

Ghosts in the Labour Market

A qualitative study of the health and wellbeing of informal workers in
the northern suburbs of Adelaide, South Australia

by

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Thesis

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DECLARATION

I certify that this thesis:

1. Does not incorporate without acknowledgement any material previously submitted for a degree or diploma in any university; and
2. To the best of my knowledge and belief, does not contain any material previously published or written by another person except where due reference is made in the text.

Miriam Van Den Berg

28 August 2020

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PRIOR PUBLICATIONS & EDITING

No prior written publications have thus far arisen from this thesis however I have presented parts of the study at the following conferences:

- Vandenberg M, Baum F & Browne-Yung K, 2019, 'Informal Work in Australia: Implications for health', *6th Conference of the Regulating for Decent Work Network*, International Labour Office, Geneva, Switzerland, 8-10 July 2019.
- Vandenberg M, Baum F & Browne-Yung K, 2019, 'Informal Work in Australia: Implications for health', *Promoting Health Equity: From Knowing to Action*, Centre for Research Excellence in the Social Determinants of Health Equity Symposium 2019, South Australia.

No professional editing services have been utilised in the development of this thesis.

SUMMARY

The International Labor Organisation estimates that two billion people work in the informal economy around the world. In Australia, informal employment is said to be a major contributor to Australia's 'black economy', which is estimated to be 'much larger' than official reports of 1.5% of Gross Domestic Product (GDP). Whatever the size of the informal economy in Australia, little is known about informal employment, let alone how it effects workers' health and wellbeing. This PhD contributes to filling this knowledge gap.

Using a social determinants of health lens, this PhD aimed to answer the following research questions.

- What do informal workers in the northern suburbs of Adelaide (South Australia) perceive are the health effects of their involvement in informal employment?
- How do social determinants of health interact to influence the health of informal workers in the northern suburbs of Adelaide?
- How do social structures influence informal employment in the northern suburbs of Adelaide?

The study was conducted within a critical paradigm and theorist, Pierre Bourdieu's analytical tools were applied to understand how workers enter, navigate and experience the field of informal employment. Informal workers aged 18 years and over, who were undertaking legal work activities, were recruited using social media and an online marketplace in Adelaide, Australia during 2018. Qualitative, narrative data and quantitative demographic, and physical and mental health scores were collected.

Twenty-nine participants of various genders, ages (18-67 years), ethnicity and education levels participated in the study. Most informal workers reported unfair and indecent employment conditions including job insecurity, low income, coercion, and lack of respect and dignity at work; and were often exposed to unsafe and unhealthy work environments. Workplace injuries and exposure to occupational hazards were common; and physical and mental health component scores were poorer among informal workers when compared to the population of South Australia as a whole. Conversely, some workers described positive outcomes associated with informal

employment, including greater flexibility and control over their work arrangements. For these participants, informal work was reported as being conducive to better health, particularly mental wellbeing.

Informal employment in Australia is framed in this PhD as ‘acts of everyday resistance’ against dominant social structures, that on the one hand offer hope and opportunity, while at the same time creating oppression, and opening the door for exploitation and exposure to unjust workplace relations. This oppression, I argue, is largely associated with one of the defining features of informal employment—invisibility. When combined with other vulnerabilities in people’s lives, this is likely to have an important impact on health and wellbeing; and may be one reason for some of the very low mental health component scores observed in this study.

With informal employment in Australia described as part of a ‘significant, pervasive, damaging and growing’ problem, the need for enhanced employment policies, aimed at ensuring equitable access to fair and decent work, in the interest of creating a healthier society, is paramount.

ACKNOWLEDGEMENTS

Doing a PhD is a privilege, and I would like to thank many people for enabling this journey to happen for me.

My PhD was inspired by informal labour markets around the world, and particularly a family I met in Alexandra, South Africa. Subsequently, without the informal workers who responded to my call to participate in this study, this PhD would not have become the narrative that it is, and I am very grateful to all those who shared their stories with me. Their diverse, complex and, at times, deeply moving stories ensured that over the past three and a half years I have never faltered in my enthusiasm for this topic. I have learnt so much about humanity and I will remain committed to drawing attention to those in unfair and unhealthy employment and workplace conditions.

How lucky am I to have two incredible supervisors in Professor Fran Baum and Dr Kathryn Browne-Yung? Your unfailing support, constructive input and praise, and kindness have been my pillars. Society so desperately needs your commitment to social justice and health equity. I learnt so much from both of you and feel very grateful that you agreed to supervise me on this journey.

To Kathryn, I was so saddened by your sudden death earlier this year. I treasure the deep theoretical knowledge and insights you shared with me, your gentle guidance and friendship. I'm immensely proud to be your first PhD student and sad that you could not be here at the end. I have tears in my eyes typing this.

To Professor Michael Quinlan, thank you for your ongoing interest and feedback throughout my PhD and especially for stepping in as critical reader after Kathryn passed away.

Being based in Tasmania, has at times been an isolating experience, but I have always felt

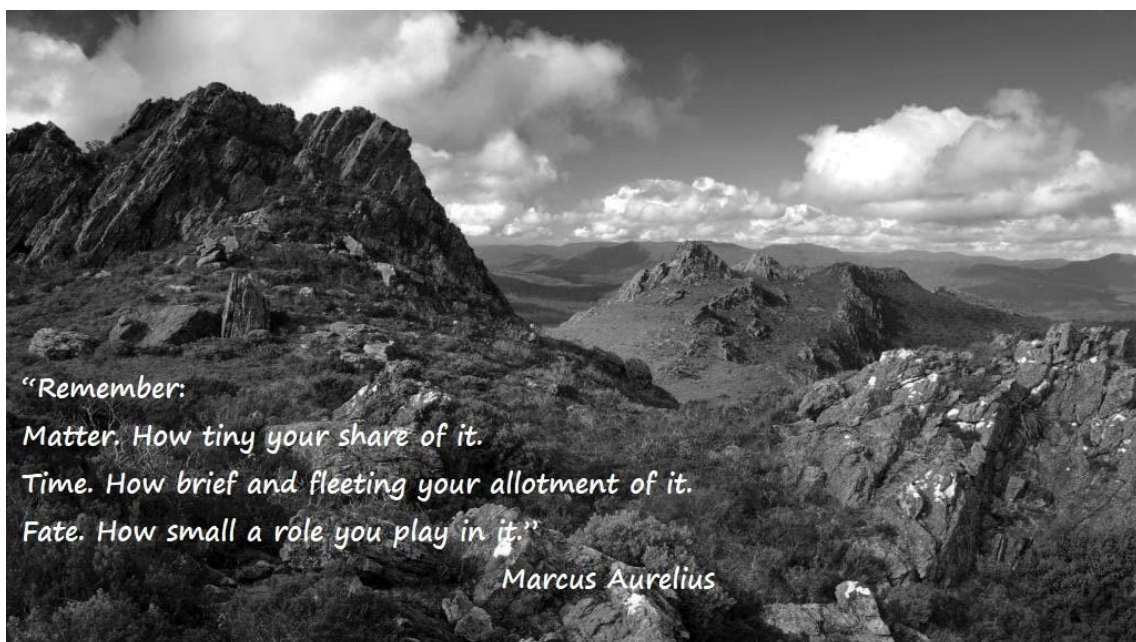
connected to Flinders University's Southgate Institute for Health, Society and Equity, its staff and the researchers involved in the Centre for Research Excellence (CRE) in Social Determinants of Health Equity, whom I had the privilege of meeting on numerous occasions, and who provided valuable feedback on my work over the years.

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To my Mum and Dad, thank you for your love and support; and for giving me 'the habitus' to pursue this rewarding experience. I hope you go on selling honey for many more years to come, Dad – it is good for your health!

To Tibby, whatever you do, it's enough. All my love, Mum.



GLOSSARY AND ACRONYMS

ABS	The Australian Bureau of Statistics (ABS) is Australia's government-funded national statistical agency.
Austudy	Austudy is an Australian Government welfare payment that provides conditional financial support for students and apprentices.
CALD	Culturally and Linguistically Diverse (CALD) people are people who have migrated to Australia from other countries with different cultures and/or languages.
Centrelink	Centrelink is the Australian Government agency that administers a range of welfare payments.
CSDH	Commission on the Social Determinants of Health (CSDH) was established by the World Health Organisation (WHO) in 2005 to draw the attention of governments and society to the social determinants of health (SDH) and in creating better social conditions for health, particularly among the most vulnerable people. The commission delivered its report in 2008.
DSP	Disability Support Pension (DSP) is an Australian Government-funded pension for people with a permanent, intellectual or psychiatric condition that stops them from working.
EMCONET	Employment Conditions Knowledge Network (EMCONET) was one of one of the nine Knowledge Networks, established under the auspices of the WHO/CSDH, to develop the promotion of knowledge gathering and action on the SDH.
Gumtree	Gumtree is an online classified advertisement and community website.
Health	I adopted the WHO definition of health: <i>“a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”</i> (WHO 1948, p. 242).

Health equity	Health equity is defined by the WHO as <i>“the absence of avoidable or remediable differences among groups of people, whether those groups are defined socially, economically, demographically, or geographically”</i> (WHO). The term is sometimes used interchangeably with health equality.
ILO	The International Labor Organisation (ILO) is a United Nations (UN) agency whose mandate is to advance social and economic justice through setting international labour standards.
Indeed	Indeed is a worldwide employment-related search engine.
Informal employment	<p>Defined by the Organisation for Economic Co-operation and Development (OECD) as:</p> <p><i>“All legal production activities that are deliberately concealed from public authorities for the following kinds of reasons:</i></p> <ul style="list-style-type: none"> • <i>to avoid payment of income, value added or other taxes;</i> • <i>to avoid payment of social security contributions;</i> • <i>to avoid having to meet certain legal standards such as minimum wages, maximum hours, safety or health standards, etc;</i> • <i>to avoid complying with certain administrative procedures, such as completing statistical questionnaires or other administrative forms”</i> (OECD et al. 2002, p. 139).
IRSAD	Index of Relative Socio-economic Advantage and Disadvantage (IRSAD) is a component of the Socio-Economic Index for Areas (SEIFA) (see below). The IRSAD measures 21 indicators including income, occupation and education (ABS 2008).
Medicare	Medicare is Australia’s universal health insurance scheme.

Newstart	Newstart was Australia’s welfare payment for unemployment persons. On 20 March 2020 Newstart was replaced by a JobSeeker payment due to COVID-19, however at the time of data collection for this PhD, Newstart was still active.
NILS	No Interest Loans (NILS) is an Australian non-government organisation that provides individuals and families on low incomes with access to safe, fair and affordable credit.
OECD	Organisation for Economic Co-operation and Development (OECD) is an intergovernmental economic organisation with 37 member countries to stimulate economic progress and world trade.
OHS	Occupational Health and Safety (OHS) measures are designed to protect the health, safety and welfare of employees and other people at work. It also aims to ensure that the health and safety of the public is not put at risk by work activities.
PPE	Personal Protective Equipment (PPE) is clothing or equipment designed to be worn by someone to protect them from the risk of injury or illness.
RSA	Responsible Service of Alcohol (RSA) training providers Australian workers with knowledge and skills to serve and supply alcohol in a responsible manner and in accordance with the law.
SA	South Australia (SA) is a state in Australia.
SDH	The Social Determinants of Health (SDH) are the defined by the WHO as <i>“the conditions in which people are born, grow, live, work and age. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels. The social determinants of health are mostly responsible for health inequities - the unfair and avoidable differences in health status seen within and between countries”</i> (WHO).
SEIFA	Socio-Economic Index for Areas (SEIFA) is the Australian Bureau of Statistics (ABS) ranking system for relative socio-economic advantage and

disadvantage in Australia (ABS 2016). SEIFA indices across Australia are distributed into ten equal parts to identify deciles (ABS 2008)

Social structures I use the term structures repeatedly in this thesis. In the public health literature, structures are context-dependent social relations that produce stratification and assign individuals to certain social positions, and establish hierarchies of power, prestige and access to resources (Solar & Irwin 2010). Together the socioeconomic-political context (governance, policies, culture and values), structural mechanisms (processes, rules) and socioeconomic position of individuals (social class, gender, ethnicity, education, occupation, income) make up the ‘structural determinants of health’.

UN The United Nations (UN) is an intergovernmental organisation that aims to maintain international peace and security, develop friendly relations among nations, achieve international cooperation, and be a centre for harmonizing the actions of nations.

WHO World Health Organisation (WHO) is a specialized agency of the United Nations responsible for international public health.

Work for the Dole Work for the Dole is an Australian Government mutual obligation program that requires welfare recipients to work in exchange for welfare payments.

PROLOGUE

For some time before commencing this PhD, I had contemplated various public health topics, but it wasn't until a trip to South Africa in 2016 that informal employment, as a social determinant of health, emerged as the topic that harnessed my enthusiasm and would occupy my life for the next three and a half years. My reflections of this trip are provided below.

It's early morning and the air is crisp as we emerge from our hotel and meet our guide in the city of Johannesburg in South Africa. The barred gates separating us from the 'dangerous' outside world swing open as we drive through and out into the waking streets.

We head towards the surrounding suburbs, maybe 10 or 15 kilometres from downtown Jo'burg, as it's known locally. The roadsides are decorated with old tyres, broken down cars and large piles of rubbish. The landscape is neglected and abused. New infrastructure—an elevated bikeway—dominates the scene like it's been dropped from the sky. It stands unfinished and unused. Nothing is pretty—except the people in their colourful attire set against dark skin.

It's only 6am but as we drive, streams of people descend from the outlying areas. They converge in long lines—young and old alike. We drive against the flow. Our guide explains that they are heading to work.

The pedestrians don't really watch where they are going and we weave around them as they equally weave their way past each other, through red traffic lights and moving vehicles. The journey appears risky to me. Some are on bikes. They are on a mission.

We are in the informal settlement, as it's known, of Alexandra. The houses are informal 'shanties', plastered together with remnants of whatever materials presented. We descend down a dusty

side street and park outside Lethabo's house.

We walk down a small lane that leads past a number of doorways and letterboxes. Lethabo's is the last house in the block. There is a young man washing away the night's slumber in an outdoor trough next to the front door. He is lean and tall. Lethabo comes out to greet us and we are warmly welcomed into his home.

The front door is positioned directly across from the toilet, only a meter away. Turn left one step and you enter the kitchen-come-living room-come-bedroom. The room is about six-by-six meters square. There are two sofas and a bookshelf with numerous wooden sculptures.

A young child is packing away two mattresses that had been placed on the floor overnight for sleeping. Lethabo and his wife have 12 children. I have one; she is with me and is observing the space quietly.

It baffles me how they can all live in this tiny two-room house; but it's definitely a home. There is artwork on the walls, a number of intricate wood carvings, personal belongings, books, children—a family home.

The kitchen area has few cooking facilities. Lethabo's wife is cooking. Her name is Kaya. It smells like Ollebollen—a sensation reminiscent of my Dutch heritage. Kaya explains that she is making doughnuts so that she can sell them on the street to those pedestrians we passed. She continues to work on the donuts whilst chatting away. Kaya explains that she sells the donuts so that she can make enough money for her daughter to catch the bus to school in another suburb.

Lethabo talks of the wood carvings—he made them. They are exquisite. His inspiration is his deceased daughter. She was killed by her partner. He tells me that domestic violence is a massive issue in Jo'burg. He expresses his loss through his art. I promise to send him a piece of Tasmanian

Huon Pine when I return home.

The doughnuts are ready. We head out to the street. Two of the children set up a small table with a tablecloth. People quickly converge on the freshly produced delicacies. Lethabo's children tell me how much they spend on ingredients compared to how much they sell the donuts for. They may make 40 RAND in a day—that's three or four Australian dollars.

Lethabo, my daughter and I walk the streets of Alexander as the town wakes. The streets overflow with sewerage and garbage piles up on street corners. The smell is offensive. We pass a house that, Lethabo tells me, was once rented by Nelson Mandela.

Somehow we start to talk about life, its struggles and happiness. Lethabo tells me that no one is born with the view that material possession leads to happiness. That if you didn't know any better, Alex, as he affectionately calls the town, offers you everything you need. A home, a community—there is much happiness. Everywhere we go we are greeted by broad smiles. I contemplate how it can be that these people—who have so little—can present as being so joyful.

But do Lethabo's perceptions of what is good and happy make this world ok? A world of poverty, informal work, confined living spaces that flood in the rains and bake in the sun, intimate partner violence and low life expectancy. For all that is good, one cannot escape the fact that this is a life filled with struggle.

PART A: INTRODUCTION

"A good job can change a person's life, and the right jobs can transform entire societies."

Kim Jim Yong, former President of the World Bank (2012-2019)

Employment and work can be beneficial for health* and health equity[†] (Benach et al. 2006; CSDH 2008, pp. 72-83; Institute of Health Equity 2014, p. 76; van der Noordt et al. 2014; Waddell & Burton 2006). The World Health Organisation's (WHO) Commission on the Social Determinants of Health (CSDH)[‡] stated, when employment and working conditions *"are good, they can provide financial security, social status, personal development, social relations and self-esteem, and protection from physical and psychosocial hazards"* (CSDH 2008, p. 5). Simply having a job, however, is not enough to ensure good health. For work to have a positive impact on health, it needs to be 'fair and decent' (Benach et al. 2006). From a population health perspective, employment and working conditions must be supported by effective labour market policies and employment relations systems that support health equity.

One type of employment condition that deviates from the parameters of fairness and decency, and places workers at greater risk of poor health is 'informal employment' (Benach et al. 2006).

* I adopted the WHO definition of health: *"a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity"* (WHO 1948).

[†] Health equity is defined by the WHO as *"the absence of avoidable or remediable differences among groups of people, whether those groups are defined socially, economically, demographically, or geographically"* (WHO).

[‡] In March 2005, the WHO established the Commission on the Social Determinants of Health (CSDH) to consider and make recommendations for addressing the social factors leading to ill health and health inequities (CSDH 2008). The social determinants of health (SDH) are *"the conditions in which people are born, grow, live, work and age. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels. The social determinants of health are mostly responsible for health inequities - the unfair and avoidable differences in health status seen within and between countries"* (WHO).

Broadly speaking, informal employment is hidden from Australia's taxation and employment relations systems and fits within the layperson's description of 'cash in hand' jobs (I provide a more formal definition later in this Chapter).

Although we do not know exactly how many people are in informal employment in Australia, media reports and the focus of a specialty Government Taskforce* indicate that informal economic activity is an important provider of employment in this country (Arnold 2017; Black Economy Taskforce 2017a; Khadem 2016). Such economic activity may not have the public profile of the informal trading activities of Asia, the Middle East, Africa and South America, however, speak to any 'Aussie'[†] (as I have done throughout this PhD) and you will commonly find that they have either paid someone cash-in-hand to do a job, known someone who does this kind of work or have dabbled in the cash economy themselves. Despite this common Australian way of doing things, our scholarly understanding of informal workers and their daily lives is largely unrevealed, let alone how this type of employment effects health and wellbeing. This study therefore aimed to take a step closer to understanding who works informally in Australia and why, and how workers perceive their informal employment experiences impact on health and wellbeing.

In Part A of this thesis, I introduce the topic of informal employment and outline findings of a scoping review of existing peer-reviewed literature on informal employment and health.

* The Black Economy Taskforce was established by the Australian Government in 2016 to develop a policy response to informal activity in Australia. It handed down its final report in 2017 (Black Economy Taskforce 2017a).

[†] Aussie is an informal term for 'Australian'.

Chapter One Introduction to Informal employment

In this first chapter, I introduce the term ‘informal employment’, explain the conceptual framing for this study, review what is known about informal employment in Australia and provide an outline of this thesis. I use the terms informal ‘employment’ (whether self-employment or paid employment), ‘work’ and ‘jobs’ interchangeably because these terms are all related to the same concept, that is, the economic activity of populations, as defined by the International Labor Organisation (ILO 1982). My focus in this study is on the health of people who earn an income from informal work—whether that involves self-employment, doing informal jobs or working for an employer.

1.1 Work and human rights

Just and favourable conditions at work are a universal human right according to Article 23 of the Universal Declaration (UN 1948). How this translates has been articulated by the ILO. The ILO is an United Nation (UN) agency that was established in 1919 to bring together governments, employers and workers of 187 member States (including Australia) to set labour standards, develops polices and devises programs that promote decent work for all. In 1944, the ILO declared that labour was not a commodity (ILO 1944) and in its Declaration on Fundamental Principles and Rights at Work stipulated a number of workers’ rights including: freedom of association and the effective recognition of the right to collective bargaining; the elimination of all forms of forced or compulsory labour; the effective abolition of child labour; and the elimination of discrimination in respect of employment and occupation (ILO 1998).

1.2 Informal employment as a form of ‘unacceptable work’

In 2013, the ILO identified ‘Protecting workers from unacceptable forms of work’ as one of the eight Areas of Critical Importance (ACI) for priority action. Unacceptable forms of work were defined as *“work comprising conditions that deny fundamental principles and rights at work, that put at risk the lives, health, freedom, human dignity and security of workers or keep households in conditions of poverty”* (ILO 2015, p. 1). Informal employment has been identified as one form of unacceptable work that has *“salience at the transnational levels – European Union (EU), International Labour Organization (ILO), World Bank, Asian Development Bank (ADB) – and across countries from a broad range of economies, from least developed to most advanced”* (Fudge & McCann 2015, p. 1).

In understanding what constitutes unacceptable work, ILO researchers drew on related discourses, including ‘decent work’, ‘good jobs’, ‘precarious work’, ‘vulnerability’, ‘informal work’ and ‘forced labour’ to identify twelve substantive dimensions of unacceptable forms of work (**Table 1-1**) (McCann & Fudge 2017). McCann and Fudge (2017) offer flexible indicators of these dimensions that can respond to local socio-economic and cultural contexts, while remaining true to human rights principles.

Table 1-1: The substantive dimensions of unacceptable forms of work (McCann & Fudge 2017, pp. 173-4)

Dimension 1: Forced labour

- * Worker subject to forced labour (including slavery, debt bondage, trafficking in persons, forced prostitution, forced overtime, etc.).
-

Dimension 2: Health and safety

- * Risk to health and wellbeing (physical and mental).
-

Dimension 3: Income

- * Inadequate payment (too low to satisfy basic needs);
- * Insecure payments (e.g. wage arrears, irregular payments, unjustified deductions, performance of unpaid work, illegitimate/excessive recruitment fees, etc.).

Dimension 4: Security

- * Day labour (casual contracts, zero-hours contracts, etc);
- Insecure employment (no certainty of continuing employment, termination is possible without a valid reason or without procedural or other protections);
- No prospects for promotion;
- No opportunities for skill development or training.

Dimension 5: Working time

- * Excessive weekly hours;
- * Weekly rest of less than 24 hours;
- * Insufficient daily rest/family/community time;
- * Forced overtime;
- * Insufficient hours (too few to satisfy basic needs);
- * Unprotected night work (no health assessments, no capacity to transfer in essential circumstances, no additional compensation, etc.);
- Paid annual vacation of less than three working weeks;
- Unpredictable schedules;
- Lack of influence over working hours (including the flexibility to deal with family and community obligations);
- Insufficient rest breaks during the working day.

Dimension 6: Representation and voice mechanisms

- * The right to freedom of association, the right to organise and/or right to collective bargaining are not respected;
- Lack of consultation, denial of participation, or failure to provide voice mechanisms.

Dimension 7: Child labour

- * Child labour.

Dimension 8: Social protection

(health care, pension coverage, paid sick leave, unemployment insurance, etc.).

- * Social protection inadequate to satisfy basic needs.

Dimension 9: Equality, human rights and dignity

(irrespective of gender, ethnicity, race, nationality, caste, family status, age, disability, religion, sexual orientation, indigenous identity, HIV status, trade union affiliation and activities, political opinion, contractual status/working arrangements etc.).

-
- * Discrimination in working life (including access to education and vocational training);
 - * Unequal pay for work of equal value;
 - * Abuse, violence and harassment;
 - * Lack of respect for human rights, including the lack of respect for privacy (e.g. restrictions on transfer of earnings, privacy violated in employer-providing housing, confiscation of possessions, etc.);
 - * Lack of respect for national, ethnic and social identities and cultures.

Dimension 10: Legal protection

-
- * Exclusion from legal protections;
 - * Inadequate implementation/enforcement of legal protections (ineffective inspection systems, unspecified allocation of responsibilities in multilateral relationships, etc.);
 - * Inadequate regulation of the recruitment or placement of workers by employment agencies, labour providers, etc.;
 - Lack of information on legal rights;
 - No express contract.

Dimension 11: Family and community life

-
- * No entitlement to paid maternity leave of at least 14 weeks;
 - * No maternity protection;
 - No parental leave;
 - Work inhibits family or community life (e.g. engagements terminated because a worker has family responsibilities, no flexibility to deal with family or community obligations).

Dimension 12: Work organisation

-
- Lack of control over the work process (task, decision, timing, method, etc.);
 - Excessive workload;
 - Intense physical and mental demands.

* Indicators marked with this symbol are regarded as being the most salient and entirely unacceptable.

What is apparent is that many of these dimensions have implications for health and wellbeing

(Benach et al. 2006; CSDH 2008). The model therefore provides a useful tool for this study for gauging whether workers' experiences of informal employment in Australia are indicative of any of the dimensions of unacceptable forms of work—a point I return to later in this thesis.

1.3 Work and employment through a public health lens

Public health researchers who were part of the Employment Conditions Knowledge Network (EMCONET*) of the Commission on the Social Determinants of Health (CSDH 2008) identified three inter-related components of employment to help explain the relationship between employment and health:

1. Employment conditions (e.g. job security and fair income);
2. Employment relations (e.g. power relations between employers and employees, and social protection); and
3. Workplace conditions (e.g. work quality, level of stress, the balance between effort and reward, level of control, exposure to hazards).

EMCONET researchers described five employment conditions (point 1 above) that deviate from the notion of fair and decent employment, one of which was informal employment; the other conditions were precarious employment, unemployment, forced employment or slavery, and child labour (Benach, Solar, Vergara, et al. 2010). Two theoretical frameworks related to employment and health inequities were also developed—the first of which describes the broader structures in which employment exists (**Figure 1-1**) (Muntaner et al. 2010) and the second relates specifically to employment and working conditions (**Figure 1-2**) (Benach, Solar, Santana, et al. 2010). The

* The Employment Conditions Knowledge Network (EMCONET) was established as a special interest group of the CSDH to inform the Commission on employment matters of public health significance (Benach et al. 2006).

frameworks not only recognise how working conditions may contribute to health inequities, but also consider the context surrounding employment and working conditions—including social, economic and health systems—and how these add layers of complexity to the pathways that lead from employment conditions to health inequities (Benach, Solar, Santana, et al. 2010; Muntaner et al. 2010). Informal employment is highlighted as an employment condition in the yellow boxes in these models.

