Health Care Management in Australia's and New Zealand's Seasonal Worker Schemes

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Introduction

Globally, it is estimated that there are over 164 million labour migrants, many of whom are temporary migrants choosing overseas labour mobility options as a way to improve livelihoods for their families and communities. This paper discusses the relatively untouched topic of temporary migrants' health care management in Australia's Seasonal Worker Program (SWP) and New Zealand's Recognised Seasonal Employer Scheme (RSE), which are temporary seasonal worker schemes. These work schemes deliberately target Pacific Island nations,[1] with one of the objectives being that participation in labour mobility schemes will assist in the economic development of the Pacific Islands region. The average monthly wage in the Pacific varies, but one example given here is for those employed in Vanuatu, where the rate is VT30, 000 (AU$359.07).[2] Workers can easily earn that in a week in either host country, which is why these schemes are attractive to many, especially those without any formal sector employment or limited paid employment opportunities. Nonetheless, workers' health and wellbeing is an area that needs further attention, because as Hargreaves et al. argue, 'Although international migration can provide opportunities for work and employment, it can also expose individuals to considerable hardship, with implications for health and wellbeing' (2019:872).

This paper highlights how seasonal workers' physical, spiritual and mental health needs are of concern when they participate in these schemes and discusses how policy settings, such as pastoral care and health insurance policies, could be adjusted in response to those needs and enable preventative care. It also examines international literature on health care for labour migrants, as well as findings on Australia's 'fly-in fly-out' (FIFO) and 'drive-in drive-out' (DIDO) workers who experience similar health concerns and their real and perceived barriers to care.

Bedford rightfully states, 'To protect workers' welfare while abroad this is an area that requires careful monitoring by the agencies involved in the oversight of seasonal work schemes' (2013:208). Concerns about the health of migrant workers have existed for decades and the World Health Organization's recent work (WHO 2013) in this area indicates that further attention is warranted. Regulations set in bilateral agreements between governments and the terms of various health insurance policies held by those participating in the schemes cover potential medical care for workers. However, there are still cultural, social, language and economic barriers to accessing health care that need to be overcome.

Methodology and data gathering on health can be limited and complicated. Discussions with workers and employers reveal that stakeholders involved in RSE and SWP make assumptions regarding the main areas of medical assistance sought and the reasons for not seeking medical attention. However, using data sourced from health insurance companies and medical clinics can assist in providing a bigger picture for analysis, albeit with an understanding that it too is limited and would have to be recognised as such, because many medical concerns and associated problems of workers' wellbeing are not reported (Bailey 2014; Bedford 2013; Cameron 2011; Rockwell 2015; Kautoke-Holani 2017). Therefore much of the data is missing and, in effect, the extent of the incidence of health problems of seasonal workers is not apparent in many research findings. This paper suggests that future research is needed in this

area as well as work on which possible methodologies could produce the best outcomes for RSE and SWP workers in their health and welfare.

It has been argued that workers in seasonal agriculture/horticulture worker programs are mostly an invisible labour force (Bail et al. 2012; Bailey 2009, 2019; Hurst et al. 2005; Ramos 2017) and accordingly, so are their medical needs. Because workers are somewhat removed (through a lack of association) from their host communities, this limited interaction narrows relationships of trust. It often acts as a barrier to seeking assistance when medical events occur.

There are also language and cultural barriers to accessing medical treatment when workers are in their host communities. This paper discusses how some of these issues have been addressed, such as the use of team leaders, health and awareness flyers, brochures and New Zealand's 'Vakameasina' educational and development program. This latter initiative is delivered by Fruition Horticulture, supported and funded by New Zealand's Ministry of Foreign Affairs and Trade (MFAT), and provides upskilling programs for workers.

Due to the sensitivity of the data provided by employers, workers and health insurance companies, for the purposes of this paper, workers are anonymous and their gender remains undisclosed. As such, the gender dimension is not analysed in this paper, although this will need future consideration. Pregnancy is the only gender-specific condition mentioned in this paper. Discussions during this research — with employers, workers, communities and government officials — have revealed an assumption that pregnancy is a condition that often only has an impact on women. This will be discussed further in the paper. However, given that both programs are dominated by males with low female participation rates — 10 per cent in the RSE[3] and 17 per cent in the SWP — there may be an overrepresentation of male injuries to female injuries in the data. In future studies, it would be useful for the governments overseeing the schemes to have a fuller analysis of the gender dimensions of health, other than unexpected pregnancies which are often a concern of employers hiring female workers.

This paper draws on the normative literature on how workers in these industries are more susceptible to health risks due to a lack of care and protection (Basok 2002; Hargreaves 2019; WHO 2013). It also incorporates many years of research on Pacific Island workers in both schemes (Bailey 2014; Bedford 2013; Cameron 2013; Rockwell 2015; Kautoke-Holani 2017). This research examined why migrants are hesitant to access medical assistance, even in labour mobility schemes that are deemed 'international best practice', where workers are protected through both bilateral agreement and the domestic laws of host countries. Benefiting from well-designed pastoral care policies, RSE and SWP workers are the most protected seasonal workers in their host countries, yet the research reveals that workers are suffering ill health and not seeking medical help. Clearly, there needs to be constant monitoring and a better understanding of what is happening, followed by action to provide improvements to the way the schemes play out for workers in their host communities.

The RSE is in part modelled on Canada's Seasonal Agricultural Workers Program (CSAWP), which also has concerns about workers accessing or seeking medical treatment (Basok 2002; Preibisch and Hennebry 2011). Both of these schemes are similar to the SWP and lessons learned from them may prove to be of some value in supporting the health and safety of workers in various employment sectors. It is essential to state that both RSE- and SWP-approved employers are required to, and indeed do, provide workers with information on health and safety regulations before starting their employment, as well as provide access to medical care.

From the author's experiences with workers in both schemes, significant common factors that impact on the health of workers have become apparent. These include the perceived cost of treatment, the concern of losing work hours, logistical problems in getting to treatment, language and cultural misunderstandings, shyness and embarrassment (Bailey 2009, 2014; Bailey and Sorensen 2019). These are all barriers that can deter a worker from seeking medical treatment and follow-up medical care. Translations of information and cultural understandings need to be included in possible considerations of preventative measures and initiatives that encourage workers to address workplace and non-workplace injuries and ailments. The international literature reveals common medical conditions in the sectors and data held by health insurance companies can assist in identifying what treatment is sought. This paper recommends that studies should be undertaken to understand more detail on current medical conditions for RSE and SWP workers to identify any common themes. This information should assist in

reducing the number of health care visits or even preventing deaths while workers are participating in these schemes.

There have been discussions among workers, their families and communities about whether the health of the migrant worker improves or deteriorates while on placement and this is something that also needs consideration. If one of the main aims of the schemes is to create positive development outcomes in the home country, we need to find out if that is being achieved at the expense of seasonal workers' health.

The growth in numbers in both schemes also brings about other risks; the number of medical injuries and deaths reported has increased over the years, although this is possibly a result of the upsurge in worker numbers in the schemes. With each of these schemes now accommodating over 12,000 workers, there is an urgent need to address health care needs, including the provision of preventative health care.

A summary of findings and recommendations can be found at the end of this paper.

