of cultural superiority and suspicion of foreigners is reflected in an unwillingness to incorporate Western safety values, both in law and in management practices.

753    Kuwaitis seek to reduce the possibility of being dominated by expatriate values through imposing authoritarian and dictatorial traditional management practices (Robertson & Lamm, 2009).

This tendency is further sanctioned and institutionalised by the Kuwaiti government through government legislation and degrees supporting authoritarian tribal attitudes (for example, the requirement for foreign labour to possess a business sponsor before residency is granted). The Kuwaiti government also allocates resources based on group and tribal considerations and the fear of powerful neighbouring countries, further strengthening these ties and reinforces conformity to traditional customs and values (Robertson & Lamm, 2009; Robertson, 2011).

754     Robertson and Lamm (2009) identify that a paradox exists where, although CALD workers are considered to be at a lower social level and are subject to discriminatory work practices, CALD workers are nevertheless held responsible for ensuring high standards of Western work ethics.

755     The Kuwait 2017 Human Rights Report explains that throughout government there is discrimination according to national origin and citizenship status. For example, it states that alleged crimes perpetrated by nationals against non-nationals rarely led to prosecution (Bureau of Democracy, Human Rights and Labor, 2017).

756     There is also substantial underreporting of workplace accidents, which significantly hinders the process of evaluation and improvement of systems aimed at improving the health and safety outcomes of construction workers. Robertson and Lamm (2009) attribute this underreporting to a range of factors including (of most relevance to the New Zealand context) "worker ignorance due to lack of education, language and cultural barriers", and "worker perceptions that accidents are attributable to their own negligence."

## Language

757     CALD workers in Kuwait are mostly functionally illiterate (Robertson, 2011). They have a low level of education, including literacy, which impacts on their ability to be trained or understand written occupational health and safety instructions. They tend to come from rural backgrounds and have little experience interacting with different ethnic or social groups.

758     Most injured workers in Kuwait are expatriates from countries with different languages and customs (Robertson & Lamm, 2009). With the exception of Iranians and Egyptians, most workers are unable to understand Kuwait's official language of Arabic. This is exacerbated by regional linguistic differences, making it difficult even for Arabic speakers to follow the Kuwaiti dialect. Accordingly, Iranian and Egyptian workers cannot be assumed to understand the local dialect, or each other.

759     The presence of multiple sub-contracted groups on a single construction worksite presents further difficulties. Because each sub-contractor employs different ethnic groups, the mix of languages, labour cultures, traditions and work habits increases the risk of miscommunication and misunderstanding, both between workers and between workers and management (Wells, 2018). Construction workers' inability to interact with other contractors because of language differences can lead to miscommunication, loneliness and depression (i.e. poor mental health) (Robertson, 2011).

760     These factors contribute to the difficulty in educating and training workers in occupational health and safety. The problem is compounded by the transitory nature and relatively short duration of projects in the Kuwait construction industry (Yun, 2007).

## Subcontracting

761     The practice of subcontracting, or "horizontal contracting out" (Yun, 2000), is prevalent in the Kuwait construction industry. Principal contractors may outsource whole packages of work to specialised subcontractors. The variety of trades and skills required in a construction project, as well as the desire to make a quick profit, are factors driving the extensive use of subcontracting (Kartam et al., 2000).

762     Key examples include the oil and petrochemical industry, where large projects are sent out for bidding to an approved list of contractors appointed by their project owners. These major contracts administered by the Kuwait Central Tendering Committee are always allocated to the cheapest bidder (Robertson, 2011). Legally, the appointed contractors are required to adhere to the safety protocols laid down by the oil and petrochemical companies which comply with the internationally recognised HSE standards. Generally, these principal subcontracting companies are free to appoint their own secondary subcontractor, as the approval process for sub-subcontractors is not overseen or directly controlled (Robertson, 2011).

763     The extensive use of subcontracting in Kuwait has given rise to increased vulnerability of CALD workers' occupational health and safety for four main reasons: 1) the shifting of risk from employer to employee; 2) issues of communication, allocation and coordination; 3) the cost of implementing health and safety practices; and 4) health and safety problems associated with small businesses.

764     First, as the main construction company is hidden behind several layers of subcontractors, the risk is shifted from employer to employee, increasing the risk of occupational injury (Robertson, 2011).

765     Second, the multi-layered contracting system causes issues around the allocation of safety responsibility, coordination, safety planning and communication. In practice, the effective control of health and safety practices on-site is difficult to enforce when a number of small subcontractors are engaged on one site. While non-Kuwaiti project management consultants assume responsibility and accountability for ensuring that the workplace is safe for contractors, both principal and secondary, this becomes defective when a breakdown in the chain of command and control occurs as a result of a string of sub-contracting (Robertson, 2011). Channels of communication between the project owner and contractors inevitably break down.

766     Third, Kuwaiti-owned businesses minimise costs wherever possible, which has a negative impact on health and safety, training, the availability of appropriate safety equipment and, ultimately, the welfare of workers.

767     As most workers in construction sites are temporarily employed by subcontractors for the period of the particular project and work in precarious employment, there is a high labour turnover rate and workers may be engaged on several different sites within any one year. The result is that most firms are unmotivated to invest in training and equipment for their workers as they use temporary labour and have no certainty of the continuity of their work. This undermines the enforcement and implementation of occupational health and safety standards (Yun, 2007).

768     Fourth, small businesses pose particular health and safety problems. As Kartam, Flood and Koushi (2000) indicate, smaller companies, compared to large-scale businesses, are less likely to invest in safety and pay attention to safety issues. However, small construction contractors with less than ten employees account for about 60 per cent of construction firms in Kuwait. Although there are no accurate statistics of the number of CALD workers employed as contractors in the Kuwaiti construction industry, there is evidence that many of Kuwait's CALD workers are employed in these small sub-subcontracting firms (Kartam et al., 2000). This high proportion of small businesses, and CALD workers therein, is an impediment to the adoption of safe working practices.

769     This problem arises due to the inability of small firms to afford the services of safety specialists and instructors, resulting in little opportunity for organised safety instructions. Compared to large firms, small firms are usually short of capital and under great pressure to cut costs. Construction at this level is very competitive and small savings are highly valued (Kartam et al., 2000).

770     Subcontractors and sub-subcontractors in the construction industry are generally on the lower side of the hierarchy in any construction project. They have a limited ability to exert influence over any decision-making concerning occupational health and safety (Holmes et al., 1999).

771    In addition, it is more difficult for government safety inspectors to inspect the work and practices of a large number of small firms than a small number of medium-sized and large firms (Kartam et al., 2000).

**Disorganised labour**

772    Trade union membership is strictly controlled in Kuwait. CALD workers may join unions only as non-voting members after five years of work in the particular sector the union represents, provided they obtain a certificate of good conduct and moral standing from the Kuwaiti government. CALD workers cannot run for seats or vote in board elections. There must also be at least 15 citizens in each union (ILO, 2000).

773    Both the International Labour Organization and the International Trade Union Confederation have criticised the 15-citizens-per-union requirement for discouraging unions in sectors that employ few citizens, including construction (Bureau of Democracy, Human Rights and Labour, 2017).

774    Therefore, while labour unions can be powerful and can pressure contractors into providing safe working conditions and safety equipment, CALD workers are more likely to be excluded from unions and left to accept company polices and rules.

## Legal and Regulatory Framework

775    Compared with the New Zealand model of occupational health regulation, Kuwait has few regulations. In 2010, the Kuwait government adopted the Law of Labour in the Private Sector, designed to improve the working conditions for all expatriate labour, except domestic workers and male workers employed as drivers for Kuwaiti households. The law for domestic workers is addressed later in this report.

### Law of Labour in the Private Sector

776    The key features of the Law of Labour in the Private Sector relevant to this study are:

   (a)   **Employer duties**. Employers in Kuwait are under a general duty to "take all safety measures" to protect their workers from harm, inform them of anticipated hazards and to report accidents (Articles 81, 83, 84 and 90). Employers are required to keep safety registers in accordance with ministerial regulations. Specific risks that employers must address are designated by ministerial decree;

   (b)   **Workers' duties**. As in New Zealand, workers must take reasonable steps to protect themselves and others. Employers may fine workers for failing to do so (Article 87);

   (c)   **Enforcement**. Government inspectors have powers of entry, search and seizure of company documents and may interrogate workers while investigating accidents and alleged breaches. They also have the power to require employers to remedy violations of the Law and report employers to the courts for fines (Articles 133 and 134); and

   (d)   **Penalties**. For breaches of the employer duties described above, the Minister may issue a resolution on the lockout of the business or to stop the use of machine(s) until the contravention is resolved.

777    Employer associations have concerns regarding the long-term effects of the Law of Labour in the Private Sector on the supply of labour. Concerns also exist over the implementation of the law, given Kuwait's already complex system of administration, lack of communication between government ministries and history of suspected collusion between contract labour agents and employers.

## Safety Regulations for Construction Worksites

778     Kuwait lacks a unified set of safety regulations for construction worksites. This affects the enforcement of occupational health and safety. Existing safety regulations are scattered (Kartam et al., 2000):

(a)     The Ministry of Public Works ("MPW") has a safety chapter in its construction practices manual;

(b)     Kuwait Oil Company ("KOC") has its own manual based on international oil standards; and

(c)     No safety standard manual exists in Kuwait Municipality.

779     On-site safety standards are specified in the conditions of the contract for each construction project. Given this apparent lack of government guidance, it is common practice for foreign companies to self-regulate (Kartam et al., 2000; Li & Poon, 2013). Some contracts follow the United States' Occupational Safety and Health Administration ("OSHA") regulations and others follow the British Safety Standards (Al-Humaidi & Tan, 2009). Projects constructed by American companies are governed by the Occupational Safety and Health Act and/or the US Army Corps of Engineers safety manual (Al-Humaidi & Tan, 2009).

780     International standards do not necessarily apply to the Kuwait working environment as methods of practice in advanced countries differ from Kuwaiti methods. Kartam et al. (2000) provides the example that there is no rule against using wooden scaffolding, secured with twine or rope of unspecified quality, in any of the local standards.

781     The lack of codes and standards that account for current construction operations in Kuwait contributes to occupational health and safety problems and impede efforts to improve health and safety on Kuwaiti construction sites.

## Domestic workers

782     In 2016 Kuwait adopted the Domestic Worker Law, Kuwait's first law regulating the labour rights of domestic workers.

783     The key features of the Domestic Worker Law for the purposes of this study include:

(a)     **Employer duties**. Employers must not assign any dangerous work that could affect the worker's health or humiliate the worker's dignity (Article 10). Employers must not possess any of the domestic worker's personal identity documents, such as passport or civil status card, unless the domestic worker has agreed (Article 12).

(b)     **Enforcement**. The Department of Domestic Labour in the Ministry of Interior has jurisdiction to address any health and safety claims (Article 10).

(c)     **Recruitment office obligations**. Article 17 states that the recruitment office is required to deport domestic workers if any of the following occurs:

(i)     There is an obstacle preventing the domestic worker from performing their tasks, for which the employer is not responsible;

(ii)    The domestic worker becomes ill with a communicable disease or any physical medical, or psychological disability that prevents them from continuing their work;

(iii)   The public good requires the enforcement of a legal restriction that prevents the employer from obtaining residence status for the domestic worker;

(iv)    The domestic worker is administratively removed for the requirements of the public good;

(v)   The office provides the employer with incorrect information regarding the domestic worker; or

(vi)  The domestic worker refuses to work or leaves to an unknown location.

(d)   **Penalties**. The Minister of Interior may suspend or permanently revoke a firm's license to recruit domestic workers (Article 25).

784   Despite these protections, domestic workers still suffer mental and physical injury as a result of poor treatment by employers. In 2017 the United States State Department recorded reports of domestic workers in Kuwait committing or attempting to commit suicide due to desperation over abuse, including poor working conditions (Bureau of Democracy, Human Rights and Labor, 2017).

785   Kuwait retains other policies that put domestic workers at risk of exploitation and abuse. For example, under the kafala (visa sponsorship system), CALD domestic workers cannot, without their current employer's consent, transfer to another employer until their original contract ends. Under this system, domestic workers who leave their jobs before the end of their contract without their sponsor's consent are considered to have 'absconded'; a crime under Kuwaiti law. They can be arbitrarily detained, fined, or sentenced to imprisonment (Weiner, 2018).

786   The Domestic Worker Law fails to set out an enforcement mechanism, such as labour inspections, and does not guarantee the right to form a union.

787   The Domestic Worker Law prohibits employers from confiscating workers' passports, but fails to specify penalties. The US State Department writes that, while the law prohibits the withholding of workers' passports, the practice remains common among sponsors and employers of CALD workers and the Kuwaiti government has demonstrated no consistent efforts to enforce this prohibition (Bureau of Democracy, Human Rights & Labor, 2000). The US State Department further writes that workers who fled abusive employers had difficulty retrieving their passports and authorities deported them in almost all cases (Bureau of Democracy, Human Rights & Labor, 2017).

## Tools, Tactics and Strategies

### Government

788   There are multiple regulators of occupational health and safety in Kuwait. A general regulator exists along with several specialised industry regulators.

789   The Ministry of Social Affairs and Labour ("MSAL") is the general regulator for all industries.

790   Safety Departments at the Kuwait Municipality ("KM") and the Ministry of Public Works ("MPW") are specialised industry regulators, concerned with accidents occurring at construction sites.

791   As referred to previously in this report, the Department of Domestic Labour in the Ministry of the Interior has jurisdiction to address health and safety claims made under the Domestic Worker Law.

### Kuwait Municipality: materials and inspections of construction work

792   KM provides contractors of new projects with safety posters to be hung at the worksite, in addition to safety interaction procedures and accident prevention methods for each activity related to the proposed job (Kartam et al., 2000). A safety representative conducts a site visit to ensure safe places for storage, temporary site offices and services.

793   We have been unable to obtain a copy of these safety materials. It is unknown what languages these materials are provided in. However, as many workers have a very low level of literacy, it is possible that these materials would lack efficacy, even if they are provided in the workers' native languages.

794 KM's Safety Department uses safety engineers and inspectors to conduct daily site inspections at construction projects. Inspections include safety procedures and equipment provided by the company, in addition to site cleaning and proper disposal of construction materials. A printed form of the safety checklist containing possible major safety violations is used by KM safety inspectors. The form contained 29 items and is divided into three sections: safety procedures at the job site, storage permits, and traffic and road permits. Firms that commit a violation are penalised by either a warning ticket or a penalty ticket (Kartam et al., 2000).

795 We question the effectiveness of KM's use of inspections for five main reasons: 1) paucity of inspections; 2) lack of independence of inspectors; 3) loose enforcement; 4) delays; and 5) multiplicity of responsible bodies.

796 Regarding the first two concerns, many contractors agree such inspections never take place and that most of the safety inspections are performed by site engineers who work for the owner or the owner's representative. This compromises the inspector's independence to undertake a fair and impartial inspection (Al-Humaidi & Tan, 2009).

797 With respect to the third point, when KM inspectors carry out site visits, enforcement of standards is described as loose (Kartam et al., 2000). Despite thousands of safety violations being committed at construction sites and thousands of safety warnings being issued by KM, only about 100 safety tickets are issued annually (Kartam et al. 2000).

798 Fourth, in the event of an accident, government inspectors conduct an investigation. However there is evidence that investigations are not started until days or weeks after the accident took place (Kartam et al., 2000). This compromises the quality of the investigation and therefore the investigation's results and conclusions.

799 Finally, the fact that the safety inspection authorities serve the same purpose under different Kuwaiti government ministries leads to inefficient usage of limited funds and resources (Kartam et al. 2000).

**Ministry of Public Works: Safety Book**

800 In 2013, MPW released a tool to improve occupational health and safety outcomes on construction sites. Their tool, the Safety Book, is available on their website. The booklet provides basic knowledge on specific occupational health and safety hazards common to construction sites. It acts as a guide showing necessary preventive safety measures (Kartam et al., 2000). It is unclear how effective the booklet has been in improving occupational health and safety outcomes for CALD workers.

801 MPW's Safety Book is only available in English and so is of limited use to CALD construction workers who face language and literacy barriers.

**Public Authority of Manpower: training strategy**

802 Labour inspectors and other officials from the Public Authority of Manpower in Kuwait underwent training with the International Training Centre of the ILO. The programme included one week of intensive training and two months of remote coaching to support trainers to improve their pedagogical competencies and facilitation skills. The training activity was based on new approaches and methods for more impact and better results, to create safer workplaces. We were not able to find an evaluation of the efficacy of the programme; however, it is likely that improved training for inspectors (if supplemented by managerial support for greater enforcement of workplace health and safety violations, noting the discussion above), could affect injury prevention rates by reducing the incidence of unsafe workplaces (International Training Centre, n.d.).

**Employers**

### General: Language and Communication

803    Hashem Al-Tabtabai of Kuwait University has identified the lack of cohesiveness among construction crews to be a factor of the high cause of accidents. Workers come from different nationalities and cultures and speak different languages (Al-Tabtabai, 2002).

804    To address this, some contractors assign specific jobs to construction crews from the same culture or nationality for better communication and productivity (Al-Tabtabai, 2002). While this is likely to reduce the occupational health and safety risk, no further information on the effectiveness of this tactic can be found.

