

The impact of low wage employment on workers' health, nutrition and living standards: a case for the London Living Wage

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Foreword

Warm compliments to Jessica Mitchell, Director, The Food Commission for her enormous contribution to the research. Without her experience, hard work and warm approach during the interviews with the workers, we would not have been able to complete the research.

Many thanks to MSc, PhD Renata Retkute from Surrey University for her efforts and time in handling surveys and preparing statistics.

Last but not least - MA, PhD student Violetta Parutis from University College London was most helpful in finding the trends of the research and compiling them into the report.

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Executive Summary

This study is based on interviews conducted with 139 individuals who have a relationship with London Citizens because of ongoing campaigns at the London School of Economics, various hospitals, hotels and a sandwich factory. All of the individuals interviewed face the difficulties of low pay and the consequent effects of this on their health. Some of the interviewees were on the National Minimum Wage (NMW) of £5.52 per hour and others had won the Living Wage of £7.20 per hour.

These are the key conclusions of this research:

- Many of the low paid workers face health hazards at work in London.
- Over half said that they had encountered physical and psychological health problems, but that proportion diminishes noticeably for those on the Living Wage.
- Nearly a quarter of low paid workers reported having been registered with a General Practitioner (GP), but that proportion rose to nearly three quarters for those on the Living Wage.
- The most common reasons given for not registering with a GP were lack of necessity, lack of time and lack of English language.
- Self medication was common for those coping with work related injuries.
- Over two thirds of NMW workers said they felt badly treated at work, but that proportion reduced to one quarter for those on the Living Wage.

- The most common reasons given, for feeling ill treated, were low pay, unpaid overtime, high demands, pressure and bullying.
- All the NMW workers in this study were migrants, whereas there were more UK nationals in the Living Wage group.

Our study shows:

- All of the most complained-about employers were making a profit.

Even though recent Trades Union Conference (TUC) publications indicate that, 'Migration has reintroduced the "tied cottage" into the British labour market, with employers providing accommodation – at a cost – and using it to increase their power over migrant workers,' (TUC Migrant Workers' Challenges and Opportunities in UK 2007) we found this to be irrelevant to London.

Our study shows:

- Most workers found their own accommodation by themselves or with the help of friends.
- More than half of workers share rooms with other occupants.
- NMW workers share with other non-family occupants.
- Living Wage workers share usually with their partner/spouse.

Low wage workers face number of issues related to their inability to access a well - balanced diet:

- The lower a person's income, the more likely they were to skip meals or to go whole days without meals.
- Under ten percent of the two lowest waged groups feel they can afford to purchase a well-balanced diet or that they can afford to eat five portions of fruit and vegetables a day.
- If paid more, the item people would be keenest to purchase more of is fruit.
- People know what a well-balanced diet is and how to cook, but do not have the money to afford the diet.
- Food is a flexible item in the budget, with other bills having to be paid first.
- Lack of money for food is stressful and can enhance social exclusion with people being unable to eat out or go to pubs.

Low paid workers need assistance to secure their rights. Trade unions, local community institutions and advice agencies need to work together to provide that help:

- Few of the low paid workers were union members and had little connection to community or faith groups except when they joined the London Citizens Workers Association.
- Union membership rose to a half of workers receiving the Living wage.

Introduction

The East London Communities Organisation (TELCO) started the Living Wage campaign in 2001. The London Living Wage represents the level of income needed to meet basic living costs of housing, food and travel in London. The Living Wage rate is updated every April by the Mayor of London and currently equals £7.20 per hour. The difference between the NMW and the Living Wage is approximately £3,000 per annum. Living Wage employers are required not only to pay the hourly rate, but also to put in place proper arrangements for sick pay, paid holidays, training and pension provision. The campaign has benefited more than 5000 families who have been lifted out of working poverty. It is estimated that, to date, over £11 million a year has been put into the pockets of the low paid in London.

London has always been host to migrants, and has seen many waves of migrant workers in the past. Low pay has multiple impacts: on workers themselves; on their families; on other social relations and on labour markets. Even impacts which are theoretically possible to quantify may in practice be extremely difficult to measure.

The limitations of the existing data and the complexity of gauging such effects mean that statements about the extent of these impacts are treated extremely cautiously by those with expertise in the field. What is clear is that migrants play an important role in the UK economy and that they are also potentially vulnerable. Because they may speak little English, do not know their employment rights and have limited access to advice or support, unscrupulous employers, landlords and other agencies can take unfair advantage.

Employers' exploitation of migrant workers should not be regarded just as a problem for migrants. Any success an employer might have in holding down wages or diminishing working conditions for migrant workers is likely to have consequences for UK nationals too.

This study was undertaken to explore:

1. What kinds of difficulties are faced by low paid workers in London?
2. What are their attitudes towards registering with a General Practitioner?
3. What are the potential challenges and opportunities in organising such workers?