PART 1: BACKGROUND

Introduction to RSE and SWP

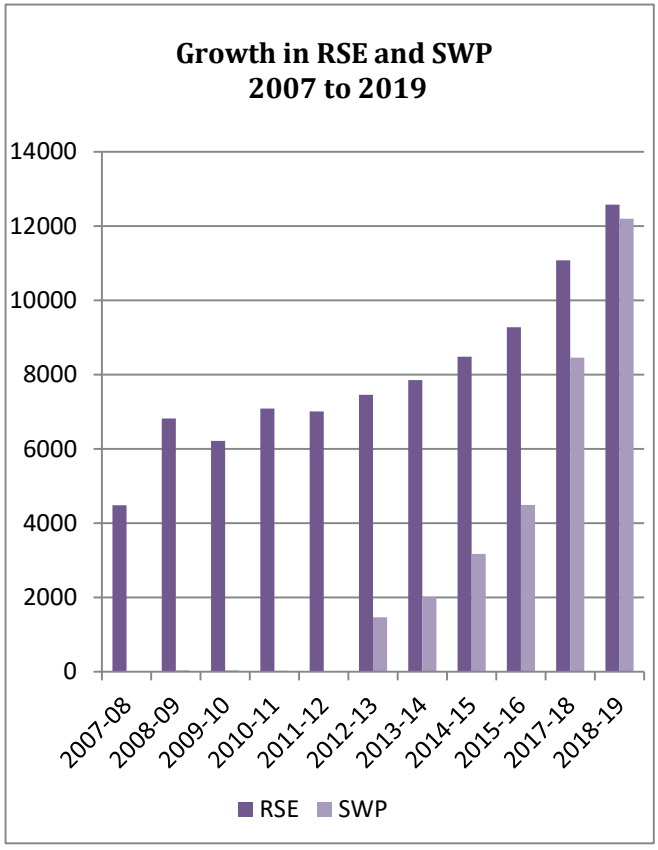
In Australia, there are two labour schemes for Pacific Island people and those from Timor-Leste, the Seasonal Worker Programme (SWP) and the recently introduced Pacific Labour Scheme (PLS), which began in July 2018.[4] The SWP was formally introduced in 2012 following a pilot program, the Pacific Seasonal Worker Pilot Scheme (PSWPS 2008–12). The SWP allows workers from Pacific Island countries and Timor-Leste to work up to nine months in a 12-month period in sectors such as hospitality, agriculture, aquaculture, the cane sector, horticulture and tourism. The PLS enables a person to obtain a visa for up to three years in the aged care, agriculture and hospitality sectors in rural and regional Australia.

New Zealand's Recognised Seasonal Employer scheme (RSE) was established in April 2007, specifically to address labour shortages in the horticulture and viticulture industries. It allows workers from Pacific Island countries to stay for up to seven months in a 12-month period, except for workers from Kiribati and Tuvalu, who are allowed to stay for nine months due to the higher travel costs associated with getting to New Zealand.

For the purpose of this paper, the two longstanding seasonal programs, RSE and SWP, are discussed. Although these schemes vary, their objectives are similar; one is to provide Australian and New Zealand employers with much-needed labour. The other is to offer Pacific Islanders employment opportunities in the hope that monies earned and skills obtained will enhance economic development back home in the respective countries of workers.

As shown in Figure 1, the number of workers participating in the RSE and SWP schemes has significantly increased in the past decade. For the purpose of this paper, the two longstanding seasonal programs, RSE and SWP, are discussed. Although these schemes vary, their objectives are similar; one is to provide Australian and New Zealand employers with much-needed labour. The other is to offer Pacific Islanders employment opportunities in the hope that monies earned and skills obtained will enhance economic development back home in the respective countries of workers.

Figure 1: Growth in the number of participants in RSE and SWP 2007–19



Source: Author 2019. Unpublished data from Australia's Department of Foreign Affairs and Trade and New Zealand's Ministry of Business, Innovation and Employment (MBIE).

Medical requirements of schemes

All RSE and SWP workers undertake mandatory immigration medical examinations, including an x-ray to check for signs of tuberculosis (required every two years) (Bailey 2014). The resulting medical certificate, another cost that workers endure to access the program, is expensive but also necessary. These medical checks do not cover medical conditions such as heart ailments, pregnancies[5] or other pre-existing and underlying conditions that have seen the unfortunate deaths of workers both in Australia and New Zealand. The medicals required are sufficient for the purpose of the schemes and exist for the protection of the workers, growers and their respective host communities. Nonetheless, with the number of participants increasing and workers participating in several consecutive seasons, pre-existing conditions are becoming more noticeable. It is difficult to know whether these conditions are the result of life in workers' home countries or are a consequence of participating in seasonal worker schemes. For instance, it has been noted that workers in these industries often suffer long term from musculoskeletal conditions (Hargreaves 2019). Such conditions are often associated with the type of labour carried out.

Often Pacific seasonal workers have to travel long distances at a high cost to complete their medical checks. For ni-Vanuatu, initially, medical clearance was only available in the capital city of Port Vila, where the only Immigration New Zealand panel doctors were located. However, in 2017, the governments of New Zealand and Vanuatu opened a mobile doctor clinic in Santo (Bailey and Sorensen 2019).

The mobile doctor clinic trial was the result of the Vanuatu government aiming to minimise the amount of time prospective workers spent in Port Vila before travelling to New Zealand to work. Extended periods of time in the capital often results in workers incurring more debt. With no income, many prospective workers live rough or between friends and family in Port Vila, which often creates additional financial and social pressures on their hosts' limited resources (Bailey 2014). Access and travel to panel doctors has been raised as a problem by many Pacific Island labour-sending countries and is often seen as a barrier to participating in labour mobility schemes.

The main finding from Bailey and Sorensen (2019) was the impracticality of promoting Santo's clinic as mobile — it was by necessity transformed into a permanent facility. The service is essential. It provides workers with another option for obtaining their x-rays and, for some, it has assisted in reducing costs for them and their host families. A further conclusion was that more attention should be directed to helping hospitals in the Pacific to better maintain their equipment for producing medicals (ibid. 2019). Given the high number of workers participating in labour mobility schemes in Australia and New Zealand, as well as other potential labour-hiring countries requiring this service, it is timely for these facilities to be examined. Impacts on health care systems in receiving countries also need to be examined. As Preibisch and Hennebry argue, 'Increased labour migration poses challenges with respect to public health management' in host countries (2011:1033).

Apart from ensuring the good health of seasonal workers before they depart, there are concerns about disease outbreaks in source countries and the possibility of a pandemic. As Preibisch and Hennebry observed in their Canadian study, an example of this was during an influenza pandemic, when the Mexican government introduced extra screening of workers at their end and the Canadian government also issued health bulletins for employers on what to look out for if workers arrived with symptoms of influenza (2011:1033). The same can

RECOMMENDATION

More attention should be directed to helping hospitals in the Pacific to better maintain their equipment for producing medicals (Bailey and Sorensen 2019). Given the high number of workers participating in labour mobility schemes in Australia and New Zealand, it is timely for these facilities to be examined. Impacts on health care systems in receiving countries also need to be examined.

FURTHER RESEARCH SUGGESTED

Apart from ensuring the good health of seasonal workers before they depart, there are concerns about disease outbreaks in source countries and the challenges to public health management. The possibility of a pandemic needs to be taken seriously. Although the recent (2019) outbreak of measles in Australia, Fiji, New Zealand, Samoa and Tonga was not linked to seasonal workers, it still shows the ease at which communicable diseases can travel in the region.

be said for the 2019 measles outbreak in New Zealand and the concern that it would spread to labour-sending countries in the Pacific. The possibility of a pandemic needs to be taken seriously, especially when migrant labourers are often the target of blame for ill-informed people within host countries. Although the recent (2019) outbreak of measles in Australia, Fiji, New Zealand, Samoa and Tonga was not linked to seasonal workers, it still shows the ease at which communicable diseases can travel between New Zealand, Australia and Pacific Island countries. In January 2020, the New Zealand government responded by provided making all RSE workers eligible for the MMR (measles, mumps and rubella) vaccine.

Pastoral care

Pastoral care is a vital aspect of the RSE and SWP schemes, as it is designed to ensure the general wellbeing and security for workers. As part of their pastoral care, employers for both of these programs are obligated to provide access and transport to health care clinics, dentists and hospitals. Most horticultural work is located in remote rural regions. For employers, the provision of transport is an additional cost of recruiting RSE and SWP workers. The hiring of extra staff is often not only required for transportation of workers (in and out of work hours), but also to assist with completing patient forms due to the difficulties some workers have with literacy and unfamiliar medical terminology (see Bailey 2009).