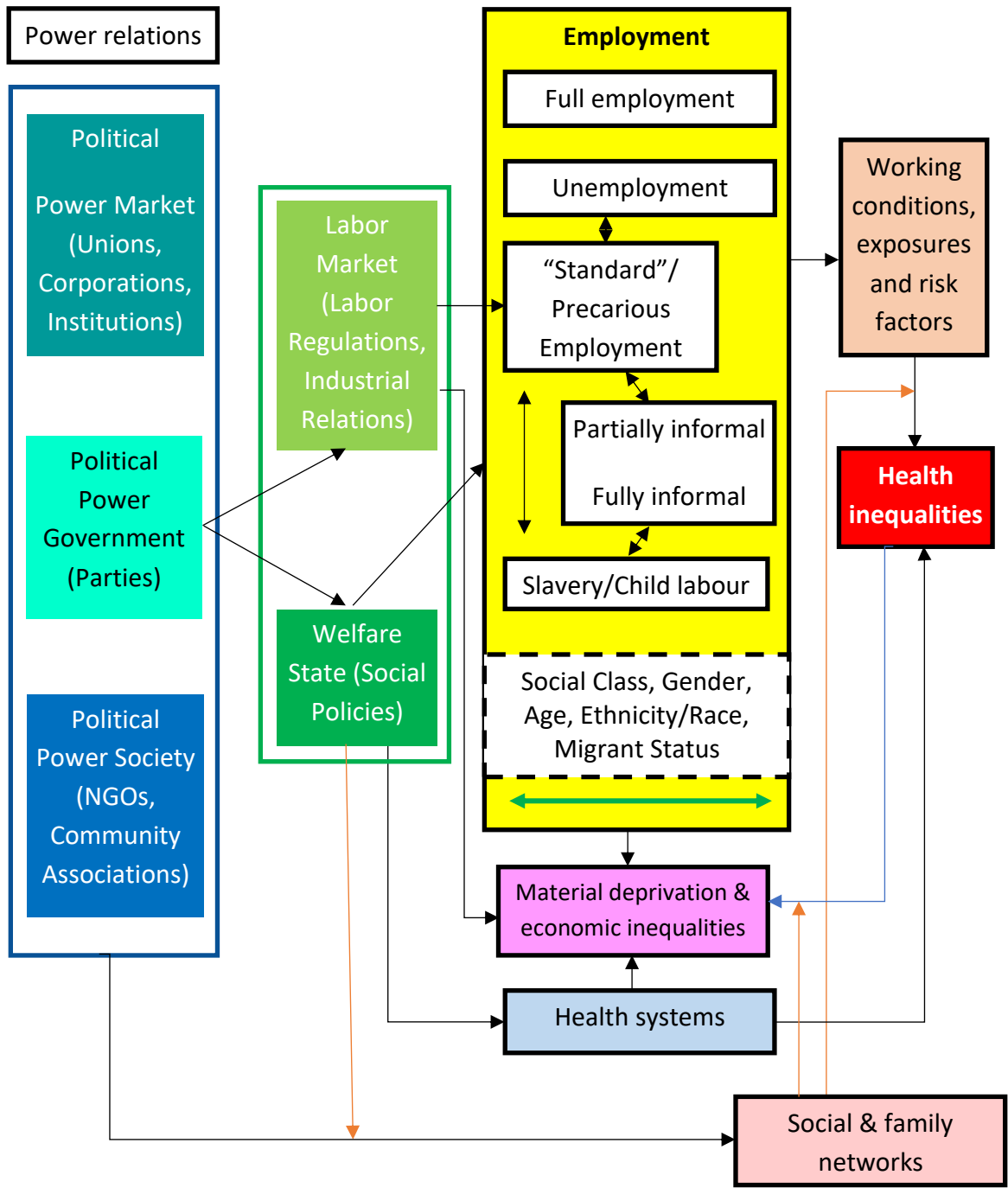


Figure 1-1: Macro-theoretical model of employment relations and health inequalities (Benach et al. 2006, p. 31)

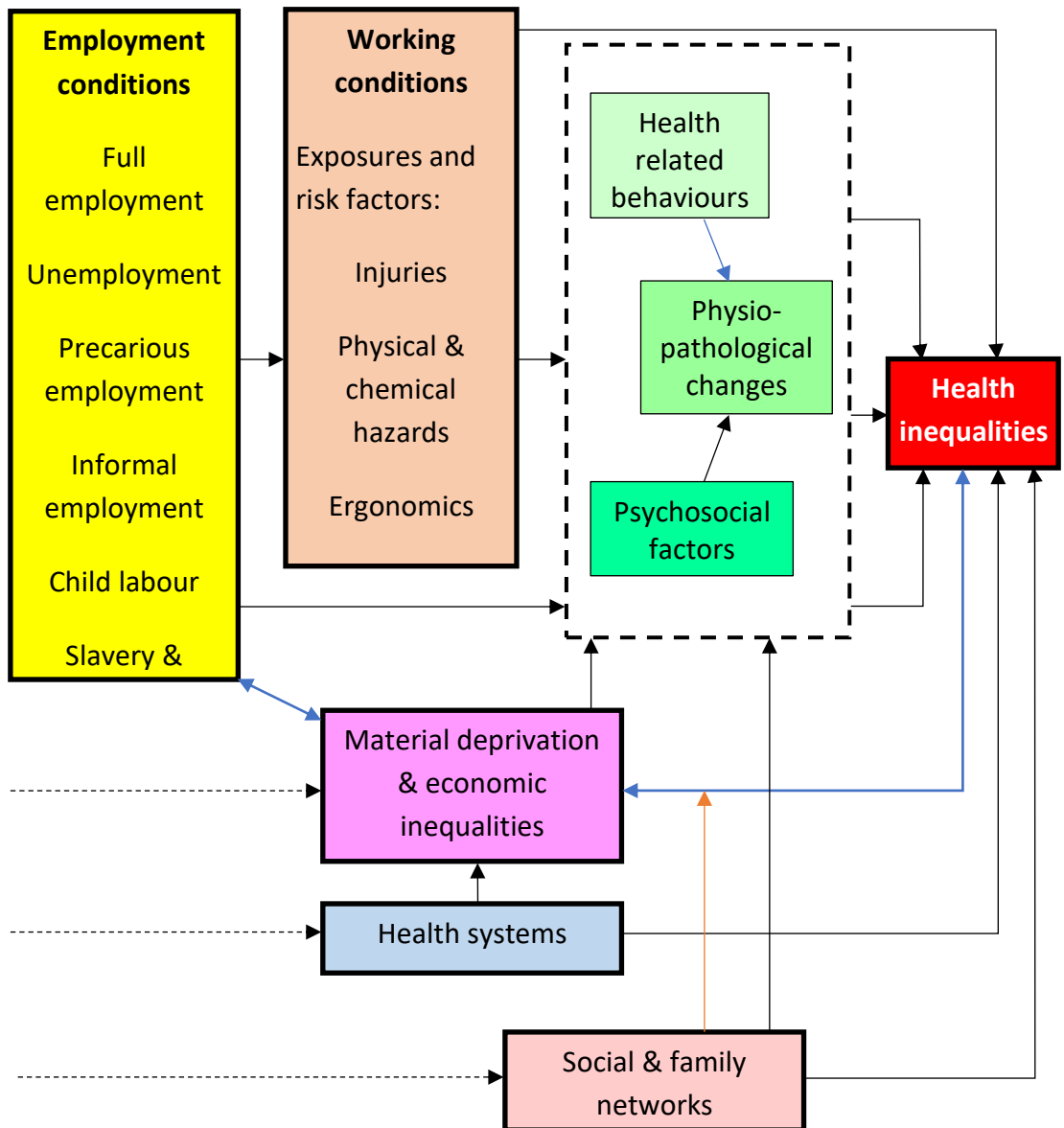


Figure 1-2: Micro-theoretical model of employment relations and health inequalities (Benach et al. 2006, p. 31)

1.4 Defining informal employment

Bhalla (2017) provides a succinct summary of the historical development of the term ‘informal employment’ from the Marxian conceptualisation of “*relative surplus population*” to the rise of the ‘informal economy’. Since Hart (1973) coined the term ‘informal work’ in academic literature to describe the economic activities undertaken by migrants in urban areas of Southern Ghana, researchers have recognised that the socio-economic and cultural context is pivotal to understanding this type of employment (Fudge & McCann 2015; McCann & Fudge 2017; Ruiz et al. 2015). As such, an all-encompassing definition of informal employment remains an ongoing debate (Julià, Tarafa & Benach 2014; Williams, CC & Lansky 2013). Reviews of definitions of informal employment have found that there are a wide spectrum of terms encompassed in describing this employment type—for example, informal sector, informal economy, non-standard employment, cash-in-hand work—which are often used interchangeably, even if they are considered to have different meanings (Julià et al. 2016; Ruiz et al. 2019).

Fudge and McCann (2015) and Williams, CC and Lansky (2013) argued that, in high-income countries it is more appropriate to adopt an activity-based definition of informal employment (as opposed to an enterprise or jobs-focused definition) because informal employment is often performed in the underground economy with the deliberate intention of evading legal structures (e.g. taxation, welfare, occupational health and safety (OHS) and industrial relations). Enterprise and jobs-centred definitions originated in low and middle income countries where informal employment is primarily a survival strategy, often encompassing a wide range of scenarios including household work, and is less likely to be motivated by the deliberate evasion of social structures (Williams, CC & Lansky 2013). Based on these prior observations, the following definition of informal employment comes from the handbook on Measuring the Non-Observed Economy (OECD et al. 2002) and is the one used in this PhD:

“All legal production activities that are deliberately concealed from public authorities for the following kinds of reasons:

- *to avoid payment of income, value added or other taxes;*
- *to avoid payment of social security contributions;*
- *to avoid having to meet certain legal standards such as minimum wages, maximum hours, safety or health standards, etc;*
- *to avoid complying with certain administrative procedures, such as completing statistical questionnaires or other administrative forms” (OECD et al. 2002, p. 139).*

Illegal/criminal activities are excluded in this definition. I also excluded contributing family workers (unpaid) and workers’ involved in producers’ cooperatives, which are sometimes included in studies of informal employment in low and middle-income countries (Julià et al. 2016).

Informal employment is sometimes incorporated into the definition of precarious employment (Benach et al. 2014; Burchielli, Delaney & Goren 2014; Kalleberg 2018). In this study, in line with EMCONET, informal employment is distinguished from the broader term ‘precarious work’. An agreed definition of precarious work has not been determined, however a systematic review of definitions by Kreshpaj et al. (2020) identified three overarching dimensions of precarious employment: employment insecurity, income inadequacy, and lack of rights and protection (**Figure 1-3**). There is no doubt, based on the literature, that informal employment often exemplifies the workplace conditions and employment relations captured within these dimensions (Corrêa-Filho et al. 2010), however the act of concealment and evasion that is central to informal employment, particularly in high income countries, is not always obvious in precarious employment frameworks. Having said this, the study of precarious employment can be helpful for

understanding the pathways and mechanisms by which working conditions shape health outcomes. I also recognise that the boundaries between different categories of work can become blurred; for example, studies have shown that recent growth in precarious work arrangements in combination with vulnerable groups like immigrants, has led to an increase in informal employment practices, particularly in agriculture and construction sectors (Quinlan 2015).

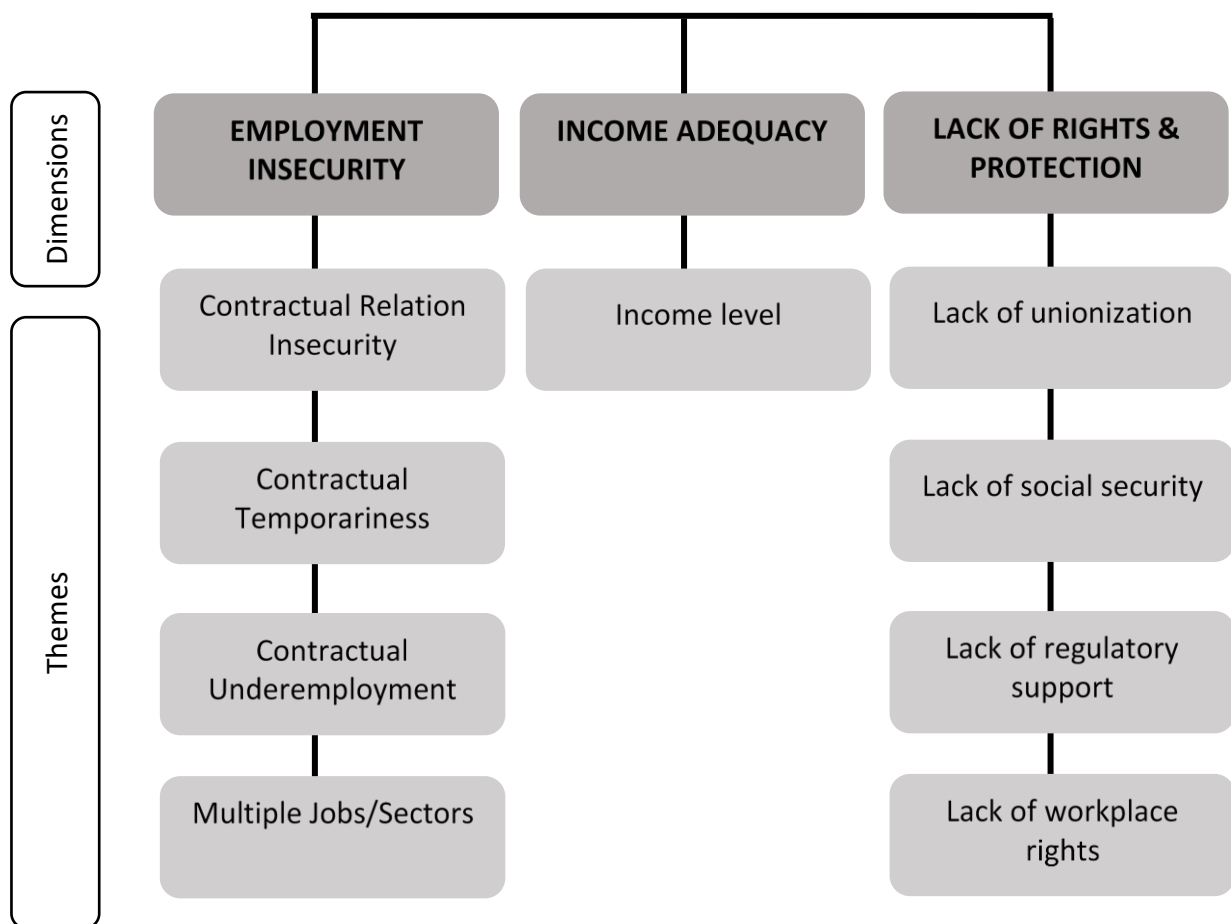


Figure 1-3: Dimensions and themes of precarious employment (Kreshpaj et al. 2020, p. 6)

1.5 The ideological drivers of informal employment

Since the 1980s, researchers have highlighted the persistence of the informal economy, and it is now widely accepted that this formerly-predicted to be ‘outdated’ social structure won’t be easily

dissolved (Williams, CC 2017; Williams, CC & Gurtoo 2011). The pervasiveness of the informal economy has been attributed to neoliberal globalisation, which has generated the objective conditions needed to fundamentally restructure the labour market and redefine power relations (Dassinger ND). In this way, neoliberalism has fuelled outsourcing, downsizing, deregulation, privatisation and subcontracting, paving the way for informal labour markets (Castells & Portes 1989; Quinlan 2012, 2013; Ruiz et al. 2019; Siegmann & Schiphorst 2016; Williams, CC 2017). At the same time, Williams, CC (2017) notes that weakening welfare and industrial relations systems, and lack of state leadership in the creation of acceptable employment opportunities has seen the global informal economy explode.

Australia is said to have embraced a 'hybrid' form of neoliberalism (Baldwin et al. 2019), where the *"dogged persistence of market rule"* (Peck 2013, p. 138) remains while the local context shapes practices that may contradict the utopian guise of neoliberal theory (Baldwin et al. 2019; Wilson, S & Spies-Butcher 2016). In this way, neoliberalism is recognised as an evolutionary and deeply relational concept that blurs the boundaries between public and private, inflation targeting and fiscal vigilance, blaming the victim and capacity building (Peck 2013). Peck (2013) writes of neoliberalism that *"there may be a good chance that 'neoliberalism did it'...but the contextual circumstance of such acts are more than background scenery, since neoliberalism is never found alone and it never acts alone"* (p. 140).

While some researchers promote the benefits of hybrid neoliberal policies (Fabian & Breunig 2018; Tapper 2019), others provide considerable empirical evidence of the persistent undesirable consequences of governments who 'govern at a distance', devolve responsibilities, reduce regulation and push for self-reliance (Baldwin et al. 2019) on labour market inequities in Australia (Burrows 2013; van Gellecum, Baxter & Western 2008). An Organisation for Economic Co-operation and Development (OECD) report on the benefits of globalisation and technological

change in Australia found that, while there is evidence of social gains including raised living standards and growth in particular industries, there have also been structural changes, meaning that *“certain people, groups and communities have undergone disruptive change and experienced falling living stands...higher risk of poverty and laid-off workers can have difficulty finding a new job”* (Sila & Hemmings 2019, p. 3).

Perhaps unsurprisingly, it is noted that Australia’s Black Economy Taskforce makes no mention of neoliberal globalisation in its publications (Black Economy Taskforce 2017a, 2017b). In Australia, informal employment as a consequential feature of a neoliberal policy agenda is under-researched; while internationally, recognition of neoliberal ideology as a driver of informal employment is more overt (Corrêa-Filho et al. 2010; Lopez-Ruiz et al. 2017; Ludermir & Lewis 2005; Marti 2019; Ruiz et al. 2019; Salas et al. 2015; Siegmann & Schiphorst 2016; Williams, CC 2017; Yeboah et al. 2015).

1.6 Informal employment, welfare state regimes and industrial relations systems

The size of informal economies around the world has been linked to the type of welfare regimes adopted by countries (Chung et al. 2010). Less equal societies and countries with lower levels of welfare protection have been found to be strongly correlated with the extent and nature of the informal sector (Williams, CC 2015; Williams, CC et al. 2015). Welfare regimes are an important aspect of public health research as they provide *“a complex system of stratification and regulation that sets the broader parameters in which all the other social determinants of health (including the work environment) take place”* (Bambra et al. 2014, p. 116).

Although numerous typologies of welfare regimes exist (Bambra 2007), Australia is often classified as a liberal regime, where *“state provision of welfare is minimal, social transfers are modest and*

often attract strict entitlement criteria, and recipients are usually means tested and stigmatised” (Bambra 2007, p. 1098). The Australian welfare state is said to be a ‘residualist’ (in contrast to universal), *“mixed economy of welfare”* involving targeted, means-tested and public-private provisions (Mendes 2017, pp. 5-6; Spies-Butcher 2014). In Australia, *“work is seen as the best form of welfare”* (Deeming 2013, p. 674) and successive governments have driven an ‘active’ welfare agency to counter ‘welfare dependency’ (Deeming 2013), as illustrated in the following quote from Australia’s current Prime Minister:

“...we need a safety net that acts like a trampoline, not a snare. Our welfare system must be well sign posted to show people the way out, not just the way in.” Scott Morrison (former Minister for Social Services, 2015, and current Prime Minister, 2018-present) (quoted in Mendes 2017, p. 52).

Some researchers distinguish between truly liberal and radical welfare state typologies on the basis of political actors, institutional characteristics and distributive outcomes (Castles & Mitchell 1992; Svallfors 1997). The USA, for example, is said to have a *“truly liberal world”* with low social expenditure, low social benefit, low taxation and low power for trade unions; whereas Australia is historically part of a more *“radical world”* which has a stronger labour movement and higher social benefit (Castles & Mitchell 1992; Svallfors 1997, p. 285; 2003, p. 499)—though more recently scholars described how Australia is moving further in the direction of a more liberal world (Redden 2019). In 2001, Castles labelled Australia’s welfare system *“mean, discretionary and moralistically charged”* (p. 539). The author described how Australia moved from a need-based model and a *“wage-earner’s welfare state”* (p. 539) (where social equality was enhanced through wage arbitration) to a *“morally offensive”* (p. 542) model of policing mutual obligations, conjoined by *“an increasingly residual health system”* (p.538). This move, towards a *“workfare approach”* —

which Peck and Theodore (2000) described as *“active labour market inclusion”* focused on processing people back into work through *“market-based compulsion and selectivity”* (p. 124)—has also been reported by authors of more recent publications (Coddington 2019; Lehmann, Lehmann & Sanders 2018; Parsell et al. 2020). The ‘workfare model’ delivers a system that operates at arms-length from the state to activate individuals to meet neoliberal goals by fostering individualism, choice and market-based ‘solutions’ (Dassinger ND). Parsell et al. (2020) argued that Australia’s approach to welfare conditionality individualises structural problems and *“leads to the formulation of policies that impact marginalised people’s capacity to shape life on their own terms.”* Whatever Australia’s true position on the neoliberal continuum, Peck (2001, p. 445) sums it up nicely, when he wrote:

“The doses do vary, but, never mind what it says on the bottle, the basic treatment is pretty much the same: purge the system of obstacles to the functioning of ‘free markets’; restrain public expenditure and any form of collective initiative; celebrate the virtues of individualism, competitiveness, and economic self-sufficiency; abolish or weaken social transfer programs while actively fostering the ‘inclusion’ of the poor and marginalized into the labor market, on the market’s terms.”

In public health research, welfare regimes, industrial relations and labour market regulation need to be considered collectively as each policy field influences the other, all are concerned with managing the risks of labour force commodification, and all, through inter-related mechanisms, influence health (Brandl & Traxler 2005; Buchanan & Oliver 2014; Greer 2018). The industrial relations system oversees the organisation of workers and sets wages; labour market regulations govern employment recruitment and termination; and the welfare system provides social benefits. These social structures influence health through wage equality, OHS, political engagement and investment in workers (Greer 2018).

Over the last 20 years, Australia's industrial relations system has been confronted with an evolving social context, and has drifted away from the primarily 'male breadwinner', direct employment model, combined with strong unions and enforced employment laws (Birch & Preston 2020; Clibborn 2019; Quinlan & Johnstone 2009). Researchers argue that, despite a 2015 Productivity Commission inquiry into the impact of the Australian industrial relations system which resulted in a series of recommendations to "*repair*" the system (Productivity Commission 2015), little progress has been made to respond to the changing social structure of workplace relations and there are ongoing concerns about rising inequalities (Clibborn 2019). Employment relations now involve more complex forms of workforce participation (e.g. casualisation, flexible working hours), a different labour gender structure, large temporary migration intakes with restricted work and social rights, a weak trade union movement, and widespread non-compliance with employment laws (Birch & Preston 2020; Buchanan & Oliver 2014; Clibborn 2019). Peck (2001) argued that the policy paradigm has shifted its emphasis from 'employment' to 'employability'. At the time of writing, Australia's workplace relations system offered most workers protection under a collection of legislation including the Fair Work Act 2009, ten National Employment Standards which cover things like working hours, leave entitlements and redundancy pay, and registered agreements and awards (Fair Work Ombudsman). Superannuation is covered by separate federally administered legislation. OHS standards, and workers' compensation in the event of injury at work are regulated by state and territory governments.

Liberal welfare regimes and industrial relations systems have been shown to be problematic for population health (Chung et al. 2010; Eikemo & Bambra 2008; Muntaner et al. 2011). For example, building on Esping-Andersen (1990) approach to defining welfare states in OECD countries, Chung et al. (2010) developed a typology of labour markets for classifying 134 countries. Australia was recognised as a 'liberal labour institution' which the researchers described as having low average

union density and very low employment protection legislation. Using measures of healthy life expectancy at birth, maternal and child health indicators, and adult mortality rates, Chung et al. (2010) found that more egalitarian labour market clusters (measured using indicators of union density, employment protection and poverty) tended to exhibit better health outcomes compared with their counterparts in the same position in the world system (i.e. core, semi-peripheral and peripheral countries); a finding supported elsewhere in the literature (Muntaner et al. 2011).

1.7 Informal employment in Australia

The ILO estimates that two billion people (61% of the world's employed population) make their living in the informal economy, undertaking a wide range of occupations (ILO 2018). **Figure 1-4** illustrates how the proportion of informal employment varies in different regions around the world (ILO 2018) (note: agricultural work is sometimes excluded from data because of the difficulties in differentiating between informal agricultural work and agriculture subsistence (Lopez-Ruiz et al. 2015)).

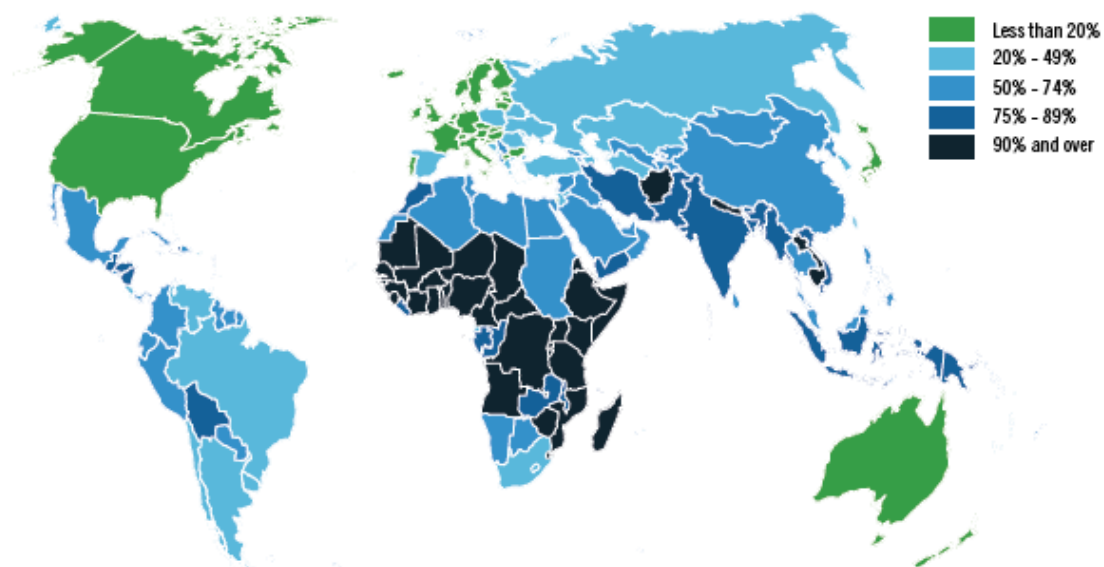


Figure 1-4: Share of informal employment in total employment, including agriculture, across the world (Copyright © International Labour Organisation, 2016 data) (ILO 2018, p. 13)

In Australia, the Australian Bureau of Statistics (ABS) periodically prepares estimates on the size of the informal economy, however the data are considered to be limited and contested (Black Economy Taskforce 2017a). The informal economy in Australia is reported to be much smaller than in many other countries; with calculations ranging from 1.5% of Gross Domestic Product (GDP) (ABS 2013) to 14.1% of GDP (Medina & Schneider 2017).

Whatever the exact size of the informal economy in Australia, it is apparent that informal employment exists, and the Australian Government is significantly concerned about it. The establishment of a Black Economy* Taskforce in 2016 to investigate the informal economy is testament to this (Black Economy Taskforce 2017b). Although the Taskforce initially accepted the ABS calculation of the size of the Australian informal economy, upon publishing its final report in 2017, it recognised that the informal economy was likely to be much larger than initially suggested, and described the black economy as a *“significant, pervasive, damaging and growing economic and social phenomenon”* (Black Economy Taskforce 2017a, p. 11). Black economy activities, the Taskforce stated, *“undermine basic concepts of fairness and the level playing field and disproportionately affect the most vulnerable in our community”* (Black Economy Taskforce 2017b, p. 2). The Taskforce also recognised that, of the wide range of legal and illegal black economy activities (including money laundering, phoenixing, offshore wagering, fraud), cash-in-hand and not reporting or under-reporting taxable income were among the most common forms of black economy activities (Black Economy Taskforce 2017a).

Despite the vast volume of literature reporting on studies of informal employment and work around the world (Williams, CC & Lansky 2013), little is known about informal work in Australia.

* ‘Black economy’ is the term adopted by the Australian Government’s Black Economy Taskforce to refer to the informal economy. The Taskforce noted that there are other names for the black economy including informal, shadow, hidden, grey and cash economy and that these have the same meaning as black economy.

Aside from a number of studies that comment on the size of Australia's informal economy in the global context (Bajada & Schneider 2009; Medina & Schneider 2017; Schneider 2012; Williams, CC 2004; Williams, CC et al. 2015) , there are a few studies that have reported on specific sub-populations and different occupations and employment sectors. Altman and Allen (1992), for example, reflected on the statistical and policy implications of Aboriginal peoples participating in the informal economy; Colic-Peisker and Tilbury (2006) identified the labour market niches (including informal employment arrangements) in which refugee groups were concentrated; Campbell, I, Boese and Tham (2016) reported on undeclared work involving international students in Australia's hospitality sector; Boyle and Joham (2013) investigated the informal economy and the arts in Australia and Hong Kong; and Shin and McGrath-Champ (2009) focused on the construction industry in Sydney, Australia. Some researchers have excluded informal workers from Australian studies citing lack of available data on informal employment. For example, Holley and Rainnie (2012) studied how cleaners have been impacted by Australia's neoliberal policy agenda, noting that there is a *"high level of informal work in cleaning"*; however they excluded this group from their quantitative study because the ABS only collects data about formal working conditions.

To the best of my knowledge, studies of informal employment in Australia have not been considered from a public health perspective, rather the topic has been studied by researchers from other scholarly fields. For example, Braithwaite, Reinhart and Job (2005) took an economic perspective in exploring Australians' attitudes toward informal work; and Iveson et al. (2019) applied a geography framework to explore the concept of 'urban informality' in the Australian context. Not all these studies present empirical findings, for example, using a series of media, union and scholarly references, Iveson et al. (2019) highlight a number of challenges associated with informal work in Australia, but presented no new data.

One of the problems in identifying studies of informal employment in Australia is the absence of

clear definitions in papers and the blurring of employment conditions (e.g. formal/informal/home-based work), which makes it difficult to decipher whether researchers are reporting on informal employment conditions or not (see for example, Howe 2018; Underhill & Rimmer 2015). A study of informal workplace injuries in Serbia (Duric et al. 2018) compared their findings of informal workplace injuries to an Australian study (Driscoll et al. 2003), however this Australian study considered only unpaid work activities carried out in the home, not informal employment activities as defined by the OECD et al. (2002). There is some research on unlawful migrant workers in Australia, however these studies do not clearly identify workers as informal employees (Campbell, M 2010; Segrave 2017).

Throughout this PhD, I did not identify any Australian studies of informal employment and work using a social determinants of health (SDH) lens.

1.8 An outline of this thesis

In this thesis, I detail my PhD research which I have given the title, **Ghosts in the Labour Market: A qualitative study of the health and wellbeing of informal workers in northern suburbs of Adelaide, South Australia**. The study aimed to fill a gap in understanding about the experiences of informal employment in Australia and specifically how this type of work can be understood from a public health perspective.