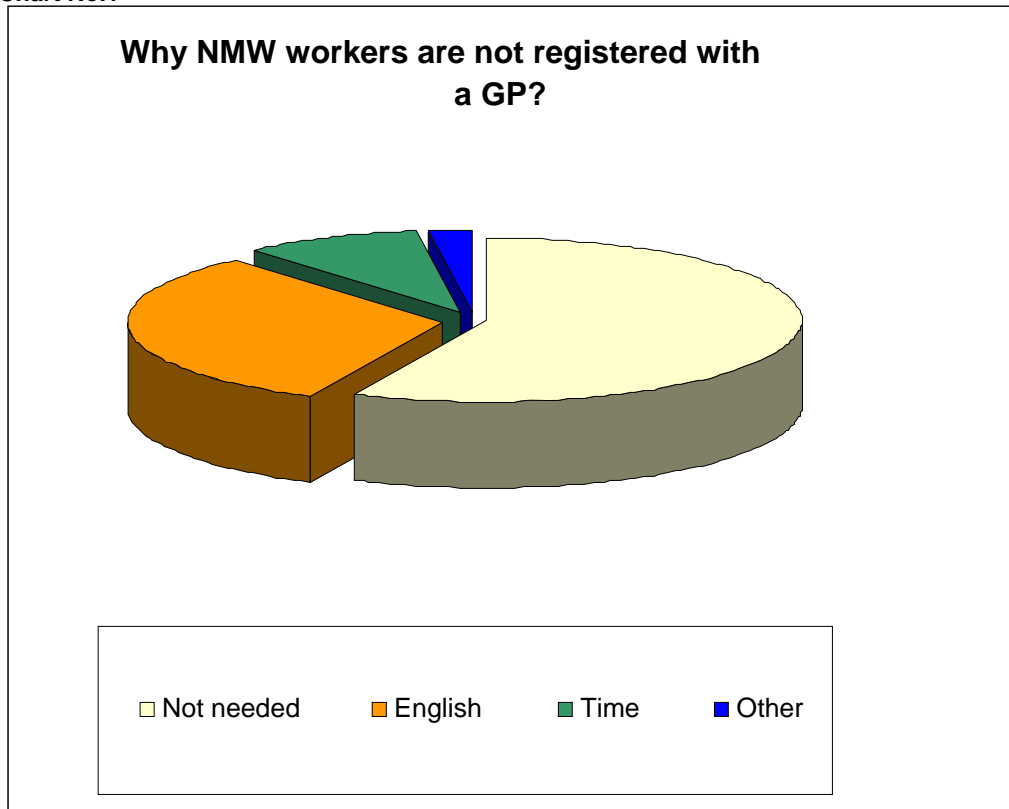
The group of workers interviewed were mostly legally in the country and working with all necessary documents, and so you would expect them to be better protected and not as vulnerable as those without documentation.

Context

As a global capital city, London is known for its vibrant economy and opportunities for migrants. However, London often welcomes them with the lowest paid jobs in the UK. At the moment, migrants from all over the world and increasingly from the EU countries experience poor pay and working conditions which have a detrimental effect on their well-being.

For a variety of reasons, many low paid workers residing in London are not registered with a GP. Accumulated data in this research provides neither accurate nor representative figures. This does not mean that the GP registration data does not give some useful indications of trends and suggestions as to particular factors facing this group of workers.

Chart No.1



The highest proportion of applicants indicated that GP services are “not needed” (36%), among the National NMW (NMW) workers that rose to over 56%. It should be noted that these are migrants who have lived in London fewer than 3 years.

English language was stated as an obstacle for using GP services for 15% of unregistered workers which rose to 32% for the NMW workers.

“I am registered with GP, but I can’t attend it, because the only person who speaks English in our house is my daughter and she is at school on my only day off...”

Latvian female aged 34.

As you can see from this illustration, even being registered with a GP does not necessarily solve the problem of accessing to medical services.

“No need” for GP services does not actually state that there is no need for medical services. For example, workers in London hotel were reporting chemical burns on hands and aching joints from lifting 15 mattresses each day.

“...Burnt hands and aching shoulders is not an injury, this is common in our workplace...”

Lithuanian female, 36.

Or an example from a food factory:

“...everyone has swollen fingers due to lacking of warm uniform in our factory...”

Polish female, 26.

Neither of those females considered the injuries serious enough to ask for medical treatment. That inevitably leads to self-medication as a common practice among NMW respondents.

Methods

London Citizens Workers Association (LCWA) is a department of London Citizens which organises workers through the Living Wage campaign across London. The Workers Association approached several worksites it is active in and one workplace where the Living Wage was introduced in 2005.

Many of the workers surveyed in this study were in workplaces yet to win the Living Wage. To understand what difference the Living Wage would make on workers' health and environment, we decided to compare the data available from those on the national NMW with that from a Living wage workplace. For example, we interviewed London Hospital cleaners who receive the Living Wage and compared their responses with those in a number of NMW locations.

The questionnaires were not translated into any foreign languages, because of lack of resources. Instead we used volunteers who spoke at least two languages fluently, including English, to help out with the interviews which were conducted on a face-to-face basis. The questionnaires in most cases were actually filled in by the interviewers. 200 questionnaires were distributed in the middle of September 2007, using current contacts within the worksites.