Access to health care providers is a challenge in rural areas. According to Hussain et al., 'Rural Australians experience poorer health and poorer access to health care services than their urban counterparts, and there is a chronic shortage of health professionals in rural and remote Australia' (2015:1). This is also the case in New Zealand, but in most areas, Australia has greater geographical isolation than New Zealand does. However, in a US case study of migrant seasonal workers and migrant/seasonal farmworker health centres, where clinics were geographically available, Bail et al. found that 'access to health care is a serious challenge to farmworkers', even when clinics were located close by (2012:2). Therefore factors other than location which create barriers to medical treatment need to be addressed. Sometimes a failure to access health services is due to clinic hours not aligning with workers' hours, as Preibisch and Hennebry recorded in their research (2011:1036). There have been some steps forward in recognising this barrier in RSE and SWP, with some clinics providing extended hours.

Health and safety on the job

All RSE and SWP workers are required to undergo training on workplace health and safety (WHS) before beginning their employment. Yet, workers' knowledge of the proper use of work and safety gear as well as hygiene practices while on farms seems to be limited. Bedford observed:

> During the first three seasons of the RSE workers interviewed appeared to have little understanding of their rights and obligations under New Zealand's occupational health and safety legislation, or what to look out for on the orchard/vineyard regarding protective equipment, clothing, and handling of spray-covered fruit (2013:207).

Bedford's observations were made six years into the RSE program and from the author's anecdotal research they may still be applicable today. Workers undergo training before leaving their respective countries and receive further briefings on arrival. However, sometimes the amount of information is overwhelming, primarily when sessions are conducted in English and in relation to concepts of work that are not necessarily known in their own cultural contexts.

Another concern is that workers may experience a health problem due to occupational exposure to harmful substances. As Moyce and Schenker argue, 'Migrant workers tend to be employed in jobs that carry increased exposure to environmental toxins, including extreme temperatures, pesticides and chemicals'(2018:353). For the most part, and with only small-scale anecdotal research evidence to support this assertion, workers in Australia's and New Zealand's seasonal worker schemes are removed from areas before pesticide spraying commences (Bailey 2009). However, there is plenty of literature that supports the theory that migrant workers' health is frequently not considered in these situations (Basok 2002; Bail et al. 2012; Bailey 2014; Moyce and Schenker 2018; Ramos 2017).

Health-related initiatives

There have been many health care initiatives with RSE stakeholders. The 'Health Toolkit for the RSE Workers Scheme' was prepared by Hawke's Bay District Health

Board (2013). It is a guide for workers to understand common health conditions that RSE workers have experienced in the past and provides information on preventative measures and the importance of taking care of their health while working in New Zealand. Although written in English, there are also images for workers to identify potential health risks to themselves and others.

Workers' enhanced awareness of good health through interactions with employers and host communities

> ***FINDING***
> ***Through the RSE and SWP, new partnerships are formed between seasonal workers, their communities and employers. Many of these partnerships participate in community development projects in Vanuatu. These schemes improve seasonal workers' knowledge of good health, who then take this awareness back to their home communities.***

Both RSE and SWP guidebooks for workers have a section of health advice, encouraging workers to eat well, have good hygiene practices and a recommendation that for mental wellbeing, workers should stay in contact with their friends and family at home. Nonetheless, they also contain some mixed messages. For example, in the Working and Living section in the Australian Pre-departure Guidebook encourages workers to play a 'team sport like rugby, soccer or netball' yet in reality, from research in Australia, workers are often discouraged from participation in sports due to potential injuries (Bailey 2019).

Through the RSE and SWP, new partnerships are being formed, community to community, and employers to workers and their communities, many of which are involved in community development projects in Vanuatu. The author's 2014 case study identified that employers — and elsewhere with other community groups in New Zealand — had assisted workers in building new medical centres in Pacific Island countries. They are investing in various health programs, many of which workers themselves have initiated or engaged with while in New Zealand. This is a win-win situation as it is not only good for workers and their communities, but also for employers who need healthy, fit, productive workers. As one New Zealand employer stated, 'The added bonus is that our health initiatives are also making positive impacts in their communities'.[6] These schemes improve knowledge of how to maintain good health in seasonal workers, who then take this awareness to their home communities.

Fruit of the Pacific

Fruit of the Pacific is a charitable trust dedicated to educating, mentoring and inspiring RSE employees who travel from Pacific Island countries to work in New Zealand each year. The trust offers training in life skills such as personal development, health and hygiene, and technical skills. As Bedford reported, 'The oral hygiene programme led to the development of an educational DVD to be distributed in local schools and communities in Vanuatu' (2013:215). The promotional video of these Fruit of the Pacific initiatives can be found online.

Vakameasina

Delivered by Fruition Horticulture, Vakameasina provides upskilling programs for workers. It offers lessons online and in person, such as numeracy, literacy, computer literacy, budgeting, meal planning and recipes, healthy eating and so forth. Vakameasina has a section on health care for workers where there is the comprehensive 'Health Toolkit for the RSE Workers Scheme' document mentioned above. Many partnerships like these go under the radar but are actively assisting workers and their communities back home in many areas of health care.

Home country community support

In Vanuatu, some community groups are heavily involved with seasonal workers' pre-departure and reintegration processes. Looking after the wellbeing of family members is essential, as Bailey, Bumseng and Bumseng noted, 'If we know our families are happy at home, then we can provide a good working environment while away' (2016). What the co-author Peter Bumseng meant by this quote was that when family members in Vanuatu are well and happy then workers work better as a group overseas. Peter Bumseng and his wife Regina Bumseng are the co-founders of a support group for seasonal workers and their families in Vanuatu called the Strengthening Seasonal Workers Family Program (SSWFP). SSWFP has become well known among seasonal workers' families with requests to broaden its scope. Currently, it is available to seasonal workers' families (RSE and SWP) and offers:

- counselling services

- childcare
- utilising and passing on certain skills from the RSE Vakameasina training program to assist with reintegration, and
- financial assistance, loans and planning (pre-departure in New Zealand and on return).

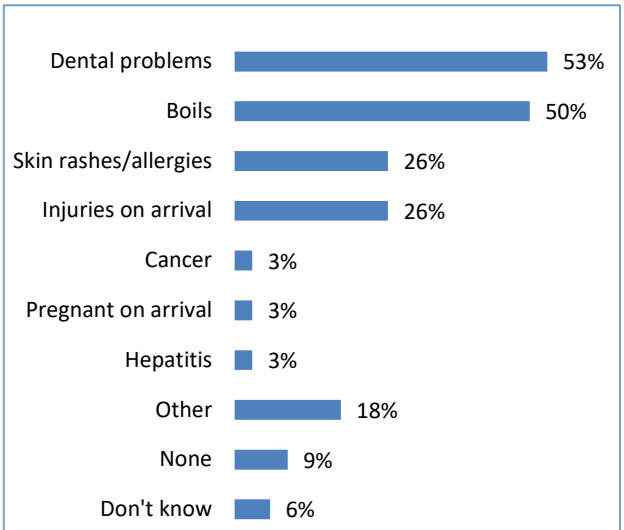
In many Pacific Island nations, local chiefs and church groups are involved in several aspects of labour mobility, from signing paperwork authorising workers to participate, assisting with the financial and mental wellbeing of family to resolving community concerns with workers.

PART 2: HEALTH PROBLEMS OF SEASONAL WORKERS

Pre-existing health problems for seasonal workers

The health of workers has long been a problem in these labour mobility programs (see Bailey 2014). The most recent RSE Employers Survey revealed that 67 per cent of RSE workers arrived in good health and 33 per cent were not in good health (MBIE 2019:7). The main reasons are shown below.

Figure 2: Workers' health-related matters on arrival



Source: New Zealand MBIE (2019:7)

Figure 2 shows that workers, employers and pastoral care hosts referred to boils and dental problems as the most common ailments (MBIE 2019:27). The captured data fails to reveal the impact of working and living conditions upon the health of seasonal workers in host countries during their stay in comparison to their health upon arrival. Knowing if the health of workers improves, deteriorates or stays the same would be useful for future preventative and treatment plans of labour-sending units, employers and workers. This would result in improved conversations with workers about health care concerns and awareness during pre-departure sessions and possible follow-ups upon return.

FURTHER RESEARCH SUGGESTED
Building knowledge on whether the health of workers improves, deteriorates or stays the same would be useful for future preventative and treatment plans of labour-sending units, employers and workers.