The thesis is divided into the following parts and chapters:

Part A: Introduction — this Part introduces the topic of informal employment, provides a rationale for the study and an overview of the literature.

Chapter two: In the remainder of this Part (Chapter 2), I present the findings of a scoping

literature review on informal employment and health. The literature review is organised around the key components of [EMCONET's theoretical models](#), encompassing power relations, policies, working conditions, structural determinants and intermediary factors including material deprivation, health systems, and social and family networks. I conclude this Chapter by examining more closely what is known about informal employment and health in high-income countries.

Part B: Methodology and Methods – this Part of the thesis details how the study was undertaken.

It is comprised of two chapters:

Chapter three: In this Chapter, I outline the research paradigm—Critical Realism—and provide a summary of Pierre Bourdieu's key theoretical ideas, and why I chose to apply his Theory of Practice (Bourdieu 1977) to this study. I also provide rationale for utilising qualitative methods and detail how ethical conduct was maintained throughout the research process.

Chapter four: In this Chapter, I outline the methods that were used for the study. I commence by providing a theoretical justification for the methods and establishing the study's boundaries through clearly defined research questions. I adopted a narrative inquiry approach for this study and, in this Chapter, outline the sampling procedure, data collection and analysis methods. I conclude by discussing how quality was retained throughout the research process.

Part C: Results - This part of the thesis presents the results of the study.

Chapter five: In this first chapter of Part C, I explore different journeys of informal employment drawing on participants' narrative accounts of their upbringing and

experiences of young adulthood, demographic characteristics and the breadth of informal occupations they undertook. I consider workers' motivations for informal employment and whether participants were pushed or pulled in the direction of this type of work. I draw on Bourdieu's theoretical constructs to identify workers' resources, their social positions and the structural constraints they encountered.

Chapter six: This Chapter describes participants' experiences of informal employment from a SDH perspective. I draw on key components of [EMCONET's models](#) of employment relations and health inequities to outline what the study's data uncovered about employment conditions, power relations and workplace conditions.

Chapter seven: In this Chapter, I explore participants' assessment of their health status and their perceptions about the health impact of informal employment. I present self-perceived physical and mental health data, and detail workers' experiences of physical, chemical, ergonomic and psychosocial health risks. I also provide evidence of the positive outcomes of informal employment, as reported by participants. I position perceptions about the health effects of informal employment data within the context of other aspects of workers' daily lives, including their experiences of social structures. Finally, I present data on informal workers' lifestyle behaviours and their access to health care. I conclude this Part by summarising the study's strengths and limitations.

Part D: Discussion and Conclusion - In this Part, I explore the multiple sides of the informal employment narrative, and use Bourdieu's theoretical ideas to delve deeply into the contradictions of experience, reflecting on what this means for the health of informal workers in Australia.

Chapter eight: I commence this Part by debating whether it is appropriate to describe

informal workers in the northern suburbs of Adelaide as survivalists or enterprisers, and further whether they are representative of a social class. I explore the factors that motivated participation in informal employment and examine more closely two powerful government institutions—the welfare and immigration systems—that were singled out by participants. I also take a closer look at the underlying ideology associated with social structures in Australia, how this impacted freedom of choice.

Chapter ten: In this Chapter, I frame informal employment in Australia as ‘acts of everyday resistance’, that, on the one hand, offer hope and opportunity, while at the same time creating oppression, and opening the door for exploitation and exposure to unjust working conditions. This oppression, I argue, is largely associated with one of the defining features of informal employment—invisibility. I explore the social concept of invisibility and identify how informal workers’ health is put at risk through three important mechanisms of invisibility. Finally, I summarise the study’s findings in relation to a conceptual model linking precarious employment and health.

Conclusion: To conclude, I summarise this study’s key findings in light of the study’s research questions, and provide commentary on the significance of the study.

Chapter Two A Review of the Literature

In order to understand the relationship between informal employment and health, this Chapter synthesises existing international literature on informal work and its relationship with health. Given the differing contexts and methodological variations between studies, generalizable conclusions about informal employment and health are limited (Benach et al. 2006; Julià, Ollé-Espluga, et al. 2017; Julià et al. 2016; Lopez-Ruiz et al. 2015; Ruiz et al. 2015). Having said this, given the size of the global informal workforce and its potential impact on public health, it is also important to monitor emerging research findings (Ruiz et al. 2015). The ILO agrees, stating that (the heterogeneity of the informal sector) *“needs to be known and understood, together with the reasons for the persistence of the informal economy, in order to formulate effective policies for the transition to formality”* (ILO 2018, p. 1).

2.1 Literature review method

A scoping literature review was carried out during September to November 2017. A scoping review was appropriate in this instance given the large volume of literature on informal employment; this approach enabled me to convey the breadth and depth of the field, identify key concepts, sources of evidence and gaps in understanding (Arksey & O'Malley 2005; Colquhoun et al. 2014; Levac, Colquhoun & O'Brien 2010). I continued to monitor the literature for new studies throughout my candidature and included additional studies as appropriate.

PICO, a search term framework which considers the Population, Interest and Context associated with a particular topic, was used to identify relevant search terms (**Table 2-1**) (Curtin University Library 2017; Methley et al. 2014).

Table 2-1: PICO Framework and search terms used in scoping review (adapted from Curtin University Library (2017))

PICO	P	I	CO
	Population	Interest	Context
Description	What are the characteristics of the patient or Population? or What is the condition or disease you are interested in?	The phenomena of Interest relates to a defined event, activity, experience or process	Context is the setting or distinct characteristics.
Search terms	labour or workforce or workers or 'labour market' or 'working age'	'informal employment' or 'informal economy' or 'informal work' or 'informal job'	'health equity' or 'health inequity' or 'health equality' or 'health inequality' or 'poverty' or 'social determinants of health' AND power or policies or labour market policies or welfare state

Figure 2-1 provides an overview of the literature search as a PRISMA diagram (Moher et al. 2009).

The literature search involved the following academic literature databases: Scopus, Pubmed, Proquest and Web of Science, as well as Google Scholar. No limitations were set in the initial search in relation to study dates, languages, document types, and location of search terms in the documents. This resulted in the identification of 3,693 papers. The search was further refined by removing duplicates and non-peer reviewed literature, and through the application of inclusion/exclusion criteria (**Table 2-2**). Database alerts were established at the beginning of the process to capture any additional studies. The last time studies were added to the review was July

2020. In total 76 articles were included in this review.

Figure 2-1: PRISMA Diagram for Scoping Review

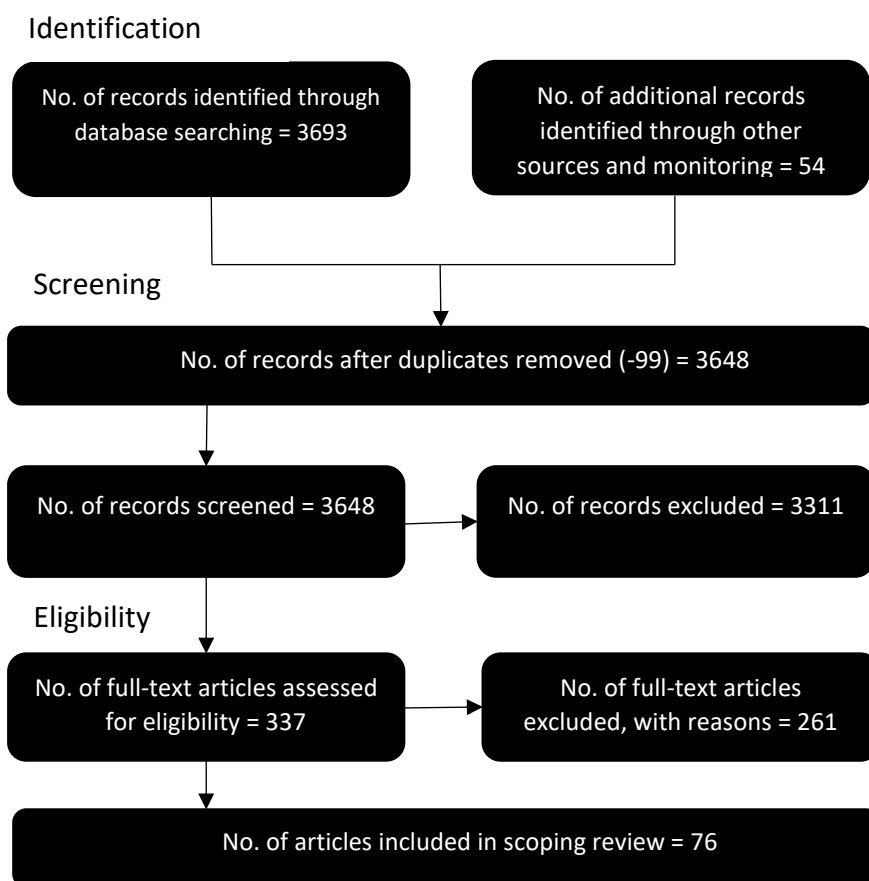


Table 2-2: Scoping review inclusion and exclusion criteria

Criteria	Inclusion / Exclusion
Health-focused research	Only papers that reported on informal employment and health were included. Many more papers on informal employment were identified, including a vast number of studies examining social factors such education, income and poverty; however, such papers were only included if the research was undertaken through a health lens. For this reason, I refer to the studies in this review as ‘public health’ studies/research. While I confined my literature review to public health studies, and acknowledge that the review may therefore have missed

	<p>some literature on informal employment that may offer further important insights, throughout this PhD I read widely across the range of scholarly fields about informal employment (not just the health effects) and have included many additional references in my thesis overall.</p>
<p>Defining the study sample</p>	<p>As noted earlier, a consistent definition of informal employment in the literature remains elusive. In the absence of a formal definition in publications, study participants needed to at least be identified as informal workers. Papers were only included in the review where it was identified that study participants worked under informal conditions, had no written contract, were not declaring income to tax authorities and/or were not receiving social security benefits linked with employment (as is the case in many countries). Researchers provided a range of definitions or descriptions of informal employment. Once again, many more studies on informal work were identified than have been included in this review. For example, there were numerous studies identified that explored occupations such as waste recycling, mining, street hawking and mechanical repairing; however, unless workers were identified as informal and the study focus was health, such studies were not included in this review.</p>
<p>Review papers</p>	<p>The review included only empirical studies, papers reporting on the findings of literature reviews were removed; however review paper reference lists (Basu et al. 2016; Bernardino & Andrade 2015; Binion & Gutberlet 2012; Julià et al. 2016; Nankongnab et al. 2015; Yang et al. 2017) were searched for additional relevant studies.</p>
<p>Studies focusing on informal child labour</p>	<p>Studies of child labour were excluded, as this is another distinct form of employment (Benach et al. 2006).</p>
<p>Studies focusing on illegal activities, unpaid family caring or home duties</p>	<p>Studies relating to work that contributes to illegal outcomes (e.g. narcotics), and unpaid family caring or home duties were excluded.</p>
<p>Language</p>	<p>Papers not available in English language were excluded.</p>

Review studies were categorised by country and labour market typology (based on Chung et al. (2010), sample size and composition (gender/proportion of informal workers), definition of informal employment, occupation types, study design, key health findings and findings associated with the variables outlined in the [EMCONET models](#) (a table summarising all included papers is provided **Appendix A**).

The studies included in the review were conducted between 1997 and 2019 as illustrated in the **Table 2-3**.

Table 2-3: Number of studies included in literature review by date range

Date range	Number of studies
2015-2019	22
2010-2014	21
2005-2009	17
2000-2004	12
1990-1999	4

The majority of studies were undertaken in countries classified by the World Bank as being middle income countries (n=61) countries, around half of which were described by Chung et al. (2010) as ‘emerging labour institutions’ (n=38), i.e. countries with limited industrialisation and stagnated economic development, that are attractive to migrants from rural areas and adjacent countries, have large urban slums and informal work sectors (including Chile, Costa Rica, Panama, Colombia, South Africa, Brazil, Mexico and Peru); while the remainder were described as countries with ‘residual labour institutions’ including Thailand; ‘post-communist labour markets’ such as

Mongolia, Ghana, Philippines and China; 'less successful informal labour markets' such as India, Pakistan and Nigeria; or 'insecure labour markets' like Lao People's Democratic Republic (Chung et al. 2010).

Some studies straddled both lower and upper middle income countries (Lopez-Ruiz et al. 2015; Lopez-Ruiz et al. 2017; Lund-Thomsen et al. 2012; Rodriguez-Loureiro et al. 2020; Salas et al. 2015), and one also covered middle and high income countries (Salas et al. 2015). Twelve studies were conducted in high income countries; these were: Chile (Díaz, EM, Guevara & Lizana 2008; Rocha et al. 2013; Ruiz et al. 2017; Salas et al. 2015), Canada (Gutberlet et al. 2009), countries in Europe (Ahonen et al. 2010; Ahonen et al. 2009; Julià, Ollé-Espluga, et al. 2017) and the USA (Panikkar et al. 2015; Rendleman & Feldstein 1997; Salgado et al. 2012; Walter et al. 2002). Three studies were conducted in low income African countries including the Republic of Benin (Tohon et al. 2015), United Republic of Tanzania (Rongo et al. 2004) and Zimbabwe (Loewenson 1998). Only six studies were conducted in countries with 'liberal-labour institutions' (Gutberlet et al. 2009; Julià, Ollé-Espluga, et al. 2017; Panikkar et al. 2015; Rendleman & Feldstein 1997; Salgado et al. 2012; Walter et al. 2002).

Most of the studies were cross-sectional, exploratory or descriptive, and involved a range of quantitative and qualitative methods. Twenty-seven studies involved various forms of comparative groups of 'formal workers'. The studies involved workers who undertook a range of occupations including trading, portering, recycling, mining, mechanics, domestics, agricultural, manufacturing and construction. As expected, researchers applied varied definitions of informal employment to their studies. Most studies in this review focused their research on workplace conditions, while drawing on other variables illustrated in the [EMCONET models](#). Fewer studies considered how informal employment interacts with power relations, welfare state policies and structural determinants such as social class.

2.2 Literature review findings

Below the main findings of the literature review are discussed. The findings are organised around the key components of the [EMCONET models](#).

2.2.1 Power relations: Market, government & civil society

EMCONET's macro model ([Figure 1-1](#)) illustrates the role of power relations in shaping the larger institutional context of societies, including welfare and labour market policies, and how these interact through a range of intermediary mechanisms to influence health inequities (Muntaner et al. 2010). Studies in this review were often positioned within a SDH framework (CSDH 2008), thereby recognising that the health effects of employment conditions are shaped by the distribution of money, power and resources at global, national and local levels (Alfers & Rogan 2015; Álvarez, Merchán & Potes 2015; Ruiz et al. 2017). Researchers such as Akormedi, Asampong and Fobil (2013), Lund-Thomsen et al. (2012) and Walter et al. (2002) contextualised their findings about the informal work of some of *"the poorest and most vulnerable"* (Akormedi, Asampong & Fobil 2013, p. 285) members of society in terms of transnational activity and global political interaction (Ottersen et al. 2014).

Many researchers took a critical perspective and attributed the growth in the global informal labour market to neoliberal ideology and its tributaries (globalisation, urbanisation, economic inequality), which they argued, have led to a wave of less secure employment, lower wages, lower levels of protection and worker powerlessness (Corrêa-Filho et al. 2010; Lopez-Ruiz et al. 2017; Ludermir & Lewis 2005; Salas et al. 2015; Yeboah et al. 2015). Researchers argued that neoliberalism has engendered power relations that shift labour market and welfare policies, and employment and working conditions in the opposite direction of health equity (Chung et al. 2010;

Corrêa-Filho et al. 2010).

Power relations impacting labour markets are shaped by the unique interplay of political, economic and cultural background and context of societies (Muntaner et al. 2010). Examples which illustrated the relational effects of historical and ecological context on informal labour markets were found in a numerous public health research papers in this review. For example, several authors including Lakhani (2004), Lopez-Ruiz et al. (2015) and Yeboah et al. (2015) described the role of structural adjustment policies during the economic crisis of the 1980s, which led to opening up of economies to external markets. Ruiz et al. (2017) highlighted the military coup that overthrew Chilean President Allende's Government in 1973, and installed a right-wing government which increased deregulation and flexibility in the labour market, and weakened trade unions. Worker bargaining power and high union density are important for a strong welfare state and a more equal labour market (Chung et al. 2010). Similarly, following the demise of South Africa's Apartheid regime, de-industrialisation facilitated rising informal employment opportunities along with employment arrangements reflective of underlying market, government and civil society power relations (Alfers et al. 2016).

Neo-Marxist accounts of power are portrayed as 'structural', where power is seen as something that stems from particular institutions in society (Harris et al. 2020; Smith, KE 2015). Of the three mobilizers of power relations identified by [EMCONET](#)—market, government and civil society—the dominant discourse (in this review) related to power exercised through market actors, both globally and locally (Akormedi, Asampong & Fobil 2013; Lopez-Ruiz et al. 2015; Salas et al. 2015; Singh, Thind & John 2018; Wittsiepe et al. 2015). For example, several studies described how the trans-boundary movement of hazardous wastes, despite international treaties, sustains an informal recycling sector that exposes workers to serious adverse health risks (Akormedi, Asampong & Fobil 2013; Singh, Thind & John 2018; Wittsiepe et al. 2015). Similarly, Salas et al.

(2015) described how the mining industry created hazardous job opportunities for vulnerable informal workers in South America. Localised market-driven power relations were also evident in the public health literature. For example, Prazeres and Navarro (2011)'s study involving female informal workers assigned to mechanical stitching in the footwear industry in São Paulo State, Brazil found that the domination of market power enabled companies to transfer work off-site (into the women's homes), thereby exploiting workers and devolving the company's social and health responsibilities.

Also evident in this review were more fluid forms of power (Harris et al. 2020) particularly in local contexts (Heemskerk 2003; Porto et al. 2004; Sales & Santana 2003; Sychareun et al. 2016). Here, informal workers' experiences of power relations were not necessarily channelled through policies, rather informal workplaces were identified as spaces with vivid exchanges of power between workers as they sought to survive in the face of harsh economic conditions (Akormedi, Asampong & Fobil 2013; Avotri & Walters 1999; Cavalcante & Franco 2007; Gutberlet et al. 2009; Mote et al. 2016; Rocha et al. 2013). In the wider literature on informal employment, Round, Williams and Rodgers (2010) recognised informal work settings as spaces of power reminiscent of *"floating mists"* (p. 172), that were home to vastly heterogeneous activities reflective of shifting power relations. They describe the example of Ukrainian informal flower sellers who employ strategies of their own to protect the spaces that they operate in, for example, being aware of the movements of authorities and identifying sympathetic individuals, protecting ones space from other sellers and building up social networks that may be beneficial in some regard. Several review studies provided examples of similar 'hidden struggles' over power in informal workspaces and how this can manifest as a psychosocial risk to health (Sychareun et al. 2016; Uddin & Gutberlet 2018).

Some public health researchers support the observation that informal work can lead to intra-

psychological concepts of power such as autonomy, competence and self-determination (Nafstad et al. 2007) and can be personally empowering, as well as socially and economically beneficial (Álvarez, Merchán & Potes 2015; Heemskerk 2003; Iriart et al. 2008; Ludermir & Lewis 2005; Naz & Bögenhold 2018; Yeboah et al. 2015). For example, recognising that informal work is the only option for some, Álvarez, Merchán and Potes (2015) concluded that quality of life and health were positive for informal workers and that the “*stability*” of their occupations generated “*personal, family, social and emotional development*” (p. 10). The wider literature supports observations that informal employment allowed workers to assert their personhood, and claim a socially and economically-defined position (Fonchingong 2005; Lahiri-Dutt & Sil 2004). For example, Mawowa (2013) argued that small-scale mining companies in Zimbabwe are not about grass-roots survivalism, rather that they provide “*lucrative opportunities*” (p. 921), including informal job opportunities for otherwise jobless locals.

Despite these examples of ‘empowerment’, far more common in the public health literature were descriptions of how power relations lead to social exclusion of informal workers (Akormedi, Asampong & Fobil 2013; Olurinola et al. 2014). For example, Akormedi, Asampong and Fobil (2013) observed that “*informal sector groups are often relegated to the political periphery and hardly take part in any political decisions affecting their welfare, save for the right to vote...*” (p. 285). As a result, the authors argued, informal workers were exploited and forced to work “*under very strenuous and hazardous conditions*” (p. 285).

Power relations exercised in an organised fashion by civil society were little observed in the reviewed literature. There were a handful of studies involving participants associated with non-government organisations (Gutberlet et al. 2009; Sarkar 2003; Uplap & Bhate 2014) but overall, the nature of informal employment suggested non-affiliation and more often than not, powerlessness. For example, in a qualitative study of informal domestic, labouring and

construction workers in Brazil, Iriart et al. (2008) found that informal workers experienced lack of bargaining power, low levels of unionisation, high job turnover and isolation. Many researchers called for greater recognition of the enormous contributions of the informal workforce to society (da Silva, Fassa & Kriebel 2006b; Rendleman & Feldstein 1997). For example Hayami, Dikshit and Mishra (2006) conclude that, *“despite their low social status, waste collection and distribution activities are making important contributions to economic well-being in society”* (p. 57). Some researchers argued that rather than trying to formalise labour markets, the informal economy should be embraced and workers offered protection (Barten et al. 2008; Lopez-Ruiz et al. 2015).

2.2.2 Labour market and welfare state policies

Labour market policies—which call into effect rights and duties, wages, employment-related social benefits and protective legislation—are constituting aspects of welfare regimes, exerting a strong influence over employment and working conditions, and ultimately health (Julià, Ollé-Espluga, et al. 2017). Governments have a clear role in administering labour market policies and laws; and while governments do generally intervene to maintain standards in the formal sector, informal labour markets are characterised by the absence of labour institutions designed to protect worker rights (Chung et al. 2010; Olurinola et al. 2014). Many review studies highlighted the negative health consequences of absent or ineffective labour market policies for informal workers (Akormedi, Asampong & Fobil 2013; Alfes & Rogan 2015; Gangopadhyay & Das 2012; Iriart et al. 2008; Lopez-Ruiz et al. 2017; Sotelo-Suárez et al. 2010; Tohon et al. 2015).

Welfare state policies too have important implications for population health (Bambra 2007; Navarro et al. 2006). Informal workers, Giatti, Barreto and Cesar (2008) pointed out, are at greater risk of exclusion from welfare policies designed to protect social wellbeing than formal

workers. An important study by Rodriguez-Loureiro et al. (2020) aimed to assess the relationship between self-perceived health status and informal employment in relation to welfare state regimes in Central America. The researchers found that countries with universal welfare policies can reduce the negative effects of informal employment on health status; and further, recommended that *“creating extended social protection schemes covering paid workers engaged in informal employment is crucial in order to improve the living conditions of these populations”* (Rodriguez-Loureiro et al. 2020, p. 11).

Many researchers highlighted the exclusion of informal workers from health protection policies (Avotri & Walters 1999; Cavalcante & Franco 2007; Díaz, EM, Guevara & Lizana 2008; Prosenewicz & Lippi 2012; Santana et al. 1997; Sychareun et al. 2016; Uddin & Gutberlet 2018; Walter et al. 2002; Yeboah et al. 2015). For example, a study in Colombia (where the health system is tied to employment) found that 34.7% (of 196 informal miners) did not have basic health insurance; barely 1% had social security protection and only 0.5% were covered by occupational risk insurance—characteristics compatible with extreme poverty (Díaz, JMO, April & Garzón 2010). Lopez-Ruiz et al. (2015) concluded that policies aimed at increasing social security coverage was the most important factor for addressing social and health inequalities among Central American workers.

2.2.3 Other structural determinants: Social class, gender, age, ethnicity/race/migrant status

ILO researchers, Fudge and McCann (2015), commented on the notion of ‘social location’, identifying that certain demographic characteristics of workers including sex, age, family status, youth, ethnicity, caste, race, immigration status, linguistic group and skill/ability levels, increase worker vulnerability and that these characteristics are disproportionality found among workers in

precarious employment conditions. Other researchers have described how *“layers of vulnerability”* can shape employment experiences, thus making it challenging to compare groups on the basis of any one particular variable (Sargeant & Tucker 2009).

a) Social Class

Commonly, informal workers in review studies had lower class status (Corrêa-Filho et al. 2010; Gomez-Correa, Agudelo-Suarez & Ronda-Perez 2008; Lopez-Ruiz et al. 2015; Ludermir 2000; Rocha et al. 2014; Santana & Loomis 2004). Walter et al. (2002) described undocumented workers as, *“part of a special class, excluded from the formal labour sector, denied access to most health and social services, and considered fugitives from the law”* (p. 222). Social class plays an important role in the dynamic process of selection-exclusion from the labour market (Santana et al. 1997); meaning that it is not uncommon for informal workers to be ‘born into’ informal work and for associated health outcomes to become an intergenerational phenomena (Gilvane Lopes Pena, Do Carmo Soares de Freitas & Cardim 2011; Iriart et al. 2008; Sotelo-Suárez et al. 2012). Social class and gender were often discussed together (Lopez-Ruiz et al. 2015; Ludermir 2008; Prazeres & Navarro 2011; Rocha et al. 2014). For example, Alfors and Rogan (2015) found that females from lower classes who are working informally suffered the poorest health.

A number of researchers reported on the power dynamics that arise from social class hierarchies within informal workspaces (Rocha et al. 2013; Rocha et al. 2014; Sychareun et al. 2016). For example, Rocha et al. (2013), in a study involving informal workers in Chile, found that there were significant differences between various psychosocial risks according to social class, and that class was associated with worse self-perceived health and a higher risk of presenting mental health problems.

b) Education

Education was closely associated with social class and was implicated in the relationship between health and informal employment. Most public health studies investigating the impact of education level, reported that informal workers usually had low levels of education and that this was a barrier to employment mobility (Akormedi, Asampong & Fobil 2013; Alfery & Rogan 2015; Alvarado-Esquivel et al. 2008; Álvarez, Merchán & Potes 2015; Ballesteros, Arango & Urrego 2012; da Silva, Fassa & Kriebel 2006b; Díaz, EM, Guevara & Lizana 2008; Ferreira et al. 2008; Giatti, Barreto & César 2008; Idyorough & Ishor 2014; Iriart et al. 2008; Julià et al. 2019; Ludermir & Lewis 2003; Muller et al. 2016; Porto et al. 2004; Ruiz et al. 2017; Sales & Santana 2003; Santana & Loomis 2004; Santana et al. 1997; Sarkar 2003; Sotelo-Suárez et al. 2012; Tohon et al. 2015; Vigil et al. 2007; Yeboah et al. 2015). For example, in a study involving 38 informal day labourers in San Francisco, Walter et al. (2002) found that 56% of study participants had less than seven years of education.

Globally, the ILO notes that *“when the level of education increases, the level of informality decreases. Those who have completed secondary and tertiary education are less likely to be in informal employment compared to workers who have either no education or completed primary education. This phenomenon is observed at the global and regional level and emerging and developing and developed countries share similar patterns”* (ILO 2018, p. 19). Despite this, some researchers reported that informal workers may be university educated (Sotelo-Suárez et al. 2010; Uddin & Gutberlet 2018). A study involving 158 informal workers in Spain found that many workers were overqualified for the jobs they were doing (Ahonen et al. 2009).

da Silva, Fassa and Kriebel (2006a) found that informal recyclers in Brazil were more likely than non-recyclers to be poorly educated, and that years of schooling was inversely associated with

mild psychiatric disorder prevalence. Some review studies, however, found that it was not always the least educated informal workers whose health was poorest. For example, in a study involving 3,873 informal street traders in Nigeria, Olurinola et al. (2014) found that those with secondary educational attainment experienced the highest incidence of injury (38.7%) while those with no education suffered the least injury of (15.2%).

c) Gender and Age

Socially constructed employment-related norms, roles and behaviours based on gender and age generate inequalities, power hierarchies and discrimination, and have been shown to be harmful to health (Solar & Urwin 2010). Review studies included a broad age range of participants, and both males and females; although 27 of the studies focused on single sex cohorts (for example, Gangopadhyay & Das 2012; Giatti, Barreto & César 2008; Salgado et al. 2012; Santana et al. 1997; Sarkar 2003; Sychareun et al. 2016; Wittsiepe et al. 2015). A number of studies found that females were more likely to hold informal jobs than males (Alfers & Rogan 2015; Álvarez, Merchán & Potes 2015; Julià, Vives, et al. 2017; Rodriguez-Loureiro et al. 2020; Santana & Loomis 2004; Tohon et al. 2015), and several researchers commented on the increased vulnerability of informal female workers due to the increased risk of harassment and discrimination, and that females were more likely to have to balance work and family demands (Alfers & Rogan 2015; da Silva, Fassa & Kriebel 2006a, 2006b; Kwankye, Nyarko & Tagoe 2007; Lakhani 2004; Lopez-Ruiz et al. 2015; Lopez-Ruiz et al. 2017; Ludermir & Lewis 2003; Santana & Loomis 2004; Santana et al. 1997; Sotelo-Suárez et al. 2012; Yeboah et al. 2015). In a study involving more than 8,000 South American workers, around half of whom worked informally, Rodriguez-Loureiro et al. (2020) found that poor self-perceived health was higher among women compared to men.