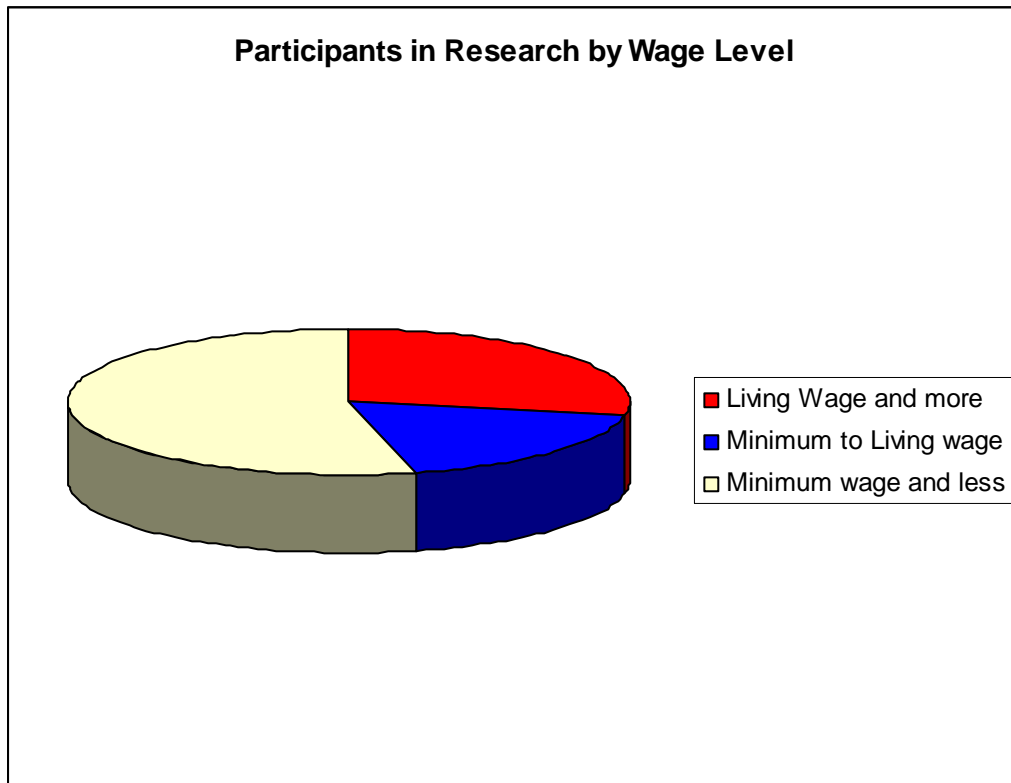
One hundred and thirty nine questionnaires were completed - a response rate of 69%. The responses have been analysed using SPSS, a programme used for quantitative sociological research. Our sample is drawn from a self-selected group of workplaces in London. Since completion of the survey was

voluntary, our research is not fully representative of those who are working in the low paid sector in London.

The sampling strategy we employed has implications for our findings. Firstly, we deliberately targeted low paid workers. This means that the workers who completed the questionnaire come from a sample that is particularly likely to be in a worse working relationship with an employer and with serious concerns.

The research focuses on three separate groups of workers, differentiated by incomes. Firstly – the NMW workers (54%) and those who earn slightly less however the later ones are insignificant, with only 2 cases. The second group (18%) had wage levels starting with £0.01 more than the NMW, and finishing with £0.01 less than then the current Living Wage. The third group are the Living wage (28.1%) workers, who earn Living Wage (£7.20) or more. Usually that is not more than £8.52, with just one respondent having £10.50.

Chart No.2



Our respondents are those who are mainly involved in the Living wage campaign and who replied to a request from LCWA to attend an interview.

Motivation for taking part in the survey could have to do with a complaint or difficulty workers wanted to make about their employer; and also in having an interest in knowing more about workers' rights, and potentially in LCWA membership and what it offers.

Who responded to our survey?

A total of 138 people (you said 139 above) were interviewed by questionnaire. The majority of respondents were from Eastern Europe with a minority from Africa and Latin America. 59% of our sample was female and 41% male. 61% of our female sample was paid the NMW.

Table No.1 Respondents by country and gender

		Gender		Total
		Male	Female	
Country of origin	Argentina	1	0	1
	Bolivia	1	2	3
	Brazil	1	0	1
	Colombia	5	0	5
	Ecuador	1	1	2
	Ghana	2	2	4
	India	1	1	2
	Latvia	0	2	2
	Lithuania	11	33	44
	Nigeria	3	4	7
	Pakistan	1	0	1
	Peru	0	2	2
	Poland	16	33	49
	Portugal	1	1	2
	Russia	1	0	1
	Slovakia	3	0	3
	Somalia	1	0	1
	South Africa	1	0	1
	Turkey	1	0	1
	Uganda	2	0	2
UK	4	1	5	
Total	57	82	139	

Despite the average age of respondents (32.75 years), 64.7% described themselves as having only up to 2 years of experience in this type of job. The majority of them (81%) of them had finished either secondary or higher education with half finishing at secondary level.

However, most of them had been working in paid employment in their country of origin, at over two thirds (69%) of those interviewed.

More than three quarters had entered the UK after EU Enlargement (1st May 2004) and of those more than fifty five percent were employed in NMW jobs.