The health of RSE workers is taken into consideration by approved employers both before they hire and during workers' employment, whereas by contrast, the health care of seasonal workers outside the scope of the RSE and SWP, such as locals and backpackers, is not. Ensuring adequate medical care for seasonal workers was overwhelming for some employers. As one employer stated, 'What we really didn't anticipate was the level of health care that was going to be required …' (Bailey 2009:101) This employer was referring to the number of times workers needed dental and medical attention, especially for boils, in their first year of work.

Poor diet

Poor diet has contributed to some medical concerns. Employers have reported workers saving money by consuming foods with little or no nutritional value, such as white bread (NZ$1), large packets of potato chips (NZ$1) and large bottles of soda (NZ$0.80) (Bailey 2009, 2014). Employers and pastoral care hosts continuously promote healthy foods through the use of posters throughout worker accommodation complexes in New Zealand. Employers also provided funding for two garden beds with produce for workers to improve their diets, as they perceived most medical conditions

to be diet-related (Bailey 2009). However, it is probably a combination of mental and physical factors that contribute to health concerns. For example, the dislike of newly introduced foods, loneliness, stress and events that occur back in workers' home communities also impact on their wellbeing and can result in fasting and, as mentioned above, choosing inexpensive foods with little nutritional value.

Health and substandard accommodation

As with work conditions, the quality of accommodation also plays a role in workers' health and wellbeing. Substandard living conditions contribute to health risks. Preibisch and Hennebry argued that for farm workers in Canada, 'Weak regulation and poor enforcement has meant that some housing is dilapidated, unsanitary, overcrowded and poorly ventilated' (2011:1035). Although Australia and New Zealand employers have reasonable accommodation sites, there are still concerns that overcrowding does occur.[7] These conditions severely impact workers health and wellbeing and should be managed carefully by the authorities involved.

Sexual Health

Discussions about sexual health are often avoided for a number of reasons: cultural, religious or perceived to be too personal to discuss. Yet, discussions are essential as sexual relationships do occur during seasonal workers' contracts, whether they be between workers and people from local communities or other groups of seasonal workers interacting with each other. There have been numerous conversations with workers, their families, community members and village chiefs about workers (and their non-moving families in the home country) being involved in adultery or new sexual relationships. Greater awareness and education on good sexual health practices are paramount for the wellbeing of seasonal workers.

There is a section on sexual health in the 'Get Ready' pack for New Zealand's RSE workers, although this is absent from the Australian guidebook for workers. In New Zealand, sexual health is also a core part of Vakameasina's training program. There have been discrepancies and difficulties in how to discuss and manage matters of sexual health among various Pacific Labour Sending Units (LSUs),[8] communities and families with workers, especially if the worker is married and (according to local norms) should not be participating in extra-marital affairs. In Vanuatu, workers' sexual health was at one time discussed during pre-departure briefings. Such briefings were organised in conjunction with Wan Smol Bag, a NGO based in Vanuatu, which runs courses on sexual health and has in the past produced sexual health awareness DVDs.

However, this service ceased some time ago and the issue of sexual health and behaviour is now not prioritised by the Vanuatu LSU. There is a section on safe sex in the Health Toolkit for the RSE Workers Scheme (Hawkes Bay District Health Board 2013). It discusses many aspects of sexual health, including legal concerns, sexually transmitted infections (STIs) and preventative measures for STIs and other health ailments. Awareness of and knowledge about such issues is extremely important. Although most workers are often informed by family, communities and team leaders not to participate in sexual encounters, they do occur and how sexual behaviour and protection against STIs and pregnancy is conceptualised can be different in various cultural settings.

Alcohol and drugs

A persistent complaint from employers and families of seasonal workers is excessive alcohol consumption. As Bedford et al. mention, 'In some instances migrants' new exposure to readily available commodities, such as alcohol, may lead to excessive consumption and behavioural problems' (2009:30). In RSE employer surveys, it has been noted that most character incidents occur out of the workplace and 'most frequently, these were alcohol related' (MBIE 2019:21). Team leaders of workers say that sometimes the problem is not necessarily about access to alcohol, but alcohol being a means of coping with what is going on in the worker's life, affecting consumption.[9] Examples given were that workers were suffering loneliness or were worried about events at home and felt removed from their communities.

Although recreational drugs have not been mentioned as often, they are available and used by some seasonal workers. This has led to some employers using drug testing for preventative health and safety management of the programs on their farms, not just for RSE workers but also local employees. There is also concern from some Pacific Island communities that seasonal workers might return with drugs to their respective countries

Mental health problems of workers

Workers are currently not adequately assisted with mental health problems such as stress and depression. Workers often feel isolated and sad; they struggle with being absent from home and the pressure to earn enough to repay migration costs and fulfil obligations for family and community members (Bailey 2009, 2014; Bedford et al. 2009; Rockwell 2016). The depth of the sense of obligation in some Pacific Island cultures cannot be overstated (Bailey 2014). Families and communities in source countries have great expectations of seasonal workers and what they will be able to bring home (Bailey 2014). There are lessons to be learned through other work arrangements such as the fly-in fly-out programs (see later section), in which mental health problems of workers have been documented (Gardner et al. 2018; Hussain et al. 2015). However, it would be difficult to document trends in these seasonal worker programs without knowing the mental health condition of the worker before participating and on return.

Concerns about mental health also apply to families of seasonal workers. Families are often asked how they manage while workers are away and they have detailed the extra pressure on, and loneliness of, the absent member (Bailey 2014). There needs to be consideration in how absence affects a person's mental status (for both workers and family members), including whether the cause is loneliness, depression or other factors. It is crucial to assess or monitor these impacts on family members and communities in home countries,

FINDING

Workers are currently not adequately assisted with mental health problems such as stress and depression. Workers often feel isolated and struggle with being absent from home and the pressure to earn enough to repay migration costs and fulfil obligations for family and community members (Bailey 2009, 2014; Bedford et al. 2009; Rockwell 2016). The depth of the sense of obligation in some Pacific Island cultures cannot be overstated.

FINDING

Fulfilling spiritual needs and access to good communication with family play a vital role in the wellbeing of workers who are far from home.

when those participating in seasonal work leave them for seven months at a time (or up to nine months in some cases). As previously discussed, relationships are tested and families must learn to cope without family members.

The importance of spiritual health

When discussing their mental health, many workers have stated that they find their daily devotions with their co-workers and communication with families at home a method of limiting their sadness. Good spiritual health is just as important as physical and mental wellbeing (Bailey 2017). Fulfilling spiritual needs and access to good communication with family play a vital role in the wellbeing of workers who are far from home and often experiencing homesickness (Bailey 2014, 2017). However, defining 'homesick' can often be confusing as it means different things to different people and is often associated with various experiences. It can manifest in different ways and is linked to various health concerns.

Unexpected pregnancies

From the limited statistics available, only a small number of female workers have arrived in the programs pregnant; conversations with some LSUs have also alerted the author to those who have become pregnant while participating in labour schemes. Although often frowned upon by employers, families and communities, seasonal workers do strike up relationships with other seasonal workers and local community members in host countries. This raises two problems when the seasonal worker returns home pregnant or has become the father of a baby. For those workers who are married or in a de facto relationship it often results in difficult circumstances such as separation, hardship, shame and punishment, in particular for the women. Men appear to undergo punishment and culturally appropriate compensation protocols, although the sense of shame seems to linger for the women, especially if the other parent is from the host country. Education and awareness programs could assist in mitigating these incidences.

PART 3: DISCUSSION POINTS

1. Workers not accessing health care

Employers are generally quick to resolve medical injuries and personal problems (Bailey 2014). Nonetheless, workers often do not inform them of an injury or medical condition. Potentially this causes further

health risks as the injury or condition deteriorates and a worker is hospitalised. For example, one seasonal worker did not seek treatment for an easily treatable ailment, which resulted in hospitalisation in a town two and a half hours drive from the farm, where he received medical care for two nights before returning. Furthermore, due to the unfamiliarity of medical terms and other misunderstandings of follow-up care, his recovery was also hindered (Bailey 2014). There are many stories similar to this one.

FINDING

Employers are generally quick to resolve medical injuries and personal problems. However, workers often do not inform them of an injury or medical condition, potentially leading to more serious health risks or conditions.