**Inter-governmental organisations**

### International Organization for Migration: 'Workshop on Managing Temporary Foreign Labour'

805    The International Organization for Migration ("IOM") has undertaken considerable initiatives to foster enhanced dialogue between relevant government entities in Kuwait and in CALD workers' countries of origin (International Organisation for Migration [IOM], 2014).

806    The IOM ran a five-day orientation course, held in February 2010, called 'Workshop on Managing Temporary Foreign Labour'. The workshop, funded by the British Embassy in Kuwait, aimed to provide participants with a comprehensive overview of the foundations of migration management, with a specific focus on the authority and responsibility of states, as well as the rights and obligations of CALD workers.

807    Kuwaiti government officials and representatives from civil society, trade unions and representatives for the private sector attended the training, allowing for broad discussion (IOM, 2009). There was no evaluation of the efficacy of the training.

### International Organization for Migration: 'Regional Workshop on Contractual Labour'

808    The IOM also hosted the 'First Regional Workshop on Contractual Labour for Gulf Cooperation Council Countries Ends' in May 2010. Funded by the Embassy of the Netherlands in Kuwait, this three-day workshop brought together 20 government representatives from six Gulf Cooperation Council ("GCC") countries (Bahrain, Kuwait, Oman, Qatar, Saudi Arabia and the United Arab Emirates). Given that the GCC region is one of the most important South-South corridors for labour mobility, representatives discussed and shared best practices regarding the management of temporary contractual labour (IOM, 2010, May 20).

809    Regional and multilateral dialogue and cooperation were also discussed. The event allowed participants to discuss their vision for the future of temporary contractual labour in the region (IOM, 2010, May 20).

### International Organization for Migration: study on the effects of social networks on Kuwait's labour market

810    The IOM carried out a study on the effects of social networks on Kuwait's labour market. The study was carried out under the Joint Program for the Support of the Public Authority of Manpower, implemented by the IOM, the UN Development Programme and the ILO, with funding from the General Secretariat for the Supreme Council for Planning and Development of Kuwait (IOM, 2010, July 5).

811    The study found that social networks can contribute to a mismatch between the skills of CALD workers and the needs of the Kuwait labour market. Workers can get a job that does not match their skillset, simply because the intermediary – a person in their network – is able to persuade

the employer to hire someone unqualified. This misuse of social networks can facilitate the recruitment of inappropriate, unskilled CALD workers, who, as a result, face a higher occupational health and safety risk (IOM, 2010, July 5).

812    The key recommendation from the study was the establishment of a new foreign worker permit system built around increasing employment of Kuwaiti nationals, gradually decreasing the number of unskilled foreign workers, and transforming Kuwait's economy from labour-intensive to capital-intensive. The new permit system would first identify the number of national workers that can potentially fill available jobs in a certain sector and then set the maximum number of foreign worker permits that can be issued to fill the remaining jobs. This new system would include a national training strategy to ensure that all workers are properly trained to do their respective jobs (IOM, 2010, July 5).

**International Training Centre: 'Essentials of Occupational Safety and Health Training Package'**

813    The International Training Centre developed the training package "Essentials of Occupational Safety and Health" and presented it to a delegation of 20 employers' representatives, including representatives from Kuwait. The training package is available in Arabic, Urdu, English, Bengali, Chinese and Vietnamese (International Training Centre [ITC], 2017).

814    Although the success of the package in Kuwait has not been independently evaluated, since 2015 the training package has formed the basis of the ILO programme "Improving working conditions in the Ready-Made Garment Sector in Bangladesh" which has trained 800,000 workers in the ready-made garment industry ("RMG") (ILO, n.d.). Since the implementation of the programme, RMG worker injury fatalities in Bangladesh have been reduced from 114 in the first six months of 2015 (ILO, 2015), to only 52 for the year of 2017 (Bangladesh Occupational Safety, Health and Environment Foundation, n.d.).

## Academic Research

815    Academics have made several recommendations to improve the occupational health and safety of CALD workers in Kuwait. From our study, it does not appear that the Kuwait government has implemented these recommendations. Nevertheless, they are explored below.

816    We note also that these recommendations tend to address broad factors that result in high workplace injury rates in the construction industry in Kuwait, rather than addressing factors specific to CALD workers' characteristics. Nevertheless, they are likely to have a positive effect on CALD workers' injury rates, given their overrepresentation in the construction industry.

**Review of codes**

817    Kartam et al. (2000) recommends that a review of the current construction codes and standards should be undertaken. The review would seek to determine if different codes would be more appropriate. This could also establish Kuwaiti safety standards to be used consistently between all parties in construction.

**Centralised safety centre**

818    The establishment of a centralised safety centre is recommended to improve coordination by acting as a liaison between the different safety departments of Kuwait (Kartam et al., 2000). As Kartem and Bouz (1998) recommend, this centre should be funded by government fines collected from companies operating unsafe sites.

**Reorganisation of injury reporting**

819    As safety departments in different ministries work independently and do not share information with each other, a general reorganisation of injury reporting is recommended. This is intended

to ensure that hazard and hazard-prevention data is uniform across all government agencies, workers' compensation programmes and insurance companies (Kartam et al. 2000). The database should be complete and record all construction-related accidents and the results of investigations into the causes of accidents.

### Publication and use of data in the construction industry

820 Kartam and Bouz (1998) recommend the publication of health and safety data in the construction industry. Areas where problems exist should be highlighted and, in consultation with workers and employers, KM should prepare guidelines, codes of practices and where needed, initiate legislation to cover particular activities, hazards and problems. KM should assist in education and research into workplace health and safety matters.

### Client responsibility

821 A strategy to improve occupational health and safety outcomes for CALD workers could involve placing occupational health and safety responsibility on clients. For example, clients should consider the previous safety performance of construction companies as a significant factor when awarding contracts. This tactic should encourage construction managers to take occupational health and safety seriously.

822 Owners can prequalify contractors and evaluate the contractors' safety performance based on the following (Kartam et al. 2000):

(a)   Who in the company received and reviews accident reports and how often;

(b)   Frequency of safety meetings for field supervisors;

(c)   Accident records;

(d)   Frequency of safety project inspections;

(e)   Accident cost system measurement used;

(f)   Past safety performance;

(g)   Key supervisory safety person;

(h)   Safety programme of the company;

(i)   Safety documentation;

(j)   Subcontractors' policy;

(k)   Management, supervision, work activities, training, motivation and communication;

(l)   Plant equipment and maintenance; and

(m) Personal protective equipment.

### Inspectors

823 Given that current government safety inspection programmes are rendered ineffective by the limited number and qualifications of inspectors (as well as the other factors considered above), Kartam and others recommend that competent persons with appropriate credentials and experience should undertake independent reviews of construction projects and safety plans, and sign off on such plans before work commences. Quarterly reviews should be performed to assess the implementation of the safety plan and a written report of its findings should be provided to construction management (Kartam et al., 2000).

824 A proactive, rather than reactive, approach to safety has proven to be more effective (Kartam et al., 2000). A proactive approach involves correcting factors that lead to mistakes. Reactive planning,

which often incorporates corrective action after an accident or unsafe situation occurs, may be an acceptable means of control when risk and related costs are low. Unfortunately, this is not the case with occupational health and safety (Kartam, 1997).

**Construction contracts**

825    Kartam and others recommend that construction contracts should contain a number of specifications, including:

(a)    Naming the person responsible for overseeing the contractor's performance;

(b)    Requiring an acceptable project hazard prevention plan that defines supervisory and employee safety training;

(c)    Identifying specific published safety standards and hazards prevention requirements; and

(d)    Listing qualifying requirements for eligible contractors to ensure that bidders are restricted to those with a safe past performance.

**Centralised construction safety planning**

826    The extensive use of subcontractors in Kuwait has created a need for centralised construction safety planning, in which the work of all parties is coordinated. If detailed work planning were carried out, necessary equipment and materials would be more likely to be on hand when required. The effort required to safely perform a task would be reduced and workers would more often choose safe methods (Kartam et al., 2000).

827    A practical example of safety planning is the delivery of heavy items that must be lifted by a crane. If delivery is scheduled when the items can be directly unloaded into place, then dangerous handling, storage and transport tasks can be avoided (Kartam et al., 2000).

**Designers**

828    Kartam et al. (2000) refer to the role of "designers" – which we take to mean architects, engineers and others involved in the design of new buildings and other construction projects – in reducing injury. They state that designers can play a strong role in reducing the incidence of injuries and fatalities for CALD workers. There is evidence that 70 per cent of designers in Kuwait do not address construction worker safety and health in their designs. There are recommendations for designers to take worker safety into account, thus providing in each design a safer workplace for construction workers.

829    Designs of many traditional projects have little regard for the problems to be resolved during construction. Designers should consider and be made aware how their design decisions impact the job-site safety conditions. Specifications should be adequate and thoroughly describe the installation procedure and standards. Non-hazardous materials should be used as often as possible. The designers' understanding of the causes of site accidents will help to focus their attention on construction details which may be potentially dangerous.

830    Since a substantial number of fatalities and injuries result from falls, it is important that designers reduce to the absolute minimum the need for workers to work from heights (Kartam et al., 2000). On average, falls form the plurality of accidents (33.2 per cent) that occur in the Kuwaiti construction industry (Al-Humaidi & Tan, 2009).

**On-site Engineers and Supervisors**

831    Supervisors and site engineers should conduct a weekly or daily waste-disposal programme, secure specific access and safe roads at job sites, and post warning and hazard signs (Kartam et al., 2000).

### Training

832  Construction sites are dynamic by nature, creating the potential for hazards to constantly change. For this reason, Kartam and Bouz (1998) recommend that occupational health and safety should be organised from scratch for each project. Noting that projects are unique and temporary by nature, Al-Humaidi and Tan (2009) support this recommendation. Strictly adopting a standardised procedure that implements lessons learned from prior projects experiences without customisation, can result in a failure to predict new sources of hazards. Safety training must therefore be tailored to tackle the specific problem areas and safety situations which workers experience.

833  Al-Tabtabai (2002) recommends that employers provide training courses and programmes to increase attention to safety and to prepare plans for sudden accidents and disasters. Management should observe the performance of inexperienced workers to assess if they need further orientation or training.

834  Training material should discuss the cost of accidents, the influence of good safety performance, and should stress the safety objectives of the company, the relevant laws and legislation, and contractual relationships with clients on safety matters. A formal training programme helps personnel to carry out various preventive activities effectively. It also helps establish a positive attitude towards safety and integrates safety into the production and quality goals (Kartam et al., 2000).

### Unions

835  Al-Humaidi and Tan (2009) advocate for law reform in Kuwait to reduce barriers to non-Kuwaitis joining labour unions (see the discussion above).

## Summary

836  Given that language barriers and the prevalence of sub-contracting chains are issues common to both Kuwait and New Zealand, the following tools, tactics, and strategies could be considered for application to New Zealand:

   (a)  **Composition of Construction Crews**. Composing construction crews of CALD workers from the same or similar culture or nationality. In New Zealand, this could be construction crews made up of entirely Filipino workers as opposed to mixing Filipino workers with workers of very different cultures. While this tactic may improve communication of occupational health and safety due to the reduced likelihood of language barriers, there is lack of available evidence on which to evaluate this approach and it also risks increasing isolationism and exacerbating divisions within a diverse workforce. There is also a risk that this approach could amount to racial discrimination under the Human Rights Act 1993. To be exempt under section 73 of that Act ("measures to ensure equality"), it would need to be proved that such an intervention was taken in good faith, for the purpose of assisting the ethnic group and that the ethnic group in questions needs assistance.

   (b)  **Tailored Safety Plans**. Agencies could note the dynamic nature of construction sites and encourage operators to develop occupational health and safety plans specific to particular construction sites (rather than taking a generic approach).

   (c)  **The Role of Designers**. While not yet implemented in Kuwait, agencies could explore the role of designers in reducing occupational injury risk.

   (d)  **Data**. Agencies could consider publishing data specifically on the construction industry – as a high risk industry for CALD workers – and using such data, in consultation with interested parties, to target areas of concern.

## MALAYSIA

837    Despite having a significant migrant labour force, there have been few tools, tactics and strategies implemented in Malaysia to reduce injury rates among CALD workers.

## Assessing the Problem

### Population Demographics

838    The Department of Statistics Malaysia recorded Malaysia's total population as 32.4 million in August 2018 (Department of Statistics Malaysia, 2018a). In 2017, Malays and other indigenous peoples of Southeast Asia, otherwise known as Bumiputera, made up 68.8 per cent of the population. Chinese accounted for 23.2 per cent, Indians 7 per cent and Others 1 per cent (Department of Statistics Malaysia, 2017).

839    The Department of Statistics Malaysia has projected that by 2040, the Bumiputera population will increase by 4.8 per cent, Chinese will decrease by 4.5 per cent, Indians will decrease by 0.9 per cent and Others will increase by 0.6 per cent (Department of Statistics Malaysia, 2018b).

840    As of June 2018, 158,620 of the Malaysian population were registered refugee and asylum-seekers, the majority of whom are from Myanmar (UN Refugee Agency, 2018).

### Workforce

841    It is estimated that Malaysia hosts an estimated 4–6 million documented and undocumented migrant workers, with Indonesia, Bangladesh and Nepal as the top three countries of origin (Lee et al., 2011, p.21). Migrant workers are integral to the Malaysian economy, comprising 20 per cent of the total workforce (Robertson Jr, 2009).

842    Workers born overseas are concentrated in four sectors, comprising 90 per cent of the workforce in the manufacturing, construction, domestic work, and service and agriculture sectors (Lee et al., 2011, p.21).

### Service and Agriculture

843    In the plantation sector, recent reports have suggested that employers will face increasing shortages, with local Malaysians unwilling to accept such work, and Indonesian plantation workers potentially returning to Indonesia due to the booming palm oil sector (United Nations Development Programme, 2015).

844    Malaysia hosts an increasing number of Nepali migrant workers, which has increased from almost 200,000 Nepali migrant workers in 2007 to 405,898 in 2017 (Lee et al., 2011, p.21).

### Domestic work

845    There are more than 150,000 documented, mostly female, migrant domestic workers in Malaysia, with the undocumented number estimated at around the same number. Local domestic workers only number a few thousands (Viajar, 2018).

846    The number of migrant domestic workers has increased rapidly from 70,000 in the 1990s to 156,000 in 2014 (represented in the number of officially registered Maids around the country) (Gurowitz, 2000; Chin, 2014).

847    Trade unions and NGOs estimate there to be close to 250,000 migrant domestic workers, given the high incidence of undocumented domestic work in Malaysia (Viajar, 2018).

## Occupational Injury and Death Rates

### High Risk Industries

848    The manufacturing sector experiences the highest number of reported occupational accidents and the construction sector experiences the highest fatality rate. There were 52 reported fatal accidents in the construction sector in the year ending June 2018, compared to 16 fatalities in manufacturing (Department of Occupational Safety and Health, 2018).

849    Government statistics of occupational accidents in Malaysia may not be accurate. There is evidence that only approximately 7 per cent of occupational accidents are reported in Malaysia (Hämäläinen, Takala & Saarela, 2006), and that underreporting of accidents is frequent in Malaysia's construction industry (Abdul-Aziz, 2001).

850    The electronics industry is the leading division in Malaysia's manufacturing sector, contributing to 26.94 per cent of Malaysia's total manufacturing output and to 36.7 per cent of the total value of exports (Malaysian Investment Development Authority, 2018). Foreign labour is seen to be highly important in the electronics industry, as many employers claim that their business activities would come to a standstill without foreign labour (because the jobs are perceived as "dirty, difficult and demeaning" and therefore are seen as unattractive by Malaysians) (United Nations Development Programme, 2015).

851    The electronics industry is associated with serious occupational health risks. Case studies on two electronics factories, Flextronics and Jabil Circuit, found that with, the exception of only one interviewee, all migrant workers reported suffering from fatigue, as well as headaches and dizziness. Interviewees also complained of leg fatigue and numbness. As a result of the workers' repetitive and small movements on the assembly line over a twelve-hour shift, they reported high levels of repetitive stress injury (Bormann, Krishnan & Neuner, 2010).

### Nepali Migrants

852    Nepali migrants have higher death rates than other migrant groups in Malaysia, with an average of one worker dying a day in recent years (Pocock et al., 2018). Preliminary results from an ongoing study indicated that cardiovascular issues and suicides were the leading fatalities reported to the Embassy of Nepal in 2015. However, a researcher with Amnesty International said that both Malaysian and Nepalese authorities had failed to investigate the high number of Nepali migrant workers deaths, and the actual causes of death may never be known (FMT Reporters, 2018).

### Asylum Seekers and Refugees

853    Asylum seekers and refugees have a high prevalence of common mental health disorders including depression, anxiety and Post-Traumatic Stress Disorder ("PTSD") that are linked to past trauma (particularly torture among Sri Lankan Tamil refugees) (Pocock et al., 2018). Many Sri Lankan Tamil refugees work illegally, putting them at risk of exploitation, which (when combined with PTSD and other conditions) has the potential to exacerbate workplace health and safety risks (Matas, n.d.).

## Explanation and Analysis of Disparities

### Fear of reprisals

854    Temporary guest worker programmes in Malaysia tie work permits to one employer, resulting in temporary guest workers being constrained in legally challenging unsafe working conditions. Employers may revoke their permits at any time, rendering workers under the programme vulnerable to arrest and prosecution.