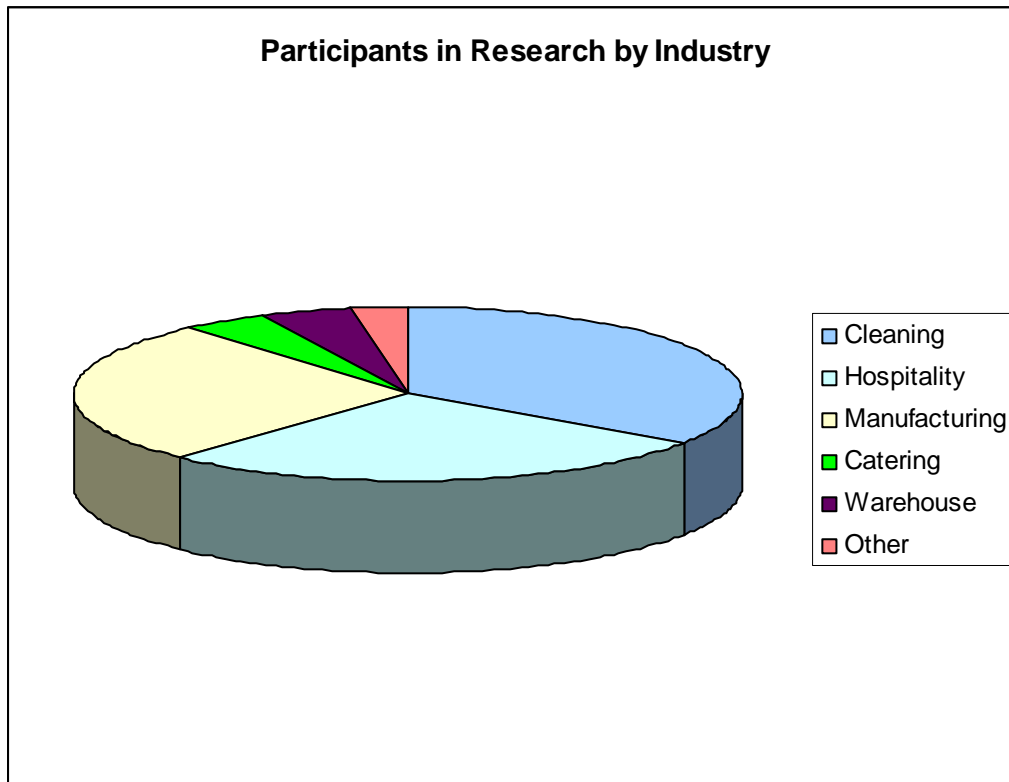
Types of Work in London

Key sectors of employment were

- cleaning (34.5% n=48),

- hospitality (27.3% n=38),
- manufacturing (including food manufacturing) - (26.6% n=37)
- catering, warehouses (4.3% n=6 each).

Chart No.3



Men were more likely to be working in warehouses, while women were more likely to be working in hospitality and food processing and the genders were almost equally divided in the cleaning industry. Other sectors, such as agriculture, are not represented due to the nature of London based businesses.

Workers in the hospitality sector, in particular, were mainly working for agencies (81%). Respondents were almost all concentrated in “elementary occupations” such as room attendant. The concentration of workers in low waged work does not indicate that they lack qualifications. Other research has found that Central and Eastern European (CEE) migrants are typically overqualified for the work that they do in the UK, and describe themselves as making a trade off, prepared to work in low wage, low status occupations temporarily, either to earn money or learn English (Anderson et al 2006).

Agency working is generally associated with experiencing problems at work. While agency workers tend to be paid the same NMW as the permanent equivalent workers in the hospitality industry, the complaints about the demands and working conditions are significantly higher among the agency workers.

In this study, NMW workers rarely had any pension provision or anything above the statutory minimum for holiday or sick pay. Some respondents also highlighted the practical difficulties for agency workers in raising grievances or challenging things due largely to the precarious nature of their employment.

A quarter of respondents reported working more than 40 hours per week, predominantly within the NMW section. Over a third of respondents complained that they have no control over the hours they have to work.

Hospitality was quite clearly the sector where most NMW infractions were reported.

Room attendants contractual pay rate is described in one agency contract as: *“You will be paid the National Minimum Wage for a shift if you complete all rooms in seven and a quarter hour shift. If not, you will be paid according to the number of rooms cleaned.”*

Contract of a major hospitality agency.

Agency room attendants work on a piece rate in London, they are usually female. London Citizens’ Living Wage campaign has already negotiated successfully with Hilton Hotels to change wages based on the number of rooms cleaned to pay per hour. This was one of the main reasons of dissatisfaction and often breaches of the NMW as reported by NMW respondents in the survey.

The fact that a respondent did not volunteer details of a particular problem does not mean that they had not experienced it, and might have provided details if prompted. Indeed many of those who from the data one might expect to report particular problems did not in fact do so. Less than half of those who were earning less than the NMW reported experiencing a problem with pay.

This may suggest that either they were ignorant of their rights, had low expectations as to how they would be treated, or considered that having reported their low wages already, it was not necessary to do so again. Nearly all our respondents reported that they had a written contract. Living Wage workers had issues with employers in fewer than 15% of cases, which increased dramatically among the workers on the NMW to 68%.

NMW workers as a rule were more likely to have felt mistreated by their employer stating the reason as: bullying and discrimination (31%), pressure and psychological discomfort (28%) and low pay (23%).

This supports other research which has found that workers in insecure, low paid work, can regard contracts as a disadvantage, “tying” them to an employer, and making it harder to leave, which they may feel is one of the only responses open to them when faced with poor working conditions, low wages etc.