Reasons for workers not speaking up about their health problems

Although they have the entitlement, most seasonal workers do not seek medical treatment for reasons such as:

- concern about the cost of treatment
- lack of understanding about medical insurance cover
- concern about losing wages, and
- anxiety that their employers will see them as unproductive workers and either repatriate them or not allow them to return for the successive season.

These concerns are associated with the power imbalance between workers and employers (see Bailey 2009, 2014; Basok 2002; Orkin et al. 2014).

Workers generally do not complain about any ailments, unless they are extremely painful. Sometimes this failure to alert the employer about a health problem is also attributed to shyness in asking for assistance or embarrassment about a condition (Bailey 2014). Some workers said filling in medical forms was a barrier for seeking medical attention when needed — a concern given the potential risks with illnesses and injuries not being treated or diagnosed early.

These same issues have been documented for workers in Canada (CSAWP) (Orkin et al. 2014). Studies of medical repatriation conducted by Orkin and his colleagues showed:

> During 2001–2011, 787 repatriations occurred among 170,315 migrant farm workers arriving in Ontario (4.62 repatriations per 1000 workers). More than two-thirds of repatriated workers were aged 30–49 years. Migrant farm workers were most frequently repatriated for medical or surgical reasons (41.3%) and external injuries including poisoning (25.5%) (ibid.).

As stated earlier, workers generally did not report injuries and ailments due to concerns about being sent (Bailey 2014; Preibisch and Hennebry 2011).

RECOMMENDATION

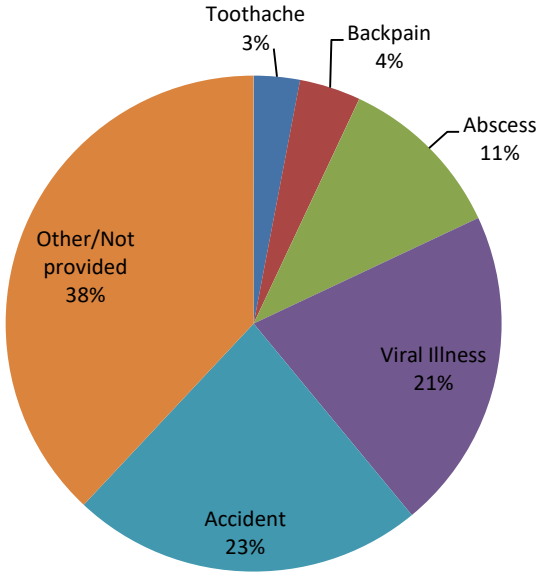
Workers must feel comfortable enough to discuss medical concerns without the fear that they will somehow be penalised for doing so. The majority of employers/supervisors do not penalise workers accessing medical treatment, yet this is the perception.

Experiences from these schemes reveal significant factors such as cost, logistics, language and cultural barriers can deter workers from seeking medical treatment (Bailey 2014; Preibisch and Hennebry 2011:1036) and follow-up medical care as well as possible preventative measures and initiatives to encourage workers to address medical concerns early. An essential preventative measure is to ensure that workers feel comfortable enough to discuss any medical concerns without the fear that they will somehow be penalised for doing so (Bailey 2014; Basok 2002; Preibisch and Hennebry 2011). The majority of employers/supervisors do not penalise workers, but from numerous conversations with RSE and SWP seasonal workers, the author has found that this is the perception they have.

Initially dealing with new health care systems is somewhat intimidating for workers, even with assistance from supervisors and pastoral care hosts. Reasons given include language barriers, not wanting to share an ailment with a supervisor in or out of the treatment room, being asked questions they did not understand, a concern that they would be losing wages by not working and being reported to their employer (Bailey 2014).

The fact that workers are sometimes not willing to seek medical treatment makes it difficult to get an accurate picture of the health care required. It is compulsory for RSE and SWP workers to have medical insurance. OrbitProtect was the sole provider for RSE until 2014, when Southern Cross entered the insurance market for RSE workers. In 2012, OrbitProtect

Figure 3: Seasonal worker visits to the doctor: why?



Source: Permission to reproduce granted by Orbit Health: cited in Bailey (2014).

produced statistical data (see Figure 3) about RSE seasonal worker doctor visits. In that study, only three per cent of visits involved dental treatment; 23 per cent of visits were related to accidents (mainly in the workplace). However, the larger proportion of medical care was not provided in the data. A record of workers' treatments could assist in further preventative health initiatives. The international literature aligns with some of the findings found in the OrbitProtect's data, which could assist in providing specific workplace health and safety targets in various industry sectors.

Accidents and the 'other' category, which is mostly undefined, represents the largest proportion of doctor visits in this graph, with abscesses and dental care some of the more significant concerns. While outdated, this data from OrbitProtect is of great value; a record of workers' treatments could assist in further preventative health initiatives. There may be a range of medical conditions that have not been captured through insurance data. Nonetheless, collating and analysing data from insurance companies could assist in future mitigation programs.

The author has previously recommended that monitoring the health of workers is necessary (Bailey 2014) and that effective communication between workers, supervisors and employers would enhance trust to discuss medical conditions openly. Furthermore, an awareness of how workers often hide their ailments should be highlighted in potential cultural awareness booklets for employers, the importance of which has been previously discussed (Bailey 2017). Nonetheless, further research into what medical treatment is sought will be valuable in understanding health patterns and needs that can be addressed in both sending and receiving countries.

RECOMMENDATION

Monitoring the health of workers is necessary and effective communication between workers, supervisors and employers would enable more open discussion of medical issues. The fact that workers often hide their ailments should be highlighted in new cultural awareness booklets for employers.

Overcoming barriers

Workers are expected to seek medical help through their respective pastoral care hosts, employers and supervisors. However, this is dependent on the trust and confidence of workers in approaching them (see Bailey 2014; Basok 2002). Most RSE and SWP working groups are assigned a team leader.[10] The team leader role is vital in identifying and assisting with medical concerns. Team leaders also provide transportation to medical clinics, language translation and understanding medical conditions, although this may not always be the case. As with supervisors and employers, workers are not always confident in their trust of a team leader, but they are often the first person workers will go to. Many team leaders hold confidential meetings with workers and, in some cases, among other team leaders[11] to discuss cases and are able to recognise when workers are in a state of crisis. Many team leaders have made recommendations for workers to take seasons off to ensure that the wellbeing of workers, and sometimes their immediate families, is stable before coming back into these programs.[12]

What is important, and is an addressable feature that can assist in managing preventative measures, is that workers must feel comfortable enough to discuss any medical concerns without the fear that they will somehow be disadvantaged for doing so. This is

not only found in the research of seasonal workers; similarities were also found with Australian fly-in fly-out (FIFO) and drive-in and drive-out (DIDO) workers who fail to report illness due to potential and perceived employer tracking of services (Gardner 2018:5).

2. Lessons from the FIFO experience

Comparable lessons could be learned from FIFO and DIDO studies on health and wellbeing. Although there are differences between seasonal workers from the Pacific working in Australia and New Zealand and FIFO and DIDO workers, there are parallel experiences that seasonal workers share with these groups. Learning from them could assist in mitigating potential negative physical or mental medical consequences or creating awareness mechanisms for medical needs of workers.

FURTHER RESEARCH SUGGESTED
Two issues that are not well documented in labour mobility are financial pressures and associated domestic violence while a family member is absent and upon return to their home country. These are areas for potential further study.

Some of the similarities in the FIFO literature (Gardner et al. 2018; Hussain et al. 2015; Meredith et al. 2014; Parker et al. 2018; Rebar et al. 2018; Vojnović et al. 2014) and those of seasonal workers are: the impacts of being absent from home; the effects of their living and working conditions on health (physical and mental); fatigue and sleeping problems; family imbalances; loneliness; and impacts on workers' spouses and children. Two issues not well documented in the Pacific Islands seasonal worker labour mobility programs are financial pressures and associated domestic violence while a family member is absent and upon their return. These factors have been recorded in FIFO literature (Meredith et al. 2014; Vojnović et al. 2014), and although it is widely acknowledged that research on these aspects has been limited, there should be consideration of any similarities in experience. For example, there may be financial or emotional pressures that lead to an increased incidence or severity of domestic violence and there may be opportunities to decrease barriers for workers and their families in RSE and SWP to seeking help when required. These are areas for potential further study. Numerous studies have been conducted on FIFO and DIDO workers, but as Gardner et al. have argued, little attention has been given to the detrimental impacts on workers' families (2018:2).