855     The Malaysian Trades Union Congress ("MTUC") maintains that many Malaysian employers withhold overseas workers' passports, work passes, visas and permits. When workers claim their health and safety rights through existing legal avenues, MTUC claims that many employers simply terminate their employment. For migrant workers, this also means the loss of ability to reside in Malaysia, which is a legal requirement if they want to pursue their claim (Connell, 2016).

856     Enforcement of health and safety law and against breaches is hampered by corruption; Malaysia is ranked 62nd on the Transparency International Corruption Perceptions Index (New Zealand is first) (Tenaganita, 2018).

**Lack of training**

857     Tenaganita (2018) (a Malaysian human rights organisation) has stated that employers' failure to provide adequate training increases the incidence of occupational accidents among migrant workers.

## Legal and Regulatory Framework

858     The relevant legislation in Malaysia is:

(a)     Occupational Safety and Health Act 1994;

(b)     Petroleum Act (Safety Measures) 1984; and

(c)     Factories and Machinery Act 1967 (Revised – 1974).

859     The introduction of the Occupational Safety and Health Act 1994 brought in a more flexible and "self-regulatory" occupational health and safety than the previous legislation which was very prescriptive and detailed (Rampal & Mohd Nizam, 2006).

860     At this level, it is reasonably similar to New Zealand's occupational health and safety framework.

**Occupational Safety and Health Act 1994**

861     Key features of the Act include:

(a)     **Workers' rights and duties**. Workers have duties to take reasonable steps to protect their own occupational health and safety and that of others.

(b)     **OSH training**. Employers have a duty to provide occupational safety and health training to all employees as far as practicable (section 15(2)(c)).

(c)     **Employers' duty to engage**. Employers must consult safety and health committees, if such a committee exists at the workplace (section 30(1)(3)). Safety and health committees must be established at workplaces of 40 employees or more.

(d)     **Duty of notification**. Under section 32, employers must notify the nearest occupational safety and health office of any accident, dangerous occurrence, occupational poisoning or occupational disease which has occurred or is likely to occur at the workplace.

(e)     **OSH inspection and enforcement**. The Act sets out the powers of occupational health and safety inspectors to enter workplaces, carry out examinations, tests or enquiries, investigate and provide advice on occupational health and safety (sections 39, 43). Enforcement powers include notices or orders, financial penalties, revocation or suspension of licenses or authorisations, cessation of dangerous work and prosecutions (sections 48-49, 61).

(f)     **National Council for Occupational Safety and Health**. The Act establishes the Council as the supreme body responsible for determining the occupational safety and health direction and policy of Malaysia.

(g) **Offences**. Offences are divided into two categories: employers (section 11) and manufacturers (section 19). There is no distinction between corporations and individuals concerning the sum of penalties.

862 Although mental health is not expressly referenced in the Act, the Department of Occupational Safety and Health's ("DOSH") Guidelines for Prevention of Stress and Violence at the Workplace 2001 indicate that the legislation applies to both physical and mental health.

## Tools, Tactics and Strategies

### Government

### Memorandum of Understanding ("MOUs")

863 Malaysia uses negotiated bilateral MOUs to manage labour migration, and these are sometimes used to increase occupational health and safety protections for migrant workers. For example, in 2016, the Association of Cambodian Recruitment Agencies signed an MOU with the Malaysia National Association of Employment Agencies. The MOU focused on ensuring the health and safety of Cambodian workers and maids from the beginning of recruitment till repatriation (Khmer Times, 2016).

864 More recently, MOUs have been signed with Sri Lanka, China, Thailand, Bangladesh, Pakistan, India, Vietnam and Indonesia. While MOUs increase protection for some groups of domestic workers in Malaysia, a fundamental issue with using bilateral MOU agreements as an instrument for change is that they apply on the basis of nationality, as opposed to the sector as a whole.

865 For example, as a result of the strong negotiating position of their government, Filipino domestic workers are generally considered to have the most rights when compared to other domestic workers (Association of Southeast Asian Nations, 2017). However, Filipinos only represent a minority of the workers employed within the sector, as 71 per cent of registered domestic workers in 2013 came from Indonesia.

### Mandatory Induction Training

866 From 2004 until 2007, the Malaysian government required all migrant workers who intended to legally travel to, and work in Malaysia, to attend a mandatory post-arrival induction course. Completion of the course was a precondition of employment visas issued by the Immigration Department of Malaysia (Migrants in Countries in Crisis, n.d.).

867 The aim of the course was to help promote good social relations, improve compliance of workplace health and safety standards, instil basic English or Malay communication skills, and develop an understanding of Malaysian laws and regulations. The course lasted a total of 20 hours and included modules on English or Malay language (9 hours); Malaysian culture (3 hours); and awareness of Malaysian laws and regulations (8 hours) (Migrants in Countries in Crisis, n.d.).

868 In order for migrant workers to be eligible to work in Malaysia they had to complete the induction course, and pass literacy and numeracy requirements. Workers from Indonesia were exempt from the literacy requirement as "the two dialects spoken in the neighbouring countries are similar" (Lee et al., 2011, p.21).

869 Overseas recruitment agencies complained about the length of the course, as it added to recruitment costs (Lee et al., 2011, p.24).

870 When the programme was suspended in 2007, this was said to be due to a policy change and the increasing cost of operations. The policy change resulted in the reassignment of the 'lead agency' for processing migrant workers from the Ministry of Human Resources to the Ministry of Home Affairs (Lee et al., 2011, p.35).

871   Since 2007, Malaysia has shifted to an optional and voluntary system (Association of Southeast Asian Nations, 2017).

### Regulator

872   The DOSH is responsible for enforcing the law on occupational health and safety. Its enforcement activities include inspection, investigation and prosecution (Department of Occupational Safety and Health, n.d.). In an effort to raise occupational health and safety awareness, DOSH disseminates information on the occupational health and safety legislation. This involves delivering presentations, training, campaigns, exhibitions, and providing expertise and information materials. However, we found no evidence of any tools, tactics or strategies aimed at reducing injury among CALD workers.

### National Council for Occupational Safety and Health

873   The National Council for Occupational Safety and Health is a branch of the Ministry of Human Resources, which develops occupational health and safety policy. It does not appear to have any tools, tactics, or strategies aimed at reducing injury among CALD workers.

### Construction Industry Development Board

874   The Construction Industry Development Board ("CIDB") was established under the Construction Industry Development Board Act 1994 to regulate, develop and improve the competitiveness of the construction industry (Construction Industry Development Board [CIDB], n.d.a).

875   The CIDB, in conjunction with NIOSH, delivers an induction course for construction workers, known as the "Green Card" programme. The training is provided for both foreign and local workers, and is offered both in English and in Malay, depending on the background and culture of the trainees (CIDB, n.d.b).

876   In order to achieve accreditation under the programme, workers must undertake a training course consisting of health and safety in the workplace and the wider construction sector. The training course focuses on health and safety legislation and regulations, risks involved in working in or near a construction environment, types of hazards and potential risks, health and safety prevention methods and personal protective equipment (Goh et al., 2015).

877   At the end of the eight-hour course, participants are issued with a 'Green Card' which is a compulsory requirement for entering a construction site under section 33 of the Lembaga Pembangunan Industri Pembinanaan Malaysia Act 1994.

878   Until April 2017, a total of 98,168 prospective construction workers attended the CIDB Green Card training course (Association of Southeast Asian Nations, 2017). It is regarded as the most successful safety training programme in Malaysia.

879   The Green Card programme has no assessment requirement, so it is difficult to determine its efficacy in communicating health and safety information, or the information retention rates of the participants. With the absence of any form of assessment, it is difficult to assess the effectiveness of the training. There appears to be no systematic tool to measure the knowledge development of participants (Bakri et al., 2006). Training evaluation is needed to measure whether trainees have achieved the learning outcomes and also whether predetermined objective results of the training have been achieved.

880   Due to the different backgrounds of construction workers, ranging from illiterate labourers to well-educated engineers, the CIDB Green Card training materials are delivered as a picture presentation, with little writing. However, construction workers with low English literacy may still have difficulty comprehending information (Bakri et al., 2006).

881     According to Vázquez & Stalnaker (2004), traditional health and safety training is "useless" for immigrants who do not understand English. Research carried out by Valitherm (2014) recommends that construction bodies, such as the CIDB, conduct language training classes for migrant workers who want to work in the construction industry. This can include hands-on training to improve work quality and health and safety knowledge.

## Unions

### Malaysia Trades Union Congress (MTUC): Institutional Recognition of Diverse Workers

882     Malaysia Trades Union Congress (2013) is the oldest National Centre representing Malaysian workers. The unions affiliated to MTUC represent all major industries and sectors with approximately 500,000 members.

883     The MTUC has strategically made internal organisational changes to account for the diversity of the workforce and the changing mind-set of the concept of the worker. Specific "desks" (or committees) for migrant and domestic workers have been established. The MTUC Migration Desk was established in 2008, with the aim of developing expertise and addressing the needs of migrant workers (via the initiatives addressed below).

### Malaysia Trades Union Congress (MTUC): Migrant Worker Resource Centres

884     The MTUC runs Migrant Worker Resource Centres ("MRCs") or drop-in centres, in Penang and Kuala Lumpur/Selangor. Through the MRCs, migrant workers and their families can receive counselling, legal assistance, dispute resolution, and information, education and training. MRCs also organise migrant workers through forming and strengthening networks and migrant associations. In 2014, 24-hour information hotline numbers were established (Migrants in Countries in Crisis, 2018).

885     The ASEAN Compendium research project expects MRCs to eventually become part of local government units ("LGU") (Association of Southeast Asian Nations, n.d.). However, the costs for these services can be high, and the ASEAN Compendium research project doubts that many LGUs would be unable to sustain the activities in the long-term.

### Malaysia Trades Union Congress (MTUC), Migrant Worker Resource Centres and Malaysian Employers Federation: Peer Counsellors

886     The MTUC MRCs, in collaboration with the Malaysian Employers Federation, have organised several educational programmes to create awareness among migrant workers on occupational hazards, labour rights and labour policies in Malaysia. Through these awareness programmes, some selected migrant workers have been trained as peer counsellors on occupational safety and labour rights' issues (Association of Southeast Asian Nations, n.d). This tool works particularly well within the Malaysian context. A study on Malaysian national culture (in the context of hotel branding) found that Malaysians are unlikely to reach out to persons with high status (Sumaco, Imrie & Hussain, 2014). As workers are unlikely to reach out to their superiors with concerns, peer counsellors are a more appropriate and effective tool to address occupational health and safety risks.

## Non-governmental organisations

### Tenaganita: Migrant Desk

887     Tenaganita (2018) is a Malaysian human rights organisation which advocates for migrants and refugees to be free from exploitation, abuse, discrimination, slavery and human trafficking. Tenaganita created a Migrant Desk in 1993 and documented a number of cases of occupational and industrial accidents involving migrant workers. The Migrant Desk provides legal counselling and legal support.

888    Tenaganita (2018) has produced information pamphlets concerning workers' occupational health and safety, which have been translated into Nepali, Bengali, Indonesian and Burmese. Special training on occupational health and safety was created to inform migrants on worker rights and personal safety and protection.

**BSR: Migrant Worker Management Toolkit**

889    The Malaysian arm of BSR ("Business for Social Responsibility"), an international non-profit organisation, has developed the "Migrant Worker Management Toolkit: A Global Framework" to provide employers with guidance on how to better manage migrant worker issues (BSR, 2010).

890    As language gaps often put migrant workers at increased risk in the workplace, the toolkit recommends policies, procedures, signage and occupational health and safety orientation to be provided in a language migrant workers can understand. If workers are illiterate, employers are recommended to provide pictorial signage that conveys the same information without written text (BSR, 2010). The toolkit further recommends that all migrant workers receive standard occupational health and safety training as part of their orientation.

## Academics

**"Migrant and Refugee Health in Malaysia" workshop**

891    The United Nations University International Institute for Global Health hosted a "Migrant and Refugee Health in Malaysia" workshop in Kuala Lumpur in November 2017. The two-day workshop scoped the challenges migrants and refugees face, identifying gaps in knowledge and practical steps forward to improve the evidence base in Malaysia.

892    A suggestion made at the workshop to improve data accuracy (noting the lack of good evidence about challenges to migrant health in Malaysia) was to enhance the role of "health attachés" at the embassies of migrants' sending countries to improve reporting on causes of death among migrants. The suggestion was that enhanced reporting on the causes of death would create a better evidence base to understand the extent of fatalities as a result of workplace injury among migrants (Pocock et al., 2018). This suggestion has not been implemented to date.

# Appendix A: Health and Safety cultures of different ethnic groups in New Zealand

**Summary Table: Culture**

| Group | Individualism / Collectivism | Power Distance | Masculine/ Feminine | Uncertainty Avoidance | Long term orientation | Specific cultural values | Likely OHS implications |
|---|---|---|---|---|---|---|---|
| **Mainstream Kiwi**[105] | Highly Individualistic | Low | Moderately masculine | Intermediate | Low | • Long hours<br>• Integrity<br>• Egalitarian and lack of assertiveness<br>• Friendly<br>• "Can-do" and DIY culture<br>• Proud<br>• Easy-going<br>• Outdoorsy<br>• Individualism<br>• Competition<br>• Wealth<br>• Materialism<br>• Careerism | Stronger at:<br>• Reporting errors<br>• Communicating risk to superiors<br>• Adhering to safety protocols (slightly better)<br>Weaker at:<br>• Being willing to question or challenge superiors<br>• Collaborating with others<br>• Supporting safety procedures generally<br>• Improvising during crisis situations (slightly worse) |
| **Pacific** | Low individualism | High | Low masculinity | Low | Low | • Communal, reciprocity and value of social structures and community (including family and church communities)<br>• Spiritual<br>• Ecological<br>• Consensual<br>• Respect for authority<br>• Employee values: respect, humility, loyalty and hard work<br>• Do whatever is necessary to get the work done<br>• Dimensions of heath: family (foundation); physical, spiritual, mental and other (pillars) and culture (roof)<br>• Job security | Stronger at:<br>• Adhering to safety protocols<br>• Collaborating with others<br>Weaker at:<br>• Reporting errors<br>• Communicating risk to superiors<br>• Being willing to question or challenge superiors<br>• Improvising during crisis situation (much worse)<br>• Supporting safety procedures generally |

[105] "Mainstream Kiwi" culture is defined in paragraph 16, and includes all those who identify with it, regardless of their ethnic origin.

| Group | Individualism / Collectivism | Power Distance | Masculine/ Feminine | Uncertainty Avoidance | Long term orientation | Specific cultural values | Likely OHS implications |
|---|---|---|---|---|---|---|---|
| **Chinese** | Low individualism<br><br>Highly collectivist<br><br>(NB: younger workers more likely to be individualistic) | Very High | Moderate masculinity | Low | High | • Integration<br><br>• Confucian work dynamism<br><br>• Human-heartedness<br><br>• Moral discipline<br><br>• Worker values: material conditions; self realisation; and prosperous development<br><br>• More likely hold fatalistic beliefs?<br><br>• Cushion hypothesis: More likely take financial risks; less likely to take physical risks?<br><br>• Face-saving behaviours | Stronger at:<br><br>• Adhering to safety protocols (slightly better)<br><br>• Supporting safety procedures generally<br><br>Weaker at:<br><br>• Reporting errors<br><br>• Communicating risk to superiors<br><br>• Being willing to question or challenge superiors (very poor)<br><br>• Improvising during crisis situation (slightly worse)<br><br>• Collaborating with others |
| **Indian** | Somewhat collectivist | High | Intermediate masculinity | Intermediate | Intermediate | Indian culture is characterised by diversity but some key aspects include:<br><br>• Family interests, yet individuals are responsible for how they live their lives<br><br>• Generosity and helping behaviours<br><br>• Continuity of the business<br><br>• Personal wealth (cf, Hinduism which preaches aparigraha (avoidance of avarice/accumulation of wealth))<br><br>• Patriotism and national pride<br><br>• Religion (many of which include fatalistic beliefs)<br><br>• Restraint, conformity and saving face<br><br>• Power and high power distance | Stronger at:<br><br>• Improvising during crisis situations<br><br>Weaker at:<br><br>• Reporting errors<br><br>• Communicating risk to superiors<br><br>• Being willing to question or challenge superiors<br><br>• Adhering to safety protocols (slightly worse)<br><br>Neither better nor worse:<br><br>• Collaborating with others<br><br>• Supporting safety procedures generally |
| **Korean** | Highly collectivist | High | Moderately feminine | High | Very High | • Influence of traditional Confucian values and western democratic influences<br><br>• Institutional collectivism<br><br>• High context communication<br><br>• High power distance and strong veneration for superiors | Stronger at:<br><br>• Adhering to safety protocols (much better)<br><br>• Collaborating with others<br><br>• Supporting safety procedures generally<br><br>Weaker at:<br><br>• Reporting errors<br><br>• Communicating risk to superiors<br><br>• Being willing to question or challenge superiors (very poor)<br><br>• Improvising during crisis situations (much worse) |

| Group | Individualism / Collectivism | Power Distance | Masculine/ Feminine | Uncertainty Avoidance | Long term orientation | Specific cultural values | Likely OHS implications |
|---|---|---|---|---|---|---|---|
| **Filipino** | Highly collectivist | Very High | Moderately masculine | Somewhat low | Low | • Lifestyle: religion; family and food<br><br>• Strongly value family<br><br>• Importance of status within community<br><br>• Somewhat isolationist | Stronger at:<br><br>• Collaborating with others<br><br>• Improvising during crisis situations<br><br>Weaker at:<br><br>• Reporting errors<br><br>• Communicating risk to superiors<br><br>• Being willing to question or challenge superiors (very poor)<br><br>• Adhering to safety protocols<br><br>• Supporting safety procedures generally |
| **Iranian** | Somewhat collectivist | Moderate | Somewhat feminine | Somewhat | Very low | • Importance of family<br><br>• More protective/isolated from wider community<br><br>• Politeness (Taarof)<br><br>• Taboo to express feelings of anger or depression ("narahati") outwardly | Stronger at:<br><br>• Adhering to safety protocols (somewhat better)<br><br>• Collaborating with others<br><br>Weaker at:<br><br>• Reporting errors<br><br>• Communicating risk to superiors<br><br>• Being willing to question or challenge superiors<br><br>• Supporting safety procedures generally (much worse)<br><br>• Improvising during a crisis |
| **Brazilian** | Highly collectivist | High | Intermediate femininity | High | Intermediate low | • Importance of family<br><br>• Outgoing and affectionate<br><br>• High power distance culture<br><br>• Physical appearance linked to social status | Stronger at:<br><br>• Adhering to safety protocols (much better)<br><br>• Collaborating with others (somewhat better)<br><br>Weaker at:<br><br>• Reporting errors (very poor)<br><br>• Communicating risk to superiors (very poor)<br><br>• Being willing to question or challenge superiors (very poor)<br><br>• Supporting safety procedures generally (somewhat worse)<br><br>• Improvising during crisis situations (much worse) |

# Appendix B: Reference list

Abdul-Aziz. A. R. (2001). Foreign workers and labour segmentation in Malaysia's construction sector, *Construction Management and Economics 19*(8), 789-798.