Some studies highlighted health outcomes for male informal workers, including increased injury rates (Olurinola et al. 2014) and poorer mental health (Ruiz et al. 2017) relative to female informal

workers. From a study of day labourers in San Francisco, USA, Walter et al. (2002, p. 255) found that workplace injuries sustained by undocumented male informal workers resulted in shame and disappointment at failing to *“meet their masculine responsibility...(of) providing for the family...and (their) conception of manhood and fatherhood.”* Globally the ILO found that males (63.0%) are more likely to work informally than females (58.1%), however that in low and lower-middle income countries a higher proportion of women are in informal employment than men (ILO 2018).

Public health researchers reported that informal workers ages' varied widely, however it was very common for workers to belong to younger age groups (Akormedi, Asampong & Fobil 2013; da Silva, Fassa & Kriebel 2006a, 2006b; Díaz, EM, Guevara & Lizana 2008; Ferreira et al. 2008; Gomez-Correa, Agudelo-Suarez & Ronda-Perez 2008; Iriart et al. 2008; Kwankye, Nyarko & Tagoe 2007; Olurinola et al. 2014; Porto et al. 2004; Santana & Loomis 2004; Sarkar 2003; Walter et al. 2002; Yeboah et al. 2015). Some review studies found that younger informal workers (<25 years and 25-34 years) were more vulnerable to poor health outcomes (for example, Olurinola et al. 2014), whereas others found that older adults (31-50 years) and increasing age were associated with greater vulnerability (Alvarado-Esquivel et al. 2008; da Silva, Fassa & Kriebel 2006b).

d) Ethnicity/Race/Migrant Status

In relation to ethnicity, race and migrant status, several researchers noted the increase vulnerability of immigrant workers, particularly those without relevant documentation (Ahonen et al. 2010; Ahonen et al. 2009; Panikkar et al. 2015; Walter et al. 2002). Ahonen et al. (2009) reported on the immigrant workers' perceptions of their working conditions in Spain, many of whom worked under informal arrangements. The researchers found that undocumented informal workers described poorer working conditions than documented migrants and that both documented and undocumented immigrant workers felt they had little power to influence

workplace conditions. Several researchers noted that informal workers often move from poorer rural settings to urban centres in search of employment as a means of survival (Kwankye, Nyarko & Tagoe 2007; Ludermir & Lewis 2005; Mote et al. 2016; Sarkar 2003; Walter et al. 2002; Wittsiepe et al. 2015; Yeboah et al. 2015).

Some public health studies found that informal workers were more likely to be black or brown skin coloured races (for example, Muller et al. 2016). The health of migrant informal workers and black informal workers was recognised as being at greater risk compared to native workers (Olurinola et al. 2014) and white workers (Alfers & Rogan 2015; Santana & Loomis 2004) respectively. However, despite finding that informal recyclers were more likely to be non-white than non-recyclers da Silva, Fassa and Kriebel (2006a) found that mild psychiatrist disorder was not associated with skin colour. Similarly, da Silva, Fassa and Kriebel (2006b) found that skin colour was not a confounder or effect modifier of musculoskeletal pain among informal workers.

2.2.4 Other intermediary determinants of informal employment and health

a) Material Deprivation and Economic Inequalities

Motivation for informal employment can draw on both survival and entrepreneurial motivations (Temkin 2009; Williams, CC 2017); however, the dominant discourse emerging from the review was that informal employment was associated with more precarious lives, further compounding health problems (Cavalcante & Franco 2007; Gilvane Lopes Pena, Do Carmo Soares de Freitas & Cardim 2011; Lopez-Ruiz et al. 2015; Rendleman & Feldstein 1997; Uddin & Gutberlet 2018).

Where investigated, the majority of studies found that informal workers lived in poverty and earned low incomes (Alfers & Rogan 2015; Alvarado-Esquivel et al. 2008; Álvarez, Merchán & Potes 2015; da Silva, Fassa & Kriebel 2006a, 2006b; Gangopadhyay & Das 2012; Giatti, Barreto &

César 2008; Gilvane Lopes Pena, Do Carmo Soares de Freitas & Cardim 2011; Gomez-Correa, Agudelo-Suarez & Ronda-Perez 2008; Gutberlet & Baeder 2008; Kwankye, Nyarko & Tagoe 2007; Lakhani 2004; Ludermir & Lewis 2003; Rendleman & Feldstein 1997; Sales & Santana 2003; Santana & Loomis 2004; Santana et al. 1997; Sarkar 2003; Tohon et al. 2015; Uddin & Gutberlet 2018; Yeboah et al. 2015). Poverty was identified as a factor that can drive workers to search for informal jobs (Sarkar 2003; Uplap & Bhate 2014).

A number of studies found that informal workers earned lower income than formal workers (Alvarado-Esquivel et al. 2008; Giatti, Barreto & César 2008; Ludermir & Lewis 2003, 2005; Santana et al. 1997; Tohon et al. 2015). In a study conducted in the West African Republic of Ghana, Kwankye, Nyarko and Tagoe (2007) identified that more than half of study participants said the income generated through informal street hawking was insufficient to meet basic living needs (Rendleman & Feldstein 1997). Many public health studies commented on workers' poor living conditions, insecure housing and homelessness (da Silva, Fassa & Kriebel 2006a; Gomez-Correa, Agudelo-Suarez & Ronda-Perez 2008; Kwankye, Nyarko & Tagoe 2007; Rendleman & Feldstein 1997; Sarkar 2003; Suplido & Ong 2000; Uddin & Gutberlet 2018; Uplap & Bhate 2014; Walter et al. 2002; Yeboah et al. 2015).

In contrast, two studies reported that informal work may be associated with good income (Heemskerk 2003; Iriart et al. 2008). Heemskerk (2003) reported that women involved in informal mining work in Brazil could earn higher wages than women working in formal or informal jobs outside the mining area. However, the researcher found that the benefits of higher income were offset by negative health effects as miners were exposed to mercury, malaria, unsafe working conditions and a high prevalence of unsafe sex. Similarly, Iriart et al. (2008) found that despite high earnings from informal construction work, informal workers indicated that they *“preferred the greater stability and safety of signed work”*; and that informal status conflicted with aspects of

citizenship: *“understood as the full exercise of social rights and duties, circumscribes the juridical, political, and social existence of individuals belonging to a society”* (p. 9).

Benach et al. (2006) noted that the close relationship between informal work and socioeconomic status needs to be more carefully considered, particularly its role as a confounder or intermediary variables. This recommendation remains relevant to public health research of informal work; for example, Alfery and Rogan (2015) found that low earnings are one of the strongest correlates with poor health and that formality in employment was not significant after controlling for income.

b) Health Systems

Studies in this review identified the inequitable protection provided by health systems according to labour status, and that being an informal workers can directly affect health care service access (Ballesteros, Arango & Urrego 2012; Cavalcante & Franco 2007; Giatti & Barreto 2011; Giatti, Barreto & César 2008; Gomez-Correa, Agudelo-Suarez & Ronda-Perez 2008; Hassan et al. 2017; Lopez-Ruiz et al. 2015; Miquilin et al. 2013; Prosenewicz & Lippi 2012; Renne et al. 2011; Sotelo-Suárez et al. 2012; Sychareun et al. 2016; Uddin & Gutberlet 2018; Walter et al. 2002). Low income and fear of lost income, lack of private health insurance, language and literacy barriers, low self-worth and powerlessness were implicated in the problematic relationship between informal workers and the health care system. Health services factors including lack of universal health services, under-resourcing and overcrowding in hospitals, lack of physical access, poor understanding about the informal sector and how it operates on the part of health care professionals and discrimination further compounded these problems. For example, authors of a qualitative study involving informal alcohol sellers in the Lao People’s Democratic Republic argued that inequities in access to healthcare were associated with powerlessness and lack of relevant capital resources, which forced workers to *“passively accept”* uncertain healthcare (Sychareun et

al. 2016, p. 8).

Struggles to access health services can lead to informal workers avoiding health care services in times of need (Giatti, Barreto & Cesar 2008; Gomez-Correa, Agudelo-Suarez & Ronda-Perez 2008; Rendleman & Feldstein 1997; Sychareun et al. 2016; Uddin & Gutberlet 2018). A study investigating the association between labour market status and both the reported medical diagnosis of diseases and healthcare use among men living in metropolitan regions of Brazil in 1998 and 2003, found that informal, unprotected (for health and social security) workers reported significantly higher levels of diseases but fewer medical visits than protected workers in the two studied periods (Giatti, Barreto & Cesar 2008). The researchers argued that the social protection offered to formal workers (including private health plans) enabled greater access to health care services and that coverage by a private health plan is an intermediate variable between labour market position and healthcare use.

Some researchers also highlighted inadequacies in health promotion and primary care for informal workers (Corrêa-Filho et al. 2010; Gomez-Correa, Agudelo-Suarez & Ronda-Perez 2008; Prosenewicz & Lippi 2012), and called for greater preventive efforts within a SDH framework (Rocha et al. 2014).

c) Social and Family Networks

Social and family networks contribute to the general social mechanisms that underlie the production of health (Benach, Solar, Santana, et al. 2010). Marital status, household responsibilities (e.g. role within the household, caring responsibilities) and the flow-on effects of informal work within the household, were identified as important variables contributing to health and wellbeing outcomes in this review.

Marital status was recognised as an independent variable in the association between informal work and health (da Silva, Fassa & Kriebel 2006b; Lopez-Ruiz et al. 2017). In a South American study involving 5,810 informal workers, Lopez-Ruiz et al. (2017) found that 53.5% of women in informal employment who were separated, divorced or widowed reported poor self-perceived physical and mental health. The association was statistically significant when compared to those who were currently married or living with a partner; and was further compounded where women were caring for children and others living with illness or a disability. No consistent pattern of association was found for men.

A number of studies found that informal workers were predominately married (Díaz, EM, Guevara & Lizana 2008; Mote et al. 2016; Muller et al. 2016; Sales & Santana 2003) and/or heads of their households (i.e. the primary breadwinner) (Sales & Santana 2003; Santana et al. 1997). Other studies found that workers were mostly never married (Kwankye, Nyarko & Tagoe 2007; Olurinola et al. 2014). Santana et al. (1997) found there were more married women and family heads among informal workers than formal workers. The researchers found a statistically significant association with poor self-perceived health and poor mental health among female informal workers who were previously married compared to those who were currently married or cohabitating. No association was found for males.

Important flow on effects of informal work within households were identified by public health researchers. For example, Giatti, Barreto and César (2008) found that living in a household with at least one informal worker was positively associated with poor self-rated health, regardless of individual factors and socioeconomic characteristics of the household. Kwankye, Nyarko and Tagoe (2007) found that informal workers relied on partners, friends, siblings, parents and other acquaintances for housing and financial support.

d) Health Related Behaviours

The public health literature indicates that informal workers often practice unhealthy behaviours, including unhealthy eating, unsafe sex, smoking, alcohol consumption, and other addictions including gambling (Cavalcante & Franco 2007; da Silva, Fassa & Kriebel 2006b; Ferreira et al. 2008; Heemskerk 2003; Jaimes & Amaya 2013; Mote et al. 2016; Ray et al. 2004; Rendleman & Feldstein 1997; Sarkar 2003; Suplido & Ong 2000; Uddin & Gutberlet 2018; Uplap & Bhate 2014; Xu et al. 2012). Few researchers compared unhealthy behaviours across formal and informal workers, however Ray et al. (2004) found that informal waste recyclers were more likely to smoke than controls; and that after controlling for smoking as a confounder, respiratory health was found to be poorer among informal recyclers than the control group.

The consequences of informal employment on healthy lifestyles is a little studied area but it is plausible that the negative social consequences of informal work—including low income, poverty, exclusion and powerlessness, stress—contribute to unhealthy behaviours. The wider literature highlights that insecure work is associated with health risk behaviours (for example, Jung et al. 2013).

2.2.5 Working conditions, exposures and risk factors

Public health researchers observed that informal workers were at greater risk of exposure to unhealthy working conditions than those in the formal sector (Ballesteros, Arango & Urrego 2012; da Silva, Fassa & Kriebel 2006a; Olurinola et al. 2014). In both the theoretical frameworks of employment relations and health inequities ([EMCONET models](#)) presented earlier, occupational exposures, hazards and risk factors are classified into five main categories: physical, chemical, biological, ergonomic and psychosocial (Benach, Solar, Santana, et al. 2010). Studies of informal

working conditions found that informal workers from low, middle and high income countries were exposed to a wide range of unhealthy working conditions (Akormedi, Asampong & Fobil 2013; Ballesteros, Arango & Urrego 2012; Corrêa-Filho et al. 2010; da Silva, Fassa & Kriebel 2006a, 2006b; Díaz, EM, Guevara & Lizana 2008; Díaz, JMO, April & Garzón 2010; Ferreira et al. 2008; Gangopadhyay & Das 2012; Gómez-Palencia et al. 2012; Gutberlet et al. 2009; Heemskerk 2003; Iriart et al. 2008; Lakhani 2004; Nilvarangkul et al. 2006; Olurinola et al. 2014; Porto et al. 2004; Prazeres & Navarro 2011; Ray et al. 2004; Santana & Loomis 2004; Sarkar 2003; Suplido & Ong 2000; Tohon et al. 2015; Walter et al. 2002; Yang et al. 2017; Yeboah et al. 2015). Examples of unhealthy working conditions were predominantly physical and chemical hazards such as exposure to vibration, constant noise, dust, toxic substances, heavy pollution, insanitary conditions, dangerous traffic conditions, severe physical exertion, high temperatures and/or sudden temperature shifts; and ergonomic hazards such as informal workers undertaking repetitive tasks and frequent lifting, and maintaining static postures for extended periods.

Many of the informal jobs described in the studies were physically demanding, for example, recycling, portering, mining, cleaning, labouring and construction work. The hours of work undertaken by informal workers often exceeded acceptable standards (Akormedi, Asampong & Fobil ; Gangopadhyay & Das 2012; Gómez-Palencia et al. 2012; Lakhani 2004; Lopez-Ruiz et al. 2017; Rendleman & Feldstein 1997; Tohon et al. 2015). For example, a study involving 3,936 informal workers in Colombia found that the highest proportion of injuries were reported among women who worked 9 to 12 hours per day (Sotelo-Suárez et al. 2012).

Walter et al. (2002) stated that informal workers (day labourers) *“engage in occupations that are among the most dangerous in the United States”* (p. 224). Workplace injuries were commonly reported in numerous studies (Avotri & Walters 1999; Ballesteros, Arango & Urrego 2012; Cavalcante & Franco 2007; Hassan et al. 2017; Jaimes & Amaya 2013; Prosenewicz & Lippi 2012;

Rendleman & Feldstein 1997; Santana & Loomis 2004; Sarkar 2003; Sotelo-Suárez et al. 2012; Vigil et al. 2007). Injuries included cuts, fractures, sprains, rashes, needle stick injuries, amputations, burns, drowning and other accidental deaths. One study found that there was a statistically significant difference between the incidence rate of at-work injuries in the informal sector compared to the formal sector (Santana & Loomis 2004). Another study found that the prevalence of musculoskeletal pain associated with informal recycling was similar to a comparison group with other physically demanding manual jobs; in comparison to the general population however, lower back pain among informal workers was substantially higher (49% vs. 35%) (n=881) (da Silva, Fassa & Kriebel 2006b).

Informal workers were found to be ill-equipped to mitigate the potential effects of adverse working conditions. Researchers reported that informal workers were inadequately trained and inexperienced, safety equipment was substandard or non-existent, and there was inadequate use of personal protective equipment (PPE) (Akormedi, Asampong & Fobil ; Ferreira et al. 2008; Gómez-Palencia et al. 2012; Gutberlet et al. 2009; Hassan et al. 2017; Rendleman & Feldstein 1997; Santana & Loomis 2004; Sarkar 2003; Walter et al. 2002; Yang et al. 2017). A Colombian study found that 80% of informal workers (n=741), who worked in a range of occupational areas, including industrial and agricultural sectors, did not have access to PPE and very few received OHS training; and of those who did have access to PPE, only 25% used the equipment consistently (Jaimes & Amaya 2013). Ballesteros, Arango and Urrego (2012) reported that formal waste recycling workers in Colombia were more likely to have higher awareness of safety measures and were more likely to use PPE than informal workers.

Review studies found that informal workers were often marginalised, socially excluded and experienced a range of psychosocial risks to health (Avotri & Walters 1999; Ballesteros, Arango & Urrego 2012; Díaz, EM, Guevara & Lizana 2008; Iriart et al. 2008; Pick, Ross & Dada 2002; Rocha et

al. 2014; Walter et al. 2002; Yang et al. 2017). Numerous researchers commented on the perceived shame, stigma and humiliation experienced by informal workers (Gutberlet & Baeder 2008; Iriart et al. 2008; Sales & Santana 2003; Sychareun et al. 2016). Study participants commonly reported low job satisfaction and isolation (da Silva, Fassa & Kriebel 2006a; Gangopadhyay & Das 2012; Iriart et al. 2008). Informal workers were vulnerable to exploitation, discrimination and harassment (Gangopadhyay & Das 2012; Lakhani 2004; Olurinola et al. 2014; Pick, Ross & Dada 2002; Sychareun et al. 2016; Yeboah et al. 2015). In a study involving female recycling workers in India, Uplap and Bhate (2014) found that 87.5% of study participants (n=168) faced obstacles in the workplace; including cheating by middlemen (55.7%), intimidation by police (20.4%), harassment by local hoodlums (17.6%) and municipal workers (17%), and strained relationship with the colleagues (12.2%). Others have also reported on the apparent higher levels of conflict with family and other people among informal workers (Ballesteros, Arango & Urrego 2012). Iriart et al. (2008) observed that in contrast to formal workers who have contracts of work and rights, and are revered by some kind of symbolic importance that is reflected in self-esteem, informal workers are recognised by *“their social, legal, political and moral invisibility”* (p. 9).

2.2.6 Health outcomes for informal workers and health inequities

This section elaborates on the findings on health that have already been discussed. A number of studies, involving large samples and comparative analysis, found that informal employment was associated with self-rated poor physical and/or mental health when compared with formal workers (Alfers & Rogan 2015; da Silva, Fassa & Kriebel 2006a, 2006b; Giatti, Barreto & César 2008; Lopez-Ruiz et al. 2015; Lopez-Ruiz et al. 2017; Rodriguez-Loureiro et al. 2020; Ruiz et al. 2017; Santana & Loomis 2004; Xu et al. 2012). These studies were conducted in Chile (high income), and Central America, South Africa, China and Brazil (middle income). Rodriguez-Loureiro

et al. (2020) found that in six South American countries with a range of welfare regimes the prevalence of poor self-perceived health was higher among workers with informal employment compared to those with formal employment. Rates of poor self-perceived health amongst informal workers was lowest in state protectionist regimes (Argentina and Chile). A number of smaller cross-sectional studies support the finding that informal workers experienced poorer physical health (Alvarado-Esquivel et al. 2008; Ballesteros, Arango & Urrego 2012; Ray et al. 2004; Suplido & Ong 2000; Wittsiepe et al. 2015) and mental health (Ludermir 2000, 2005; Ludermir & Lewis 2003; Santana et al. 1997) than their formal counterparts.

Four studies concluded that informal work was associated with positive health outcomes (Álvarez, Merchán & Potes 2015; Julià, Vives, et al. 2017; Salas et al. 2015; Tohon et al. 2015). Julià, Vives, et al. (2017) undertook a study in the European Union and concluded that informal workers had better self-rated health and fewer health problems in the past 12 months compared to formal employees. Tohon et al. (2015) in a study conducted in Benin—a low income country—reported that formal workers reported health problems of eyes, nose, throat, head, and in general, at a frequency that was significantly statistically higher compared to informal workers. The researchers suggested that this was associated with fear of losing important income. Salas et al. (2015), in a study that compared middle income countries with a high income country, found that psychological distress was higher among formal workers in Bolivia and Peru (middle income countries) than informal workers in Chile (high income country). Álvarez, Merchán and Potes (2015) concluded that there was no statistically significant association between health and employment conditions, and that informal employment resulted in numerous positive personal, family, social and emotional outcomes.

Some public health studies considered the contribution of health outcomes experienced by informal workers to wider population health (da Silva, Fassa & Kriebel 2006b; Julià, Tarafa &

Benach 2014; Muller et al. 2016; Ruiz et al. 2017; Salgado et al. 2012). da Silva, Fassa and Kriebel (2006b) researched informal recyclers in Brazil and found substantially higher prevalence of musculoskeletal pain compared to the general population. Muller et al. (2016) measured health related quality of life (including data on physical functioning, physical role limitations, bodily pain, general health perception, vitality, social functioning, emotional role limitations and mental health) among informal fisherwomen in Brazil and found that self-reported health related quality of life was significantly lower than that of the general population.

2.2.7 Informal employment and health in high income countries

At this point in the review, it is worth taking a closer look at what the literature says about the health of informal workers in high income countries. While the bulk of the literature on informal work and health is positioned in middle income countries and can help provide a global perspective of the issues, it is the findings from high income countries that are most relevant to this study. Of the 12 high-income country studies in this review, four were carried out in Chile. The remainder were carried out in Spain, Canada, the USA and EU. Of these, Spain and parts of the EU are considered to have more equal labour markets than the others (Chung et al. 2010). The USA, Canada and other parts of the EU (such as the UK) have liberal-labour institutions, as does Australia (Chung et al. 2010).

The five studies (set in liberal-labour institutions) focused mainly on vulnerable groups (e.g. migrants and those with lower socio-economic positions). Panikkar et al. (2015) focused on women who had recently immigrated to the USA; and Walter et al. (2002) and Salgado et al. (2012) reported on the health of undocumented day labourers in the USA. Rendleman and Feldstein (1997) and Gutberlet et al. (2009) both studied informal recyclers, respectively in Canada

and the USA; whom Gutberlet et al. (2009) described as *“impoverished and socially excluded individuals”* (p. 733), with more than half being homeless. Walter et al. (2002) too, reported that most study participants were homeless.

However, informal employment may not be relegated only to the margins of society in high income countries (Castells & Portes 1989). Returning to estimates of the size of Australia’s informal economy (up to 14.1% of GDP according to Medina and Schneider (2017) and the Australia’s Black Economy Taskforce’s obvious concern about the pervasiveness and growth of the informal economy, it is not unreasonable to conclude that informal employment is more widespread. In contrast to the studies above, Julià et al. (2019) recognised the presence of informal workers in high income countries, finding that the prevalence of informal employees in the EU-27 was around 5%. This study was one of few in this review to take a population health approach. Involving over 27,000 participants, the researchers investigated the relationship between contract arrangements (permanent, temporary or informal), working conditions and employment precariousness, and health and wellbeing. Julià et al. (2019) found that *“precariousness employment variables* (such as income level, rights and social protection, capacity to exercise rights, access to collective bargaining, balance of interpersonal power relations, level of training, control over work times) *had a greater impact than working conditions variables* (including autonomy, control and demands as psychosocial risks, place of work and number of employees in workplace) *in reducing the association between health outcomes and type of contract”* (p. e141). From this perspective, understanding the precariousness of informal employment is important. What is not considered however—and was pointed out earlier when considering the definition of informal employment—is the concealment and evasion that often accompanies informal employment conditions in high income country settings. This is an important feature that requires further exploration in studies of informal employment.

Part A: Concluding remarks

This review has provided valuable insights into the vast literature on informal employment and health from around the world. [EMCONET's theoretical models](#) provided useful tools for conceptualising the pathways linking key social, political and economic structures, employment and working conditions and health equity. The public health literature on informal employment provides examples of manifestations of power relations, and interactions with labour market and welfare state policies. It describes how class, education, gender, age, ethnicity, race and migrant status shape health outcomes, and provides extensive examples of the health hazards and risks associated with informal employment. The interplay with material deprivation and economic inequalities, health systems and role of social and family networks have also been researched. Despite the scope of existing literature there are still many gaps in understanding the complex relationship between informal employment and health, including the interplay of informal employment with structural and intermediary variables and important contextual issues. The impact of informal employment on health needs to be understood within the context of the changing labour landscape (including the rise of disruptive technologies and the 'Gig economy'), population growth and environmental threats.

This review did not uncover any public health studies of informal employment in Australia and therefore this PhD study makes an important scholarly contribution to the field, which will hopefully open the way for further exploration of the nuances of experience of informal employment. In next part of this thesis—Part B—I explain in detail how the study was conducted—the methodology and methods.

PART B: METHODOLOGY

“What I defend above all is the possibility and the necessity of the critical intellectual, who is firstly critical of the intellectual doxa secreted by the doxosophers (technicians of opinion who think themselves wise). There is no genuine democracy without genuine opposing critical powers.”

(Bourdieu 1998a, p. 8)

Part B of this thesis details the study’s methodology and methods. Early on in this PhD, it became apparent that researching informal employment and health lent itself to a critical approach. Knowing that fair and decent employment can be beneficial for health and wellbeing, and that researchers have illustrated many examples of the injustice of informal employment, it seemed almost intuitive that critical realism would be an appropriate methodological framework. In the first part of Part B: Methodology (Chapter 3), I elaborate on this research paradigm and detail why it was chosen for this study.

Following on, I provide a summary of Pierre Bourdieu’s key ideas and why I chose to apply his theoretical concepts to the study of informal employment and health. Bourdieu’s concern with social inequalities and people’s daily struggles for a place in a competitive world provided a sound analytical tool for studying informal employment.

Next, I justify why qualitative methods were used in this study. The central goal in understanding informal workers’ perceptions of their employment experiences on health could only be achieved by gaining direct access to participants and inviting them to enter a safe space where they could tell their stories. In the final section of Chapter 3, I address the ethical issues (axiology) that were

considered and applied in planning and undertaking the study.

In Chapter 4 of Part B, I delve into the methods that were adopted. I commence by providing an overview of the methods in diagrammatic form, and then provide details about the research design; weaving threads of critical realism and Bourdieu's theoretical concepts throughout.

I outline the boundaries of study, articulate the research questions I sought to address, and provide comprehensive information on the narrative methods that were implemented to illicit stories from participants, including the ethical processes employed, sampling procedure and data collection. I also provide some personal reflections about the interview process.

Critical realism and Bourdieu's theoretical concepts were integral to qualitative data analysis, and in Chapter 4, I provide detailed information about the methods I used to work towards crystallisation and interpretation, and how I remained true to my chosen research paradigm and theory. I conclude Part B, by outlining how I aimed to maintain quality throughout the research process.

Chapter Three Research Paradigm and Theoretical Frameworks

A paradigm defines a researcher's orientation and provides a thread to guide the research process through to conceptualisation of meaning (Kivunja & Kuyini 2017). The essential elements of the paradigm include the epistemology (the theory of knowledge), ontology (the nature of beliefs about the reality of the social phenomenon under investigation), the overarching methodology (the informed approach to the production of data and knowledge), and ethical processes (axiology) (Lincoln 1985; Rehman & Alharthi 2016). Below I outline the research paradigm for this study.

3.1 The researcher's position

Pierre Bourdieu (1930-2002) said that researchers unconsciously attribute their own perceptions and comprehension of the world upon the object of research (Bourdieu 1990a; Bourdieu & Wacquant 1992). In light of this, I aimed to embed reflexivity throughout my research processes, as a way to recognise the extent to which my analyses and interpretation of the data was more than merely a reflection of my own viewpoint (Maton 2003). As a reflexive researcher, it is common to provide an autobiographical reflection when introducing a study, and to give consideration to how this personal history relates to the object under research (Maton 2003). I provide this account in [Text Box A](#). From a critical public health perspective, I took the view that my background experiences added strength to the study, provided that high-quality, ethical, reflexive and transparent research processes were implemented (Hardcastle, Usher & Holmes 2006; Ng & Muntaner 2014).

Bourdieu (1997/2000) argued for the application of theory to reflexive processes to *“reconstruct that knowledge theoretically by including in the theory the distance between practical logic and theoretical logic”* ... and to fight ... *“against scholastic inclinations”* (p. 52). To counter potential bias, Bourdieu moved beyond common forms of ‘enacted reflexivity’ (such as autobiographical reflection) to ‘epistemic reflexivity’, which calls for reflexivity not only with regard for the ‘social relation’ between the researcher and knowledge, but also relations between the object of study and knowledge claims—‘the epistemic relation’ (Bourdieu & Wacquant 1992; Maton 2003).