Similar to studies of seasonal workers (Bailey 2009, 2014), Gardner et al. emphasise the importance of FIFO workers and families maintaining quality communication: 'Some evidence suggests that family cohesion, connectedness, flexibility and meaningful communication are important factors for buffering from potential negative effects of FIFO life on well-being' (2018:2). Concerns observed with seasonal workers' relationships have not only stemmed from the absence of a household member, but also the lack of available options for communication. For instance, for ni-Vanuatu workers in Bailey's case study, initially there were problems with no access to telephone or mobile service; it was also found that the costs of calling home were a barrier to good communication (2009, 2014). Similar to FIFO workers, the author's research has shown how good communication between seasonal workers and their families not only assists in maintaining relationships with immediate families and their communities, but is also a major factor in maintaining good mental health for workers while they are absent (ibid.).

FINDING
Similar to FIFO workers, good communication between seasonal workers and their families not only assists in maintaining relationships with immediate families and their communities, but is also a major factor in maintaining good mental health for workers while they are absent.

FURTHER RESEARCH SUGGESTED
Although FIFO and DIDO workers appear to transition in and out of their work more often than seasonal workers do, that once- or twice-a-year transition does lead to tension and stress between household members. These aspects of the movement of seasonal workers in and out of the household need further exploration.

In line with this, Gardner et al. observed that Facebook pages for FIFO workers are a place where 'connecting with others with similar experiences was felt to validate partners' concerns'(2018:6). The founders of a Vanuatu support group for seasonal workers' families also spoke of how the group for

those with absent family members (in an offline forum) shared experiences and felt their concerns were validated. It would be worth exploring if online forums, such as those supporting FIFO and DIDO workers, would be of any assistance in the broader network of Pacific Island seasonal workers and their families. RSE and SWP workers have many open and closed Facebook pages to share their experiences, which from personal observations of the author have assisted in supporting workers while they have been absent.

Another concern is a worker's ability to reintegrate when they return home. 'A case study in Canada found that FIFO couples can face numerous challenges, including transitioning between on-shift and off-shift roles and parenting' (Gardner et al., 2018:2). As noted in many comments by FIFO workers, 'not feeling like they belong when they come home', the transitional elements can be quite severe. This too can be experienced by seasonal worker families. Leaving and returning is experienced in different ways depending on circumstances for workers, their households and communities. Although FIFO and DIDO workers appear to transition in and out more often than seasonal workers do, that once- or twice-a-year transition does affect routines and relationships. In some cases, spouses have been ambivalent about the return of their partner and vice versa, causing cause tensions and stress between household members (Bailey 2014). These aspects of seasonal workers' movement in and out of the household need further exploration.

Another common factor with seasonal workers is that:

> Workers and partners generally feel unsupported in negotiating health and well-being problems associated with FIFO employment … There is a fear of losing your job because of health concerns and employers tracking support systems (Gardner et al. 2018:5).

In 2018 Parker et al. produced the report *Impact of FIFO Work Arrangements on the Mental Health and Wellbeing of FIFO Workers* for the WA Mental Health Commission. The report is probably the most comprehensive report today on Australian FIFO workers and has lessons that can be shared across seasonal workers programs. It made 18 strong recommendations on how to improve the health and wellbeing on workers and their families, some of which should be considered for the future planning of seasonal worker programs. As a companion to the report, there is a short video with workers and partners discussing their experiences. Parker et al. highlight the fact that 33 per cent of FIFO workers experience a high level of psychological distress — double that of other Australian workforces. This serious statistic needs to be considered in terms of the Pacific Islander RSE and SWP workforces, but also in the context of cultural norms, where possible. One of the quotes from the video underscores what seasonal workers have heavily emphasised to the author over 13 years of research: that the perceived restrictions around food, movement and activities after work are linked to poor mental health.

FURTHER RESEARCH SUGGESTED

Thirty-three per cent of FIFO workers experience a high level of psychological distress — double that of other Australian workforces. This serious statistic needs to be considered in terms of the Pacific Islander seasonal workforces. Seasonal workers have repeatedly emphasised to the author that the perceived restrictions around food, movement and activities after work are linked to poor mental health.

Interestingly, Hussain et al. looked at those who work for health care operators in rural and remote Australia, who themselves are FIFO and DIDO workers; their paper highlighted the experiences of these medical practitioners and their own experiences of loneliness and attempting to fit into communities while on short temporary contracts (2015). 'The Department of Health and Aging Workforce Audit (2008) noted that medical specialists in rural Australia struggle with professional isolation, lack of support and lack of infrastructure' (cited in Hussain et al. 2015:4). These impacts will affect their approach to their medical practice and daily interactions with others. Likewise, seasonal workers also navigate new communities, where language and cultural barriers also factor into interactions with people and approaches to seeking medical treatment. They often enter New Zealand and Australia to find themselves isolated and reliant on other team members, until they become confident in speaking English within their local communities and support facilities such as the church and medical centres (Bailey 2009).

3. Health insurance

Health insurance costs

> ***RECOMMENDATION***
> ***Monitoring and better management of health insurance is required. More often than not, workers are provided with the appropriate insurance documents to access medical facilities, yet they require further assistance to understand the terms of their health insurance.***

Health insurance costs vary across programs and insurance providers and are deducted from RSE and SWP workers' pay on a weekly or fortnightly basis. Studies by Kautoke-Holani argued that 'these costs are relatively low and range between AUD24.8–22.7 per week' (2017:108). This is also backed up by the author's research with seasonal workers in Victoria. However, Kautoke-Holani's thesis also showed that:

> Most of the workers from which the pay slips were collected indicated that they did not hold health insurance cards. The group of workers in Childers, Queensland indicated that they were instead given a letter from the labour hire contractor to use as a medical insurance card, yet this letter was declined by the medical providers they approached. These reports may suggest that although weekly deductions for health insurance are made, workers may not have health insurance (2017:108–9).

Health insurance for workers is arranged by employers/labour hire contractors in both the RSE and SWP but incidences such as Kautoke-Holani's finding, demonstrate that monitoring and management of securing adequate insurance is required. More often than not, workers are provided with the appropriate insurance cards or documents to access medical facilities, but they require further assistance to understand the terms of their health insurance.

For RSE workers under OrbitProtect, the current seasonal worker plan is NZ$2.50 per day, the plan with extended cover is NZ$3.30 per day. OrbitProtect have made some changes to their health policies to accommodate RSE needs and to assist with misunderstandings; for example, the company has had their policies translated in Pacific Island languages.

A point of difference between RSE and SWP is that in New Zealand, both workplace and non-workplace accidents are handled through the Accident Compensation Corporation (ACC). However, workers still require health insurance to cover illness, whereas SWP workers in Australia rely on the health care insurance provider for all medical needs.

Pre-existing medical conditions

Pre-existing medical conditions are not covered in health insurance policies. A RSE conference in Samoa in 2016 noted that there had been an increase in pre-existing medical conditions. It is difficult to determine if the pre-existing conditions are a result of a worker's time at home or at work abroad. It has been said anecdotally that some workers are using these schemes to get medical assistance for pre-existing conditions, yet there has been no proof of this. However, from the author's own fieldwork there have been incidences where employers have insisted workers come back and receive further treatment for medical conditions which occurred under their employment.

Recent health insurance developments

Workers in these schemes have been participating for many years; in the author's 2019 longitudinal case study, nine of the 22 participants had worked in RSE every year for 12 years (Bailey 2019). This trend means that this is an ageing workforce, whose medical needs may eventually be more than was required in the past. Recently, OrbitProtect developed a new seasonal worker plan with extended cover for RSE workers. This option was developed over time out of the 12 years of experience this company had had in insuring RSE workers. It is a much more comprehensive insurance option that covers wide-ranging medical treatments and only costs an extra 80 cents per day.

Medical conditions experienced in New Zealand and workers' compensation.