Accident Compensation Corporation and WorkSafe New Zealand. (2016a). *Reducing Harm in New Zealand Workplaces: An Action Plan 2016-2019.* Retrieved from https://worksafe.govt.nz/dmsdocument/3438-reducing-harm-in-new-zealand-workplaces-action-plan.

Accident Compensation Corporation. (2018). *Tools for staying healthy and safe at work*. Retrieved from https://www.acc.co.nz/for-business/workplace-health-safety/tools-for-staying-healthy-safe-at-work.

Advisory Conciliation and Arbitration Service. (n.d.) *About us.* Retrieved from http://www.acas.org.uk.

Ariffin, A. (2017, September 3). Singapore to cut workplace fatality rate to below 1 per 100 000 workers by 2028. *Chinese News Asia.* Retrieved from http://www.channelnewsasia.com.

Agier, M. (1995). Racism, Culture and Black Identity in Brazil. *Bulletin of Latin American Research, 14*(3), 245-264.

Agrawal, R. (2016, February 24) India's caste system: Outlawed, but still omnipresent. *CNN.* Retrieved from http://www.edition.cnn.com.

Akbar-Khanzadeh, F. & Bisesi, M. S. (1995). Comfort of personal protective equipment. *Applied Ergonomics, 26*(3), 195-198.

Al-Humaidi, H. M. & Hadipriono Tan, F. (2009). Construction safety management accidents, laws and practices in Kuwait. *Safety and Security Engineering III,* 108, 399-408.

Ali, T. H. (2006). *Influence of National Culture on Construction Safety Climate in Pakistan* (PhD thesis, Griffith University, Queensland, Australia).

Al-Tabtabai, H. M. (2002). Analyzing Construction Site Accidents in Kuwait. *Kuwait Journal of Science & Engineering, 29*(2), 213-238.

AMES Australia. (2012). *Responding to CALD Learners: Cultural Diversity in Action.* Retrieved from http://www.education.vic.gov.au.

AMES Australia. (n.d.) *Speak Safe.* Retrieved from http://www.ames.net.au.

AMIEU. (n.d.). Supports Health & Safety Reps *Other languages*. Retrieved from http://www.meatiesohs.org.

Andreß, H. & Heien, T. (2001). Four worlds of welfare state attitudes? A comparison of Germany, Norway, and the United States. *European Sociological Review, 17*(4), 337-356.

Arcury, T. A. Estrada J. M. & Quandt, S. (2010). Overcoming Language and Literacy Barriers in Safety and Health Training of Agricultural Workers. *Journal of Agromedicine, 15*(3), 236-248.

Arcury. T. A. (1999). Implementation of US-EPA's Worker Protection Standard training for agricultural laborers: An evaluation using North Carolina data. *Public Health Reports, 114*(5), 459.

Ardern, J. & Lees-Galloway, I. (2018, September 19) *Refugee quota increases to 1500 in 2020.* Retrieved from http://www.beehive.govt.nz.

Associated British Foods Plc. (n.d.). *Our Businesses.* Retrieved from htttp://www.abf.co.uk.

Association of Labour Providers. (2018). *About ALP.* Retrieved from https://labourproviders.org.uk.

Association of Southeast Asian Nations. (2017). *Compendium on Migrant Workers' Education and Safe Migration Programmes*. Retrieved from http://www.asean.org.

AtocTli. (n.d.). *Our Services.* Retrieved from http://www.atoctli.com.

Auckland District Health Board (2010). *Health needs assessment of Middle Eastern, Latin American and African people living in the Auckland region*. Auckland: Peruma, L.

Auckland Transport. (2013). *Social and geographical differences in road traffic injury in the Auckland region.* University of Auckland: Hosking, J., Ameratunga, S., Exeter, D & Stewart, J. Retrieved from http://www.at.govt.nz.

Australian Bureau of Statistics. (2015). *2008.0 Census of Population and Housing: Nature and Content, Australia, 2006.* Retrieved from http://www.abs.gov.au.

Australian Bureau of Statistics. (2016). *2016 Census Sample Household Form.* Retrieved from http://www.abs.gov.au.

Australian Bureau of Statistics. (2017a). *3412.0 Migration, Australia 2015-2016.* Retrieved from http://www.abs.gov.au.

Australian Bureau of Statistics. (2017b). *Characteristics of Recent Migrants, Australia, November 2016.* Retrieved from http://www.abs.gov.au.

Australian Bureau of Statistics. (2017c). Media release: Census reveals a fast changing, culturally diverse nation. Retrieved from http://www.abs.gov.au.

Australian Bureau of Statistics. (2017d). *2024.0 Census of Population and Housing: Australia Revealed, 2016*. Retrieved from http://www.abs.gov.au.

Australian Bureau of Statistics. (2017e). *Census of Population and Housing: Reflecting Australia - Stories from the Census, 2016.* Retrieved from http://www.abs.gov.au.

Australian Manufacturing Workers' Union. (n.d.). Retrieved from http://www.amwu.org.au.

Baker, S., Samkoff, J., Fisher, R., & Van Buren, C. (1982). Fatal occupational injuries. *Journal of the American Medical Association, 248*(6), 692-7.

Bakri, A., Mohamad Zin, R., Misnan, M. S., Mohd Yusof, Z., Mahmood, W., & Yusoff, W. (2006). Safety Training For Construction Workers: Malaysian Experience. Universiti Teknologi Malaysia.

Bangladesh Occupational Safety, Health and Environment Foundation. (n.d.) *1242 lost lives due to workplace accidents in 2017.* Retrieved from http://www.oshebd.org.

BBC. (2014, October 14). *Germany*. Retrieved from http://www.bbc.co.uk.

BCFED Health & Safety Centre. (2018, August 28). *Migrant Worker Program.* Retrieved from http://www.healthandsafety.bc.ca.

BCFED Health & Safety Centre. (n.d.). *Legislation and Education Provisions.* Retrieved from http://www.healthandsafety.bc.ca.

Beals, R. (1951) Urbanism, Urbanisation and Acculturation. *American Anthropologist, 53*(1), 1-10.

Behnaz, J. (2005). Iranian Families. In McGoldrick, M., Giordano, J. & Garcia-Preto, N. (Eds.). *Ethnicity and Family Therapy* (3rd ed.). New York, NY: Guildford Press.

Belin, A., Zampurutti, T., Tull, K., Hernandez, G. (2011). Occupational Health and Safety Risks for the Most Vulnerable Workers. *European Parliament.* Retrieved from http://www.eige.europa.eu.

Bentley, T., Page, S. & Laird, I. (2001). Accidents in the New Zealand adventure tourism industry. *Safety Science, 38*(1), 31-48.

Berdahl, T. & McQuillan, J. (2008). Occupational Racial Composition and Nonfatal Work Injuries. *Social Problems, 55*(4), 559-572.

Berger, M. C. & Gabriel, P. (1991). Risk aversion and the earnings of US immigrants and natives. *Applied Economics, 23*(2), 311-318.

Bertrand, M. & Mullainathan, S. (2004). Are Emily and Brendan more employable than Latoya and Tyrone? Evidence on racial discrimination in the labor market from a large randomized experiment. *American Economic Review, 94*(4), 991-1013.

Bloomberg. (2018a). *Uniq Prepared Foods Ltd.* Retrieved from http://www.bloomberg.com.

Bloomberg. (2018b). *Company Overview of Greencore Food To Go.* Retrieved from http://www.bloomberg.com.

Bloomberg. (n.d.). *Company Overview of Dalepak Foods Limited*. Retrieved from http://www.bloomberg.com.

BMW Group. (2015, November 20). *BMW Group supports 500 refugees with social and professional integration.* Retrieved from http://www.press.bmwgroup.com.

Boege, K. (n.d.). *Interkulturelle Aspekte beim Arbeitsschutz.* (report for the Institute for Work and Health of the German Social Accident Insurance).

Bormann. S., Krishnan, P., & Neuner, M.E. (2010). *Migrant Workers in the Malaysian Electronics Industry: Case Studies on Jabil Circuit and Flextronics.* Retrieved from http://www.electronicswatch.org.

Bower. M., Brakaj. R., Johnson. S., & Martinez, O. (2017). *The Filipino-American Culture.* Retrieved from www.linkedin.co.nz.

British Columbia Government. (2018, August 29). Employers' Advisers Office. Retrieved from http://www2.gov.bc.ca.

Brookes, E. (2015). *How National Culture Influences Worker Attitudes Towards Workplace Safety: Informing a Step Change in our Approach to Workplace Safety in Developing Countries* (MBA research paper, University of Auckland).

Brooks-Gunn, J. & Duncan, G. (1997). The effects of poverty on children. *The future of children, 7*(2), 55-71.

Brunton, M. & Cook, C. (2018). Dis/Integrating cultural difference in practice and communication: qualitative study of host and migrant Registered Nurse perspectives from New Zealand. *International Journal of Nursing Studies, 83*, 18-24.

BSR. (2010). *Migrant Worker Management Toolkit: A Global Framework.* Retrieved from http://www.bsr.org.

Bureau of Labor Statistics. (2018, February 26). *Fatal Work Injuries in Nebraska — 2016.* Retrieved from http://www.bls.gov.

Burke, M. (2006). Relative Effectiveness of Worker Safety and Health Training Methods. *American Journal of Public Health, 96*(2), 315-324.

<< CONTENTS

Burke, M., Chan-Serafin, S., Salvador, R. Smith, A, & Sarpy, Smith, A. (2008). The role of national culture and organizational climate in safety training effectiveness. *European Journal of Work and Organisational Psychology, 17*(1), 133-152.

Burt, C., Banks, M., & Williams, S. (2014). Safety risks associated with helping others. *Safety Science*, 62, 136-144.

Bust, P. D., Gibb A. F. G., & Pink, S. (2008). Managing Construction health and Safety: Migrant workers and Communication Safety Habits. *Safety Science, 46*(4), 585-602.

Byler C. G. & Robinson. W. C. (2018). Differences in Patterns of Mortality Between Foreign-Born and Native-Born Workers Due to Fatal Occupational Injury in the USA from 2003 to 2010. *Journal of Immigrant and Minority Health, 20*(1), 26-32.

Caffaro, F., Cremasco, M., Bagagiolo, G., Vigoroso, L. & Cavallo, E. (2018). Effectiveness of occupational safety and health training for migrant farmworkers: a scoping review. *Public Health, 160*, 10-17.

California Department of Industrial Relations. (2010). *Heat Illness Outreach and Education Campaign.* Retrieved from http://www.99calor.org.

California Department of Public Health. (2010). Lead's Revenge/La Venganza del Plomo. Retrieved from http://www.cdph.ca.gov.

Cammock, R. D., Derrett, S. & Sopoaga, F. (2014). An assessment of an outcome of injury questionnaire using a Pacific model of health and wellbeing. *New Zealand Medical Journal, 127*(1388), 32-40.

Camp, D. & Mather, S. (n.d.). *The Workforce Cohesion Toolkit: Effective Communication with a Multi-Language Workforce.* University of Lincoln. Retrieved from http://www.lincoln.ac.uk.

Canadian Occupational Safety. (2017). *Recent immigrants, refugees largely unaware of OHS: Researchers"* Canada: Silliker, A. Retrieved from htpp://www.cos-mag.com.

Carangan, M., Tham, K. Y. & Snow, E. (2004). Work-related injury sustained by foreign workers in Singapore. *Annals-Academy Medicine Singapore, 33*(2), 209-213.

Caropresi, M. (2018a). *Annual Health and Information Fair* . Retrieved from http://www.atoctli.com.

Caropresi, M. (2018b). *Hazard Symbols when Working with Pesticides.* Retrieved from http://www.atoctli.com.

Caropresi, M. (2018c). *Signs, Signs, Signs but what do they mean?* Retrieved from http://www.atoctli.com.

Caspersz, D. (2009, August). The call to arms: Organizing temporary migrant workers in Australia. In *International Industrial Relations Association World Congress. Sydney* (pp. 24-27).

Castañeda, H. (2013). Structural vulnerability and access to medical care among migrant street-based male sex workers in Germany. *Social Science & Medicine, 84*, 94-101.

Central Intelligence Agency. (2019). Singapore Demographics Profile 2018. *Index Mundi.* Retrieved from http://www.indexmundi.com.

Centre for Domestic Employees. (n.d.). *About Us.* Retrieved from http://www.cde.org.sg.

Channel News Asia. (2018a, February 13). Singapore sees lowest workplace fatality rate since 2004. Retrieved from http://www.channelnewsasia.com.

Channel News Asia. (2018b, March 15). *Local employment growth nearly doubled in 2017: Manpower Ministry.* Retrieved from http://www.channelnewsasia.com.

© Superdiversity Institute for Law, Policy and Business     183

Chen, M.S. & Chan, A. (2010). Occupational health and safety in China: the case of state-managed enterprises. *International Journal of Health Services, 40*(1), 43-60.

Cheng, C. H. (2010). Are the Chinese really more risk averse? A cross-cultural comparison of the risk-return relationship. *Journal of Global Business Management*, 6(2), 1.

Chin, C. (2014, December 21) Withholding passports illegal, Govt warns *The Star Online.* Retrieved from http://www.thestar.com.my.

Chinese Culture Connection. (1987). Chinese Values and the Search for Culture-Free Dimensions of Culture. *Journal of Cross-Cultural Psychology, 18*(2), 143-164.

Cho, Y. & Yoon, J. (2001). The Origin and Function of Dynamic Collectivism: An Analysis of Korean Corporate Culture. *Asia Pacific Business Review, 7*(4), 70-88.

Christie, E. (2012). *Migrant Dairy Farm Staff In Canterbury- Filipino and Chilean Experiences* (BSc (Agricultural Science) dissertation, Lincoln University, Canterbury, New Zealand).

Citizens UK. (2018). *Governance.* Retrieved from http://www.citizensuk.org.

Cleland, A. & Burns, V (2015). Christchurch Rebuild Workforce: A Baseline Measure of their Characteristics. *Pathways, Circuits and Crossroads Conference, Inland Revenue Te Tari Taake*.

Cobb-Clark, D. & Hildebrand, V. (2006). The Wealth and Asset Holdings of U.S.-Born and Foreign-Born Households: Evidence From the SIPP Data. *Review of Income and Wealth, 52*(1), 17-42.

Company Check. (n.d.). *Northwest Food Alliance Limited.* Retrieved from http://www.companycheck.co.uk.

Connell. T. (2016). 16-Hour Days for Migrant Workers at Malaysia Factory. *Solidarity Center.* Retrieved from http://www.solidaritycenter.org.

Construction Dictionary. (n.d.). *Gang.* Retrieved from http://www.diccionariodelaconstruccion.com.

Construction Industry Development Board. (n.d.a). *Functions.* Retrieved from http://www.cidb.gov.my.

Construction Industry Development Board. (n.d.b). *Green Card Training.* Retrieved from http://www.cidb.gov.my.

Cooper. M. D. (2000). Towards a Model of Safety Culture. *Safety Science, 36*(2), 111-136.

Crow, S. M. Fok, L. Y. & Hartman S. J. (2008). Who is at Greatest Risk of Work-related Discrimination—Women, Blacks, or Homosexuals? *Employee Responsibilities and Rights Journal, 11*(5), 15-26.

Davies, A. (2018, May 21). Death in the sun: Australia's 88-day law leaves backpackers exploited and exposed. *The Guardian.* Retrieved from http://www.theguardian.com.