My personal experiences and position, as outlined in [Text Box A](#), should be taken into consideration when reading the knowledge claims made in this thesis. With regard to the relationship between myself, as the researcher, and the object of study (the ‘objectifying relations’), significant consideration was given to the existing public health literature on informal employment (i.e. understanding the intellectual field and established understandings of the impact of informal employment on health) and how to position my knowledge claims in relation to that of other researchers; as well as the application of theoretical constructs to help explain the research findings. Finally, to address the ‘epistemic claim relation’ between the knowledge claim and the object of research (Bourdieu & Wacquant 1992), I outlined my ontological and epistemological positions. I took a critical perspective in this study and therefore understood that my knowledge claims were be inhibited by imperfections due to human fallibility (Sayer 1992). The unstructured, narrative methods employed meant that I interacted with participants in the study in a personable manner. The use of theoretical constructions and peer review processes throughout the study were used as a form of external verification to strengthen objectivity.

My words...

Text Box A

My personal background has given me lived experiences as a child migrant from a non-English speaking background and growing up under relatively low economic circumstances in a rural town. Now retired, my father was, what might be classified as, a low skilled worker—though I consider him to be highly skilled. My mother stayed home while we were growing up. My older sister and I are first generation tertiary educated.

Both my parents 'dabbled' in the cash economy over the years, primarily to supplement my father's primary formal job. I have vivid memories of my mother's endearing, elderly clients— whose homes she cleaned. Indeed, my early working life consisted of informal income generated from stable hand duties and house cleaning.

During my undergraduate years, I was dependent on the welfare system to supplement the income I earned from working part-time and I spent a short period on unemployment benefits when I was in my 20s.

Today, I have undergraduate and postgraduate qualifications in public and environmental health, and have worked in the field for 24 years; in local and state government, in the community and university sectors. Despite my experience, my professional career, to this day, has been hampered by precarity, which I attribute in part to gender inequality, as well as failing industrial relations policies—I have been employed on a casual basis by the University of Tasmania, for example, for many years, and hold little hope for secure employment.

In 2017, I visited the township of Alexandra in South Africa—one of the poorest urban areas in the country. It is situated close to Johannesburg and home to 180,000 people across a seven square kilometre area. It is usually portrayed as the essence of a 'shanty town'. The

prologue at the beginning of this thesis outlines my reflections of my visit to the home of a family who undertook informal work—an experience that motivated me to research informal employment in Australia. What I witnessed in Alexandra were not only the daily struggles the family endured, but also the small benefits that informal employment provided.

Upon commencing this study, I had very little knowledge and did not hold strong views about Australia's informal workers. Would they be like Lethabo's family—cooking and selling street food to help make ends meet—low income, no protection, no safety nets? Or was it a positive experience for them?

Since living in Tasmania for the past 20 years, I have become a strong advocate for health equity and action on the SDH, both personally and professionally. I feel deeply concerned about the growing divide in health, wealth, opportunity and happiness; and I believe that if we are to change humankind's trajectory—and lift people like Lethabo and his family out of poverty and into acceptable forms of work—we need to address the harmful effects of the underlying structures of power, ideologies and possessors of resources. Having said this, my optimism for real change often falters as we continue to build an unjust, destructive and uncaring world.

3.2 Critical Realism: The research paradigm, ontology and epistemology

Critical realism has been identified as a useful paradigm for researching social inequities (Bloom 2009; Danermark et al. 2001; Denzin 2017; Fletcher 2017). Denzin (2017) argued that critical qualitative inquiry can contribute to social justice by identifying problems where change is required, challenging assumptions and identifying strategic points for intervention. Access to fair and decent employment is a social justice issue (Fudge & McCann 2015) that has important implications for health and wellbeing (Benach et al. 2006). That informal employment, which undermines social justice, is a growing phenomenon in a high-income country like Australia (Black Economy Taskforce 2017a)—which historically prides itself on ‘a fair go’—made critical realism an appropriate paradigm for this study. This study aimed to provide deep insights into an issue that undermines fairness and increases health inequity.

Ontologically, critical realism straddles the realist (positivist) and relativist (interpretivist/constructivist) stances (Gorski 2013). Using critical realism, I adopted the position that there is a social reality that can be critically examined but that human fallibility inhibits full knowledge of this reality, and further that this study only captured a small part of a much broader reality (Fletcher 2017; Guba & Lincoln 1994).

In Marxist tradition, critical realism comprehends the pivotal role of social forces and relations in determining activity as well as the contradictions that arise, thus representing social reality in a layered manner (Smith, C & Elger 2012). Ng and Muntaner (2014) argued that by adopting this approach, public health researchers can move beyond merely describing a phenomenon to actively challenging the powerful social structures that generate health inequities. Critical realism pushes researchers ‘upstream’, encouraging them to recognise the role of macro-SDH (i.e. social structures that generate health inequities) (Bhaskar 2014; Guba & Lincoln 1994; McEvoy & Richards 2003; Ng & Muntaner 2014).

[Chapter 2](#) revealed that, globally, informal employment is shaped by powerful structural forces such as neo-liberal ideology, globalisation and social inequalities (Corrêa-Filho et al. 2010; Lopez-Ruiz et al. 2017; Salas et al. 2015; Yeboah et al. 2015). Critical realism’s concern with power dynamics is important for researching informal employment, as it asks questions like *“who has power, how it’s negotiated, what structures in society reinforce the current distribution of power”* (Merriam 2016, p. pg. 35).

Although, in this study, I did not directly observe the structural drivers of informality, critical realism allowed me to focus on studying the effects of informal work (as perceived by participants), which is recognised as a legitimate form of empirical research (Danermark et al. 2001; Gorski 2013). In other words, it is possible to study how informal employment is experienced in Australia—and to develop an understanding of the possible causal mechanisms driving this phenomenon—through the empirical research of experience and human interpretation (including my own theoretical interpretation) to get closer to reality.

Critical realism seeks to identify complexity and the multiple layers that surround the object of research (McEvoy & Richards 2003). Researchers of informal employment globally have highlighted the complexity of the phenomena, the interdependence of structure and agency, and the challenges associated with identifying causal relationships between this type of work and health outcomes (Benach et al. 2006; Carspecken 1995; Gorski 2013; McEvoy & Richards 2003).

Critical realism seeks to critique the prevailing social order by highlighting how socio-political agendas produce and reproduce social inequalities (McEvoy & Richards 2003). This complements a SDH approach and the large body of evidence which points to the role of public, social and macroeconomic policies in shaping health outcomes (CSDH 2008). The literature on informal employment similarly highlights the role of macroeconomic policies in shaping the informal

employment landscape and how informal workers are often excluded from the social and health protection and entitlements that would ordinarily be proffered through public policies (see for example, Giatti, Barreto & César 2008; Lopez-Ruiz et al. 2015; Medina & Schneider 2017; Munga & Gideon 2009; Muntaner et al. 2010; Williams, CC 2017).

3.3 Understanding informal employment as a theory of practice

Bourdieu's theoretical work can aid researchers in understanding social inequalities and health inequities (Bourdieu & Passeron 1977; Pinxten & Lievens 2014; Schubert 2012), and is therefore an appropriate theoretical framework for researching a social and health justice issue like informal employment. Schubert (2012) wrote that Bourdieu presents useful theoretical constructs to help understand "*contemporary social hierarchies and social inequality as well as the suffering that they cause*" (p. 183).

The relationality of Bourdieu's theoretical work and his understanding of power (Bourdieu 1990b; Grenfell 2012) were appropriate for this study because informal employment is a complex phenomenon that invites consideration of how power, including that divulged through political ideology, shapes systems and policies that distribute material and social resources (Raphael 2015), and determine what is possible from an employment perspective. Bourdieu recognised that power and structural factors are intertwined with life's choices, and used this analysis to explain how social inequalities arise (Bourdieu 1977, 1990a, 1990b; Cockerham 2013). He moved beyond the notion of individualism and rationale choice (Abel 2007; Atkinson 2010) and argued that people do not make choices in isolation of systems (Bourdieu 1977), and along the lines of another neo-Marxist theorist, Max Weber, concurred that 'life's chances determine life's choices' (Cockerham 2013). This essentially means that "*the higher a person's position in a class hierarchy, the better a*

person's life chances or probabilities for finding satisfaction and vice versa" (Cockerham 2013, p. 147). For this study, Bourdieu's theoretical constructs raised questions about the role of systems and policies in the creation of informal employment opportunities—and conversely, the lack of appropriate formal employment opportunities—and why and how individuals engaged with this type of work, and how experiences of informal employment shaped their life's chances.

Some critical realists, notably Margaret Archer (Archer, M. 1995), have been critical of Bourdieu's work for his emphasis on structural determinants at 'the expense' of agency, the collapsing of subjective and objective structures ('central conflation') and his application of the habitus, particularly in relation to reflexivity and structural change (Decoteau 2016; Elder-Vass 2007; Kingston 2001; Thomson 2012). However, other authors point out that Bourdieu's theories employ "*the core tenants of critical realism*", specifically the relational nature of emergence (e.g. how relations give rise to power), the stratification of social reality and conjunctural causality (multiply determined and contingent) (Decoteau 2016). Bourdieu's theories are widely accepted across a range of academic domains, providing tools to enhance objectivity in research, from an epistemological viewpoint, with a strong emphasis on context and external verification (Ratner 2008). Further, much of the criticism of Bourdieu's work has been countered elsewhere (Edgerton & Roberts 2014; Walther 2014).

Bourdieu's work has helped other researchers understand the characteristics and relational elements of informal employment (Darchiashvili 2018; Kindle & Caplan 2015; Slack 2007; Wornell Seregow 2017). Though literature on the application of Bourdieu's theories to studies of informal worker health are scarce (Sychareun et al. 2016) and Bourdieu didn't explicitly centre his research around health, other researchers have demonstrated the value of applying Bourdieu's theoretical work to the study of health (for example, Abel 2007; Browne-Yung, Ziersch & Baum 2013; Cockerham 2013; Veenstra 2007). Further research will build understanding of the relationship

between different types of capital, social structures and health, and how the unequal distribution of different forms of capital contribute to persisting health inequities (Abel 2007). The application of Bourdieu's theory has enabled the development of such understanding, by exploring the different forms of capital that informal workers are able to draw upon as they navigate social structures, in the pursuit of health.

Based on what Bourdieu thought was the need to develop a theoretical framework that captured "*ontological complicity*" between objective reality and subjective constructivism (Grenfell 2012, p. 44), he developed a 'Theory of Practice' (Bourdieu 1977)—a flexible theoretical approach that incorporates a number of key 'thinking tools' (Clark & Zukas 2013, p. 2; Grenfell 2012). These thinking tools can facilitate an understanding of the relations between agency and structures, and how inequalities may arise (Collyer et al. 2015). Bourdieu's key concepts are discussed below.

3.3.1 The Social Field

The first Bourdieusian concept which is useful for understanding the practice of informal employment is the 'social field'. A social field is defined by Bourdieu as "*a space (with several dimensions) constructed on the basis of principles of differentiation or distribution constituted by the set of properties active within the social universe in question, i.e., capable of conferring strength, power within that universe, on their holder*" (Bourdieu 1985, pp. 723-4). A field has specific qualities that impose conditions on all those who enter it; and each is shaped differently according to the 'game that is played' and has its own rules, histories and hierarchies (Deer 2012; Edgerton & Roberts 2014, p. 195; Thomson 2012; Wacquant 2008). For this study, I was particularly interested in workers' experiences of the field of informal employment but recognised that participants were also immersed in a range of other important social fields.

Fields are portrayed as ‘battlefields’ where the *“bases of identity and hierarchy are endlessly disputed over”* (Wacquant 2008, p. 222) producing dominant and dominated positions, and determining what actors can and cannot do—i.e. the limits of social mobility within a social field, a concept Bourdieu defined as ‘doxa’ (Bourdieu 1977). This is important for understanding both the informal workers’ mobility into and throughout the field of informal employment, and their social positions and power.

Importantly, Bourdieu described the ‘field of power’ as an overarching field where the dominant agents or institutions fight over capital resources (Bourdieu 1996b). This is an important concept when considering informal employment, as it recognises the way in which the field of informal employment is embedded within wider society and the effects of power relations across fields.

The literature suggests that informal workers may occupy positions of reduced power which leads to greater inequality. This study considered whether this was also the case in the field of employment in the northern suburbs of Adelaide, Australia.

3.3.2 Capital Resources

Capitals are material or embodied resources that can be mobilised to acquire other capital resources (Bourdieu 1986). Capitals do not exist or function except in relation to a field (Bourdieu & Wacquant 1992). The overall volume and the composition of capitals determines the position and power of an individual, group or institution in a social field; and variation of capital resources over time determines a person’s trajectory through social space (Atkinson 2010; Bourdieu 1984, 1986; Wacquant 2008). Capitals are also important for acquiring and maintaining health (Pinxten & Lievens 2014).

In this study, to understand the impact that participants perceived informal employment had on

their health, it was valuable to gain insights into their capital resources and how these were utilised and exchanged as they navigated informal employment and other inter-related aspects of their daily lives.

Bourdieu focused primarily on four types of relational capital (Bourdieu 1986; Pinxten & Lievens 2014):

1. Economic capital, which refers to material and financial resources; and includes assets which are immediately and directly convertible into money (Bourdieu 1986, p. 242);
2. Cultural capital, which includes competencies such as education and literacy skills. Cultural capital can be embodied or incorporated (long lasting dispositions such as culture and language), objectified (cultural goods such as books) or institutionalised (such as educational qualifications) (Bourdieu 1986, pp. 242-6);
3. Social capital, which includes resources arising from being part of a social group (relationships and networks). Formally it is defined as *“the aggregate of the actual or potential resources which are linked to the possession of a durable network of more or less institutionalised relationships of mutual acquaintance and recognition”* (Bourdieu 1986, p. 246);
4. Symbolic capital, which is the power that comes from the deployment of any form of capital and is associated with honour, prestige or recognition. It symbolises the value that a person holds within a social field (Bourdieu 1986, p. 256).

In ‘The Rules of Art’ Bourdieu (1996a) wrote: *“In a general manner, it is the people who are richest in economic capital, cultural capital and social capital who are the first to head for new positions...while the less successful continue to misrecognize the strengths and weaknesses of relative field positions”* (p. 262). Low capital resources can inhibit social mobility and reinforce

‘social reproduction’; that is, the mechanisms that ensure the self-perpetuation of particular social outcomes over time (Agbenyega & Kilibthong 2015; Bourdieu 1973, 1985, 1986; Thomson 2012).

In this study, I sought to understand how the concept of ‘social reproduction’ related to those who worked informally; what led them to informal employment, whether they were ‘passing through’ or had been working informally for a period of time, how they mobilised capitals, as well as the nature of constraints to accessing capital resources.

Bourdieu (1984) wrote that clusters of individuals in a particular social space develop particular distinguishing preferences, tastes, interests, lifestyles, behaviours and so forth—a fundamental dimension of class struggles. Those with low economic resources—members of the lower class (the skilled and unskilled workers) are said to have a uniform *“taste of necessity”* and are the most *“distant from necessity”* (Bourdieu 1984; Bourdieu & Passeron 1977, p. 175). As illustrated in the academic literature, the concept of ‘distance from necessity’ is directly relevant to informal employment, as economic necessity can be a key driver of engagement in this form of work (Sarkar 2003; Uplap & Bhate 2014).

Bourdieu also argued that there are ‘hierarchies of discrimination’ within fields, where some forms of capital are considered better or more worthy than others (Bourdieu 1977, pp. 195-6; 1993, pp. 177-9). The power and domination associated with resources and social position can lead to ‘symbolic violence’, an unconscious suppression that maintains social order and solidify structures of inequality (Wacquant 2008). Importantly, Bourdieu recognised the role of the State *“as the holder of the monopoly of legitimate symbolic violence”* (Bourdieu 1997/2000, p. 178). These concepts of power, access to resources, social position, and opportunities and constraints to social mobility, were all important for understanding the experience of informal employment in Australia.

3.3.3 The Habitus

A third Bourdieusian concept, the habitus, refers to *“the deeply engrained habits, skills and dispositions that we possess due to our life experiences”* (Edgerton & Roberts 2014, p. 195).

Bourdieu described how social constructs are embodied in the physical body, as well as the way in which the body is positioned and responds in the social world (Bourdieu 1990a). Habitus is *“embodied history”* (Bourdieu 1990b, p. 56) and unconsciously guides the way people perceive, judge and act in the world—but it is not destiny, it is malleable (Bourdieu 1997/2000; Clark & Zukas 2013; Wacquant 2008). Habitus *“captures how we carry within us our history, how we bring this history into our present circumstances, and how we then make choices to act in certain ways and not others. This is an ongoing and active process—we are engaged in a continuous process of making history, but not under conditions entirely of our own making”* (Maton 2012, p. 52). In this way, Bourdieu said that habitus comprised ‘structured and structuring structure’ (Bourdieu 1990a); in other words, how we think, feel and act is ‘structured’ by our past and present circumstances, such as family upbringing and educational experiences; and it is ‘structuring’ because our habitus also shapes present and future practices (Bourdieu 1990b). *“The habitus goes hand in glove with vagueness and indeterminacy”* (Bourdieu 1990a, p. 77), and is a complex interplay between past and present (Bourdieu 1977, 1990a; Reay 2004).

Situated within a field of activity, practice is said to arise from ‘an unconscious relationship’ (Bourdieu 1993) between a habitus and a field, as outlined in the following equation:

$$[(\text{habitus})(\text{capital})] + \text{field} = \text{practice} \text{ (Bourdieu 1984, p. 101)}$$

In this equation, practice results from the interaction of the habitus (dispositions) and position in a field (based on access to capital resources), within the current state of play in a social field (Maton 2012). This is known as ‘the logic of practice’ (Bourdieu 1990a). In this way, habitus is said to

become active in relation to a field, and the same habitus can lead to very different practices and stances depending on the state of the field (Bourdieu 1977, pp. 85-7; 1990a).

Habitus is relevant to this study because it helped explain why participants engaged in informal employment and how they adapted to it. Habitus is developed from childhood and continues to be shaped by one's position in the social hierarchy within a field (Edgerton & Roberts 2014). The interaction of habitus in the field of informal employment will determine whether or not workers are *"like a fish in water: it does not feel the weight of the water, and it takes the world about itself for granted"* (Bourdieu & Wacquant 1992, p. 127).

3.4 A qualitative approach

Given the complexity of the relationship between informal employment and health (Benach et al. 2006), the appropriate methodology for this study is a qualitative approach. Qualitative methods enable researchers to gain in-depth, context-dependent understandings, observe complexity and apply theory and reflexivity (Borkan 1999; Guba & Lincoln 1994).

Little is known about informal employment in Australia and qualitative methods are suitable for exploring, investigating and gaining direct access to the voices of those with lived experiences of this type of work (Liamputtong 2013). This study was particularly designed to show how informal workers made sense of their experiences, and how informal employment was perceived to impact health and wellbeing. Munhall (2012) argued that, *"Qualitative research is known for giving voice to people, to hearing people's own personal narrative and using the language of our participants in research"* (p. 4). Capturing stories from informal workers was considered the best way to gain an understanding of how informal employment was experienced in Australia.

3.5 Ethics approval

The study was approved by the Flinders University Social and Behavioural Research Ethics Committee (Application # 6786) prior to commencement. A copy of the approval is included in

Appendix B.

In addition to the values, principles and themes outlined in the National Statement on Ethical Conduct in Human Research (National Health Medical Research Council & Australian Vice-Chancellors Committee 2007), specific ethical considerations was given to:

- *People who may be involved in illegal activities (Chapter 4.6):* Eligible participants included people who were evading laws relating to taxation. However, it was not the intent to study the nature of the activity rather the circumstances surrounding it and how this was perceived to effect health. In this sense, the benefits of the study justified the risks to participants. The risk of harm to participants was considered to be low. The study was not concerned with criminal activity and there was no statutory obligation to disclose information relating to persons in informal employment to law enforcement agencies. Participants' details and any information about illegal activity was kept confidential and handled in such a way as to de-identify and ensure anonymity.
- *Aboriginal and Torres Strait Islander Peoples (Chapter 4.7):* The study involved the recruitment of people of Aboriginal or Torres Strait Islander descent; though these peoples were not being specifically sought. I ensured compliance with Chapter 4.7 of the National Statement where a participant identified as being of Aboriginal or Torres Strait Islander decent.
- Some study participants came from non-English speaking backgrounds. I aimed to present study information to potential participants in ways that helped them to make good choices about their participation and support them in that participation. This involved reading

through the ethics-approved letter of introduction, information sheet and consent form (**Appendix C**) with some participants, and ensuring that any questions they had were answered. I clearly asked participants if they understood what the study was about and involved, and what the information sheet and consent form said. Translation services were available but not necessary for any participants.

3.6 Concluding remarks

While this section concludes my writing about the methodology adopted for this study, naturally the methodology continues to infiltrate throughout the remainder of this thesis. Critical realism and Bourdieu's theoretical concepts provided the architecture to understand the practice of informal employment in the northern suburbs of Adelaide, and what it meant for workers' health and wellbeing. In the next Chapter, I detail the methods that were employed to access participants, engage them in the study, and develop a knowledge of informal employment and health in the northern suburbs of Adelaide.

Chapter Four Methods

On choosing research methods, Vogt (2008) wrote that, “*Like the dictatorship of the proletariat, the dictatorship of the problem may appear to be inevitable*”; by this he meant that the research question should drive the choice of methods (Harper 2011). While this is important, researchers also recognise that there is more to consider, including the epistemological and ontological assumptions underpinning the study (Harper 2011; Vogt 2008).

In Chapter Four, I outline the natural sequence of methods that follow the methodology outlined in the preceding chapter. Having established that this study could thrive within a critical realism paradigm and that a qualitative approach was most appropriate for engaging this ‘hidden’ cohort, I set about designing a study with a sound theoretical framework, and high-quality, ethical, reflexive and transparent research methods.

4.1 Overview of Methods

[Figure 7](#) presents a conceptual overview of the various stages of the study and the relevant research methods.

- *Research design*: The research design involved articulating the research paradigm, theoretical concepts and ethical processes, previously discussed in [Chapter 3](#), as well as specifying the research questions.
- *Sampling procedure*: [Section 4.3](#) (the next section) outlines the sampling procedure, including recruitment methods, ethical practices, the method of compensating participants

for their involvement in the study and the development of data collection tools.

- *Data collection* ([Section 4.4](#)): The primary method of data collection for the study was in-depth interviews in which primarily qualitative and some quantitative, demographic data were collected from participants.
- *Data analysis*: In summary, this involved a process of transcription, immersion, coding and narrative analysis, and quantitative data analysis. A detailed description of the data analysis phase is outlined in [Section 4.5](#).
- *Conclusions*: The final phase of the study involved narrative re-construction, and the application of theory to interpret the research findings.

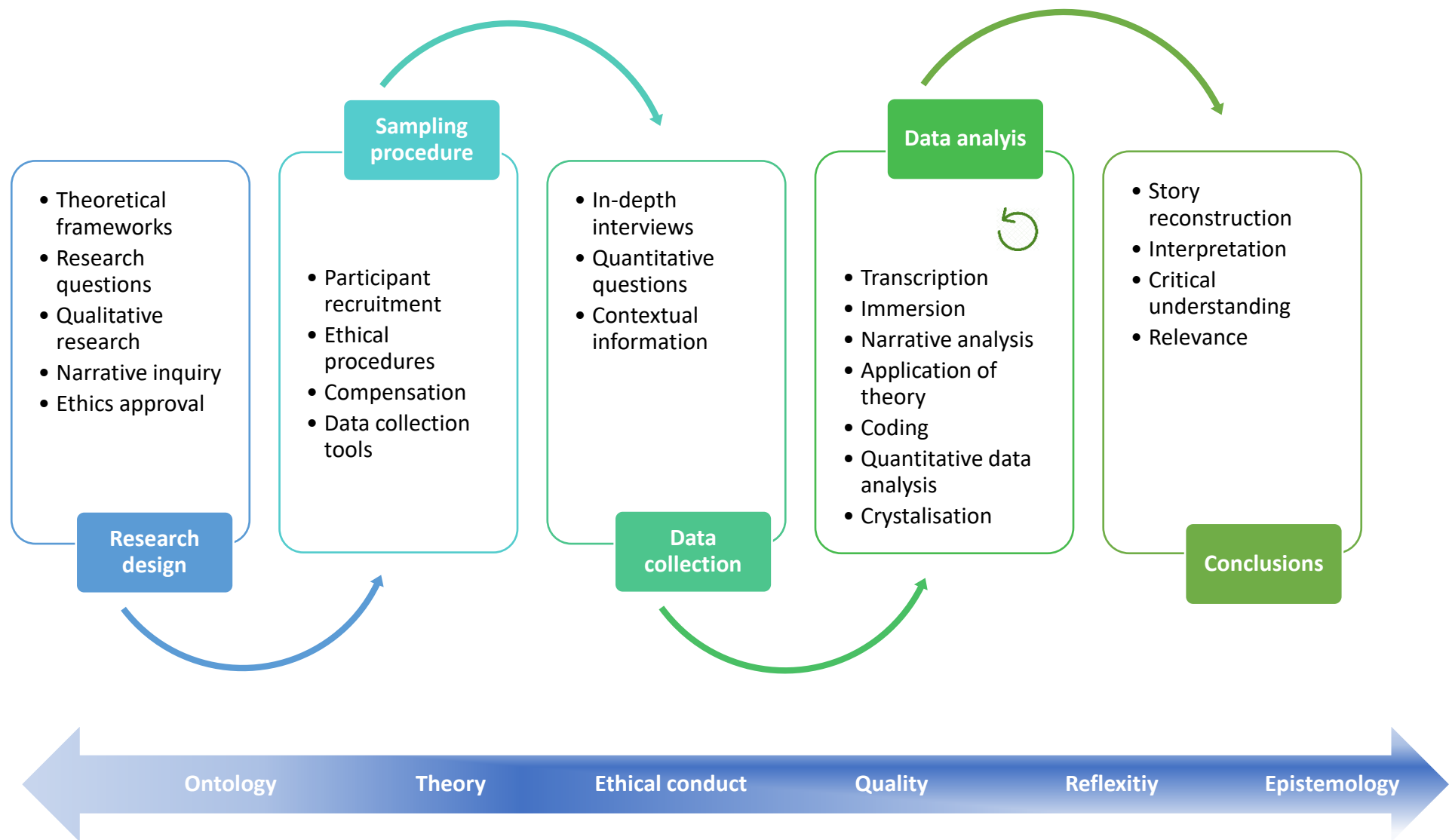


Figure 4-1: Overview of the methods involved in this study

4.2 Research Design

A research design provides a conceptual blueprint for a study. In the following section I outline how my chosen theoretical concepts were carried through to the research questions and methods.

4.2.1 Applying critical realism and Bourdieu's theories to the study

The process of applying critical realism and Bourdieu's theoretical principles was not linear, rather their guidance was woven throughout the sampling procedure, data collection and analysis, and interpretation.

Danermark et al. (2001) and Fletcher (2017) provided useful practical guidance on how to apply critical realism to qualitative research, including a staged approach to identifying key themes, applying theoretical concepts and contextualising the data.

Bourdieu's theories ([Chapter 3](#)) provided a range of guiding principles for the study's methods. According to Bourdieu, the construction of the research object needs to be recognised as being socially produced and he encouraged researchers to adopt a relational way of thinking, whereby it is only possible to understand a research problem or question in terms of social spaces, positions, relationships, time and place (Grenfell 2012; Inghilleri 2005). The process of objectifying the construction of my research topic of informal employment involved applying Bourdieu's thinking tools: habitus, capital and field (Bourdieu 1977).

4.2.2 Research questions

This study aimed to explore Australian informal workers' experiences of informal employment through a SDH lens, and to understand informal workers' perceptions about the health effects of

their involvement in the informal sector.

The research questions were:

- What do informal workers in the northern suburbs of Adelaide (South Australia) perceive are the health effects of their involvement in informal employment?
- How do SDH interact to influence the health of informal workers in the northern suburbs of Adelaide?
- How do social structures influence informal employment in the northern suburbs of Adelaide?

4.2.3 A qualitative method: A narrative inquiry approach

Qualitative methods have enabled other researchers to gain deep insight into the relationship between informal employment and health (e.g. Naz & Bögenhold 2018; Panikkar et al. 2015). Of note, some researchers of informal employment and health (whose articles were included in my literature review) have allowed the voices of informal workers to be cited in published findings (e.g. Akormedi, Asampong & Fobil 2013; Uddin & Gutberlet 2018; Walter et al. 2002). Drawn to the rich insights that qualitative research can provide—and more specifically narrative methods—and a desire to focus on people’s lived experiences of informal employment in the northern suburbs of Adelaide, I adopted a narrative inquiry approach.

Narrative inquiry has its roots in educational and social research where it was shaped by the likes of Bruner (1991), Dewey (1963), and Labov (1972); and many others (Clandinin 2013; Clandinin & Connelly 2000b; Connelly & Clandinin 1990; Hutchinson 2015; Josselson 2006, 2011, 2013; Polkinghorne 1988; Riessman 2008) have promoted narrative inquiry as a research method for gaining social understanding. Qualitative researchers now widely agree that storied narratives are

“a legitimate form of reasoned knowledge” (Caine et al. 2017; Clandinin 2019; Hickson 2016; Polkinghorne 2002, p. 9; Thomas 2012). From an epistemological point of view, narrative inquiry captures the multiplicity of knowing and accepts subjectivity, with a focus on local rather than grand narratives to decipher meaning (Thomas 2012).