(Anderson et al 2006).

It has often been suggested that some businesses simply could not operate without migrant workers willing to accept lower wages, terms and conditions than their British counterparts. If this were so, it might be expected that those businesses whose workers were more likely to report abuse would be those struggling to make ends meet.

We therefore looked at those employers whose names came up more than twice in the survey, where over half of the respondents working for them had reported problems at work.

There were 2 such companies:

- Company H – a major hotel chain (some of whom are franchised)
- Company F – a major food manufacturer

Company H, judging by the recent reports, has enjoyed soaring profits and relatively declining labour costs, as the TRI (2007) puts it:

“...strong rate, volume, and profit growth enabled London's chain hoteliers to reduce payroll costs by 1.3 points to 22.0 per cent of total revenue...” this is a clear indication, that exploitation and low pay is not necessarily the cause of company's financial struggle.

Unfortunately, we could not access the financial data of Company F, but this company has recently won a major contract from Starbucks, which increased their output by 56% this year (data taken from the meeting between London Citizens and managing director of company F). Workers have not seen anything more than long hours in 8 degrees temperature.

Support, Organising and Trades Unions

Although pursuing rights is not without its risk amongst those working for the more ruthless employers, having a union's support is likely to reduce the chance of immediate retaliation. The problems presented here suggest that there are many “quick wins” to be had for workers prepared to approach unions and secure their assistance, or, as is now more frequently happening, where unions are taking the initiative and approaching the migrant workers.

These union approaches are often assisted by the help of organisers recruited from the migrant communities or organisations such as LCWA.

Almost all of the NMW workers in our survey were not in unions except one, while Living wage workers were half unionised (53%). Just under a quarter (23%) were members of faith or other community groups. This is an indication, that organising in workplaces should go together with community groups.

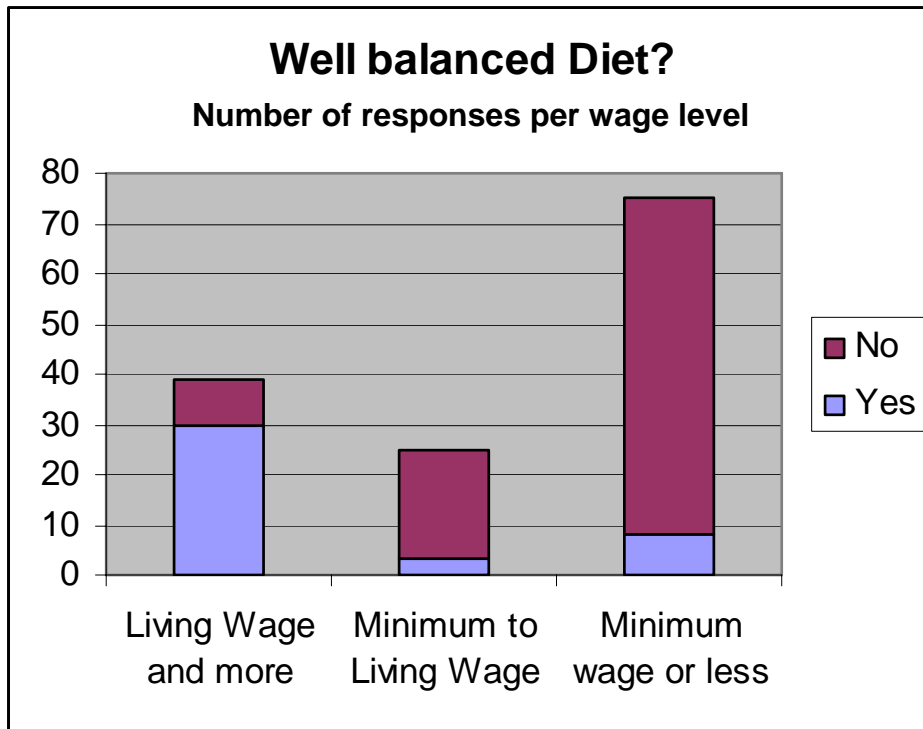
Food, diet and health: findings and discussion from the questionnaire and open interviews

1) Findings from the questionnaires

All workers were asked a range of questions about food access and availability.