Dejoy, D. (1994). Managing Safety in the Workplace: an Attribution Theory Analysis and Model. *Journal of Safety Research, 25*(1), 3-17.

Department for Business Energy & Industrial Strategy. (2018). *Employment by Sector*. Retrieved from http://www.gov.uk.

Department for Business Enterprise & Regulatory Reform. (2008). *Vulnerable Worker Enforcement Forum – Final Report and Government Conclusions*. Retrieved from https://webarchive.nationalarchives.gov.uk.

Department for Work and Pensions. (2016). *Labour market status by ethnic.* Retrieved from http://www.gov.uk.

Department for Work and Pensions. (2017). *Unemployment.* Retrieved from http://www.ethnicity-facts-figures.service.gov.uk.

Department of Health & Human Services. (2004). *Worker Health Chart book, 2004.* Retrieved from http://www.cdc.gov.

Department of Immigration and Border Protection. (2014). *The Place of Migrants in Contemporary Australia: A Summary Report*. Retrieved from http://www.homeaffairs.gov.au.

Department of Jobs and Small Business. (n.d.). *Employment Projections.* Retrieved from http://www.lmip.gov.au.

Department of Labour & Labour & Immigration Research Centre. (2012). *In Harm's Way: A case study of Pacific workers in Manukau manufacturing.* Retrieved from http://www.thehub.superu.govt.nz.

Department of Labour. (2004). *A Guide to Occupational Health and Safety in the New Zealand Sex Industry.* Retrieved from http://espu-usa.com.

Department of Occupational Safety and Health. (2001).*Guidance for the Prevention of Stress and Violence at the Workplace*. Retrieved from http://www.dosh.gov.my.

Department of Occupational Safety and Health. (2018). *Occupational Accidents Statistics by Sector Until June 2018.* Retrieved from http://www.dosh.gov.my.

Department of Occupational Safety and Health. (n.d.). *DOSH Profile.* Retrieved from http://www.dosh.gov.my.

Department of Statistics Malaysia. (2018a) *Population Projection (Revised), Malaysia, 2010-2040.* Retrieved from http://www.dosm.gov.

Department of Statistics Malaysia. (2018b). *Population & Demography*. Retrieved from http://www.dosm.gov.

Department of Statistics Malaysia. (2017). *Current Population Estimates, Malaysia, 2016-2017.* Retrieved from http://www.dosm.gov.

Desilver. D. (2017, March 16). Immigrants don't make up a majority of workers in any US industry *Pew Research Center*. Retrieved from http://www.pewresearch.org.

Deutsche Gesetzliche Unfallversicherung. (2016). *Statistik: Arbeitsunfallgeschehen 2016.* Retrieved from http://www.publikationen.dguv.de.

Di Costanzo, M. D. (2014). Harvesting good health. *Registered Nurse Journal*, *26*(4), 12-16.

Dong, X & Platner. J. W. (2004). Occupational Fatalities of Hispanic Construction Workers From 1992 to 2000. *American Journal of Industrial Medicine, 45*(1), 45-54.

Duncan, G. J. Ziol-Guest K. M., & Kalil, A. (2010). Early-childhood poverty and adult attainment, behavior, and health. *Child Development, 81*(1), 306-325.

Dutta, M. (2017). Migration and Health in the Construction industry: Culturally Centring Voices of Bangladeshi Workers in Singapore. *Internal Journal of Environmental Research and Public Health, 14*(2), 132.

Elsler,. D. (n.d.). *Experience cultural factors in occupational safety and health.* Retrieved from http://www.safera.industrialsafety-tp.org.

Ely, R. J., & Thomas, D. A. (2001). Cultural diversity at work: The effects of diversity perspectives on work group processes and outcomes. *Administrative science quarterly*, *46*(2), 229.

Encyclopaedia Britannica. (n.d.). South Korea. Retrieved from http://www.britannica.com.

Eng, A., 't Mannetje, A., Ellison-Loschmann, L., McLean, D., Cheng, S. & Pearce, N. (2011). Ethnic Differences in Patterns of Occupational Exposure in New Zealand. *American Journal of Industrial Medicine, 54*(5), 410-418.

Eringa, K., Caudron, L., Rieck, K., Xie, F., & Gerhardt, T. (2015) How relevant are Hofstede's dimensions for inter-cultural studies? A replication of Hofstede's research among current international business students, *Research in Hospitality Management*, *5*(2), 187-198.

European Agency for Safety and Health at Work. (2013). *Diverse Cultures at work: ensuring safety and health through leadership and participation.* Office of the European Union, Luxembourg: Starren, A., Luijters., A., Drupsteen, L., Vilkevicius, G., & Eeckleart, L.

European Commission. (2013). *Hyper-diversity: A new perspective on urban diversity.* (European Policy Brief). Retrieved from http://ec.europa.eu.

Expert Advisory Panel on Occupational Health and Safety. (2010). *Expert Advisory Panel on Occupational Health and Safety: Report and Recommendations to the Minister of Labour.* Retrieved from http://www. labour.gov.on.ca.

Eyesafe. (2018a). *Eye Injury Prevention Programming.* Retrieved from http://www.eyesafe.ca.

Eyesafe. (2018b). *Eyesafe by the Numbers*. Retrieved from http://www.eyesafe.ca.

Eyesafe. (n.d.). *Eye Safety 101*. Retrieved from http://www.eyesafe.ca.

Fan, J. X. & Xiao, J. J. (2006). Cross-cultural differences in Risk Tolerance: A Comparison Between Chinese and Americans. *Journal of Personal Finance, 5*(3), 54-75.

Fan, Y. (2000). A Classification of Chinese Culture. *Cross Cultural Management, 7*(2), 3-10.

Farquhar, S., Shadbeh, N., Samples, J., Ventura, S., & Goff, N. (2008). Occupational Conditions and Well-Being of Indigenous Farmworkers. *American Journal of Public Health, 98*(11), 1956-1959.

Federal Statistical Office. (2012). *Migrant Background.* Retrieved from http://www.destatis.de.

Federal Statistical Office. (n.d.). *Population*. Retrieved from http://www.destatis.de.

Feilo, H. (2016). *Talanoa: A Contribution to the Occupational Health and Safety Management of Pacific Peoples in the Construction Industry.* (MBus Thesis, Auckland University of Technology Business School).

Fernandez, D., Carlson, D., Stepina, L. & Nicholson, J. (1997). Hofstede's Country Classification 25 years later. *Journal of Social Psychology, 137*(1), 43-54.

Fernandez, J.A., Daltuva, J.A., & Robins T. G. (2000). Industrial Emergency Response Training: An Assessment of Long-Term Impact of a Union-based Program. *American Journal of Industrial Medicine, 38*(5), 598-605.

Fiske, S. (2002). What We Know Now About Bias and Intergroup Conflict, the Problem of the Century. *American Psychological Society, 11*(4), 123-128.

Flinders University of South Australia. (2017). *Cross-cultural Care Program For Aged Care Staff: Workbook For Staff.* Retrieved from http://www.dspace.flinders.edu.

Flynn, M. A. (2014). Safety & the diverse workforce: lessons from NIOSH's work with Latino Immigrants. *Professional safety*, *59*(6), 52.

Flynn, M., Check, P., Eggerth D. E., & Tonda, J. (2013). Improving Occupational Safety and Health Among Mexican Immigrant Workers: A Binational Collaboration. *Public Health Reports, 128*(3), 33-38.

FMT Reporters. (2018, August 29). Report: 386 Nepalese migrant workers died here in 2016. Retrieved from http://www.freemalaysiatoday.com.

Foreign Domestic Worker Association for Social Support and Training. (n.d.). *Foreign Domestic Worker Association for Social Support and Training (FAST).* Retrieved from http://www.fast.org.sg.

Forst, L., Ahonen, E., Zanoni, J., Holloway-Beth, A., Oschner M., Kimmel, L. & Sokas, R. (2013). More than Training: Community-Based Participatory Research to Reduce Injuries among Hispanic Construction Workers. *American Journal of Industrial Medicine, 56*(8), 827-837.

Forst, L., Lacey, S., Chen, H. Y., Jiminez, R., Bauer, S., Skinner, S., … Conroy, L. (2004). Effectiveness of Community Health Workers for Promoting Use of Safety Eyewear by Latino Farm Workers. *American Journal of Industrial Medicine, 46*(6)*,* 607-613.

Forte Business Group. (2015). The Influence of National Culture on Safety Practises in the New Zealand Context. *Forte Management*. Retrieved from http://www.library.forte-management.co.nz.

Forte Business Group. (2017). What makes Kiwis tick? *Rotary Club of Blenheim South*.

Gangmasters and Labour Abuse Authority. (2018a). *About Us.* Retrieved from http://www.gla.gov.uk.

Gangmasters and Labour Abuse Authority. (2018b). *What we do*. Retrieved from http://www.gla.gov.uk.

Gangmasters and Labour Abuse Authority. (2018c). *Report Issues*. Retrieved from http://www.gla.gov.uk.

Gangmasters and Labour Abuse Authority. (2018d). *English Report Form.* Retrieved from http://www.gla.gov.uk.

Gany, F., Dobslaw, R., Ramirez, J., Tonda, J., Lobach, I. & Leng, J. (2011). Mexican urban occupational health in the U.S: A population at risk. *Journal of Community Health, 36*(2), 175-179.

The German Federal Institute for Occupational Health and Safety. (2016). *Safety and Health at Work 2015 – Accident Prevention Report Work.* Retrieved from http://www.bau.de/suga.

Gladwell, M. (2008). *Outliers.* New York, NY: Little, Brown and Company.

GMB. (n.d.). *About GMB*. Retrieved from http://www.gmb.org.uk.

Goh, A., Asmoni, M. N. A. M. Hamdi, A., Misan M. S. & Janice, L. (2015). Evaluation Criteria of Safety and Health Induction for Construction Work (SICW) in Malaysia. *Jurnal Teknologi, 73*(5), 93-97.

Goldenburg, M. (2010). The Body as Capital. *Vibrant Virtual Brazilian Anthropology 7*(1), 220-238.

Gomberg-Munoz, R. (2010). Willing to work: Agency and vulnerability in an undocumented immigrant network. *American Anthropologist, 112*(2), 295-307.

Grieco, E. (2003). English Abilities of the US Foreign-Born Population. *Migration Information Source.* Retrieved from https://www.migrationpolicy.org/article/english-abilities-us-foreign-born-population.

Grzywacz, J. G. (2009). Using Lay Health Promoters in Occupational Health: Outcome Evaluation in a Sample of Latino Poultry Processing Workers. *New Solutions, 19*(4), 449-466.

Guldenmund, F. (2000). The nature of safety culture: a review of theory and research. *Safety Science, 34*(1-3), 215-257.

Gurowitz, A. (2000) Migrant Rights and Activism in Malaysia: Hidden Victims of Abuse and Forced Labor. *New York University Journal of International Law & Politics, 44,* 629.

Hall, E. T. (1976). *Beyond Culture.* Anchor Books.

Hämäläinen, P., Takala, J., & Saarela K. L. (2006). Global estimates of occupational accidents. *Safety Science, 44,* 137-156.

Hannif, Z. N. & Lamm, F. (2005). When non-standard work becomes precarious: Insights from the New Zealand call centre industry. *The International Review of Management Studies, 16*(3), 324-350.

Hare, B., Cameron, I., Rea, K. J. I. & Maloney W. F. (2013). Exploratory Case Study of Pictorial Aids for Communicating Health and Safety. *Journal of Construction Engineering and Management, 139*(7), 818-825.

Harrigan, N. (2017). *Bridging the Divide in Migrant Worker Research.* Retrieved from http://www.newnaratif.com.

Harrigan. N., & Koh, C.Y, (2015). *Vital yet vulnerable: Mental and emotional health of South Asian migrant workers in Singapore* (Lien Centre for Social Innovation Social Insight Research Series Paper 1764).

Hatami, S.E., Ravandi, M.R.G,, Hatami, S.T. & Khanjani, N. (2017). Epidemiology of work-related injuries among insured construction workers in Iran. *Electron Physician, 9*(11), 5841-5847.

Health and Safety Executive (2003). *Cultural influences on health and safety attitudes and behaviour in small businesses* (Research Report 150). London: Vickers, I., Baldock, R., Smallbone, D., James., Philip & Ekanem, I.

Health and Safety Executive Board. (2008). *Vulnerable (including migrant) workers: an update* (HSE/08/79) United Kingdom: Jeremy Bevan. Retrieved from http://www.hse.gov.uk.

Health and Safety Executive. (2009). *Construction Industry Advisory Committee: Report of the Vulnerable Workers Working Group.* (M1/2009/2) United Kingdom: Fear.K

Health and Safety Executive. (2010). *Protecting migrant workers.* Retrieved from http://www.hse.gov.uk.

Health and Safety Executive. (2015). *Operational Guidance: Head Protection for Sikhs wearing turbans.* Retrieved from http://www.hse.gov.uk.

Health and Safety Executive. (2017). *Health and safety at work Summary statistics for Great Britain 2017*. Retrieved from http://www.hse.gov.uk.

Health and Safety Executive. (2018). *Workplace fatal injuries in Great Britain 2018*. Retrieved from http://www.hse.gov.uk.

Health and Safety Executive. (n.d.a.). *Advice for Employers.* Retrieved from http://www.hse.gov.uk.

Health and Safety Executive. (n.d.b.). *Migrant working intervention manual.* Retrieved from http://www.hse.gov.uk.

Helmreich, R. L. (1998). Building Safety on the Three Cultures of Aviation *Proceedings of the IATA Human Factors Seminar.* Bangkok, Thailand.

Herkunftslander von Fluchtlingen, Statista. (2019). *Hauptherkunftsländer von Asylbewerbern in Deutschland im Jahr 2018 (bis September).* Retrieved from http://www.de.statista.com.

Hester, S. (2010). *The London Outreach Worker Project* Construction Industry Advisory Committee, London.

Hiott, A., Quandt, S., Early, J., Jackson, D., & Arcury, T. (2006). Review of Pesticide Education Materials for Health Care Providers Providing Care to Agricultural Workers. *National Rural Health Association, 22*(1),17-25.

Hofstede, G. (1980). *Culture's Consequences: International differences in work related values.* Beverly Hills, CA: Sage.

Hofstede, G. (2001). *Culture's Consequences: Comparing Values, Behaviours, Institutions, and Organisations across Nations.* (2nd ed.). Thousand Oaks, CA: Sage.

Hofstede, G., Hofstede, G. J., & Minkov, M. (2010). *Cultures and Organisations: Software of the Mind* (3rd ed.). New York, NY: McGraw Hill.

Holmes, N., Lingard, L., Yesilyurt, Z., & Munk, F. (1999). An explanatory study of meanings of risk control for long term and acute effect occupational health and safety risks in small business construction firms. *Journal of Safety Research, 30*(4), 251-261.

Home Builders Federation. (2007). *Guidance on Health and Safety of Non-English Workers on HBF Sites.* Retrieved from http://www.hbf.co.uk.

Home Builders Federation. (2018). *About the HBF* Retrieved from http://www.hbf.co.uk.

Hong, Z.& Jing, L. (2013, November 26). Human error blamed for Qingdao oil pipeline explosion *South China Morning Post.* Retrieved from http://www.scmp.com.

House, R., Hanges, P., Javidan, M., Dorfman, P., & Gupta, V. (Eds.) (2004). *Leadership, culture and organizations: The GLOBE study of 62 nations.* California: Sage.

Hovey, J.D. Kim, S. & Seligman, L. (2006). The Influences of Cultural Values, Ethnic Identity, and Language Use on the Mental Health of Korean American College Students. *Journal of Psychology, 140*(5), 499-511.

Hsee, C. & Weber, E.U (1999). Cross-national differences in risk preference and lay predictions. *Journal of Behavioural Decision Making, 12*(2), 165-179.

Hua, J. & Stanway, D. (2013, December 11). China pipeline blast exposes risks of urban sprawl *Reuters.* Retrieved from http://www.reuters.com.

Human Rights Watch. (2015, June 30). *Kuwait: New Law a Breakthrough for Domestic Workers.* Retrieved from http://www.hrw.org.

icare NSW. (2017). *multicultural plan*. Retrieved from http://www.icare.nsw.gov.au.

icare NSW. (2018a). *Website Performance Summary.* Retrieved from http://www.icare.nsw.gov.au.

icare NSW. (2018b, August 29). *Workplace Injuries – They Are Everyone's Business.* Retrieved from http://www.icare.nsw.gov.au.

icare NSW. (n.d.a). *Our story*. Retrieved from http://www.icare.nsw.gov.au.

icare NSW. (n.d.b). *icare enhances website accessibility*. Retrieved from http://www.icare.nsw.gov.au.

IG Metall. (2018a). *Our union is diverse and strong.* Retrieved from http://www.igmetall.de/index.htm.

IG Metall. (2018b). *Eyewear, clothing and where else distress prevails.* Retrieved from http://www.igmetall.de.

IG Metall. (n.d.). *Good people. Strong performance*. Retrieved from http://www.igmetall.de.

Institute for Work & and Health. (2016). *Vulnerable workers and risk of work injury*. Retrieved from http://www.iwh.on.ca.

Institute for Work & Health. (2017). *Impact case studies: Concerns about newcomers' safety at work lead organisation to IWH toolkit*. Retrieved from http://www.iwh.on.ca.