Long-term participation is a challenge that Pacific Island families and communities are facing. In sending countries there are debates and arguments about who can and cannot participate and long-term returnees are seen as blocking others from opportunities, even though research has shown this to be a misconception (Howes 2019). Furthermore, there is also the consideration of welfare and physical impacts of long-term participation on workers and the effects on their roles when returning to communities. In some cases, workers have returned from seasonal worker programs with work injuries that prevent them from participating

in their former daily routines. Various communities have questioned whether there is any workers' compensation to cover them after their time in seasonal work, given that the injury resulted from participating in an overseas labour scheme.

The findings from Orkin et al. and other studies they referred revealed that:

> Ontario data over a 3-year period … showed that the top reasons migrant farm workers present to an emergency department near their workplaces include injury, gastrointestinal, musculoskeletal, respiratory, dermatologic, urinary and ophthalmologic conditions (2014:196–97).

What would be interesting to know from these studies is the number of seasons these workers had participated in the scheme to gauge if there is a link between years of repetitive manual labour and medical conditions and whether there was a certain point when medical interventions should be considered. It is especially important in the case of musculoskeletal injuries, as the majority of work in seasonal workers programs require repetitive and strenuous labour, which often results in problems classified as occupational overuse.

Medical repatriation

As there are numerous health insurance providers for Pacific Island workers in Australia, for the purposes of this paper, OrbitProtect's policy, which has been covering seasonal workers from the outset of the RSE scheme, is the example used to look at the policy provisions for repatriation. The policy covers both medical evacuation and repatriation in the event of a close relative at home becoming ill or unexpected deaths.

It is important to highlight that medical repatriation for seasonal workers occurs from time to time. For RSE, this has occurred for under 1 per cent of the total number of workers to date.[13] The numbers for SWP have also been very low.[14] Unfortunately, there is limited published data on medical repatriation for RSE and SWP and the author failed to ascertain exact numbers. This is not unusual. As Orkin et al. noted, access to data was also limited for Canada's CSAWP, resulting in their study being limited to the period 2001–11: 'We were able to obtain repatriation data only because they were entered into evidence in a public Ontario Human Rights Tribunal hearing' (2014:197).

For repatriation, OrbitProtect covers costs when workers return home for treatment, as stipulated in section 2.6 Evacuation/Return Home of the policy:

> If you become disabled while in New Zealand or overseas, during the period of insurance and agree to return to your country of origin, we will pay: a. for the travel expenses involved, and b. up to $20,000 for your reasonable, necessary continuing medical costs incurred as a direct result of the medical event causing your disablement, for a period of up to 12 months, provided that the following conditions are met:
> i. The registered medical practitioner who attends you at the time of the disablement provides written advice that the return or evacuation is necessary.
> ii. The return or evacuation is supported by our medical advice and considered necessary by us.
> iii. We agree to the destination that you return or evacuate to.
> iv. The travelling expenses that you incur are of the same standard or fare class as those originally selected by you for your trip (unless we agree to a fare upgrade in writing).
> v. You already have a return ticket between New Zealand and your country of origin.

Despite this provision in the policy, it is undetermined whether workers or their employers are entirely aware of this section on repatriation. Due to workers' varied literacy levels and from information provided to the author, most workers are often unsure of their employment agreements, so there is a high chance that they also have limited knowledge of this insurance policy section. From conversations with Pacific Island LSUs, these insurance clauses are not covered well in pre-departure training sessions. Yet it is important for workers to know that they can continue treatment, (depending on medical facilities in their home countries) when they return.

Given sensitivities around medical repatriation and the negative ways it could be interpreted, and the fact that both Australia and New Zealand have supposedly had low incidences of repatriation, there has understandably been limited attention given to this area. However, Orkin et al.'s study has highlighted a valuable point:

> The repatriation of migrant farm workers for health-related reasons and medical termination of their employment represents a unique form of deportation from Canada. Although farm workers are entitled to receive health care before the termination of their employment and repatriation, in practice, workers are sometimes repatriated immediately, without receiving such care (2014:193).

There needs to be discussion and monitoring to see if this occurs within the RSE and SWP. At this stage, the evidence is limited to anecdotal medical cases that the author has been advised of by workers and their community leaders. Unexpected deaths of family members back home do occur and, as the author observed, employers tend to deal with this quickly, all the while supporting affected workers (Bailey 2009).

Death

Unfortunately, a small number of seasonal workers have died while in Australia or New Zealand; many of these deaths have occurred in the workplace or in car accidents and at other unexpected times. This is an area that needs further research. The death of seasonal workers is often linked to health and medical concerns, which has been raised in many newspaper reports. As with any type of labouring work, there will always be risk and uncertainty. How the safety and wellbeing of workers is managed is of utmost priority and further policy settings should be in place regarding fatal incidents, if they are not so already. There are many questions that grieving families have to deal with, along with the expectations and roles of employers and government staff from both the host and sending countries.

The author's research has revealed that getting funds from the deceased's bank accounts or superannuation payouts to their families in their respective countries has been problematic and stressful. Often it is extremely difficult for family members of deceased seasonal workers to navigate the bureaucratic processes of host country insurance, taxation and banking agencies. Many employers and recruitment agents have stated that they have, out of necessity, taken care of such arrangements for families that have lost loved ones participating in labour mobility schemes and argue that if they did not, the families of workers would have gone without. This issue was also raised by an SWP employer, Grant Owen from Owen Pacific Workforce who, in his submission to an Australian parliamentary committee inquiry into the SWP in 2015, stated:

> I have one worker who died, and the super [superannuation] company continues to resist paying out the life insurance payment to the widow because of how she has filled out the application. They are completely oblivious to the fact that the widow has no formal education, does not speak or read English and lives in a village in Tonga without electricity, let alone email or internet (Owen Pacific Workforce 2015).

This is often a traumatic time for all involved. Consideration of assistance in dealing with foreign bureaucratic systems is required, not only for the families, but also for the more extensive networks involved, including workmates and employers who are also affected.

FINDING

Getting funds from the deceased's bank accounts or superannuation payouts to their families in their respective countries has been problematic. Often it is extremely difficult for family members of deceased seasonal workers to navigate the bureaucratic processes of the host country. Many employers and recruitment agents have stated that they have, out of necessity, taken care of such arrangements for families that have lost loved ones. Consideration of assistance in dealing with foreign bureaucratic systems is required.

OrbitProtect's policy for RSE workers has extensive cover assisting families:

> **Section 2.7 Funeral and Cremation**
> Should your death occur in New Zealand or overseas, but not in your country of origin, during the period of insurance, we will pay up to $100,000 to cover:
> a. your overseas or New Zealand funeral or cremation costs, or
> b. the cost of returning your remains to your country of origin, including the reasonable travel costs of up to two people to accompany your remains back to your country of origin.
> **2.8 Accidental death**
> We will pay your estate $10,000 if you sustain an

injury that results in your death provided that:
a. your death occurs within 12 months of the injury being sustained
b. the injury occurs during the period of insurance, and
c. the injury was sustained during your journey to New Zealand.

How these provisions vary across insurance policies in Australia is unknown, as there are numerous providers. Perhaps future discussions with the Insurance Council of Australia would assist in streamlining policies for seasonal workers.

FURTHER RESEARCH SUGGESTED

Unfortunately, a small number of seasonal workers have died while in Australia and New Zealand—often linked to health and medical concerns. How the safety and wellbeing of workers is managed is of utmost priority and further policy settings should be in place regarding fatal incidents.

RECOMMENDATION

Experiencing loss in some cultures requires fasting during the period of mourning. This includes for workmates still in host countries, yet it is often not considered when death occurs. At such times, employers and host communities could perhaps be made aware that workers are not eating, yet continue to work as hard as they can in order to ensure that their employment is secure.

Experiencing loss in some cultures requires fasting during the period of mourning. This includes for workmates who are in host countries, yet it is often not considered when death occurs. It is perhaps at times like these that employers and host communities could be made aware that affected workers are not eating and yet continue to work as hard as they can in order to ensure that their employment is viable in the future.