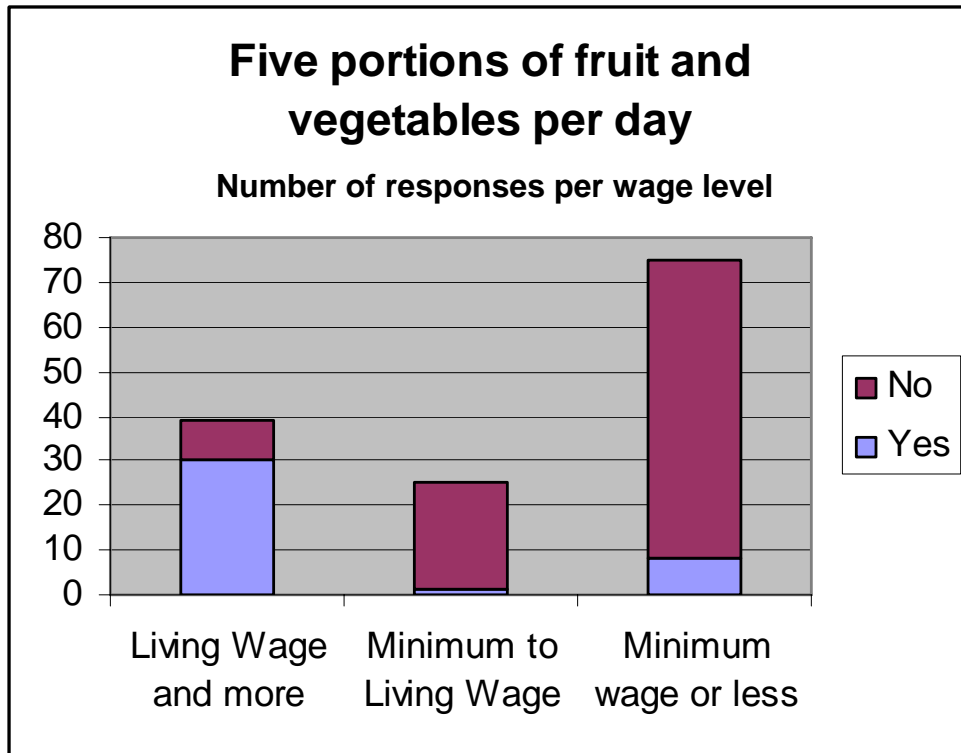
The questions aimed to determine: people's understanding of a well-balanced diet; factors affecting people's ability to access a well-balanced diet; workers' opinions about their diet and the food 'behaviours', including ability to cook, of the workers.

Are you able to purchase a well-balanced diet? Chart No.4



Workers were asked about their understanding of a well-balanced diet and about their ability to purchase such a diet on their wages. Of the three groups in the survey, the 'Living Wage and more' group was the only one in which a majority believed they could purchase such a diet, with 30 answering yes and 9 answering no. Therefore, 30% of the group do still suggest they cannot purchase a well-balanced diet. The 'Minimum to Living Wage' and the 'NMW and less' suggested, in the vast majority, that they could not purchase such a diet. Of 25 respondents in the 'Minimum to Living Wage' group, 2 noted that they could purchase a well balanced diet; that is 8%. Of 75 respondents in the 'NMW and less' group, 7 noted that they could purchase a well balanced diet; that is approximately 9% of the group. When asked what they would like to purchase more of, overwhelmingly, the respondents noted fresh fruit.

Chart No.5



When further asked if they ate five portions of fruit and vegetables a day (a key indicator of a healthy, well-balanced diet), results were almost identical to responses for the question about purchase of a well-balanced diet. All respondents noted that they had learned how to cook, but one respondent did note needing more information about how to cook fruit and vegetables in order to include more of these in his diet.

Do you ever miss a meal due to lack of money, how often, and how often do you go without food for a whole day?

Chart No.6



Workers were asked three questions about their patterns of missed meals due to lack of money for food purchase. Firstly, workers were asked whether they ever missed a meal due to an inability to purchase enough food on their wages. In all three groups in the survey, at least one respondent noted that they did miss a meal on occasion. 38 of the 'Living Wage and more' group said they did not ever miss a meal, but one did; of the 'Minimum to Living Wage' group 23 did not ever miss a meal, but two did and within the 'NMW and less' group, 59 did not ever miss a meal, but 16 did due to lack of money. In the lowest waged group, that is more than 24% of respondents who did on occasion go without a meal due to lack of money.

The 'Living Wage and more' group had one person who noted missing meals once or twice per month; the respondent also noted that he went a whole day without food less than once a month. In the 'Minimum to Living Wage' group, one respondent noted missing a meal once or twice per month, with the respondent going without food for a whole day once or twice a month. In the 'NMW and less' group seven noted going a whole day without food once or twice a month, with two noting that they did this less often than once a month. In this group, one respondent noted going without a meal once or twice per week; one noted going without a meal once or twice per month and five others noted that they did not do this often.

Not all respondents answered the frequency questions in this section, with some noting that they were not sure of the frequency of their missed meals.

2) Findings from the Open Interviews

Six face-to-face interviews about food were conducted with workers to support the information gathered in the questionnaires. One interview was conducted with a group of five domestic assistants from the Royal London Hospital, all earning from £8.02 to £8.52. Another interview was conducted on a one to one basis with a cleaner from the Hilton Metropole Hotel earning £6.00 per hour. The interviews took place over the course of approximately 1 ½ hours and were quite informal. The methodology was designed in order to accommodate groups in which it was not possible to predict the number of workers who would attend or the length of time that workers would be able to stay. The interviewer aimed to follow the basic structure of the questionnaire, but to gather further descriptive information within those parameters, and to pursue new lines of enquiry that arose during discussion. The interviewer was experienced in such work and has an MSc in International Public Health Nutrition.

A) London Hospital

- **A well-balanced diet**

The workers understood the key principles of a balanced diet. All noted knowing how to cook, but sometimes not having enough time to do this. All noted that they lived on a food budget of around £20 each per week. The two migrant workers in the group noted that they spent extra money when they could to purchase foods that were part of their home food culture but that this was often prohibitively expensive. One interviewee noted that she found it very depressing to have to abandon the dishes and meals that were part of her culture, which she loved to cook, when she had already had to leave her country and family. The two migrant workers tended to reserve this sort of purchase for special occasions.