In narrative inquiry, data are presented as *“storied narratives—a linguistic form that preserves the complexity of human action with its interrelationship of temporal sequence, human motivation, chance happenings, and changing interpersonal and environmental contexts”* (Polkinghorne 2002, p. 7). Epistemologically, narrative inquiry respects the relativity and multiplicity of truth (Josselson 2011). This approach complimented my research paradigm, and allowed me to become immersed in the complexity of experience, and to identify underlying causal mechanisms and relevant contextual factors (Pawson & Tilley 1997; Smith, C & Elger 2012; Thomas 2012). As Thomas (2012) noted, and complimentary to Bourdieu’s theories, people are relational beings and therefore by capturing experience through narrative inquiry, researchers are given greater insight into and understanding of broader social phenomena.

Narrative inquiry has been applied in other public health research (e.g. Dowling & Garrett 2016; Haydon & van Der Riet 2017; O’Kane & Pamphilon 2016; Richter et al. 2017; Torrissen & Stickley 2018), enabling researchers to preserve complexity and understand phenomena within social contexts (Josselson 2006). The approach recognises that people live storied lives; that people are embedded within their own stories, which continue to develop and evolve in response to interactions with both internal and external environments (Josselson 2011). In this way, people’s stories are said to be in a *“constant state of flux”* (Lemley & Mitchell 2011, p. 216; Wang & Geale 2015). This aspect of narrative inquiry complement’s Bourdieu’s theories, when he argued that in order to understand practices, researchers need to understand the fields that people experience

as well as how the habitus evolves in social fields (Bourdieu 1990 52-65, 1991 37-42). This can only be achieved through a deep understanding of experiences of the world in real life, where there are a range of multiple, intersecting variables at play (Connelly & Clandinin 1990; Lightfoot & Daiute 2004). Narrative inquiry is concerned not only with individuals' experiences in the world but also the social, cultural and institutional narratives which interact and shape these experiences (Clandinin 2013). In this way, the approach aligns with the framing of health as a socially determined concept, in which employment has a key role.

Importantly, narrative inquiry aligns with the principle of equity, by amplifying the voices of people who may otherwise remain hidden (Wang & Geale 2015). Connelly and Clandinin (1990) argued that if researchers really want to understand a community, they need to look closely at the stories that the community tells about itself. By giving hidden groups a voice, narrative inquiry can help uncover significant power relations that shape experiences (Lemley & Mitchell 2011).

4.3 Sampling Procedure

This section describes the study's sampling procedures. The aim of this stage of the study was to invite informal workers to share their experiences of informal employment in the northern suburbs of Adelaide, and their perceptions about the impact of informal employment on health and wellbeing. The procedure commenced with a range of participant recruitment strategies; and the development of data collection tools.

4.3.1 Participant recruitment

To guide the participant recruitment process, I drew on prior studies involving hard-to-reach

population sub-groups (including informal workers) that described particular physical, social and cultural engagement and recruitment challenges (Shaghaghi, Bhopal & Sheikh 2011). Hard-to-reach groups are socially invisible and may also choose to be hidden if they don't wish to be recognised or contacted; this may be particularly relevant where encounters with legal authorities are a potential outcome (Brackertz 2007).

At the commencement of this study, it was anticipated that informal workers may be difficult to engage because of the fear of identification as a person involved in 'illegal' activities (e.g. tax evasion, lack of OHS standards), perceptions about social acceptance of their activities, or because they might be newly arrived migrants. In addition, the study aimed to engage informal workers in a significantly disadvantaged part of South Australia (SA), which is also an area that has been the focus of many research projects over the years; hence there was some concern about over-researching the community and possible cynicism of research benefits.

Engaging with hard-to-reach groups requires recognition that, while individuals may share common characteristics, they are also likely to exhibit important heterogenic characteristics (Shaghaghi, Bhopal & Sheikh 2011). The literature indicates that there is no one best approach to engaging with difficult-to-engage study participants, and that whatever approach is used should reflect an understanding of the group of interest (Shaghaghi, Bhopal & Sheikh 2011).

Based on studies of informal employment conducted elsewhere (as outlined in [Chapter Two](#)) and local knowledge of the research field, it was anticipated that informal workers might be younger, students, migrants or newly arrived residents, people on low incomes and those involved in particular occupations such as agriculture—large vegetable and fruit growing farms are located in some of the northern suburbs of Adelaide. It was unclear whether informal workers might have previously worked for the recently closed GM Holden factory, but this was recognised as a

possibility. I expected that informal workers might be connected to community organisations and opportunities for social networking and support, given the level of socio-economic disadvantage in the area, and that they might use social media to advertise their services or identify work opportunities.

Given what was anticipated about potential study participants, the recruitment procedure involved a combination of passive and active recruitment, purposive and snowball sampling (Valerio et al. 2016), and the use of social media (Arigo et al. 2018). From an ethical point of view, social media recruitment was evaluated in substantially the same way as more traditional recruitment methods because it is governed by the same foundational norms of research ethics (Gelinias et al. 2017)

The recruitment process commenced with passive recruitment, which involved wide dissemination of a flyer (**Appendix D**), and use of social media to promote the study and invite potential participants to contact me for more information and for consideration for involvement (Gelinias et al. 2017). A Facebook page called 'Cash in Hand Workers in Playford and Surrounds' was established in 2017 and the study (including a link to the Facebook page) was promoted on Twitter. **Appendix E** provides examples of social media promotion of the study. Facebook has been found to be an effective and cost efficient recruitment method for health research, generating samples similarly representative to samples recruited via traditional methods; and it has been found to be useful for recruiting hard-to-reach groups (Thornton et al. 2016).

Promotional material advised about the aim of the study, who could participate, what participation meant, and how to enrol or gain additional information. It also clearly stated that participants would be compensated for their time in the form of a \$50 voucher. The dollar value of the voucher was considered appropriate for the anticipated time commitment and nature of the

research topic. All study participants were invited to identify other potential participants and pass on information about the study, as a means of snowball sampling (Valerio et al. 2016).

Recruitment was purposive in the sense that participants whom it was anticipated would provide the best perspectives on the phenomena of interest were invited to participate (Abrams 2010). As an aid to determining suitable participants a range of inclusion and exclusion criteria were developed (**Table 4-1**). The criteria were not overly restrictive so as to invite maximum variation (i.e. involvement of participants offering a range of perspectives), as well as to allow for confirming and disconfirming narratives (i.e. participants that lend support, richness and depth to emerging themes as well as those that lend themselves to exploring rival explanations) (Patton 2002).

Table 4-1: Participant Inclusion and Exclusion Criteria

Inclusion Criteria	Exclusion Criteria
<p>People employed in informal work, defined as: All legal production activities that are deliberately concealed from public authorities for reasons outlined by the OECD et al. (2002, p. 139);</p> <p>Aged 18 years and over;</p> <p>Living in the City of Playford or surrounding municipalities;</p> <p>Working either for an employer and/or self-employed in exchange for money paid as 'cash in hand' not declared to the Australian Taxation Office (ATO);</p>	<p>People in precarious or insecure employment whose work arrangements operated within recognised legal and policy frameworks;</p> <p>Young people aged under 18 years; and</p> <p>People undertaking 'illegal work' (e.g. drug trade).</p>

either exclusively or in addition to formal work for at least six months cumulatively, and actively for the past six weeks.	
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Local government and community websites were used to identify key stakeholders that could potentially promote the study to their networks, display flyers or share the link to the Facebook page. My supervisor provided contact details for five community workers who had been involved in another Flinders University study in the region, whom it was thought might have been able to assist with promotion and recruitment.

In addition to passive recruitment via Facebook and Twitter, active advertising to invite participants (that could meet the inclusion criteria) into the study was placed on Facebook and Gumtree (a web-based marketplace). Paid advertising on Facebook was undertaken on two occasions—once using the ‘Cash in Hand Workers in Playford and Surrounds’ page (21-30 March 2018). The first advert was rejected by Facebook because Facebook moderators said it made ‘assumptions about people’s personal attributes’. I subsequently provided further information and on the second attempt the advert was accepted. The advert targeted people aged 18 years and over and living in the City of Playford (a local government area north of Adelaide).

Following advice from Flinders University’s marketing staff, I ran a second advert through the main Flinders University Facebook page (22-28 April 2018). This ad targeted individuals aged 18 years and over, earning \$80,000 annually or less, and living within six kilometres of two interview sites in the City of Playford. This generated a total target population of 260,000. This second advert was part of a more structured approach, that involved booking interview rooms at two libraries in the local area. When a person clicked on the advert, they were directed to a booking form where they were given the option of choosing an interview location/date, or another time, or telephone

interview.

In addition, I ran adverts on Gumtree using wording from the promotional flyer (**Appendix D**) during the following periods: 20-26 March 2018 (I paused the advert because of the high response rate and needed time to filter expressions of interest) and 23 April-23 May 2018. The advert was briefly taken down by Gumtree on the 27 April 2018 because Gumtree moderators thought I was promoting illegal work. Upon explanation, the advert was reinstated the same day. After the first round of interviews and preliminary data analysis, I ran the Gumtree advert again from 1 to 7 October 2018. I ceased my recruitment efforts upon data saturation, when it was evident that no new themes were emerging and I had some certainty of a quality data set.

Available summary data associated with these advertising strategies, as well as the effectiveness of other recruitment strategies (flyers, word-of-mouth) are outlined in **Table 4-2**. The data illustrates that while Gumtree advertising attracted more than half of the study participants, a combination of methods (including advertising, flyer dissemination and snowball sampling) were important in recruiting this hard-to-reach cohort. More targeted Facebook advertising (using the Flinders University Facebook page and a more structured booking system), although more costly, was more successful than the less structured advertising.

Table 4-2: Data on the Effectiveness of Participant Recruitment Strategies

Variable	Recruitment method						
	Cash in Hand Workers in Playford, Salisbury and Surrounds Facebook Page	Flinders University Facebook Page	Gumtree			Promotional flyers	Snowball sampling
Advert dates	21-30 March 2018	22-28 April 2018	20-26 March 2018	23 April-23 May 2018	1-7 Oct 2018	Expressions of interest received: 13	3
Days	10 days	7 days	7 days	31 days	7 days		
Cost	\$9.99	\$140.00	Free	Free	Free		
Impressions (total number who saw advert)	475 (lead to 11page likes)	12,719	510	611	72		
Reach (unique)	Not reported	6,584	Not reported				

Frequency (impression/reach)	Not reported	1.93 (i.e. most people saw the advert twice)	Not reported		
Facebook relevance score	Not reported	8/10 (i.e. most people who saw the advert were in the target cohort)	Not reported		
Likes associated with advert	11	Not reported	Not reported		
Link clicks on advert (i.e. people who clicked on the advert)	Not reported	150	Not reported		
Leads (i.e. people who expressed interest-note that this did not mean	-0	20	13	13	4

meeting inclusion criteria)							
Cost per lead	\$5.00	\$7.00	0	0	0		
Overall demographics (impressions)	68% females, 30% males; most likely to engage: females aged 35-44 yrs (16%) and males aged 25-34 yrs (11%)	Not reported	Not reported				
Total confirmed interviews	0	7	9	2	4	4	3
							TOTAL = 29

As noted in the advertising material, the study originally aimed to recruit participants from the City of Playford in northern Adelaide, SA because this local government area was at the coalface of de-industrialisation (including the recent closure of the GMH factory), and the city had a long history of social and economic disadvantage, including persistently high unemployment rates compared to other areas of Adelaide (Dean & Broomhill 2018). As it turned out, none of the participants had previously worked for GMH, although some had social contacts who had worked for the company, and most participants believed that the company's closure had negative impacts on the community. Throughout the recruitment process, I relaxed inclusion criteria relating to place of residence, mainly because of concerns that informal workers might be difficult to engage—but also because it was felt that insufficient time had passed since the closure of the GMH to determine if there was any relationship with entry into informal employment. I was uncertain about how successful my recruitment process would be because of the perceived fear of participant identification; and therefore, invited participants from the City of Playford, Salisbury and surrounds (northern suburbs of Adelaide) into the study.

4.3.3 Data collection tools

Whilst preparing the research proposal for this PhD, draft semi-structured interview questions informed by the literature and complementary to the research questions were developed. Prior to participant recruitment, these interview questions were refined and pilot-tested with three members of the public who had worked informally. Two of those people were known to the researcher. The third participant was recruited through the social media marketplace, Gumtree. The purpose of the pilot interview was clearly explained to participants. The pilot process involved asking participants to respond to the questions, and following this, I asked participants to reflect

on the process of being asked the questions, the content of the questions and the language used. Two interviews were conducted by telephone and one was done face-to-face. I noted the participants' feedback and subsequently made changes to the framing and sequencing of the questions. It was evident that there were too many questions and that some of the questions elicited similar responses, however depth in responses was lacking when questions were too narrowly framed.

Following further reading on interview techniques, I decided to take a less structured approach to interviewing, with a greater focus on asking participants to share their stories within the designated framework of undertaking informal employment. The guidance offered by Josselson (2013) was particularly appealing because of the author's focus on conducting in-depth narrative research, detailed discussion on planning and conducting interviews, and approach to empathetic listening. Josselson (2013) recommends that interviewers have a 'Big Q question'—a conceptual question that provides the overall framework for the research; a 'Little q question'—a question that marks the beginning of the narration; and 'pocket questions'—the questions kept in the researcher's 'pocket' in case they are needed. The semi-structured Big Q, Little q and pocket questions used by the researcher are outlined in **Table 4-3**.

Table 4-3: Interview questions for informal workers

Type of Questions	Questions
Big Q	Does informal employment effect your health (and if so, in what way)?
Little q	What do you do for work and how did you come to do this kind of work?
Pocket questions	<ol style="list-style-type: none"> 1. Please tell me about your health/wellbeing? 2. Do you think your work is related to your health/wellbeing—in what ways?

	<ol style="list-style-type: none"> 3. What are the benefits of cash-in-hand work for you/your family? 4. Do these benefits affect your health/wellbeing in any way? 5. What are the challenges of cash-in-hand work for you/your family? 6. How do you deal with/overcome challenges? 7. How do work challenges affect your health/wellbeing? 8. Have you ever been hurt, had an injury, an illness or felt stressed because of your work? 9. Would you prefer to have a job in the formal economy – why/why not? 10. What prevents you from getting a job in the formal economy? 11. How do you think the wider community views informal employment? 12. Is it worth it? 13. What are your thoughts about the recent closure of the Holden factory in Playford?
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Like other methodologies, narrative inquiry requires researchers to select a “*bounded system*” for study (Polkinghorne 2002, p. 15). Part of the boundaries of this study related to the length of time participants had worked informally, i.e. a minimum of six months. Data were captured at a point in time, however participants were invited to reflect on their life’s journey that had contributed to their experiences of informal employment. Boundaries were not set around how far back a participant wanted to delve. Indeed, participants were invited to share stories from their background and upbringing.

Demographic and self-perceived health status, were collected from study participants as an aid to developing a profile of informal workers. Demographic questions (**Appendix F**) and the SF-12 survey (**Appendix G**) were also incorporated into the schedule. SF-12 is a validated and widely-used, short-form health survey derived from the SF-36 to assess self-rated, physical and mental

functioning, pain and impairment, which make up MCS (Mental Component Summary) and PCS (Physical Component Summary) scales (Ware, EJ, Kosinski & Keller 1996).

4.4 Data Collection

Data collection occurred from March till October 2018. Below I describe the data collection methods and outline study participants' demographic characteristics. I also offer some personal reflections about the data collection phase; and outline the process for gathering important contextual information relevant to participants' experiences.

4.4.1 Interviews with study participants

When potential study participants contacted me, they were informed about the purpose of the study, what they would be asked to do, and the anticipated time involved. Participants were advised that they would receive a \$50 voucher as an acknowledgment of their time, and were screened to determine their eligibility to participate using the inclusion and exclusion criteria outlined in **Table 4-1**. The main reasons participants were excluded from the study related to misunderstandings about the purpose of the study, lack of experience as an informal worker and living well outside of the area of interest (e.g. a significant distance south of the city of Adelaide). I recorded the names, contact information, source of recruitment and decision about participation for everyone who expressed interest in the study in a Microsoft Excel spreadsheet only accessible to me.

If potential participants were considered suitable, they were mailed or emailed a letter of introduction, information sheet and consent form (**Appendix C**). After a short period of time, I

followed up with potential participants to determine if they wanted to proceed and if so, arranged a time to conduct the interview. I took a 'strike while the iron is hot' approach to conducting the interviews, given initial concerns that this cohort might be hard-to-reach. A great deal of flexibility was offered to participants to help ensure they felt involvement was 'on their terms', including weekend and evening interviews. I always offered to meet the participant in a location that was convenient for them—participants were never asked to travel out of area. I made a point of being sincerely grateful to study participants for their time and aimed to apply Josselson (2013)'s approach to empathetic listening—being highly attuned, focused, careful and attentive. Connelly and Clandinin (1990) point out that narrative inquiry involves entering into a shared experience with study participants. I aimed to provide a relaxed approach to the interviews (often over a cup of coffee/tea), establish some level of trust and establish a sense of equality between myself as the researcher and the study participant. Clandinin and Connelly (2000a) view narrative inquiry as a transactional process i.e. a transaction between narrator, listener and environment. This required me to share in the dialogue of the data collection so as to improve the openness of the narrative (Haydon & van Der Riet 2017; Josselson 2013; Lemley & Mitchell 2011).

Participants were given the option to participate in an interview either on the telephone or in person. Four interviews were conducted on the telephone and 25 were conducted face-to-face. Interviews lasted between approximately 30 minutes and two hours. Face-to-face interviews were conducted in ordinary/everyday settings including cafes, libraries and parks (Abrams 2010). At the commencement of the interview, participants were reminded of the ethical standards of the study including confidentiality, the ability to withdraw and contact details for further information. Written consent was obtained from each study participant prior to commencement—including those who participated in telephone interviews (a letter of introduction, information sheet and consent form—**Appendix C**—were mailed or emailed to participants. A reply-paid envelope was

provided to return consent forms to me). Participants were asked if they had any questions before proceeding. Interviews were voice-recorded with the consent of participants. As Josselson (2013) says, most of the pocket questions were spontaneously covered by participants when they made aware of the purpose of the research, asked the small q question and invited to share their experiences in a less structured way. Participants were offered the opportunity to participate in more than one interview. Two participants were interviewed in two stages due to time constraints. One participant asked to be interviewed twice. Following each interview, field notes (general observations, feelings, mannerisms, additional details) were compiled. Compiling field notes following the interviews are important part of narrative inquiry (Connelly & Clandinin 1990).

All participants were sent transcripts of their interviews and given the opportunity to review these. Three participants chose to make minor amendments to their transcripts. These changes were accepted as I determined that the changes did not alter the main points in the stories.

4.4.2 Who works informally: demographic data

Table 4-4 provides an overview of demographic data collected from the participants.

Table 4-4: Demographic profile of study participants (n=29)

Demographic Variable	Sub-category	n
Gender	Female	13
	Male	15
	Transgender	1
Age (years)	18-20	4
	21-30	8

	31-40	7
	41-50	5
	51-60	4
	61-70	1
Country of birth	Australia	12
	Asia	7
	America	1
	Europe	4
	Middle East	5
Residency status	Australian Citizen	24
	Visa Supported Resident	5
Area of residence as indicated by Index of Relative Socio-economic Advantage and Disadvantage (IRSAD)* decile rank within Australia	IRSAD=1 (most disadvantaged)	12
	IRSAD=3	10
	IRSAD=7	2
	IRSAD=9	3
	IRSAD=10 (least disadvantaged)	2
Aboriginal or Torres Strait Islander	Yes	1
	No	28
Caring for a friend/family member	Yes	7
	No	22

* The IRSAD is a component of the Socio-Economic Index for Areas (SEIFA), which is the Australian Bureau of Statistics (ABS) ranking system for relative socio-economic advantage and disadvantage (ABS 2016). The IRSAD measures 21 indicators including income, occupation and education (ABS 2008). SEIFA indices across Australia are distributed into ten equal parts to identify deciles (ABS 2008).

Highest educational qualification	Left school at 15 years or less	2
	Left school after 15 years	4
	Left school after 15 years but still studying	3
	Certificate/Diploma	8
	Bachelor's degree or higher	12
Personal annual income	Up to \$12,000	9
	\$12,001-\$20,000	11
	\$20,001-\$40,000	8
	Don't know	1
Personal sources of income	Informal employment only	4
	Informal employment & welfare support	16
	Informal & formal employment	3
	Informal & formal employment & welfare support	4
	Informal employment & study scholarship	2
Type of welfare support payments	Disability Support Pension (DSP)	5
	Unemployment (Newstart)	9
	Parenting Payment	1
	Youth Allowance	1
	Austudy	1
	Carer Payment/Allowance	3
	None	9
Persons in household (18	1	6

years and over)	2	14
	3	4
	4	3
	5	1
	6	1
Household annual income	Up to \$12,000	3
	\$12,001-\$20,000	5
	\$20,001-\$40,000	6
	\$40,001-\$60,000	4
	\$60,001-\$80,000	3
	More than \$80,000	2
	Don't know	6
Perception about ability to manage financially	Living very comfortably	0
	Living quite comfortably	7
	Getting by	9
	Finding it quite difficult	11
	Finding it very difficult	2

Participants included 44.8% (n=13) females, 51.7% (n=15) males and one participant who identified as transgender. They ranged in age from 18-67 year, and while less than half (41.3%, n=12) were Australian born, 82.7% (n=24) were Australian citizens. Five participants were visa-supported residents of Australia; migrating from Afghanistan, Indonesia, Iran and Laos. At the time of data collection, participants lived in areas of both high and low socio-economic disadvantaged.

One participant identified as Aboriginal. Around a quarter (24.1%, n=7) of participants had family caring responsibilities. Although two participants left school aged 15 years or under, 41.4% (n=12) had a bachelor's degree or higher.

All participants—whether they lived in regions of low or high socio-economic disadvantage—earned low individual income. For four participants, income from informal employment was their sole source of income. Sixty-nine percent (n=20) of participants received some form of government welfare support payments (most commonly unemployment benefits) in addition to undertaking informal employment. Most participants lived with other people; total household income ranged from below \$12,000 to in excess of \$80,000. Five participants reported being in the upper household income brackets (over \$60,000 per annum). Two of these participants were younger and still living with their parents, and only partly contributed to household expenses; two participants were living in shared rental accommodation and therefore did not have access to the reported household income; and one participant lived in a family household where another family member was the primary breadwinner. Just under half of participants (44.8%, n=13) said they found it quite difficult or very difficult to get by financially; another nine participants (31%) said they were getting by and around a quarter of participants (24.1%, n=7) said they were living quite comfortably (**Table 4-4**).

4.4.3 Summary of researcher reflections following interviews

I found the process of conducting interviews with informal workers both rewarding and challenging. My early interviews were not as polished as the latter ones, as I established a sense of rhythm and honed my skills. Overall, I felt that most participants were comfortable sharing their stories with me and I felt well prepared to enter a shared space with participants, equipped with

the knowledge I had gained from narrative researchers such as Josselson (2013). I was deeply moved by some of the stories of hardship and struggles that participants described, and found it easier to listen empathetically in person than over the telephone when emotions were heightened. Participants displayed a range of emotions from enjoyment associated with their work, through to anger and frustration directed at social structures and systems.

Several participants shared very personal information with me about past criminal convictions, domestic violence, mental ill health and restrictions to accessing children. I referred one participant to a women's health service for further support. At times, I too needed to debrief with peers (while protecting anonymity).

I thought that the \$50 was a strong incentive for participants in the study and believe that this may be why the study attracted mostly low-income individuals. There are likely to be workers in Australia who earn higher informal income and a \$50 incentive may not have been sufficient, particularly if they had concerns about anonymity.

A couple of participants shared information that seemed to contradict other parts of their stories or general knowledge about society. For example, following one interview, I wrote:

Participant 9 was 'a colourful character' whose informal work included IT work and body piercing. A major health issue here being lack of infectious disease control measures. This participant and her partner did not 'look' like anyone I've ever talked to on earth before. I want to say that up-front as it was impossible not to notice their outward appearance. But I honestly don't feel it had any impact on my ability to engage with the participant. It was what happened later that's been troubling me and to be honest I'm not sure about the authenticity of her story. She (the participant) told me she has multiple degrees (including in social work and education), she's on a DSP as is her husband, has every mental illness under the sun (bipolar,

PTSD, anxiety.....), has an autistic child whom she home schools, she's Muslim, was married to a violent African partner, has had multiple legal battles – such a complex life. She also told me she's been involved in research before and to be honest I felt that she saw this primarily as a way to get the voucher. I found her story very engaging and I do believe she does informal work however at the conclusion of the interview, there was some confusion about whether I would also interview her husband – for another voucher. I didn't have time as I had to go to another interview. She later rang me and I felt somewhat bullied by her – she wanted me also to do an interview with him and told me that 'he does more informal work than me' – this conflicted what she had told me earlier during the interview. In the end I said I'd be happy to do a phone interview with him next week and she seemed happy with that. 6/5/18 Note: I subsequently did undertake this interview without incident.

Overall, I was surprised how many participants expressed interest in being involved in the study; I was also surprised that informal workers' stories included both positive and negative experiences. This shifted my thinking in terms of how society, including governments, responds to informal employment.

4.4.4 Important contextual information

Bourdieu wrote that *“the real is relational”* (Bourdieu 1998b, p. 3), meaning that reality is the sum of the relationships between individuals, groups and societies (Papilloud & Schultze 2018).

Bourdieu's relational approach instructs researchers to recognise the object under research in context. Mohr (2013) wrote that the object under investigation *“is determined not by the characteristic properties, attributes, or essences of the thing itself, but rather with reference to the field of objects, practices, or activities within which they are embedded”* (p. 2).

In order to understand the context of informal employment in the northern suburbs of Adelaide, I used thematic analysis to identify important contextual details in the transcripts of the interviews with informal workers. These details included references to the welfare state, socio-economic policies such as employment and housing, and political attitudes. I also drew on the field notes I had made immediately following each interview. Informed by participants—as well as my own prior knowledge and pre-existing position on the impact socio-political structures can have on health—I read reports, (including, Black Economy Taskforce 2017a, 2017b; Commonwealth of Australia 2015) and accessed government web-based information relating to welfare, employment and migration policy to contextualise informal workers’ stories. This approach has been used by other researchers. For example, critical researcher, Fletcher (2017) used qualitative methods to examine the social and gendered effects of agricultural policy. She used in-depth interpretive data obtained through interviews and focus groups to understand the lives of women working in the agricultural sector and noted the importance of situating her data within theoretical constructs and contextual information to delve more deeply towards understanding causal mechanisms. Fletcher (2017) states, *“Although the women’s own explanations of their work motivations were important and indicative of the ‘real,’ existing theory on the interaction of gender with the dominant neoliberal political—economic context allowed me to look beyond ‘choice’ to engage with other causal mechanisms that contributed to the second key empirical finding: loss of control”* (p. 188). In the same way, while narrative accounts were central to understanding the lived experiences of informal employment, I sought to also understand the wider socio-political drivers impacting on the informal workers’ health and wellbeing.

4.5 Qualitative Data Analysis

The data analysis process was carried out over a 12-month period and involved an iterative

process through to crystallisation and interpretation. Below I outline the methods used to prepare the data for analysis, and how the theoretical concepts adopted into this study shaped the data analysis.

4.5.1 Preparation for analysis

Interview audio recordings were transcribed by a professional transcription service. All audio and transcribed data files were downloaded and securely stored in a designated electronic file, only accessible to myself and my supervisors. I checked each transcript against its audio recording for accuracy and made adjustments to the transcripts as necessary. Transcripts were de-identified and files were numbered chronologically and linked to the password-protected Microsoft Excel file containing participant details. Participants were sent a copy of their de-identified transcripts for their review and subsequent modification as desired.

The transcripts were read to develop an overall sense of the content of the stories, in the context of the research questions. The initial reading enabled me to reflect on what was shared, what was critical and possibly what was peripheral to the stories. I reflected on my own expectations and hunches as to what the data might reveal and highlighted surprising concepts (Borkan 1999). Transcripts were reread multiple times, and a process of reflection and discussion with my supervisors (peers) ensued. This process of immersion in the data enabled me *“to get into the mind set and get comfortable with the language—the cadence”* (Borkan 1999, p. 185) of the narratives.