Institute for Work and Health. (2010). *Germany: Description of the organisation of the occupational health and safety system and the delivery of prevention services.* Retrieved from http://www.iwh.on.ca.

International Labour Office. (2018). *Exploratory study of good policies in the protection of construction workers in the Middle East* (ILO White Paper) Regional Office for Arab States: Wells. J.

International Labour Organisation. (2012). *National Profile Report on Occupational Safety and Health in China*.

International Labour Organisation. (2015). *OSHE reports 600 workers died and almost 500 injured in first six months of 2015.* Retrieved from http://www.ilo.org.

International Labour Organisation. (n.d.b.). *Improving Working Conditions in the Ready-Made Garment Sector in Bangladesh Programme.* Retrieved from http://www.ilo.org.

International Labour Organisation. (2000). *Observation of the Committee of Experts on the Application of Conventions and Recommendations: Freedom of Association and Protection of the Right to Organise Convention, 1948 (No. 87) - Kuwait (Ratification: 1961)*. Retrieved from http://www.ilo.org.

International Organization for Migration. (2009). *Kuwait Hosts Workshop on Managing Temporary Foreign Labour.* Retrieved from http://www.iom.int.

International Organization for Migration. (2010). *Kuwait.* Retrieved from https://www.iom.int/countries/kuwait.

International Organization for Migration. (2010a). *First Regional Workshop on Contractual Labour for Gulf Cooperation Council Countries Ends.* Retrieved from http://www.iom.int.

International Organization for Migration. (2010b). *Effects of Social Networks on Kuwait Labour Market: IOM Study.* Retrieved from http://www.iom.int.

International Training Centre. (2017, December). *Essentials of Occupational Safety and Health.* Retrieved from http://www.itcilo.org.

International Training Centre. (n.d.). *The Centre in Kuwait.* Retrieved from http://www.itcilo.org.

IOSH. (2003). *Using Pictures in Training: The Impact of pictorial OSH training on migrant worker behaviour and competence: Research Summary.* Retrieved from http://www.iosh.co.uk.

IOSH. (2018a). *About us.* Retrieved from http://www.iosh.co.uk.

IOSH. (2018b). *Membership*. Retrieved from http://www.iosh.co.uk.

IOSH. (n.d.). *Who we are*. Retrieved from http://www.iosh.co.uk.

Jiang, X. & Yang, J. (2011). Understanding the Work Values of Chinese Employees. *Psychology 2*(6), 579.

Johnson, L. (2016). Prescription eyewear must suit workers' safety needs, company budgets *Canadian Occupational Safety.*

Jones, R. (2016). Korea's economy: Finding a new momentum. *OECD Observer*. Retrieved from http://www.oecdobserver.org.

Juarez-Carillo, P. M., Leibman, A. K., Reyes, I. A. C. Ninco Sanchez, Y. V. & Keifer. M. C. (2017). Applying Learning Theory to Safety and Health Training for Hispanic Immigrant Dairy Workers. *Health Promotion Practice, 18*(4), 505-515.

Juhasz, I. (2013). The Workforce in Indian Organisations. An Analysis based upon the Dimensions of Hofstede's Model. *Economics Questions, Issues and Problems,* 38-34.

Justicia for Migrant Workers. (n.d.). *Justicia for Migrant Workers*. Retrieved from http://justicia4migrantworkers.org.

Roguski, M. (2013). Occupational health and safety of migrant sex workers in New Zealand. *Prepared for the New Zealand Prostitutes Collective*.

Kang, S. (2012). The Current Status and the Future of Occupational Safety and Health in Korea. *Industrial Health, 50*(1), 12-16.

Kartam, N. (1997). Integrating Safety and Health Performance into Construction CPM. *Journal of Construction Engineering and Management, 123*(2), 121-126.

Kartam, N. A,. Flood, I. & Koushki, P. (2000). Construction safety in Kuwait: issues, procedures, problems, and recommendations. *Safety Science, 36*(3), 163-184.

Keifer, M. (2010). Pesticides and other chemicals: Minimizing worker exposures. *Journal of Agromedicine, 15*(3), 264-274.

Kelly, R. F. (1987) Culture As Commodity: the Marketing of Cultural Objects and Cultural Experiences. *Advances in Consumer Research, 14*, 347-351.

Khan, S. (2010, January 25). There's no national language in India: Gujarat High Court *The Times of India.* Retrieved from http://www.timesofindia.indiatimes.com.

Khavarpour, F. & Rissel, C. (1997) Mental Health Status of Iranian Migrants in Sydney. *Australian and New Zealand Journal of Psychiatry, 31*(6), 828-834.

Khmer Times. (2016, May). Agreement Signed to Protect Migrant Workers. Retrieved from http://www.khmertimeskh.com.

Kines, P., Anderson, L., Spangenburg, S., Mikkelsen, K., Dyreborg, J. & Zohar, D. (2010). Improving construction site safety through leader-based verbal safety communication. *Journal of Safety Research,* 41(5), 399-406.

Kosny, A. & Allen, A. R. (2016). Falling through the cracks? An analysis of health and safety resources for migrant workers in Australia. *International Journal of Migration, Health and Social Care, 12*(2), 104.

Kouabenan, D. (2009). Role of beliefs in accident and risk analysis and prevention. *Safety Science, 47*(6), 767-776.

Kumar, N.K.P. (2016, February 14). Racial prejudice in India may be a legacy of the caste system *The Economic Times.* Retrieved from http://www.economictimes.indiatimes.com.

Lamm, F. (2002). OHS in Small Businesses. In Lloyd, M. (Ed.). *Occupational Health and Safety in New Zealand: Contemporary Social Research*. Wellington, New Zealand: Dunmore Press.

Lanier, D., Baker, C., & Juliann, S., (2015). *Fatal Occupational Injuries Among Hispanic-Latino Workers in California, 2009-2013* California Department of Industrial Relations. Retrieved from http://www.dir.ca.gov.

Laurenson, T., (2014). Occupational Health & Safety for Pacific Island Workers – A Cultural Perspective. *Association of Industrial Relations Academics of Australia & New Zealand conference,* Melbourne.

Lee, C. Y. (2012). Korean Culture and Its Influence on Business Practice in South Korea. *Journal of International Management Studies, 7*(2), 184-191.

Lee, K., McGuinness, C., & Kawakami, T. (2011). *Research on occupational safety and health for migrant workers in five Asia and the Pacific countries: Australia, Republic of Korea, Malaysia, Singapore and Thailand.* International Labour Organization for East and South-East Asia and the Pacific.

Legrain, P. (2018). Hiring Refugees Works for Business. *National Business Review*. Retrieved from http://www.nbr.co.nz.

Li, R. Y. M., & Poon, S. W. (2013). Supply of safety measures in developing and developed countries: A global perspective. In *Construction Safety*. Springer, Berlin, Heidelberg.

Liebman, A. K. Wiggins, M. F. Fraser, C., Levin, J., Sidebottom, J. & Arcury. T. A. (2013). Occupational Health Policy and Immigrant Workers in the Agriculture, Forestry, and Fishing Sector. *American Journal of Industrial Medicine, 56*(8), 975-984.

Lien Centre for Social Innovation. (2015). *Vital yet vulnerable: Mental and emotional health of South Asian migrant workers in Singapore* (Innovation Social Insight Research Series, Paper 1764) Singapore Management University: Harrigan, N. & Yee, K. C.

Kennedy, J.C. (2000). *Leadership and Culture in New Zealand* (Commerce Division, Discussion Paper No. 88). New Zealand, Canterbury: University of Lincoln.

Lloyd, J. W. (1971). Long-term mortality study of steel workers. V. Respiratory cancer in coke plant workers. *Journal of Occupational Medicine, 13*(2), 53-68.

Loh, K. & Richardson, S. (2004). Foreign-born workers: trends in fatal occupational injuries, 1996-2001. *Monthly Labour Review, 127,* 42.

Loomis, D. & Richardson, D. (1998). Race and the Risk of Fatal Injury at Work. *American Journal of Public Health, 88*(1), 40-44.

Lopez, G., Ruiz, G., & Patten, E., (2017, September 8). Key facts about Asian Americans, a diverse and growing population. *Pew Research Center*. Retrieved from http://www.pewresearch.org.

Lorenz, C. (2008). Representations of Identity: Ethnicity, Race, Class, Gender and Religion: an Introduction to Conceptual History. In Berger, S. & Lorenz, C. *The Contested Nation: ethnicity, class, religion and gender in national histories*. Basingstoke: Palgrave Macmillan.

Lu, C. S., Lai, K. H., Lun, Y. H., & Cheng T. C. (2012). Effects of National Culture on Human Failures in Container Shipping: The Moderating Role of Confucian Dynamism. *Accident Analysis and Prevention, 49*, 457-469.

Lu, L., Cooper, C. L., Kao, S. F., & Zhou, Y. (2003). Work stress, control beliefs and well-being in Greater China: An exploration of sub-cultural differences between the PRC and Taiwan. *Journal of Managerial Psychology, 18*(6), 479-510.

Luby, J., Belden, A., Botteron, K., Marrus, N., Harms, M., Babb, C. … & Barch, D. (2013). Effects of Poverty on Childhood Brain Development. *Journal of the American Medical Association Paediatrics, 167*(12), 1135-1142.

Luque, J. S. (2007). Implementation Evaluation of a Culturally Competent Eye Injury Prevention Program for Citrus Workers in a Florida Migrant Community. *Progress in Community Health Partnerships, 1*(4), 359-369.

Macapanpan, M. L. (n.d.). *Safety and health at work in the Philippines.* International Labour Organisation. *International Labour Organisation*. Retrieved from http://www.ilo.org.

MacDermott, T. & Opeskin, B. (2010). Regulating Pacific Seasonal Labour in Australia. *University of Technology Sydney Law Research Series, 83*(2), 283-305.

MacLennan, C. (2018). Migrant Filipino Workers in the Construction Industry. *New Zealand Industrial Relations Foundation Inc*. Retrieved from http://www.etu.nz.

Malaysian Investment Development Authority. (2018). *Electrical and Electronics.* Retrieved from http://www.mida.gov.my.

Malaysia Trades Union Congress. (2013, April 23). *About MTUC*. Retrieved from http://www.mtuc.org.my.

Mannes, M. (2006). *Communicating Across Cultures in a New Zealand Workplace: an investigation of attitudes, policies and practices at Excell, Auckland* (Masters of Management thesis, Massey University, Palmerston North, New Zealand).

Massey University. (2016). *Pasifika values.* Retrieved from http://www.massey.ac.nz.

Matas, D. (n.d.). *Sri Lankan Tamil Refugees: Malaysia February 2015.* Retrieved from http://www.i-tran.ca.

Mayne, J., Lowrie, D. & Wilson, J. (2016). Occupational Experiences of Refugees and Asylum Seekers Resettling in Australia. *OTJR: Occupation, Participation and Health, 36*(4), 204-215.

McKay, S., & Winkelmann-Gleed, A. (2005). *Migrant workers in the East of England Project Report*.

McKillop, C., Parsons, J., Brown, J., Scott, S. & Holness, D. (2016). Rights, responsibilities, and (re) presentation: Using drawings to convey health and safety messages among immigrant workers. *Work* 5.

McLeod, A. & Reeve, M. (2005). The health status of quota refugees screened by New Zealand's Auckland Public Health Service between 1995 and 2000. *New Zealand Medical Journal, 118(*1224), 1-17.

McSweeny, B. (2002). Hofstede's model of national cultural differences and their consequences: a triumph of faith –a failure of analysis. *Human Relations, 55*(1), 89-118.

Mearns, K. & Yule, S. (2008). The role of National Culture in Determining Safety Performance: Challenges for the Global Oil and Gas Industry. *Safety Science*, *47*(6), 777-785.

Mendeloff, J. (2015). *Occupational Safety and Health in Brazil*. California: Rand Corporation.

Mental Health Commission. (2000). *Pacific People in New Zealand talk about their experiences with Mental Illness* (Recovery Series,3). New Zealand, Wellington: Malo, V

Merkin, R., Taras, V. & Steel, P. (2014). State of the art themes in cross-cultural communication research: A systematic and meta-analytic review. *International Journal of Intercultural Relations, 38*, 1-23.

Merrit, A. (2000). Culture in the Cockpit: Do Hofstede's Dimensions Replicate? *Journal of Cross-cultural Psychology, 31*(3), 283-301.

Metcalf, M. (2016, August 23). *Knocking down the barriers. Unite English courses help Sports Direct workers.* Retrieved from http://www.unionlive.org.uk.

Meyer, E. (2017). *Being the Boss in Brussels, Boston, and Beijing.* Retrieved from https://hbr.org/2017/07/being-the-boss-in-brussels-boston-and-beijing.

Migrant Workers' Centre. (n.d.). *Migrant Workers' Centre*. Retrieved from http://www.mwc.org.sg.

Migrants in Countries in Crisis. (2018). *The Malaysian Trades Union Congress' Migrant Worker Resource Centres.* Retrieved from https://micicinitiative.iom.int/.

Migrants in Countries in Crisis. (n.d.). *Induction Course on Communication Skills, Malaysian Culture and Laws and Regulations.* Retrieved from http://www.micicinitiative.iom.

Migrants Rights Network. (2018). *Route to Your Rights: Project Findings.* Retrieved from http://www.migrantsrights.org.uk.

Migrants Rights Network. (2016). *Who are we.* Retrieved from http://www.migrantsrights.org.uk.

Miller, C., Strong, S., Winson, M & Brugman, C.M. (2014). *Ritualized Indirectness in Persian: taarof and related strategies of interpersonal management* (University of Maryland Center for Advanced Study of Language DO 51 Technical Report 3.2)

Ministry of Business, Innovation and Employment. (2013). *Labour Market Outcomes of Recent Migrants to New Zealand*. New Zealand, Wellington: P, Merwood.

Ministry of Business, Innovation and Employment. (2018). *Migration Trends 2016/201.7* Retrieved from http://www.mbie.govt.nz.

Ministry of Manpower (2015b, December 22) Employers must foot foreign workers' medical bills. Retrieved from http://www.mom.gov.sg.

Ministry of Manpower. (2016). *WSH2018Plus: Advancing Workplace Safety & Health In Singapore For 2018 And Beyond.* Workplace Safety and Health Council and Workplace Safety and Health Institute. Retrieved from http://www.mom.gov.sg.

Ministry of Manpower. (2018h). *Construction sector: Work Permit requirements*. Retrieved from http://www.mom.gov.sg.

Ministry of Manpower. (2009). *WSH2018: a national strategy for workplace safety and health in Singapore* Workplace Safety and Health Council. Retrieved from http://www.mom.gov.sg.

Ministry of Manpower. (2012). *Changes to the employment of Foreign Manpower Act (EFMA).* Retrieved from http://www.mom.gov.sg.

Ministry of Manpower. (2015a) *Code of Practice on Workplace Safety and Health (WSH) Risk Management* Workplace Safety and Health Council. Retrieved from http://www.mom.gov.sg.

Ministry of Manpower. (2016). *A Guide for Foreign Workers.* Retrieved from http://www.mom.gov.sg.

Ministry of Manpower. (2017c). *Question No. 1338 for Oral Answer.* Retrieved from www.mom.gov.sg.

Ministry of Manpower. (2017a). *Fatal injury rate stayed at 1.9 per 100,000 employed persons, but more non-fatal workplace injuries in 2016.* Retrieved from http://www.mom.gov.sg.

Ministry of Manpower. (2017b). *Workplace Safety and Health Report 2017: National Statistics.* Workplace Safety and Health Institute.

Ministry of Manpower. (2018a). *Employment Act: who it covers.* Retrieved from http://www.mom.gov.sg.

Ministry of Manpower. (2018b). *Summary Table: Labour Force.* Retrieved from http://www.stats.mom.gov.sg.

Ministry of Manpower. (2018c). *Marine shipyard sector: Work Permit requirements and Construction sector: Work permit requirements*. Retrieved from http://www.mom.gov.sg.

Ministry of Manpower. (2018d). *Employers' Orientation Programme.* Retrieved from http://www.mom.gov.sg.

Ministry of Manpower. (2018e). *Employment of Singapore citizens, permanent resident and foreigners, 1997-2006*. Retrieved from http://www.mom.gov.sg.

Ministry of Manpower. (2018f). *Foreign workforce numbers.* Retrieved from http://www.mom.gov.sg.

Ministry of Manpower. (2017c). *Occupational Safety and Health Division*. Retrieved from http://www.mom.gov.sg.

Moeinadin, M., Heirnay, F. & Harandi, A. (2014). Identifying the Effective Factors for the Improvement of Tax Compliance. *International Journal of Academic Research in Accounting, Finance and Management Sciences, 4*(1), 220-227.

Monaghan, P. F., Bryant, C. A., McDermott, R. J., Forst, L. S., Luque, , J. S. & Contreras, R. B. (2014). Adoption of Safety Eyewear among Citrus Harvesters in Rural Florida. *Journal of Immigrant and Minority Health, 14*(3), 460-466.

Morris, M. & Peng, K. (1994). Culture and cause: American and Chinese attributions for social and physical events. *Journal of Personality and Social Psychology, 67*(6), 949.

Moyce S. C. & Schenker, M. (2018). Migrant Workers and Their Occupational Health and Safety. *Annual Review of Public Health, 39*, 351-365.