- **Missing meals**

Two of the workers out of the five suggested that they missed meals. Both of these workers were migrants and neither had family in the UK. One other suggested that he might do if he did not have his family near him. Another suggested that he worked so much that his meals suffered and he often ate little, just having a sandwich for dinner.

- **Wider effects / causes**

Illness: Two of the workers suggested that they were very stressed and that the physical nature of their job was difficult.

Housing: All workers suggested that housing costs were a major worry, and an unavoidable cost. All noted that they regarded food as a flexible (and reducible) item in their budget whereas housing costs were not.

Travel: All workers noted high transport costs, particularly as many workers lived some distance from the Hospital and particularly as they worked on days such as Christmas when transport did not run.

- **Coping mechanisms**

Family: One of the interviewees was able to rely upon family regularly, with another doing so on occasion. Family was seen as an important support by the whole group; the migrant workers in the group (two) noted that they missed this support.

Working hours:

Three of the interviewees noted working long hours in order to raise their level of income. Another noted lengthy travel time to get to work. All noted the physically demanding nature of being a domestic, with one saying, "It breaks the body." The interviewees who worked long hours, or who travelled far, noted that this did impact on the time they had for cooking and shopping for food. They noted resorting to fast meals such as sandwiches for dinner on occasion, and not having as much time to shop around for fresh produce as they would have liked.

B) London Hotel

The worker interviewed was a Latvian woman, over fifty years of age, working as a cleaning supervisor at the hotel. The key ideas she noted with regard to her diet were as follows:

- **A well-balanced diet**

The interviewee understood the basics of a well-balanced diet and indicated that she felt she could purchase one on her wages as long as she was careful with her money. She cooks all her own meals, eating out rarely, except for the lunches provided by the hotel as part of her employment. Her main technique for ensuring that she eats well is to cook vegetable and grain soups, which she noted are very common in Latvia. She shops for these ingredients in markets, aiming for high quality produce, and cooks in quantity so she has them ready when she is hungry. She feeds herself on approximately £20 per week, for all meals but she does receive a free hotel lunch. She does sometimes like to spend more for foods from her own country, for example, black bread. She shops frequently to avoid waste from over purchasing. She wishes she could grow more vegetables herself as she did in her own country. She noted eating sweets infrequently, and being careful to focus on fruit and other healthy desserts.

- **Missing meals**

The interviewee did not note missing meals.

- **Wider effects / causes**

Socialising: She rarely eats out and notes that socialising in food establishments in London is difficult due to price. She notes that she invites people to her home and cooks for them, and is happy to do this as this is what she has been used to in her home country.

Illness: She suggested that she often suffered stomach complaints, as did many of her co-workers who are all from countries outside the UK. She noted that she and others she supervised did not suffer from these complaints in their home countries. She noted the physically demanding nature of the room cleaning work. "I never had problems with my health, here everybody has problems with their stomach," she said.

Housing: She lives in one room, with access to a kitchen and at the point of interview was long-term host to a fellow Latvian and his daughter who had no place to stay. She regards this as fine and noted that it is good to have company. She has easy access to cooking facilities.

Travel: Travel is not an expensive part of her work as she lives near to the hotel, but she noted that it is a problem for her fellow employees, who live far from the centre of London where rents are cheaper. She noted that this means higher fares, and problems on difficult travel days such as Christmas. "It takes some of my girls two hours to get to work," she noted. This length of travel impacts on cooking and shopping.

- **Coping mechanisms**

Family: She has two sons over the age of 18 who sometimes return to live with her, but are largely self-supporting. However, she sends money home to her family in Latvia. She does not have any other source of income other than her job and does not have any benefits.

Working hours: She works six days a week, but did not note doing large amounts of overtime.

C) Discussion

This section includes comments from the food questions on the questionnaire and from the face-to-face, open interviews.

Well-balanced diet and missing meals

The questionnaire and findings from face-to-face interviews suggest that people are not confused about healthy eating. They understood key

principles and messages including 'Five a day' for fruit and vegetables. The respondents noted that they believed they did their best to purchase a well-balanced diet and did not spend significant portions of their income on high sugar desserts or salty bagged snacks. No interviewee noted a problem with knowing how to cook and only one out of 139 survey respondents noted this as a problem. Interviewees noted efforts to shop for vegetables and fruit, and an aim to purchase more fruit as a priority as their wages increased. Lack of cooking skills was not noted as a problem. In the group interview, none of the workers ate the biscuits provided, the majority of the group noted that these were not a usual part of their diets and they did not like to get in the habit of eating treats they could not usually purchase on their own wages.

People do under-report elements of their diet to interviewers when they believe that these are 'unhealthy', as suggested by the *Low Income Diet and Nutrition Survey* (LIDNS) (Nelson et al. 2007)) so it is worth being aware of this factor. However, the literature on the subject of diet and low income also suggests that people living on low incomes tend to purchase responsibly – sometimes maximising calories over micronutrients in order to fill up, with calories generally being cheaper than micronutrients (*Food Magazine* Issue 79, 2007 & *Food Magazine* 80, 2008). It is typical that micronutrients are prioritised as wages rise; that is also suggested by information in this study. Nelson et al. (2007) also did not note lack of cooking skills as a particular problem in low income groups.