4.5.2 Qualitative data analysis methods

Narrative analysis can be conducted in two ways: categorically, where abstract sections of a story are compared with other stories; and holistically, where a story is considered as a whole and sections of text are interpreted with respect to the other parts (Josselson 2011; Ollerenshaw & Creswell 2002). Polkinghorne (2002) distinguishes these two approaches as, "*narrative analysis*" (actions and events are identified and developed into a plot i.e. a holistic approach) and "*analysis of narrative*" (themes are identified which are common across all stories i.e. a categorical approach) (Polkinghorne 2002, pp. 7-11). The later approach is also known as the process of identifying 'demi-regularities' in critical realist methodology (Danermark et al. 2001; Fletcher 2017). Both narrative analysis and analysis of narrative were utilised to analyse data in this study.

a) Narrative analysis

The process of holistic narrative analysis was appropriate for this study because when the interviews were conducted it became apparent that the experiences of informal workers were in many ways unique and "*not fully replicable*" (Polkinghorne 2002, p. 11). Producing stories as an output of the study and articulating narrative cognition was my desired approach. Polkinghorne (2002) describes narrative cognition as reasoning that is "*specifically directed to understanding human action, (which) is the outcome of the interaction of a person's previous learning and experiences, present-situated presses, and proposed goals and purposes*" (p. 11). Informal workers shared experiences that could not be generalised and that needed to be captured in such a way so as to retain richness and the "*nuances of meaning*" (Polkinghorne 2002, p. 11). Holistic narrative inquiry moves beyond the inclusion of selected quotations to consider stories without fragmentation, recognising that one part of a story is intrinsically connected to another (Connelly & Clandinin 1990; Josselson 2011).

Each transcript was re-read in detail to identify ‘different voices’ within stories, experiences and relational context (Josselson 2011). I paid close attention to the relevance of the data in relation to the boundaries of my research. I made notes on the transcripts in hardcopy format.

As a primary means of deconstructing the narrative data, I used a three-dimensional space approach developed by Dewey (1963) and advanced by Clandinin and Connelly (2000a). Clandinin and Connelly (2000a)’s framework considers ‘temporality’ (past, present and future), ‘sociality’ (people and social influences) and ‘spatiality’ (space, environment) within the data. I used NVivo (qualitative data analysis software, QSR International) to colour-code different elements of each informal workers’ story according to these dimensions.

Josselson (2011) writes that when people share stories *“they connect and integrate the chaos of internal and momentary experience”* (p. 224); and while stories may not be told in an orderly chronological fashion, they do have a plot made up of beginning, middle and end points (Clandinin & Connelly 2000a). By identifying temporality, sociality and spatiality in the data, I was able to chronologically sequence data the story inherent in the individual telling of experience (Clandinin & Connelly 2000a).

Each story was subsequently reconstructed and developed as an outcome of the study. Stories were written in the third person and current tense, with direct quotations lifted from the transcript as appropriate (Ennals & Howie 2017). A copy of each participants’ story was sent back to the storyteller for feedback. The stories are incorporated through [Part C](#) of this thesis.

b) Analysis of narratives

While the process of narrative analysis was appealing because it retained the complexity of people’s lives; the second stage—analysis of narrative—allowed for a deeper level of interpretation and use of theoretical constructs to understand the data. As a critical researcher

committed to reflexivity, I adopted the position that incorporating theoretical ideas into the narrative analysis was an important part of narrative configuration and knowledge generation. Some narrative researchers are content to let *“stories speak for themselves”* (Dowling & Garrett 2016, p. 2) however, as pointedly stated by Denison (2016) *“if we want our narratives to do justice to our training as qualitative social scientists we need to bring social theory into our accounts in more obvious ways; we have to find ways to blend rich description with thick analysis”* (p.9).

Polkinghorne (2002) described a stage in analysis called *“configurative analysis”* (p. 19) which occurs after the reconstruction of stories, and involves, not just a description of what occurred but a process of sense-making. Polkinghorne (2002) argued that it is imperative for researchers to include scholarly argument in support of the plausibility of the storied narratives . In this way, I used narrative inquiry to provide both narrative truth—the constructed account of experience as told by the storyteller—and interpretative authority—through the linkages I made between this understanding and interpretation (Josselson 2011).

The first stage of the analysis of narratives process involved identifying key themes. In critical realism, because of the complexity of the phenomena under investigation, researchers are encouraged to identify tendencies in the data—not laws—these are known as ‘demi-regularities’ (Danermark et al. 2001; Fletcher 2017). Initially, hand-written notes were made on hard-copy transcripts, followed by the use of NVivo software as the process of ‘abduction’ (coding using theoretical concepts) was employed (Danermark et al. 2001; Fletcher 2017)

I used deductive yet flexible coding processes that drew on existing theoretical ideas and the informal employment literature for this second stage of analysis. A coding framework was developed, which included nodes based on the [EMCONET frameworks](#) (Benach et al. 2006), including power relations, welfare and industrial policies, workplace conditions and references to

health. Bourdieu’s theoretical ideas and critical realism concepts were also incorporated into the coding framework. The nodes were changed and supplemented with new nodes as the process unfolded. A final list of the coded constructs, concepts and narrative themes are outlined in **Table 4-5**. The storytellers’ feelings and emotions were also identified and annotations of nuances were highlighted on files using NVivo qualitative data analysis software (QSR international).

In the final stage of analysis, I paid attention to the necessary contextual conditions at play that contributed to the effects observed. ‘Retroduction’ invites critical researchers to ask questions about the context and social conditions that cause trends to appear as they do and to move to deeper levels of reality (Danermark et al. 2001). It is a process of contextualising the research data and identifying the mechanisms that impact on the observed empirical findings (Fletcher 2017).

Bhaskar (2014) writes that this process allows the researcher to move from *“the manifest phenomena of social life, as conceptualised in the experience of the social agents concerned, to the essential relations that necessitate them”* (p. 125).

Data analysis involved cycles of immersion and reflection (crystalisation) until interpretation were reached. This process of crystallisation enabled me to openly explore uncertainty and experience, in a contemplative and creative manner (Borkan 1999; Ellingson 2009).

Table 4-5: Coding framework for the study

<i>Construct</i>	<i>Concepts</i>	<i>Narratives</i>
<i>Informal employment attributes</i>	Employment & workplace conditions	Occupations How workers came to undertake informal employment Work organisation Invisibility

		<p>Worker rights and protection</p> <p>Social exclusion</p> <p>Social norms</p> <p>Self-reliance</p>
Health	Mental health and wellbeing	<p>Pre-existing conditions</p> <p>Access to health services</p> <p>Addictions</p> <p>Vulnerabilities</p> <p>Feelings</p>
	Physical health	<p>Pre-existing conditions</p> <p>Relationship between conditions and informal employment</p>
	Health behaviours	<p>Physical activity</p> <p>Nutrition</p> <p>Sleep</p> <p>Addictions</p>
	Health and informal employment	<p>Positive and negative health outcomes</p> <p>Physical fitness</p> <p>Speculation about future health problems</p> <p>Awareness of risks</p> <p>Mental wellbeing</p>

		<p>Sense of purpose</p> <p>Addictions</p> <p>Injuries</p> <p>OHS, First Aid and PPE</p> <p>Interaction with health services</p> <p>Employers' role</p> <p>Power relations</p> <p>Exploitation and disrespect</p>
	SDH	<p>Demographic data</p> <p>Education</p> <p>Food security</p> <p>Health care access</p> <p>Housing</p> <p>Immigration</p> <p>Income – poverty</p> <p>Social connections</p> <p>Transport</p> <p>Work</p> <p>Politics and power</p>
<i>Institutions and policies</i>	Labour market policies	Pay rates

		<p>Working hours</p> <p>Documentation</p> <p>OHS</p> <p>Power hierarchies</p> <p>Migration policies</p>
	Welfare state	<p>Welfare agencies</p> <p>Job Network agencies</p> <p>Tax morale</p> <p>Medicare</p> <p>Migration policies</p>
Space narrative structure	Continuity	<p>Future</p> <p>Past</p> <p>Present</p>
	Interactions	<p>Personal / emotions</p> <p>Social</p>
	Situation or place	<p>Place of employment</p> <p>Fields</p>
Theoretical	Bourdieu	<p>Capitals</p> <p>Field</p> <p>Habitus</p>

	Power
	Symbolic violence
	Distance from necessity
	Class
	Structure
	Agency
	Choice

4.6 Quantitative data analysis

Quantitative data (demographic and SF-12 data) were managed and analysed using Microsoft Excel. Sums of responses to demographic data were calculated and are presented in table format in [Part C](#) of this thesis. SF-12 data for individuals were entered into an Excel spreadsheet. Individual SF-12 MCS and PCS scores were calculated using the process outlined by Ware, JE, Kosinski and Keller (1995). Means and standard deviations were also calculated. The US version of the SF-12 is considered appropriate for use among the Australian population (Wilson, D, Tucker & Chittleborough 2002).

4.7 Quality in the study

In qualitative studies, researchers reframe positivist standards of quality, such as validity and reliability, by examining credibility (i.e. the extent to which the findings represent a credible conceptual interpretation), transferability (i.e. how the findings extend beyond the bounds of the project), dependability (i.e. the quality of the integrated process of data collection, data analysis

and theory generation) and confirmability (i.e. how well the inquiry's findings are supported by the data that are collected) (Lincoln 1985).

Creswell and Miller (2000) provide a framework to help qualitative researchers choose the most appropriate methods for establishing study rigor. The authors argue that the choice of procedure is based on two perspectives: *"the lens researchers choose to validate their studies and researchers' paradigm assumptions"* (Creswell & Miller 2000, p. 124). As this study is being carried out for a PhD, it is appropriate that the lens of the researcher has been used to determine trustworthiness and a process of continual reflection has been applied, something that other researchers have termed *"validity-as reflexive-accounting"* (Altheide & Johnson 1994, p. 585); however, I also involved participants in the study to establish validity, as well as individuals external to the study.

As outlined in [Chapter 3](#), I applied a critical paradigm perspective to this study. Critical realism recognises that truth is difficult to detect and relies on critical examination (Guba & Lincoln 1994, p. 110). Critical realism emphasises the use of theory in accounting objectively (in an epistemic sense) for a social phenomenon, and is dependent on ontologically reflexive investigations (Archer, M et al. 2016). Thomas (2012) points out that, because narrative inquiry draws on personal meaning, narrative researchers need to make judgements about the validity of the data and determine whether it is plausible, credible, and trustworthy.

I used the following procedures to enhance quality throughout the study:

1. *Sampling method.* Abrams (2010) argues that sampling procedures matter greatly to the integrity of a qualitative study, both because it affects the richness of data collected, as well as the scope of the conclusions that are ultimately drawn. For narrative inquiry, purposive sampling is recommended because the sample is not intended to be

representative, rather to maximise the breadth of experience reflected in the data (Guba 1981). In relation to the assessment of quality, the sampling procedures employed for this study produced a hard-to-reach study sample, in an ethical manner, that was directly relevant to the research questions, and involving participants that were able to provide rich data to the point of data saturation, where no new themes were emerging (Abrams 2010).

2. *Length of engagement and observation.* Although not consistent with the approach described by Guba (1981), it is worth noting the length of time of this study. Data collection occurred over a period of approximately eight months. I had contact with individual study participants on several occasions during this time: at the time of initial contact and screening to determine participant suitability, to arrange a time to conduct an interview, the interview itself, to determine if a second interview was desired, and to review the transcript and reconstructed story. Twenty-nine interviews were conducted during the data collection phase, which was considered sufficient *“to identify pervasive qualities as well as atypical characteristics”* (Guba 1981, p. 85). The timeframe was considered adequate to develop a sound understanding of the experiences of informal work in the chosen context. In its entirety, this PhD study was conducted over a three and a half year period which allowed me to reflect in detail on the knowledge generating processes (Guba 1981).
3. *Member checking.* Member checking involves taking data and interpretations back to study participants so they can confirm the credibility of the information. Guba (1981) writes that this method is *“the single most important action inquirers can take, for it goes to the heart of the credibility criterion”* (p. 85). Thomas (2012) agreed, stating that narrative researchers need to address the ‘disjunction’ between the meaning made from an experience and how

participants report their experiences, and that seeking feedback from participants on how their stories are documented is a way to address this validity issue and a way to enhance trustworthiness. I presented each study participant with their full transcripts for feedback. Reconstructed stories were also presented to study participants for their consideration. Participant feedback on their transcripts was included in the analysis and interpretation of experiences (Loh 2013). On completion of the study, participants will be presented with a final summary of main findings, as a means to raise consciousness.

4. *Thick rich description.* Creswell and Miller (2000) note that the purpose of creating deep, dense and detailed accounts of experience is to convey, to the reader, the feelings associated with the story. The unstructured approach to interviewing participants in this study enabled detailed narrative accounts to be collected. In total, 548 pages of transcripts were produced and analysed. I also documented adjunct notes in relation to each stage of data collection. These notes provided detailed accounts on context, body language and feelings conveyed by study participants, as well as my own response during data collection. Collectively the data provided a thick rich description of undertaking informal employment.
5. *Peer debriefing.* As this study was conducted for a PhD, I was required to work largely independently, however my supervisors acted as peer reviewers throughout the research process, providing corroboration with regard to data interpretation (Loh 2013). I also presented the research process and findings on three occasions to peers throughout the duration of the study.
6. *The audit trail:* An audit trail was established throughout the study; this involved diary entries, recording key activities and outcomes. Hard copy formats, electronic meeting notes (Microsoft Word) and Microsoft Excel spreadsheets were used to organise this data. My supervisors acted as 'auditors' of the research process.

7. *Researcher reflexivity and critical reflection.* Reflexivity is particularly important when applying a critical paradigm to a study because researchers bring their own antecedents to the interpretation process. Throughout the study, I continually applied reflexive research methods by reflecting on my own prior-knowledge and assumptions, actively identifying ‘negative cases’ (i.e. participants whose stories were in contrast to others) and making use of peer-reviewed literature and theoretical ideas for interpreting narratives (Creswell & Miller 2000; Rossman, Rallis & Kuntz 2010). I also adopted critical reflection when deconstructing and reconstruction of participants stories and reflected on the emerging multiple realities and the way in which participants made meaning from their experiences (Hickson 2016).

Part B: Concluding Remarks

In Part B of this thesis I have provided a detailed account of how this study was undertaken. While initially I had some anxiety around my ability to access a cohort of informal workers willing to be involved in this study, I was delighted by the level of interest study, and gained valuable insights, not only in relation to the study’s research questions, but the process of undertaking a qualitative study of the working lives of this ‘hidden’ community.

Clearly positioning the study within an appropriate research paradigm and developing an understanding of theoretical concepts, provided a framework to guide the sampling procedure, data collection and analysis processes. While the study still *“bears the marks of the person who created it”* (Riessman 1993, p. v), I am confident that have undertaken rigorous, ethical, reflexive and transparent research processes. In the next Part, I present the results of the study.

PART C: RESULTS

“Ours is the old, old story of every uprising race or class or order. The work of elevation must be wrought by ourselves or not at all.”

Frances Power Cobbe (Irish writer and advocate, 1822-1904)

Part C of this thesis presents the results of this empirical study of informal employment in the northern suburbs of Adelaide, South Australia (SA). This Part is divided into three Chapters. The first chapter (Chapter Five) portrays informal employment as a journey that draws on participants’ upbringing and prior life experiences. Chapter Six documents participants’ experiences of informal employment, and Chapter Seven explores workers’ perceptions of their health status and the impact of informal employment on their health.

One of the outcomes of the narrative methods used in this study was a collection of stories about the lived experiences of informal employment in SA. These stories illustrated the demographic diversity among the informal worker cohort; how capital resources and embodied histories were deployed as workers navigated the field of informal employment; the power struggles between informal worker agency and structures; and ultimately how the experiences of informal employment were perceived to impact on health and wellbeing. Twenty-nine stories are told throughout these chapters, and ongoing reference is made to individual stories to illustrate the study’s findings.

It is important to note that, in line with narrative methods, the stories are told in their completeness the first time they appear in text. As a result, all stories describe workers’ journeys

into and through informal employment, as well as the perceived health effects; however, I focus specifically on data illustrating pathways into informal employment in Chapter Five, experiences of informal employment in Chapter Six, and the perceived health effects in Chapter Seven. I conclude by summarising the study's strengths and limitations.

Chapter Five Informal Employment: a journey

Participants' stories of informal employment not only described their present situation but also told of their journeys through the life-course, where the past was as relevant to the present as their hopes for the future. In this Chapter, I identify the twenty-nine informal workers who participated in this study using demographic variables. I explore the multiple interwoven factors that led participants to informal employment. I describe how earlier life experiences shaped their habitus and bounded the accumulation of capital resources, which participants mobilised as they sought to navigate the field of informal employment. Through narrative accounts, I identify the structural constraints that participants encountered, and the social, economic and cultural dynamics that pushed or pulled participants towards informal employment.

5.1 Who works informally: demographic data

Participants in this study comprised a demographically diverse group of informal workers. **Table 5-1** provides a summary of participants' age, gender, whether they worked for an employer or were self-employed ('own account' workers) or both, and their occupational activities. A pseudonym was assigned to each participant, as I refer to participants using their alias names throughout this thesis. The table shows that informal workers reported being employed in a wide variety of occupations. Eleven participants were self-employed, another fifteen worked for an employer, and three participants were both self-employment and worked for an employer.

Table 5-1: List of participants involved in study including pseudonym, age, gender, employment status and occupational activities

Participants' pseudonyms	Age	Gender	Working for an employer or self-employed or both	Occupational activities
Abdul	32	Male	Employer	Various (general labourer): Construction, agriculture, general, manual labouring
Ali	28	Male	Employer	Entertainment industry: constructing rides/equipment
Arman	28	Male	Employed	Hospitality: Food service
Brad	40	Male	Self-employed	Various (general labourer): mechanical, construction, gardening, cleaning, furniture removal
Chloe	38	Female	Both	Masseuse
Daisy	27	Female	Employer	Hospitality: food service and cleaner
Diego	34	Male	Employer	Hospitality: food and beverage service
Eliza	31	Female	Self-employed	Childcare
Jack	26	Transgender	Self-employed	Artist
James	39	Male	Employer	DJ
Jamila	29	Female	Employer	Cleaner
Janine	52	Female	Self-employed	IT repairs and body piercing
Jason	18	Male	Employer	Hospitality: food service
Jerome	32	Male	Employer	Agriculture
Li	26	Female	Employer	Retail
Mal	51	Male	Employed	Furniture removal
Matt	20	Male	Employer	Hospitality: beverage service
Moira	67	Female	Self-employed	Recycling
Pal	30	Male	Employer	Delivery worker and cleaner
Patricia	46	Female	Employer	Hospitality: food and beverage

				service
Sally	48	Female	Self-employed	Various (general labourer): administrative, cleaning, hospitality, entertainment, wellbeing
Sam	43	Male	Self-employed	Construction
Sophie	18	Female	Employer	Hospitality: food service
Sue	55	Female	Self-employed	Seamstress
Theresa	56	Female	Self-employed	Tutor and cleaner
Tina	32	Female	Both	Personal trainer and sports referee
Trevor	41	Male	Self-employed	Construction
Tyler	22	Male	Self-employed	Various (general labourer): mechanical, furniture removal, entertainment, retail, gardening, hospitality
Zac	18	Male	Both	Various (general labourer): construction, agriculture, hospitality, gardening

5.2 Pathways into informal employment

Figure 5-1 summarises the factors that participants referred to when they described how they came to undertake informal employment. Participants talked about their upbringing, which ranged from familial stability and security through to family violence and breakdown; how they experienced place (neighbourhoods they grew up in, experiences of housing security and sense of belonging); educational and occupational trajectories; ethnicity, migration and residency status; and other socioeconomic factors.

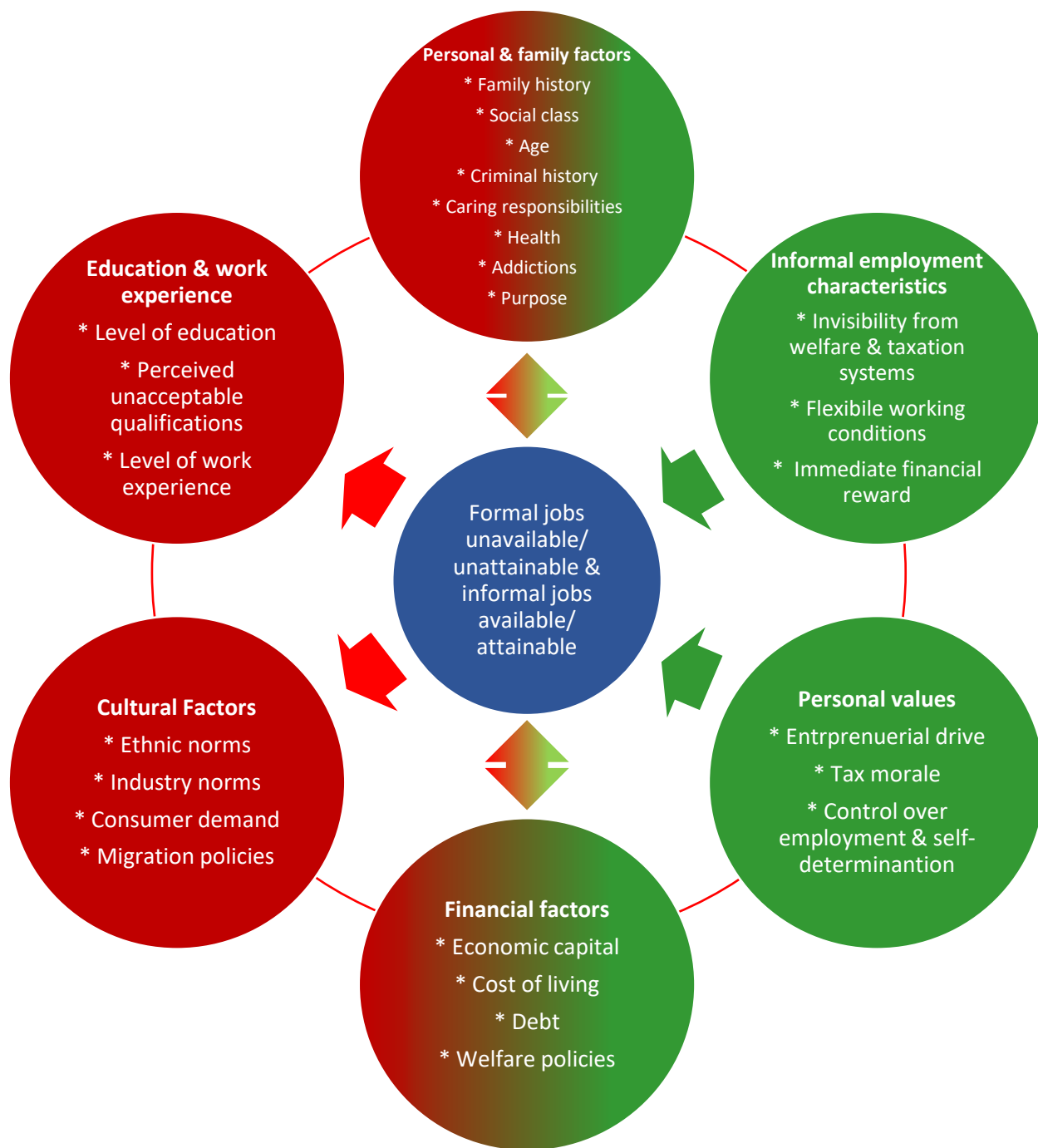


Figure 5-1: Factors pushing and pulling study participants into informal employment

These inter-related variables contributed to involuntarily pushing participants into informal employment (identified in red in **Figure 5-1**) and/or pulling (identified in green in **Figure 5-1**) them towards informal work opportunities. In some cases, the variables could act to either push or a

pull workers to informality, depending on other social circumstances. In the following chapter sections, I detail how these push-pull factors were described by participants. Full narrative accounts that outline pathways into informal employment are important for understanding the complexity of the relationship between informal employment and health, and as will become evident, illustrate how difficult it is to untangle the health impacts of informal employment in the context of other health determinants.

5.2.1 Personal and Family Factors: Participants' upbringing, early development of habitus and accumulation of capital resources

Personal and family factors including family history, the place of upbringing and socioeconomic status, age, criminal history, family caring responsibilities, sense of purpose, health and addictions were incorporated into participants' stories of how they came to work informally. Below I provide examples to illustrate how these factors combined to push and/or pull workers into informal employment.

a) Family history and social class

Drawing on narrative accounts of childhood and young adulthood, it was evident that participants came from across the social class hierarchy and that early life experiences shaped their 'enduring dispositions' (Bourdieu 1990a). For some, childhood and teenage years exposed them to circumstances reminiscent of the 'precariat class' (Sheppard & Biddle 2017; Standing 2011), including growing up in disadvantaged neighbourhoods, experiences of material deprivation, low education and parents who worked for cash-in-hand. For example, *Mal*, a furniture removalist, described how he was introduced to informal work by his working-class parents ([Story Box A](#)).

Mal's early introduction to informal employment normalised this practice and his pursuit of informal jobs in adulthood was not so much a deliberate choice as an outcome of 'social reproduction' and a normal way of being that aligned with prior development of his 'habitus' (Bourdieu 1984, 1990a, 1990b; Bourdieu & Passeron 1977). *Mal* conveyed a sense of pragmatism when sharing his story—informal employment was a means of income for daily living—a rationale shared with many other participants. *Mal* said little to suggest that he had strong aspirations for change, and even if he could imagine alternative working conditions, he wasn't empowered to move in that direction. *Mal* received a government-funded Disability Support Pension (DSP) and was deemed unable to work. He defied this by his actions but not necessarily willingly. The welfare system contributed to defining the choices available to *Mal*. Primarily he was driven by the need for economic resources—although he did also identify that he gained a sense of purpose and achievement from working.

Story Box A

Mal: A lifetime of informal employment

At one stage Mal, 51, was working fulltime doing cash-in-hand furniture removal work, which he says, "became quite a permanent thing." Mal originally acquired this work through social contacts, and has now been doing furniture removal jobs, for various employers, for more than seven years.

He says he's worked informally on and off since he was young: "I did cash-in-hand work since I was a teenager. I worked for my parents in amusements, they did merry-go-rounds and stuff and they paid me cash-in-hand. Done plenty of jobs where I got paid cash-in-hand."

Mal explains that at one stage he achieved a qualification in aged care but he had to abandon that

to became a full-time carer for his partner, who has since passed away from cancer. Mal says, “I fell apart for a while” after that and then, the “young lad (from up the road) probably six months after she passed away, came asking if I wanted to do a day’s work (furniture removal) and sort of got into it to take my mind off if things a bit ... (it) gave me a sense of purpose.”

His original informal employer eventually sold the furniture removal business, and Mal got re-married. He says, (my) wife “didn’t want me doing so much cash-in-hand and wanted things to be more legit.” Despite this view, his wife also currently works informally.

At the moment, Mal works up to four days a week for another furniture removal business, depending on “what they’ve got and what I’m available and feel like doing.” He says he has a long-term degenerative back disorder and receives a support pension. In addition, his informal work pays him \$15 an hour, which he says is worth it “on top of the pension.” He explains that he declares part of his income because “I had concerns of neighbours dobbing me into Centrelink” (Australia’s government welfare agency).

Mal rates his health as ‘fair’ and says that he manages his back condition by “taking lots of pain killers.” Because of his back problems, Mal’s role is mainly as a furniture removal truck driver, though he does do some lifting.

Mal has experienced muscle injuries associated with lifting furniture and recognises that he’s “not covered by anything”—something that he says is “definitely going on in the back of my mind all the time.” He doesn’t consider the injuries he has incurred to be “serious.” He says he “always (tries to be) careful and ... to work properly and stuff ... because I’m aware if something happens I don’t have any coverage ... if I have an accident ... I’d just have to say I’m doing a work trial to see and we’d have to fudge up the paperwork ... but fortunately yeah, I haven’t had an accident.”

Mal describes the risks he sometimes has to take to secure work. He says when he first started informal work he was driving a truck where “the brakes didn’t work properly” and that he “felt pressured because I wanted the money at the time.” He says, “I can’t complain because I won’t get the work, so I just have to put up with it and drive the best I can.”

Mal describes difficult encounters with customers that make him “feel uncomfortable” but says that his boss is very supportive and “won’t tolerate” abusive or threatening customer behaviour.

Mal says he is unable to “hold down a full-time 40 hour-a-week job.” He explains that he can see the value in having a formal job that provides “structure, getting up the same time every morning, going to work and you get that sense of achievement and fulfilling and being self-sufficient” but that his physical health prevents him from leading such a life. Defensively, he states that he’s not “lazy” and doesn’t “mind doing the work” but that his “injuries have gotten to a point now that the pain stops me doing it.” However, he explains there have been times when he’s considered giving up the pension for formal business opportunities, deciding against it because “it was just too much for me to take on my own ... and I’m thinking well what if this doesn’t work out.”

Mal says, “(I’ll) keep doing it (working informally) and probably in the future I’ll cut back probably a bit more.”