Murray, L. R. (2003). Sick and Tired of Being Sick and Tired: Scientific Evidence, Methods, and Research Implications for Racial and Ethnic Disparities in Occupational Health. *American Journal of Public Health, 93*(2), 221-226.

Naghavi, M., Abolhassani, F., Pourmalek, F., Lakeh, M., Jafari, N., Vaseghi, S. … & Kazemeini, H. (2009).The Burden of Disease and Injury in Iran 2003. *Population health metrics, 7*(1), 9-30.

Narayanan, L., Menon, S. & Spector, P. (1999). A cross-cultural comparison of job stressors and reactions among employees holding comparable jobs in two countries. *International Journal of Stress Management. 6*(3), 197-212.

National Integration Working Group for Workplaces. (n.d.). *Managing Workplace Diversity: A toolkit for organisation*. Retrieved from http://www.mom.gov.sg.

National Union of Public and General Employees. (2019). *Agricultural Workers Alliance Support Centre celebrates ten year anniversary*. Retrieved from http://www.nupge.ca.

Nayar, S., Hocking, C.& Wilson, J. (2007). An Occupational Perspective of Migrant Mental Health: Indian Women's Adjustment to Living in New Zealand. *British Journal of Occupational Therapy, 70*(1), 16-23.

Neelankavil, J. P. Mathur, A. & Zhang, Y. (2000). Determinants of Managerial Performance: a Cross-cultural Comparison of the Perceptions of Middle-level Managers in Four Countries. *Journal of International Business Studies,* 31(1), 121-140.

Department of Labour. (2009). *New Faces, New Futures, New Zealand: Findings from the Longitudinal Immigration Survey: New Zealand (LisNZ): Wave One*.

New Zealand Government. (2018). *Health and Safety at Work Strategy 2018 – 2028 | Background Information for Consultation.* Retrieved from http://www.mbie.govt.nz.

New Zealand Treasury. (2018b). *A Pacific Perspective on the Living Standards Framework and Wellbeing.* (DP 18/09). New Zealand, Wellington: Thomsen, S., Tavita, J & Levi-Teu, Z.

New Zealand Treasury. (2018a). *An Asian Perspective and the New Zealand Treasury Living Standards Framework* (Discussion paper 18/10).

Nisbett, R. E., & Miyamoto, Y. (2005). The influence of culture: holistic versus analytic perception. *Trends in cognitive sciences*, *9*(10), 467-473.

Noort, M. C., Reader, T. W., Shorrock, S. & Kirwan, B. (2016). The Relationship between National Culture and Safety Culture: Implications for international safety culture assessments. *Journal of Occupational and Organizational psychology, 89*(3), 515-538.

Noronha, C. (2002). *The Theory of Culture-Specific Total Quality Management: Quality Management in Chinese Regions*. Springer.

Northwest Food Alliance. (2004). Working safely in a multicultural food and drink industry *Institution of Occupational Health and Safety*. Retrieved from http://www.iosh.co.uk.

NT WorkSafe. (2017). *Work Health Authority: Annual Report 2016-17.* Retrieved from http://www.worksafe.nt.gov.au.

O'Connor, T., Flynn, M., Weinstock, D. & Zanoni, J. (2014). Occupational safety and health education and training for underserved populations *New Solut, 24*(1), 83-106.

O'Connor, T., Flynn, M., Weinstock, D., & Zanoni, Z. (2011). Education and training for underserved populations *Eliminating Health and Safety Disparities at Work Conference*. Illinois, Chicago.

Occupational Health Clinics for Ontario Workers. (2018). *Farm Worker Resources*. Retrieved from http://www.ohcow.on.ca.

OECD. (2013). *Foreign Born population indicator*. Retrieved from http://www.data.oecd.org.

Office for National Statistics. (2017). *National Population Projections: 2016 based statistical bulletin.* Retrieved from http://www.ons.gov.uk.

Office for National Statistics. (2018). *Population estimates.* Retrieved from http://www.ons.gov.uk.

Office of Ethnic Communities. (n.d.). *Ethnicity Data Online Resource.* Retrieved from http://www.ethniccommunities.govt.nz.

Ontario Council of Agencies Serving Immigrants. (2015). *Migrant Worker Guide*. Retrieved from http://www.migrantworkerguide.ca.

Ontario Council of Agencies Serving Immigrants. (n.d.). *OCASI – Ontario Council of Agencies Serving Immigrants*. Retrieved from http://www.ocasi.org.

Ontario Ministry of Labour. (2014). *Backgrounder: Protecting Vulnerable Workers.* Retrieved from http://www.labour.gov.on.ca.

Ontario Ministry of Labour. (2014a). *Health and Safety Awareness Training for Workers and Supervisors.* Retrieved from http://www.labour.gov.on.ca.

Ontario Ministry of Labour. (2014b). *Backgrounder: Protecting Vulnerable Workers.* Retrieved from http://www.labour.gov.on.ca.

Ontario Ministry of Labour. (2016a). *Progress Update: Vulnerability in the Workplace Action Plan, Newcomers and Migrant Workers Stream, CPO Progress Update: 2016"* (slidedeck provided by the Ontario Ministry of Labour, unpublished).

Ontario Ministry of Labour. (2016b). *FAQs: Regulatory Requirements for Mandatory Worker and Supervisor Awareness Training.* Retrieved from http://www.labour.gov.on.ca.

Ontario Ministry of Labour. (2017a). *Occupational Health & Safety in Ontario: 2015 – 16 Annual Report.* Retrieved from http://www.labour.gov.on.ca.

Ontario Ministry of Labour (2017b). *Other Languages*. Retrieved from http://www.labour.gov.on.ca.

Orrenius, P. & Zavodny, M. (2009). Do Immigrants Work in Riskier Jobs? *Demography*, *46*(3), 535-551.

Oxford Living Dictionaries. (2018). *migrant.* Retrieved from http://www.en.oxforddictionaries.com.

Pager, D. & Western, B. (2009). Discrimination in a low-wage labor market: A field experiment. *American Sociological Review, 74*(5), 777-799.

Passel, J. & D'Vera, C. (2016). *Size of US Unauthorized Immigrant Workforce Stable After the Great Recession.* Pew Research Center. Retrieved from http://www.pewhispanic.org.

Paul Hamlyn Foundation. (2018). *Migration and Immigration*. Retrieved from http://www.phf.org.uk.

PEI Association for Newcomers to Canada. (n.d.a.). *Background, Work and Activities.* Retrieved from http://www.peianc.com.

PEI Association for Newcomers to Canada. (n.d.b). *Temporary Foreign Workers Support.* Retrieved from http://www.peianc.com.

PEI Association for Newcomers to Canada. (n.d.c). *Cultural Inclusion Training*. Retrieved from http://www.peianc.com.

Perla, M. E., Iman, E., Campos, L., Perkins, A., Liebman, A.K, Miller, M. E.,. Karr, C. J. (2015). Agricultural Occupational Health and Safety Perspectives Among Latino-American Youth. *Journal of Agromedicine, 20*(2), 167-177.

Perlow, L., & Weeks, J. (2002). Who's helping whom? Layers of culture and workplace behavior. *Journal of Organizational Behavior: The International Journal of Industrial, Occupational and Organizational Psychology and Behavior*, *23*(4), 345-361.

Pingle, S. (2012). Occupational Safety and Health in India: Now and the Future. *Industrial Health, 50*(3), 167-171.

Pliskin. K. L.(1992). Dysphoria and somatization in Iranian Culture. *The Western Journal of Medicine 157*(3), 295-300.

Pocock, N. S., Suphanchaimat, R., Chan, C. K. , Faller, E. M., Harrigan, N., Pillai, V. & Wickramage, K. (2018). Reflections on migrant and refugee health in Malaysia and the ASEAN region. *BMC Proceedings, 12*(4), 4.

Poultec. (n.d.). *About Poultec.* Retrieved from http://www.poultec.co.uk.

Primus Personnel and Media. (n.d.). *Home*. Retrieved from http://www.primus-personnel.co.uk.

Productivity Commission. (1995). *Work, Health and Safety: An Inquiry into Occupational health and Safety.* Retrieved from http://www.pc.gov.au.

Prostitution Law Review Committee. (2005). *The Nature and Extent of the Sex Industry in New Zealand: An Estimation.*

Prynn, J., (2011, March 1). 270 nationalities and 300 different languages: how a United Nations of workers is driving London forward. *Evening Standard.* Retrieved from http://www.standard.co.uk.

Pysklwec, M., McLaughlin, J., Tew, M. & Haines, T. (2011). Doctors within borders: meeting the health care needs of migrant farm workers in Canada. *Canadian Medical Association Journal* 1039.

Quandt, S. A., Austin, C. K., Arcury, T. A., Summers M. E., & Saavedra. R. E. (1999). Agricultural chemical training materials for farmworkers: Review and annotated bibliography. *Journal of Agromedicine, 6*(3), 3-24

Rampal K. G., & Mohd Nizam, J. (2006). Developing regulations for occupational exposures to health hazards in Malaysia. *Regulatory Toxicology and Pharmacology, 46*(2), 131-135.

Rana, M. (2018). Cultural Variations in Organisations of India and United States: A Comparative study. *International Journal of Art and Commerce, 7*(1), 16-28.

Razum, O., Zeeb, H., Meesman, U., Schenk, L., Bredehorst, M., Brzoska, P. ...& Ulrich, R. (2008). *Schwerpunktbericht der Gesundheitsberichterstattung des Bundes: Migration und Gesundheit*. Auflage: Robert Koch-Institut.

Reader, T. W., Noort, M. C., Shorrock, S., & Kirwan, B. (2015). Safety sans frontiers: an international safety culture model. *Risk Analysis: An International Journal, 35*(5), 770-789.

Reid, A., Lenguerrand, E., Santos, I., Read, U., LaMontagne, A. D., Fritschi, L., & Harding, S. (2014). Taking risks and survival jobs: Foreign-born workers and work-related injuries in Australia. *Safety science*, *70*, 378-386.

Rezende, C. B. (2008). Stereotypes and National Identity: Experiencing the "Emotional Brazilian". *Global Studies in Culture and Power, 15*(1), 103-122.

Robertson Jr, P.S. (2009). Migrant Workers in Malaysia-Issues, Concerns and Points for Action 2050. *Fair Labor Association.* Retrieved from http://www.ilr.cornell.edu.

Robertson, C. & Lamm, F. (2008). Occupational Health and Safety in the Kuwait Construction Industry: The Rationale for Research. In P. S. Morrison (Ed) *Labour, Employment and Work in New Zealand* (pp. 370). Wellington, New Zealand: Victoria University Press.

Robertson, C. (2011). Occupational Health and Safety of Contingent Migrant Labour in the Kuwait Construction Industry. In Giovannone, M. & Sargeant, M. (Eds.), *Vulnerable Workers: Health, Safety and Well-being.* Burlington, Vermont: Gower.

Robertson, C. (n.d.). *OHS in the Kuwait Construction Industry – the Rationale for Research.* Retrieved from http://www.bollettionadapt.it.

Robinson, J. C. (1989b). Trends in racial inequality and exposure to work-related hazards, 1968–1986. *American Association of Occupational Health Nurses Journal, 37*(2), 56-63.

Robinson, J. C. (1984). Racial inequality and the probability of occupation-related injury or illness. *Milbank Memorial Fund Quarterly Health and Society,* 567-590.

Robinson, J.C. (1989a). Exposure to occupational hazards among Hispanics, blacks and non-Hispanic whites in California. *American Journal of Public Health, 79*(5), 629-630.

Rohrmann, B. (2000). Risk perception research: an introduction. In Rohrmann, B. & Renn, O. (Eds.), *Cross-Cultural Risk Perception: A Survey of Empirical Studies*. Dordrecht, Netherlands: Kluwer.

Rose, S. J. (2017, February). Mismatch: How Many Workers with a Bachelor's Degree Are Overqualified for Their Jobs? *Urban Institute.* Retrieved from http://www.urban.org.

Rother. H.A. (2008). South African farm workers' interpretation of risk assessment data expressed as pictograms on pesticide labels. *Environmental Research, 108*(3), 419-427.

Rotter, J. B. (1966). Generalized expectancies for internal versus external control of reinforcement. *Psychological Monographs: General and Applied*, *80*(1).

Ryan, C. & Bauman. K. (2016). *US Census Bureau "Educational Attainment in the United States: 2015"*. Retrieved from http://www.census.gov.

Ryerson University School of Management. (n.d.). *Visible Minorities in Canada*. Retrieved from http://www.ryerson.ca.

Safe Work Australia. (2011a). *Work-related injuries in Australia: Who did and didn't receive workers' compensation in 2009–10*. Retrieved from http://www.safeworkaustralia.gov.au.

Safe Work Australia. (2011b). *Something to think about – motivations, attitudes, perceptions and skills in work health and safety*. Retrieved from http://www.safeworkaustralia.gov.au.

Safe Work Australia. (2016a). *Submission on Draft Report of the Productivity Commission: Regulation of Australian Agriculture.* Retrieved from http://www.safeworkaustralia.gov.au.

Safe Work Australia. (2016b). *Workers' compensation*. Retrieved from http://www.safeworkaustralia.gov.

Safe Work Australia. (2018a). *Model WHS Laws.* Retrieved from http://www.safeworkaustralia.gov.

Safe Work Australia. (2018b). *Work-related injury and disease – Key WHS statistics Australia 2018*. Retrieved from http://www.safeworkaustralia.gov.au.

SAFE Work Manitoba. (2017). *It's hard to understand workplace safety if you don't understand the language.* Retrieved from http://www.safemanitoba.com.

Sargeant, M., & Tucker, E. (2009). *Layers of Vulnerability in Occupational Health and Safety for Migrant Workers: Case Studies from Canada and the United Kingdom*. Retrieved from http://www.osgoode.yorku.ca.

Savada A. M., & Shaw, W.(Eds.). (1990). *South Korea: A Country Study.* Washington: GPO for the Library of Congress.

Sawrikar, P., & Katz, I. (2009). How useful is the term 'Culturally and Linguistically Diverse' (CALD) in Australian research, practice, and policy discourse? *11th Australian Social Policy Conference, An Inclusive Society? Practicalities and Possibilities*, University of New South Wales.

Schoemaker, M., Barreto, M., Swerdlo, A., Higgins, C., & Carpenter, R. (2000). Non-fatal work related injuries in a cohort of Brazilian steelworkers. *Occupational Environmental Medicine*, *57*(8), 555-562.

Schubert, U., & Djikstra J. J. (2009). Working safely with foreign contractors and personnel. *Safety Science, 47*(6), 786-793.

Semega. J, Fontenot, K., & Kollar, M. (2017). *Income and Poverty in the United States – 2016*. US Census Bureau. Retrieved from http://www.census.gov.

Seow, J. (2016, October 18). Employment falls with fewer work permit holders. *The Strait Times.* Retrieved from http://www.straittimes.com.

Seow, J. (2018, March 15). Biggest drop in foreigners working in Singapore in 15 years: Manpower Ministry. *The Strait Times*. Retrieved from http://www.straittimes.com.

Seymen, O. A & Bolat, O.I. (2010). The role of national culture in establishing an efficient safety culture in organizations: An evaluation in respect of Hofstede's cultural dimensions. *Balikesir.*

Shah. N.M., (2013). *Second generation non-nationals in Kuwait: Achievement, aspirations and plans Kuwait Programme on Development, Governance and Globalisation in the Gulf States* 32. London School of Economics and Political Science, London.

Singapore Department of Statistics. (2017). *Population Trends 2017* (Ministry of Trade & Industry report). Singapore.

Sirin, S. (2005). Socioeconomic status and academic achievement: A meta-analytic review of research. *Review of educational research, 75*(3), 417-453.

Site Safe. (n.d.). *Eye Safety*. Retrieved from http://www.sitesafe.org.nz.

Slatin, C. (2001). Health and Safety Organizing: OCAW's Worker-to-Worker Health and Safety Training Program. *New Solutions, 11*(4), 349-374.

Slovic, P., Fischhoff, B., Lichtenstein, S. & Roe. F. J. C. (1981). Perceived risk: psychological factors and social implications. *Proceedings of the Royal Society of London*, *376*(1764), 17-34.

Sniezek, J. E. & Horiagon, T.M. (1989) Medical-examiner-reported fatal occupational injuries, North Carolina, 1978-1984. *American Journal of Industrial Medicine, 15*(6), 669-678.

Specht, F. (2018, May 29). German firms are hungry for workers, refugees are feeding the appetite *Handelsblatt Global.* Retrieved from http://www.handelsblatt.com.

Speckesser, S. (2013). *The Immigrant Workforce in Germany: Formal and Informal Barriers to Addressing Skills Deficits.* Migration Policy Institute.

Starren, A., Hornikx, J. & Luijters, K. (2013). Occupational safety in multicultural teams and organizations: A research agenda. *Safety Science, 52*, 43-49.

Stateside Foods. (2018). *About us*. Retrieved from http://www.stateside-foods.co.uk.

Statista. (2018). *Germany: Distribution of employment by economic sector from 2007 to 2017.* Retrieved from http://www.statista.com.

Statistics Canada. (2016). *2016 Census of Population Long-form guide*. Retrieved from http://www.statcan.gc.ca.

Statistics Canada. (2017a). *Definitions and concepts*. Retrieved from http://www.statcan.gc.ca.