The questionnaire findings and the information from some of the interviewees suggests what might be described as a high level of meal skipping. The level of meal skipping found in the survey may not result in serious physical problems, but it has implications for people's mental health and social position and is therefore an aspect of food security. It is difficult to measure food and nutritional insecurity and there are various definitions in operation. For example, dietary calories may be adequate, but consumption of food that provide micronutrients necessary for optimum health may be lacking. The clinical signs of such a diet do not necessarily manifest in acute symptoms, but over time in the form of conditions such as obesity or heart disease or diabetes. In fact, as shown by the *LIDNS* report (2007), people on lower wages are more likely to be obese and to have diets characterised by, for example, higher sugar intakes and lower than population average levels of fruit and vegetable consumption. In *LIDNS* (2007), 22% of people indicated that they did skip or reduce meals; five percent went whole days without meals and 36% felt they could not afford to purchase a balanced diet. This information is mirrored in this survey.

A strength of this survey is in the three categories of respondent in terms of low income groups. The *LIDNS* report aimed for the so-called "bottom 15%", not for the lowest waged in the UK. The London Citizens survey does indicate something of what might be called a dose-response relationship in terms of wages and missed meals and balanced diet. In all cases those who were earning the living wage or more indicated that they were more likely to be able to purchase a balanced diet and to not miss meals. And, the likelihood of being able to do so decreased with the income level. So, in the

lowest paid group, almost ¼ were regularly missing meals. This survey does not have access to information on health status of participants, but, surely, the effects of regularly missing meals will have a range of impacts.

In interviews people noted the rigid self-discipline required to manage on low wages. “This is forever for me, I will never earn much more. It is very hard to always have to think about everything I spend,” said one migrant worker. One interviewee noted that if a person from a wealthier social class regularly had to go without food, they would regard themselves as being in a very serious position indeed.

In interviews, all of the workers noted that they did not want to choose a diet that only considered price as an issue. All noted their desire to shop around for high quality foods, some noted that they did on occasion purchase organic food and would like to be able to do this more if they had more money. Some of the migrant workers noted that they would like to be able to purchase more foods from their own countries so that they could cook meals that are part of their cultural heritage. All of these issues impact on mental health and social exclusion as well as physical and nutritional status; it is widely recognised, for example, by the work of those who compiled the reports on Low Cost But Acceptable Budgets (Family Budget Unit, York University see their explanation at <http://www.york.ac.uk/res/fbu/budgets.htm>).

The information gathered in this report reflects ideas emerging from public health nutritionists working in the field of food access and poverty. Lack of information about healthy eating and lack of cooking skills are not the main reasons people are failing to access a healthy diet. Income is a major part of the problem.

Wider causes / effects

Food is known to be treated as a flexible item in the budget, as one interviewee noted, “You cannot avoid bills. You can’t eat when you know you haven’t paid your bills.” Food cannot be considered in isolation, therefore, it is part of an individual’s overall concerns about health, housing and travel.

The stomach complaints mentioned in one interview may also be about stress and worry; the interviewee noted this as a possibility.

Coping mechanisms

The questionnaire did not refer to what might be called coping mechanisms, however, some interviewees referred to these. Some people noted that they relied on family. As one interviewee put it, if he told his parents he was short of money for food, they had him come over to eat saying, “We love you deeply, you’re our son.” This strategy was not available for the migrant workers interviewed, one of whom noted, “I have nobody.”

Conclusion

This survey paints a picture of how wages influence health and living standards of workers in London. A large proportion of workers at the NMW jobs are feeling mistreated and have high probability of work related injuries due to low employment standards. The low take up of health services among the NMW paid workers results in wide spread recurrence of self treatment among the low paid workers in London.

Community groups and Unions are increasingly intervening in these circumstances and building their credibility with the workers who are living in poverty. Action on the Living Wage has formed a stepping-stone towards making London a healthier place for workers who underpin London's economy. This can be achieved by continuing to campaign for the Living Wage, creating a culture where workers are joined by community groups to have a stronger voice against low employment standards. The development of particular migrants into active citizens of London makes further intervention easier, creating a virtuous circle.

We believe that exploitation is not necessary for the operation of the British economy, and that there is no reason why workers need to accept that exploitation as their lot.

References:

Anderson, B., Ruhs, M., Rogaly, B., Spencer, S. (2006) Fair enough? Central and East European migrants in low-wage employment in the UK London: Joseph Rowntree Foundation. Available at www.compas.ox.ac.uk/changingstatus

Grainger, H. (2005) Trade Union Membership 2005 DTI

Home Office (2006) Accession Monitoring Report May 2004-September 2006 published 21 November 2006

Low Pay Commission Report 2006 National NMW Cm 6759 HMSO
https://www.lowpay.gov.uk/lowpay/report/pdf/2006_Min_Wage.pdf

Nelson, M. et al. (2007) Low income diet and nutrition survey. Food Standards Agency.

The Labour Force (LFS) Survey, Autumn 2005, available at <http://www.detini.gov.uk/cgi-bin/downdoc?id=1902>

TUC (2007) Migrant Workers' Challenges and Opportunities to UK Trades Unions: a Polish and Lithuanian Case Study:

TRI Hospitality consulting - UK Chain Hotels Market Review - October 2007
available at: <http://www.htrends.com/trends-detail-sid-30361.html>