Ensuring the wellbeing of workers has been a priority for the majority of employers and it is beneficial for them to have fit, healthy and productive employees. This paper is suggesting that the health care management of seasonal workers needs to be explored further, especially since there has been rapid growth in scheme participation rates over the past decade.

CONCLUSION

Seasonal labour programs in Australia and New Zealand provide a 'protective layer' for the employment conditions of workers. Yet, do they go far enough to ensure the health and wellbeing of Pacific Island seasonal workers? Ensuring that workers and employers know their rights and obligations under pastoral care policies is essential. A lack of understanding about attitudes to seeking medical attention and being misinformed about access to care, could potentially contribute to an avoidable fatality in the Pacific seasonal workforce. This paper recommends that monitoring of workers' welfare is necessary and effective communication will enhance relationships of trust to discuss medical concerns openly. Furthermore, an awareness of how workers often hide or mask their ailments should be highlighted in cultural awareness briefing booklets for employers, the importance of which has been discussed in previous research on labour mobility schemes. Given the diversity of Pacific Island nations participating in labour mobility programs in Australia and New Zealand, it would be challenging to create a 'one size fits all' booklet. However, there should be consideration of providing some education for receiving employers, pastoral care hosts and perhaps medical clinics, in how to manage culturally appropriate services for workers.

Further research into the types of medical treatment sought, the extent of health problems suffered by seasonal workers and how these impact RSE and SWP schemes will deepen our understanding and refine pastoral care processes in the future. Statistics from health care insurance providers could assist in showing where to target resources for preventative health care. Many studies have been conducted on the health care and mental wellbeing of FIFO and DIDO workers that could also provide an example of how to examine these issues in greater detail. Although there have been various community-led programs and efforts by stakeholders to assist workers with awareness of maintaining good physical and mental health, ongoing conversations and communication alongside culturally appropriate services will strengthen these programs and their responses to future medical needs.

Author notes

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Endnotes

1. Australia's SWP is also open to Timor-Leste.
2. As at 22 November 2019. Exchange rate to the Australian dollar of 83.55 as calculated using Westpac currency converter website.
3. NZ Ministry of Foreign Affairs and Trade 10 September 2019, personal communication.
4. As the PLS is a new initiative, the data is still limited and therefore this scheme is not examined in this paper.
5. With the exception of Samoa. Samoan consulate representative, 8 November 2019, personal communication.
6. Employer in New Zealand July 2016, personal communication.
7. Raised by recruitment agents, Vanuatu labour mobility summit, 8–9 March 2018.
8. Labour sending units are normally part of Pacific Island countries' Departments of Employment.
9. Team leaders 9 July 2019, Port Vila, Vanuatu, personal communication.
10. Team leaders are often chosen by Pacific Island labour employment agencies or through group selection. See Bailey 2017 for more on team leaders' prescribed roles.
11. The author works with a group of team leaders who have shared their experiences of taking workers to medical centres.
12. Team leaders meeting July 2017, personal communication.
13. MBIE 09/09/2019, personal communication.
14. Department of Employment, Skills, Small and Family Business 18/09/19, Canberra, personal communication.

SUMMARY OF FINDINGS AND RECOMMENDATIONS

Findings

Knowledge transference: Through the RSE and SWP, new partnerships are formed between seasonal workers, their communities and employers. Many of these partnerships participate in community development projects in Vanuatu. These schemes improve seasonal workers' knowledge of good health, who then take this awareness back to their home communities. Page 6.

Workers are currently not adequately assisted with mental health problems such as stress and depression: Workers often feel isolated and struggle with being absent from home and the pressure to earn enough to repay migration costs and fulfil obligations for family and community members (Bailey 2009, 2014; Bedford et al. 2009; Rockwell 2016). The depth of the sense of obligation in some Pacific Island cultures cannot be overstated**.** Page 9.

The importance of spiritual health: Fulfilling spiritual needs and access to good communication with family play a vital role in the wellbeing of workers who are far from home**.** Page 9.

Workers hide health problems: Employers are generally quick to resolve medical injuries and personal problems. However, workers often do not inform them of an injury or medical condition, potentially leading to more serious health risks or conditions. Page 10.

Good communication is needed: Similar to FIFO workers, the author's research has shown how good communication between seasonal workers and their families not only assists in maintaining relationships with immediate families and their communities, but is also a major factor in maintaining good mental health for workers while they are absent. Page 12.

Workers' families need help accessing monies owed if a worker dies: Getting funds from the deceased's bank accounts or superannuation payouts to their families in their respective countries has been problematic. Often it is extremely difficult for family members of deceased seasonal workers to navigate the bureaucratic processes of the host country. Many employers and recruitment agents have stated that they have, out of necessity, taken care of such arrangements for families that have lost loved ones. Consideration of assistance in dealing with foreign bureaucratic systems is required. Page 16.

Recommendations

Pacific Island countries' hospitals need help with their medical infrastructure: More attention should be directed to helping hospitals in the Pacific to better maintain their equipment for producing medicals (Bailey and Sorensen 2019). Given the high number of workers participating in labour mobility schemes in Australia and New Zealand, it is timely for these facilities to be examined. Impacts on health care systems in receiving countries also need to be examined. Page 4

Workers should be encouraged to discuss health problems without fear: Workers must feel comfortable enough to discuss medical concerns without the fear that they will somehow be penalised for doing so. The majority of employers/supervisors do not penalise workers accessing medical treatment, yet this is the perception. Page 10.

The fact that workers hide health problems should be inserted in new cultural awareness booklets: Monitoring the health of workers is necessary and effective communication between workers, supervisors and employers would enable more open discussion of medical issues. The fact that workers often hide their ailments should be highlighted in new cultural awareness booklets for employers**.** Page 11.

Workers need help understanding health insurance and oversight of labour hire practices regarding health insurance provisions is needed: More often than not, workers are provided with the appropriate insurance documents to access medical facilities, yet they require further assistance to understand the terms of their health insurance**.** Pages 14.

Employers should be briefed on how workers might be fasting: Experiencing loss in some cultures requires fasting during the period of mourning. This includes for workmates still in host countries, yet it is often not considered when death occurs. At such times, employers and host communities could perhaps be made aware that workers are not eating, yet continue to work as hard as they can in order to ensure that their employment is secure. Page 17.

FURTHER RESEARCH is recommended as follows:

The possibility of a pandemic facilitated by seasonal worker movements: Apart from ensuring the good health of seasonal workers before they depart, there are concerns about disease outbreaks in source countries and the challenges to public health management. The possibility of a pandemic needs to be taken seriously.

Although the recent (2019) outbreak of measles in Australia, Fiji, New Zealand, Samoa and Tonga was not linked to seasonal workers, it still shows the ease at which communicable diseases can travel in the region. Page 4.

Whether workers' health changes over time when they participate in seasonal work: Building knowledge on whether the health of workers improves, deteriorates or stays the same would be useful for future preventative and treatment plans of labour-sending units, employers and workers. Page 7.

Whether participation in seasonal work increases domestic violence in the home country: Two issues that are not well documented in labour mobility are financial pressures and associated domestic violence while a family member is absent and upon return to their home country. These are areas for potential further study. Page 12.

What are the effects of seasonal workers moving in and out of households? Although FIFO and DIDO workers appear to transition in and out of their work more often than seasonal workers do, that once- or twice-a-year transition does lead to tension and stress between household members. These aspects of the movement of seasonal workers in and out of the household need further exploration. Page 12.

Do seasonal workers experience the same levels of stress as FIFO workers and what are the factors contributing to this stress for seasonal workers? A 2018 report highlights the fact that 33 per cent of FIFO workers experience a high level of psychological distress — double that of other Australian workforces. This serious statistic needs to be considered in terms of the Pacific Islander seasonal workforces. Over 13 years of research, seasonal workers have repeatedly emphasised to the author that the perceived restrictions around food, movement and activities after work are linked to poor mental health. Page 13.

Can the death of workers be prevented and what factors are contributing to the death of seasonal workers in host countries? Unfortunately, a small number of seasonal workers have died while in Australia and New Zealand—often linked to health and medical concerns. How the safety and wellbeing of workers is managed is of utmost priority and further policy settings should be in place regarding fatal incidents. Page 17.

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