Statistics Canada. (2017b, November 1). *Ethnic Origin, 2016 counts.* Retrieved from http://www.statcan.gc.ca.

Statistics Canada. (2017c, November 1). *Immigrant status and period of immigration, 2016 counts.* Retrieved from http://www.statcan.gc.ca.

Statistics Canada. (2018). *Census Profile, 2016 Census*. Retrieved from http://www.statcan.gc.ca.

Statistics Canada. (n.d.). *Injuries at work, 2013*. Retrieved from http://www.statcan.gc.ca.

Statistics New Zealand *2013 Census ethnic group profiles: West Indian.* Retrieved from www.archive.stats.govt.nz.

Statistics New Zealand. (2010). *National Ethnic Population Projections: 2006(base)–2026 update.* Retrieved from http://www.archive.stats.govt.nz.

Statistics New Zealand. (2013). *2013 Census Quickstats about Māori*. Retrieved from http://www.stats.govt.nz.

Statistics New Zealand. (2014). *2013 Census QuickStats about culture and identity – tables*. Retrieved from http://www.stats.govt.nz.

Statistics New Zealand. (2017a). *National Ethic Population Projections: 2013 (base)–2038 (update).* Retrieved from http://archive.stats.govt.nz.

Statistics New Zealand. (2017b). *Work-related serious non-fatal injury rate below target.* Retrieved from http://archive.stats.govt.nz.

Statistics New Zealand. (2018). *Injury Statistics – work-related claims: 2017*. Retrieved from http://www.stats.govt.nz.

Statistics New Zealand. (2019). New Zealand's population reflects growing diversity. Retrieved from http://www.stats.govt.nz.

Statistics New Zealand. (2019). 2018 Census totals by topic - national highlights. Retrieved from http://www.stats.govt.nz.

Stone Specialist. (2016). *Foreign workers in danger on building sites.* Retrieved from http://www.stonespecialist.com.

Strait Times (2014, September 14). Plan for more male helpers in Singapore hits snag. Retrieved from http://www.straittimes.com.

Stringer, C. (2016). Worker exploitation in New Zealand: A troubling landscape. 15th Annual Immigration Law Conference. Auckland. 11 May 2017. Wolters Kluwer/CCH Learning.

Strong, L. L. & Zimmerman, F. J. (2005). Occupational Injury and Absence From Work Among African American, Hispanic, and Non-Hispanic White Workers in the National Longitudinal Survey of Youth. *American Journal of Public Health*, 95(7), 1226-1232.

Sumaco, F. T., Imrie B. C., & Hussain, K. (2014). The consequence of Malaysian national culture values on hotel branding. *Procedia – Social and Behavioural Sciences, 144,* 91-101.

Superdiversity Centre. (2015). *Superdiversity Stocktake* New Zealand, Auckland: Chen, M.

Tan B. L. B. (2002). Researching Managerial Values: a cross-cultural comparison. *Journal of Business Research, 55*(10), 815-821.

Taras, V., Steel, P., & Kirkman B. L. (2011). Three decades of research on national culture in the workplace. *Organisational Dynamics, 40*(3),189-198.

Tenaganita. (2018). *Migrant Rights Protection.* Retrieved from http://www.tenaganita.net.

Thaman, H.K. (2010). Ko e kato 'i he loto kato: Pacific ECE Education as if Culture Matters *keynote address, AUT University 10th Anniversary and launch AlterNative journals*. Manukau campus.

The Center for Construction Research and Training. (2008) Telemundo, LLC, Hollywood, Health and Society program at the University of Southern California. Public Service Announcement.

The co-operative. (n.d.). *About us.* Retrieved from http://www.co-operative.coop.

The UN Refugee Agency. (2018, August 22). *Figures at a Glance in Malaysia.* Retrieved from http://www.unhcr.org.

Toosi. M. (2016). *A Look At The Future Of The U.S. Labor Force To 2060*. Retrieved from http://www.bls.gov.

Trades Union Congress. (2007). *Safety & Migrant Workers: A practical guide for safety representatives*. Retrieved from http://www.tuc.org.uk.

Transient Workers Count Too. (2018). *Policy Brief 2018, No. 2: Require mandatory reporting of injuries to MOM by healthcare providers.* Retrieved from http://www.twc2.org.sg.

Transient Workers Count Too. (n.d.). *Transient Workers Count Too.* Retrieved form http://www.twc2.org.sg.

Transparency International. (2017). *Corruption Perceptions Index 2017: Frequently Asked Questions*. Retrieved from http://www.transparency.org.

Transparency International. (2017). *Corruption Perceptions Index 2017.* Retrieved from http://www.transparency.org.

Trattnet, W. (2007). *From poor law to welfare state: A history of social welfare in America.* Simon and Schuster.

Trompenaars, F. (1994). *Riding the Waves of Culture: Understanding Diversity in Global Business.* Chicago, Irwin.

Tulip Limited. (n.d.). *Who we are.* Retrieved from http://www.tulipltd.co.uk.

Tutt, D., Dainty, A., Gibb, A., & Pink, S. (2011). *Migrant Construction Workers and Health and Safety Communication* Construction Industry Training Board. Retrieved from http://www.citb.co.uk.

Unions NSW. (2018, May 25). *Claims administration manual & Guidelines review.* Retrieved from http://www.sira.nsw.gov.au.

UNISON. (2010). *Migrant Workers Participation Project: UNISON – case study*. Retrieved from http://www.unison.org.uk.

UNISON. (2018a). *About.* Retrieved from http://www.unison.org.uk.

UNISON. (2018b). *What we do.* Retrieved from http://www.unison.org.uk.

UNISON. (n.d.). *Working in the UK: Your rights and responsibilities*. Retrieved from http://www.unison.org.uk.

Unite the Union. (2012a). *How we help: list of sectors.* Retrieved from http://www.unitetheunion.org.

Unite the Union. (2012b). *About Us.* Retrieved from http://www.unitetheunion.org.

United Food and Commercial Workers Union and the Agriculture Workers Alliance. (2015). *The Status of Migrant Farm Workers in Canada.* Retrieved from http://www.ufcw.ca.

United Food and Commercial Workers Union. (2011). *Agriculture Workers Alliance now 10,000 members strong – and growing.* Retrieved from http://www.ufcw.ca.

United Food and Commercial Workers Union. (2018a). *Migrant worker rights highlighted at annual AWA community barbeque*. Retrieved from http://www.ufcw.ca.

United Food and Commercial Workers Union. (2018b). *UFCW 1518 develops new workplace health & safety course for community health workers.* Retrieved from http://www.ufcw.ca.

United Food and Commercial Workers Union. (n.d.). *History of Agricultural Workers in Canada.* Retrieved from http://www.ufcw.ca.

United Kingdom Government. (n.d.). *Pay and work rights helpline and complaints*. Retrieved from http://www.gov.uk.

Office for National Statistics. (2011). *2011 Census Questions – England.* Retrieved from http://www.ons.gov.uk.

United Nations Development Programme. (2015). *The Right to Health.* Retrieved from http://www.asia-pacific.undp.org.

United States Census Bureau. (2011, May). *Age and Sex Composition: 2010.* Retrieved from http://www.census.gov.

United States Census Bureau. (2012a). *Table 1. Summary of Modified Race and Census 2010 Race Distributions for the United States.* Retrieved from http://www.census.gov

United States Census Bureau. (2012b). *The Asian Population: 2010 Census Briefs* (United States Department of Commerce) United States: Hoeffel, E. Rastogi, S. Kim, M, O.

United States Census Bureau. (2018). *About Race*. Retrieved from http://www.census.gov.

United States Department of Labor. (2009). *Letter of Arrangement between the Occupational Safety and Health Administration of the Department of Labour of the United States of America and the Ministry of Foreign Affairs of the United Mexican States concerning Workplace Safety and Health Protections Applicable to Mexican Workers in the Unites States*. Retrieved from http://www.osha.gov.

United States Department of Labor. (2011, August 25). *National Census of Fatal Occupational Injuries in 2010 (Preliminary Results).* Retrieved from http://www.bls.gov.

United States Department of Labor. (2016). *All About OSHA: Occupational Safety and Health Administration.* Retrieved from http://www.osha.gov.

United States Department of Labor. (2017). *National Census of Fatal Occupational Injuries in 2016.* Retrieved from http://www.bls.gov.

United States Department of Labor. (2018) *Foreign-Born Workers: Labor Force Characteristics – 2017.* Retrieved from http://www.bls.gov.

United States Department of Labor. (n.d.a). *Success Stories: Hispanic Outreach*. Retrieved from http://www.osha.gov.

United States Department of Labor. (n.d.b). *Diverse Workforce/Limited English Proficiency Coordinators.* Retrieved from http://www.osha.gov.

United States Department of Labor. (n.d.c.). *Rinker Materials Corporation, Hydro Conduit Division*. Retrieved from http://www.osha.gov.

United States Department of Labor. (n.d.d). *Torcon, Inc.* Retrieved from http://www.osha.gov.

United States Department of Labor. (n.d.e). *Wenner Bread Products.* Retrieved from http://www.osha.gov.

United States Department of Labor. (n.d.f). *Dallas/Fort Worth International Airport Board of Directors.* Retrieved from http://www.osha.gov.

University of Leeds. (2010). *UK in 2051 to be 'significantly more diverse'.* Retrieved from http://www.leeds.ac.uk.

Department of State. (2017). *2017 Country Reports on Human Rights Practices* Bureau of Democracy and Human Rights and Labor.

US Department of Labor. (2014, September 3). Heartland Workers Center establishes alliance with OSHA to educate immigrant workers on workplace safety and health. Retrieved from http://www.osha.gov.

USDAW. (2001). *Body mapping provides route to safer workplace.* Retrieved from http://www.hazards.org.

USDAW. (2008). *Organising Migrant Workers: Executive Council Statement to the 2008 ADM.* Retrieved from http://www.usdaw.org.uk.

USDAW. (2017). *Body Mapping: Telling Where it Hurts.* Retrieved from http://www.usdaw.org.uk.

USDAW. (n.d.). *About Us.* Retrieved from http://www.usdaw.org.uk.

Vaioletti, T. (2006). Talanoa Research Methodology: a Developing Position on Pacific Research. *Waikato Journal of Education, 12*, 21-34.

Valitherm, A (2014). Communication Barrier in Malaysia Construction Sites. *International Journal of Education and Research,* 2(1), 1-10.

Vázquez, R. F., & Stalnaker, K. (2004). Latino Workers in the Construction Industry: Overcoming the language barrier improves safety. *Journal of Professional Safety*, *49*(6) 24-28.

Vertovec, S. (2007) Super-diversity and its implications. *Ethnic and Racial Studies, 30*(6), 1024-1054.

Vespa, J., Armstrong, D., & Medina, L. (2018). *Demographic Turning Points for the United States: Population Projections for 2020 to 2060.* Retrieved from http://www.census.gov.

Viajar, V. D. Q. (2018, February*). Trade Unions in Transformation: Organizing Migrant Domestic Workers in Malaysia: Ways out of Precarity.* Retrieved from https://www.fes.de/bibliothek/.

Vulnerable Worker Task Group. (2015). *Vulnerable Worker Task Group: Helping Workers Most in Need*.

Vulnerable Workers Project. (2009). *Vulnerable Workers Project: Final Report.* Retrieved from http://www.vulnerableworkersproject.org.uk.

Wade, A. (2016, February 5). What makes a Kiwi? That depends on where you live. *New Zealand Herald.* Retrieved from http://www.nzherald.co.nz.

Wadsworth, E., Dhillon, K., Shaw, C., Bhui, K., Stansfeld, S., & Smith, A. (2007). Racial discrimination, ethnicity and work stress. *Occupational Medicine. 57*(1), 18-24.

Warburton, C. (2017, July 17). *China's rapid growth comes at a human cost.* Retrieved from www.healthandsafetyatwork.com.

Weber E. U. & Hsee C. K. (1998). Cultural differences in risk perception, but cross-cultural similarities in attitudes towards perceived risk. *Management Science, 44*(9), 1205-1217.

Wei, H., Dang, L., & Hoyle, M. (2008). Overview of health and safety in China. In *Institution Of Chemical Engineers Symposium Series.* (Vol. 154, p. 1062). Institution of Chemical Engineers; 1999.

Weiner, S. (2017, October 20). Efforts by Kuwait's parliamentary opposition to expand rights for the Bidoon community stem primarily from a desire to drum up political support from tribes. *Endowment for International Peace.* Retrieved from http://www.carnegieendowment.org.

Weiner, S. (2018, March 18). Kuwait's Foreign Labour Quandary. *Carnegie Endowment for International Peace.* Retrieved from htttp://www.carnegieendowment.org.

Western University of Canada. (2014, February). *Future Canadian workers: more educated and more culturally diversified, Population Change and Lifecourse Strategic Knowledge Cluster* (Policy Brief 13). Retrieved from http://www.uwo.ca.

Whalley, L. E., Grzywacz, J. G., Quandt, S. A., Vallejos, Q. M., Walkup, M., Chen, H … Arcury. T. A. (2009). Migrant farmworker field and camp safety and sanitation in eastern North Carolina. *Journal of Agromedicine, 14*(4), 421-436.

White, E. (2012, December 11). Ethnicity and National Identity in England and Wales: 2011. *Office for National Statistics.* Retrieved from http://www.ons.gov.uk.

White, N. (2018). *Population of the UK by country of birth and nationality: 2017.* Office for National Statistics. Retrieved from http://www.ons.gov.uk.

Wong, A. (2015). Challenges for Asian Health and Asian Health Promotion in New Zealand. *Health Promotion Forum of New Zealand.* Auckland.

Workplace Safety and Health Council. (2010, April). *Implementing WSH2018 Strategy for Construction Sector.* Retrieved from http://www.whsc.sg.

Workplace Safety and Health Council. (2017, 28 July). *Safety Compliance Assistance Visits Plus (SCAV+).* Retrieved from http://www.wshc.sg.

Worksafe BC. (2011). *2011 Annual Report and 2012-2014 Service Plan.* Retrieved from www.worksafebc.com.

WorkSafe BC. (2010). *Farmworker Health and Safety: Challenges for British Columbia.* Canada: British Columbia: Otero, G. & Preibisch, K. Retrieved from http://www.worksafebc.com.

WorkSafe New Zealand. (2016b). *Healthy Work: Strategic Plan for Work-Related Health 2016 to 2026*.

WorkSafe Victoria. (2008, September). *Compliance Code: Communicating occupational health and safety across languages*. Retrieved from https://www.worksafe.vic.gov.au.

World Health Organisation. (2012). *Country Profile of Occupational Health System in Germany.* Retrieved from http://www.who.int.

World Health Organisation. (2018). *Health statistics and information systems.* Retrieved from http://www.who.int.

World Health Organisation. (2018). *Health of refugees and migrants: Practices in addressing the health needs of refugees and migrants.* Retrieved from http://www.who.int.

World Population Review. (n.d.). *Kuwait Population 2018*. Retrieved from http://www.worldpopulationreview.com.

Wylie, S. (2012). *Best Practice Guidelines: Engaging with Culturally and Linguistically Diverse (CALD) Communities in Times of Disaster.* Report for Christchurch City Council.

Xia, Z., Lu, G., & Liang Y. X. (2004). Challenges and strategies of occupational health and safety in the construction industry in China. *Asian-Pacific Newsletter on Occupational Health and Safety, 11*(1), 8-9.

Xu, J. (2013). *The Perspectives of Mental Health Practitioners Working with Chinese Migrants in Relation to Mental Health Service Delivery and Accessibility.* (Master of Social Work thesis, University Auckland, New Zealand).

Xue, C., Walters, D., & Tang, L. (2015). The Effectiveness of Health and Safety Management in Chinese Shipping: From the Perspective of a Shipmaster's Decisionmaking Power. In *Proceedings of the World Congress on Engineering* (Vol. 2, pp. 1-3).

Thamrin, Y. (2016). *Occupational health and safety awareness among international students as a diverse group of young workers in Australia* (PhD thesis, University of Adelaide, Australia).

Yan, A. (2018, January 17). Kunshan explosion factory ignored several danger warnings, says regulator. *South China Morning Post.* Retrieved from http://www.scmp.com.

Yanar, B., Kosny, A. & Smith, P. (2018). Occupational Health and Safety Vulnerability of Recent Immigrants and Refugees. *International Journal of Environmental Research and Public Health, 15*(9), 2004-2034.

Yeh, C. (2003). Age, Acculturation, Cultural Adjustment, and Mental Health Symptoms of Chinese, Korean, and Japanese Immigrant Youths. *Cultural Diversity and Ethnic Minority Psychology, 9*(1), 34.

Yong, S. (2011). *Tax Compliance and Small and Medium Enterprise Operators: An Intra-Cultural Study in New Zealand.* (PhD Thesis, Auckland University of Technology, Australia).

Yun, A. (2009, July). Regulating multi-layer subcontracting to improve labour protection. In *Regulating for Decent Work (RDW) conference. International Labour Organization*.

Zaronaite, D., & Tirzite, A. (2006). The dynamics of migrant labour in South Lincolnshire. *Spalding: South Holland District Council*.

Zimmerman, K. A. (2017, July 20). Indian Culture: Traditions and Customs of India. *Live science.* Retrieved from http://www.livescience.com.