Some participants deliberately reminisced about how their upbringing shaped their present-day work ethic. Trevor, for example, was a construction worker who spoke about the influence his mother had on what he called his “theory” in life, that is, “learn or earn” ([Story Box B](#)). He explained how his mother taught him that “you’ve got to work hard” for the things you want in

life. Like *Mal*, *Trevor* described how early experiences of informal work equipped him with the skills to navigate the field of informal employment. He said, *"I started off when I was a little kid because Dad was an electrician so I could always get work, everyone knew me ... (now) while I'm working I come across other people and it does lead to more work."* This early life experience contributed to the development of 'cultural capital' through social class-specific reproduction (Abel 2007; Bourdieu 1977, 1984), equipping him with the perceptions and skills needed to navigate informal employment opportunities. *Trevor* had the tenacity needed to find income generating opportunities on a regular basis in the context of high unemployment and under-employment (Dean & Broomhill 2018), adaptability to 'give just about anything a go', and resourcefulness to avoid the punitive consequences associated with welfare system obligations.

Story Box B

Trevor: Born and bred to work

Back in 2007, Trevor broke his arm in a work-related incident (formal employment). He says he "lost everything fighting Workcover (workplace insurance)...(for) a payout." He explains that Workcover continued his salary but reduced it by "20% every 12 months." He says, "it was just like it's not worth it, I'd rather work." At the same time, he says, his "Mum was dying in a hospice ... so that cost a shit load of money. I went broke." He applied for welfare payments and "just [started] picking up what people needed work done (informally) ... to get back on my feet." He says he'd get "two weeks here, four weeks there, six weeks there ... doing all house renos from gutting it to rebuilding it." He has done delivery work and even asbestos removal for cash-in-hand—something he says he is "qualified" to do and has "all the equipment" to handle. Trevor says asbestos removal is hard work, particularly "in summer, it's torture ... [because] you've got a suit and a mask on in a

zipped-up area.” He says that regulations controlling asbestos removal mean you have to fill out “a small book ... [as opposed to filling] out a few bits of paper” and recognises that if “something goes wrong it’s on my neck.”

Trevor prides himself on his strong work ethic, acquired from his upbringing and says, “I refuse to—I can’t sit back and go—and get what attention? Come on. No. That’s not me. I was born and bred—brought up to work. You know you want something you work hard for it ... I can’t sit at home and do nothing. It does my head in.””

Trevor says he was working informally in Renmark (rural South Australia) up to 40 hours a week, and, “when that went quiet, I came back to Adelaide.” He tried to further his education but says the welfare system wouldn’t support him and he was forced to look for work. These days he wakes up and “every morning ... just looks ... on Gumtree (online marketplace).” He’s living in a share house and feels settled after a period of moving around to some “horrible places.”

Trevor works for a minimum of \$25 per hour, but “normally hovers around \$30, but (he says) ... beggars can’t be choosers.” At 41, he says, “I’ve got no family, no kids, no one. It’s just me.” “If I don’t work” he says, “it leads into depression.” He says he’s “been to hell and back ... (and) is very mentally strong” but recognises the risk of unemployment and lack of secure accommodation. He says he often eats once a day partly because “it’s cheaper” but also because he lives alone and lacks the motivation to cook for himself.

Trevor declares some of his income to Centrelink, “because I’ve been caught out once” but doesn’t pay tax. He says that he doesn’t “want any trouble with them (the taxation department) ... (and) that’s my biggest concern.” He also worries that he doesn’t have any superannuation.

Trevor rates his overall health status as 'very good'. Despite this, his work isn't without health risks. Workplace injuries are common for Trevor; "cuts and grazes; I cut that knuckle open with the grinder the other day; it's just complacency. Bang! Whoops!" He says, "(I rotate) the work I do so I don't wear myself out." There have been times when "I couldn't walk properly for a couple of days" after working intensely to perfect a paving job. He says some days are "a struggle" but he can't "ring up and say, 'I'm not going to work.' I just go. I keep moving ... there's not much I can do. I can shut pain out."

Trevor's truck driving jobs involved long days— sometimes up to "18 hours loading and working, unloading, loading, delivering." He stayed awake on "Red Bulls and cigarettes." He still smokes. He's trying to quit but he says smoking "gives me a break." He explains that, "concreting...(is) hard physical work ... (smoking) gives me a break ... it can be stressful ... it's just easier to have a cigarette at the moment." He doesn't attribute smoking to informal work, rather, he says, "it's just the physical-ness."

Trevor has a history of moving from job to job and says his "body is wearing out a bit"; some jobs, he says, "you bust your arse for pittance and then you've got fuel and it's just a lot of stress." He says he'd really like to have a formal job and he'd "love to worry about nothing. Go in and go to work, knock off." He says he'd "be dreaming to get somewhere with good conditions."

Trevor reckons he's "got another 10 years left in me" and says, that's why he's trying to make "the most money as I can." He says keeping "busy (is) the best thing for me (and) if the money keeps coming in I'm happy."

Other participants, including those who lived in disadvantaged areas at the time of data collection, had not always lived in these poorer geographical areas. Some participants spoke of an upbringing reminiscent of a more advantaged social class, including parents with more occupational prestige and better working conditions than that of the precariat (Sheppard & Biddle 2017; Standing 2011), higher levels of educational attainment and material resources. For a small number of participants, their younger years were privileged, involving private education and greater wealth. This was *Sam's* early life experience, even though at the time he spoke with me he was homeless and had a long history of drug addiction ([Story Box C](#)). What *Sam* said he valued in life however reflected his upbringing—akin to Bourdieu (1984)'s concept of 'distinction'. He said he enjoyed working on properties in wealthy areas, and appreciated the sense of control and freedom from bureaucratic interference that informal employment offered. Like many other informal workers, *Sam* valued the sense of purpose that employment provided; however, he also thought that people generally worked too much and didn't prioritise work in the same way that *Trevor* did. *Sam's* mental health status may have shaped his perceptions of informal employment and despite his convictions, he relied on support from the welfare system and had to contend its bureaucratic processes.

Story Box C

Sam: A informal construction worker living in a car with two kittens

Across a busy road from a common fast food outlet, Sam has been living in his Hyundai Excel for about four months. He is privately educated and part of a "rich family" with a sizable property portfolio.

Sam had been renting a room, however he was evicted for failing to pay rent, and now shares his

'home' with two kittens. Technically, he might be categorised as homeless, but he differentiates himself from other homeless people in the area who "push a trolley around with a bunch of stuff in the trolley, almost like 'look at me. I am homeless'." He says, "I'm smart, I have a car."

*Sam is 43 and has about 20 years on-the-job experience as a construction labourer, working formally and informally to supplement government income support payments. He declares some of his "big jobs" which can be "three times as much" as Centrelink payments but doesn't declare small jobs "up to \$500"; and understands why people turn to informal work when tax rates "make it hard" to get by. He enjoys his work, particularly working in upmarket properties in places like Unley.**

Sam has a three-year-old daughter, whom he sees once a month for half an hour "because I got in trouble with the law." He says he's "always buying stuff" for her so that when "I go see her, I give her a whole stack of gifts." He is proud of her and says, "At least I've done that."

Twenty-years in the job, coupled with a lifetime of drug addiction, Sam explains that "(I) can't work as much as I used to be able to." He says that drugs keep him awake all night, that he doesn't get enough sleep or eat properly, and that "using and working is really hard now." The toll is physical as well as mental. He says, "It helps if I'm straight ... like, I was just working on this house today, and I could feel I was like, yes, more in tune with the world."

On the one hand, Sam says he doesn't want work to dictate his daily life and that he just wants to do "whatever I want to do during the day" and have "a lot more free time." Sam explains that working too much is "a waste of a life." At the same time, he recognises the value of having a

* The City of Unley has an IRSAD =1071, decile rank within Australia=10 i.e. least disadvantaged.

purpose: “It is good working, because you’re doing something constructive ... I know what it’s like not working ... it feels like you should be doing something.”

Sam says he only needs “\$200 a week” to live on and when he needs money, he goes job hunting.

Social networks and building industry norms—‘cashed-up’ builders looking for informal sub-contractors—are Sam’s sources of work. The volume of jobs fluctuates, and periods of work drought have affected his motivation and outlook on life. His GP has diagnosed him with “anxiety, depression and all sorts of stuff.” Sam rates his health as ‘very good’ but conversely says he is downhearted and blue ‘most of the time’.

Sam is a self-taught labourer and says he’s “lucky he’s not dead or in a wheelchair” because of a history of work-related injuries. He’s fallen from heights, received puncture wounds and cuts. He doesn’t take much time off if injured: “One time, I fell 4.7 metres ... I had a day off and went back to work the next day and finished the job.”

Sam has “thought about getting a normal job” but says that “the job I’ve got is pretty cool. I mean, I get to paint this lady’s house in two days. \$500. I can have, like, two weeks off.”

b) Age: Too young and too old to have a formal job

Participants’ identified that their age was less of a barrier to employment in the informal compared to the formal sector. A number of participants who were aged over 40 years felt that securing formal work at their age was somewhat of a ‘pipe dream’. Younger participants perceived that potential formal employers discriminated against them on the basis of their age. For example, 18-year old Jason ([Story Box D](#)) had acquired cultural capital in the form of knowledge and

technical skills, and he demonstrated entrepreneurial drive for upward mobility, however the formal employment sector hadn't embraced him and his resources, and he dabbled in a combination formal and informal work opportunities. He was also driven to informal employment opportunities by financial insecurity and debt. However, he remained optimistic, and it was evident that he believed he was just passing through the informal economy on his way to the future.

Story Box D

Jason: I obviously don't want to be a cleaner

*Jason moved to Australia from Iran in 2004. At just 18 years of age, Jason claims to have a TAFE (a vocation training institution) diploma and bachelor's degree, and is on the road to completing his master's degree in IT, specialising in cybersecurity. He says he left school after Grade 10 to pursue vocational training, followed by university education.**

Jason has significant work experience for his age. He explains that he worked for a large IT company when he was 16. He says his employers "were happy to kind of turn a bit of a blind eye" to his age, and explains that, "it was a bit of a win-win for both parties. I mean, I was getting the hourly rate of \$18 an hour." Since then he has worked both formally and informally, including

* I queried the validity of some of Jason's claims and asked him if he was considered 'gifted', to which he replied, "A bit, yes. They said, I show a lot of potential in my studies and work and that staying in high school towards the end of year 12 would just be a waste of time. They said, it would be better off if you're focused and you know what, where you want to be in, in the next few years. You may as well go for it now, then having to wait until year 12 and then do it all over again, basically. So, they recommended I do the TAFE course, see how it is. If I like it then, you know as a pathway which TAFE was introducing as the time go through to Uni SA or Flinders. So, I took the Uni SA pathway. So, I've been there for about two years now."

running his own IT consultancy business, all the while pursuing further education.

Currently his informal work involves pizza delivery, and occasionally food preparation and kitchen duties. He explains that, “there’s a lot of IT people in Adelaide, so you don’t always get jobs for IT ... so on the side, I do pizza delivery jobs from 5:00pm until about 10:00pm on a weekly or daily basis ... (I get paid) about \$15 an hour and its undeclared.” He says, “it’s not an ideal job but it pays for the bills” and believes that compared to other workplaces, he is better paid—even if payday can be “a week late.” Jason doesn’t declare his income because he says, “it doesn’t really benefit you ... they (the taxation department) take more than they let you have.”

Jason’s educational endeavours have come at a cost and he says he “has a lot of debt”, which he attributes to changes in the government’s study debt policy. He says that he has been threatened by debt collectors and negotiated with financial counsellors, and describes the feelings of distress caused by his financial situation as something that is “constantly on my mind.” He says he “had to find the pizza delivery work...so that at least I can pay some of that off as soon as possible.”*

Jason says that his job requires him to make prompt deliveries, deal with traffic congestion and intoxicated customers, which he finds stressful. He also says his job interrupts his sleeping patterns. However, he believes that the benefits of informal employment outweigh the negatives. He doesn’t think that informal work necessarily comes with more stresses than formal work, just “different stresses or different worries.” But, he says, “they’re basically the same, they weigh the same.”

Jason rates his health as ‘excellent.’ He describes himself as being generally happy and free of

* Australia has a Higher Education Contributions Scheme (HECS) where the Government pays part of cost of university education, which is later repaid by the (former) student once their income level reaches a certain amount (at the time of writing this was \$45,881 (Austrian Government)).

health concerns. He has never injured himself at work and feels safe in the work environment. He explains that his employer is “very supportive” and says that the job, “gets me out and about. I’m not stuck at home all the time thinking, ‘why can’t I do work?’ So I’m doing work...it gives you a bit of a bright perspective to the day ... I find actual reward in being able to pay the bills.”

Jason believes that one of the main barriers he faces to getting formal work is his age. He says, “I’ve had to justify (to a potential employer) why they can’t hire someone who has got 40 years’ experience and somebody who’s only 18 has got a bachelor’s.”

Despite doing a low skilled job (pizza delivery), Jason regards himself as a professional because of his qualifications, and explains that his preference is to find more secure and consistent work that “gives you a sense that you’ve worked hard to get there.” He distances himself from other low-skill occupations, stating, “It’s my preference to have...something more professional...not cleaning or anything like that because, you know, I’m studying a degree, I obviously don’t want to be cleaner or anything like that.”

c) Criminal history: exclusion from the formal employment market

Three participants explained that prior criminal convictions prevented them from gaining formal employment. This was the case for *Brad* ([Story Box E](#)), who had accumulated ‘street wise’ resources during his troubled former years, which helped him survive in the face of economic hardship and served him as he navigated informal employment as an adult; however he had limited capital to draw on when confronted by the formal employment sector. *Brad* found himself excluded from fair and decent work opportunities by the objective limits of his ambitions and practices, which were internalised during his former years (Bourdieu 1977; Caetano 2017). The

prospect of remaining hidden and avoiding the need to disclose a potentially incriminating personal history pulled *Brad* towards informal employment opportunities. His early-life experiences of homelessness, family violence and lack of education embedded self-doubt; compounded by structural barriers he was constrained from upward mobility.

Story Box E

Brad: The best paver in the world

Forty-year old Brad says he “had a pretty rocky upbringing...my Dad was an alcoholic...he used to belt me a lot when I was a kid ... at 14 I was on the streets and had to fend for myself and went in out of gaol a few times.” He says, this “created a big barrier” to getting a job because “employers don’t like people that have been incarcerated ... that’s why I tend to (get) cash-in-hand work.” He says while “it’s not a long-term solution ... it does get you by.”

Brad is a bit of a ‘jack-of-all-trades’ and has earned between \$7.50 and \$50 an hour working “as a mechanic ... (doing) landscape gardening ... paving ... panel beating, spray painting ... handyman services ...(in) a pizza shop ... doing furniture removal ... fixed a games room, pulling weeds, cleaning up, cleaning gutters ... to get by.” He says he sometimes fabricates his prior experiences in order to gain work, for example, he says he never “knew nothing about paving” but told a client, “I’m the best paver in the world mate, yes, no worries.”

Brad started work driving a fork lift at age 15 but lost his job within a matter of weeks because he had an accident and “they didn’t want it to leak out that I had no licence”; and “then I just kept getting knock backs after knock backs after knock backs because I don’t have any qualified certificates.” He says that despite 30 years of experience fixing cars, “because I don’t have a

certificate ... I'm just useless more or less ... even though I can do every single thing that these other people that have got certificates can do ... I'm still no good."

Brad's life experiences have been brutal at times and had a profound impact on him. He describes a time when he was "on the streets ... struggling to even feed myself. I'd ring my parents and say, 'can I just get a packet of noodles?' I couldn't even get a packet of noodles out of my Mum and Dad ... It made me stronger inside. It made me the man I am today. But it's not fair man. It's not good. It's just not fair."

Brad describes the disempowering effect of receiving government welfare support payments—in his case, unemployment benefits: "once you're (on) the pension that's it." Although he says, "it's pretty cool" that he only pays "\$66 per week for rent ... in a Housing Trust (government owned) unit", he describes the home, which he shares with a friend, as "disgusting ... you've got alcoholics ... druggies, junkies ...(people) fighting ... stuff getting smashed. People are too lazy to even take the stuff out to the bin" and the neighbourhood as "depressing."

A series of stressful events over the years have significantly impacted his health. Brad describes how he moved from place-to-place and job-to-job, his relationship broke down and he "lost my kids back to their mother ... and that's when I started going downhill." He rates his health as 'fair' and says he is downhearted and blue 'all of the time.' Emotional problems prevent him from accomplishing what he would like and he also says he doesn't do work or other activities as carefully as he would like.

Brad says he was diagnosed with "borderline personality disorder and bipolar" in 1997. He explains that working informally is a good fit for his mental health because "I don't have bosses telling me what to do and when to do it ... that's why I decided cash-in-hand jobs were the go." He says that

he has trouble holding down a job for any period of time. Brad also has arthritis which he says, "can shut me down ... my toes and that, they all swell up ... my knuckles, my whole hands get bigger." He attributes his condition to being "overworked and underpaid" and says "(I've) just worn myself out." He also explains that he used to walk excessively and that this may have contributed to his physical decline. He says, when "I was homeless ... I didn't know where to sleep where it was safe so I'd just keep walking and walking until I basically fell over."

Brad uses Gumtree to advertise his services and says he's done a range of informal jobs over the years. He says that many people "can't afford" qualified professionals to do their jobs, "so they get people like myself to come in and undercut." He describes himself as someone who "likes helping people." His "last paving job", he says paid him "\$1200." But he says that working informally "is a struggle too ... it does become stressful ... because there's times where there's no work for three days, two days, four days, a week." He asks, "what do you do in those days and that time, especially when you've got kids? Because you have to provide for them all the time. So, having a proper job is a good thing in a way because you're guaranteed money at, every week."

Brad has, from time to time, worked for employers as well as being self-employed. He's had experiences where he hasn't been paid on time, and describes how he dealt with the situation: "I chased him around the backyard of the new job site with a shovel ... I was going to hit him on the head, mate ... I didn't hit him but I put the fear of God into him. And I finally got my money. But not only did I get my money, I got arrested because they tried charging me for assaulting him." Brad says that "back in the day ... everyone's word of mouth was good enough...(now) it's so hard to build up that trust with people and the word of mouth of people being honest."

Brad describes an experience when his job network agency (an organisation contracted by the

government to support people to get back into formal employment) linked him to an informal employer. He says, "(I got a paving job) through a job network ... I even said to them (the job agency) ... look, I can't work for this employer because he's not doing it by the book and she's like, 'What do you mean?' I said, well I'm not paying no taxes." He says he declares some of his income but admits "I might not tell them exactly how much ... I might say \$150 when I earned \$300 because I need it to survive ... Sometimes unfortunately you've got to tell a white lie here and there just to get by. Because if you don't there'll be more people on the street than there is now." He says that because there is no paper trail, "you could say anything" and explains his frustration at the "job agencies" who he says are "just the middle man" and has little regard for what he considers to be their limited efforts to help him secure a formal job.

Brad says, "I refuse to work in an unsafe place" and says he hasn't had any notable work-related injuries. Brad recognises the risks associated with informal work and he says, "if something goes wrong...it all falls back on you." He says he has done brake work on cars and worries if there is a subsequent accident because of faulty work: "once a job's done I go back over it and make sure it's all done properly because at the end of the day I don't want to have to see on the news or hear from other people that something's happened and it's my fault."

Brad says that "life's been a struggle" and he says he has "tried everything" to get the help he needs for his mental health and wellbeing; he says he finds it frustrating to have to speak with psychologists. He smokes cigarettes but says he doesn't drink, and says, "it's come down to I go to the gym and I work out and it takes away all my stress and all my worries and all my dramas."

He describes how children these days are "into the Nikes and this and that. Before it didn't matter, you could go to Big W (department store) and get a \$10 pair of shoes. Now it's \$200 for a pair of

shoes. I don't have a job, how am I going get \$200 and then that makes me feel bad because I can't give them that. And then, you know what I mean, and that's when the mental health gets worse and worse and worse. So I need to be a millionaire. If I can't be a millionaire well then I don't know what I'm going to do."

Brad says he has "a job interview tomorrow" at an auto-wreckers and says he's hopeful because he desperately needs "a steady income;" but he says, "if I haven't got a full-time job by now, I don't see that I'm really going to have one."

Brad shares a story about when "I wanted to go in the army when I turned 15. I had everything, I was, all I had to do was go for my medical and I was going for six-week basic training in—I can't remember now—over in Woop Woop. I was up ready to go, had my bags packed. My mum turned around and said, 'you're not going anywhere', get back to bed. I was devo. And then when I turned 22 she goes, 'the worst thing I ever did was not let you go and join the army'. I'm like, 'a bit late now'. Otherwise I would have had a good life. I knew what I wanted to do. I had it all worked out, organised. I went and done everything I needed to do and my mum put a stop to it. And ever since then life's just been a struggle. And I'm over it really. But I've still got to soldier on because now I've got kids and it makes it even harder. So not only do I got to soldier on for me, I've got to soldier on for them."

d) The push/pull effect of family caring responsibilities

Seven participants had family caring responsibilities*, which had a push-pull effect on their

* A person with family caring responsibilities (a 'carer') is "someone who gives care and support to a relative or friend who has disability, a mental health problem, has a medical problem, or is frail because they are old" (Australian

involvement in informal employment. Participants described how they struggled to combine work, family caring and other responsibilities, and how informal employment pulled participants in that direction, as a perceived quasi-solution to these challenges. Informal employment provided greater flexibility in terms of work days/hours and work location than formal employment arrangements. For example, *Eliza*, had established an informal childcare business in her own home ([Story Box F](#)). This allowed her to earn an income, while still caring for her own child with special needs. Like *Jason* ([Story Box D](#)), she highlighted her age and lack of work experiences as barriers to formal employment and was driven toward informality by economic need. *Eliza* said that irregular work hours and associated insecure income were downsides to her work but that there was little alternative, particularly given her family caring responsibilities.

Story Box F

Eliza: My dream job is to be a writer

Eliza, 31, says, "I've always been great with kids (and I'm) working to my strengths" by studying a Diploma in Childcare. In addition, she's working informally, providing a childcare service in her own home. Before this she was doing "just casual sort of (cash-in-hand) jobs ... sales and all that sort of thing" and collectively has been working informally for about "four or five years." Eliza has a 9-year-old son who has autism but she says, after many difficulties in his earlier years, he now gets "the support he needs."

Similar to her own upbringing, Eliza is a single mother and she receives welfare support payments. She says that finding a suitable job is difficult particularly for young people and people "like me

Government).

who had to take time out of the workforce, like for my son.” She says, “you send 100 resumes out and they see the gap and they’re like, ‘nah we’ll just get someone else’.” Informal work allows Eliza to juggle her studies and caring for her son. She says, “formal employment is hard to do with ... our son ... (because) he has appointments or he has things that he needs to do.”

Eliza says that government-funded employment agencies are “useless.” She says, “You know that they just get paid to have you on their books ... I never got an interview because of them ... they’re pointless ... because they’re private ... they just don’t care about getting people into jobs. They just care about how much money they can make.” She says “I have tried multiple times to change my provider ... I feel like I get no help, it’s like I’m just a number. I’m not a person.” She says, “the system is flawed, and it’s just not helping anyone. I don’t know, maybe that’s why I’m into politics because I can see what’s so wrong with it.”

Off her informal childcare work, Eliza says, “(with) every job there’s always ups and downs. And some days you’re like, ‘ah, what am I doing?’ and other days it’s like, ‘oh, this is fun’.” Some of the children she cares for go to the same school as her son, so she is able to provide a before and after school care service, as well as casual and extended childcare. She says she’s “never had a problem with (any of the families she’s worked for) ... they’ve all been nice and supportive of what I’m doing, and like the way I look after their children.”

Eliza says her hourly rate varies depending on the clients “because I know other people’s budgets are limited as well. That’s why they don’t go to ... before-school care, because that’s expensive ... so you’ve got to try to find a balance of being affordable so they want you ... it could be like \$10 an hour, it could be \$20 an hour.” She says, “money is money ... an extra \$30 ... working three hours ... does go a long way for me.” Eliza says she works up to 15 hours a week and that her “week-to-

week position” can be “stressful”, and there are times when funds for bills like “electricity” can be difficult to raise. She says the downside of informal work is, “probably not the regular hours. But that’s probably because with cash-in-hand, it’s only when they need you, if you’re like employed you normally have a set of hours, but mine is more week-to-week position, so that’s always a downside, sort of. It’s a two-way thing. I’m happy that I’m getting paid something, but it’s also like, yeah that’s probably not enough. But you take what you take, you know, what you can.”

Eliza is relatively happy living in her rental property but she does struggle with the cost of living. She says, “sometimes if you’re not working that much you feel like you’re letting your family down.”

Eliza says she has a chronic calf injury—she’s unsure about the cause—but other than that she says, “my health is ‘good’. But sometimes mentally it’s not. It’s probably the stress of money ... sometimes ... it’s like it’s getting too much and stuff like that. But most of the time I get through it without needing medication or to see someone.” She also describes the stress associated with being a single parent and says, “I do everything.” She says she “had post-natal depression but ... got through that hump and now I’m in a lot better place.”

When she’s having a rough time, Eliza says “I write ... short stories.” She explains that there is a Facebook page that invites people to submit 1000 word stories and says she’s “posted a few times on there and they’ve published it.” She says “it makes me happy” when my work is published.

Eliza says that society defines you by your job. She says, “that’s what people look at, really. When you meet someone new, it’s like one of the first questions ‘oh what do you do?’ ... it’s that social standing and ... some people look down on cash-in-and work and other people understand that sometimes that’s what you have to do.” She says that the “gig economy” is making it “hard to

make a living.” She talks about South Australia’s unemployment rate and says, “it doesn’t matter who’s in government ... we’re losing jobs all the time.”

When Eliza finishes her study, she hopes to “get something more formal.” She talks about her passion for writing and says, “you can’t really make much money out of writing unless you’re really good; ... that ... would be my dream job, to be able to be a writer.”

e) *How chronic health problems, mental ill health and addictions can push workers toward informal employment*

Eleven informal workers (38%) in this study said they had been diagnosed with at least one chronic health condition. These health conditions included mental ill health, heart disease, hearing loss, arthritis, degenerative disc disease, blood clotting disorder and cancer. For these participants, informal employment provided conditions that accommodated their oscillating states of mental and physical health so they could remain engaged in the workforce. Five of these participants were deemed unable to work and received a government-funded Disability Support Pension (DSP). However, participants said that this pension was insufficient to meet living expenses so they turned to informal employment where they could remain hidden, while securing additional income. In this way, the relationship between informal employment and health becomes one of reverse causality, where poor health pushed participants into informal work.

Equally important to the economic gains, for these participants, was the sense of purpose that informal employment provided. Although having a sense of purpose can be an outcome of employment more generally (van der Noordt et al. 2014; Waddell & Burton 2006), it would appear particularly important for those who are excluded from formal employment and/or who have

chronic health conditions (Hjærtström et al. 2018).

Sue, an informal seamstress presented with co-morbidities that made it difficult for her to stand for long periods of time ([Story Box G](#)). On the one hand, *Sue*, was pushed into informality by her poor health status; however equally, informal employment presented her with the opportunity to remain engaged in the workforce at a level that was achievable. Several participants with chronic health problems said they would prefer formal over informal employment, however they could not imagine that formal work would provide the same accommodating conditions that informal employment did – making informal work the “*only alternative.*”

Story Box G

Sue: The poor helping the poor

Sue's work experiences include being a Coles supermarket checkout operator and a marriage celebrant—a job she loved but says she couldn't continue when the government imposed additional fees on the profession. She says, “Julia Gillard (former Australian Prime Minister) was the cause of that one.”

These days Sue isn't well. She rates her overall health status as 'poor' and says that physical health problems prevent her from undertaking daily tasks and engaging in society. Mentally however, Sue believes she is healthy; she feels calm and peaceful 'a good bit of the time' and says she 'never' feels downhearted and blue.

Aged 55, she has a heart condition (diagnosed at age 38), early-stage bowel cancer “and various other bits and pieces.” She attributes her poor health to her divorce in 2001, and the hardships she endured both before and after her marriage. She explains that “the divorce crippled me basically.

Once he moved out there was no income, and he refused to pay any maintenance ...that really brought me down I think, all the stress of that, being on a single parent's pension and not getting any child support (for three children). Trying to keep a house running and mortgage being paid off, and everything else, caused the heart disease. I lost the house ... in 2005."

Sue receives a disability pension and works informally "making children's clothes and bits and pieces." She says that when she moved, after she lost her home, she "had absolutely nothing. I didn't have a stick of furniture to my name. I had to get a No Interest Loan (NILS) ... (I had) very little for groceries and fuel and bits and pieces. I started going to Anglicare for lunch, and (that) was where it started." She says, "My daughter came with me one day, and she mentioned to one of the ladies there that I can do a bit sewing ... (someone) brought around two big green garbage bags full of clothing that she wanted mended, and curtains that she needed taking up and what have you. That's how it started."*

Much of her work is done for her community, and she describes her work as "the poor helping the poor." She "check(ed) out what they charge in the stores and ... just halved it." Sue says her work is largely sourced through word-of-mouth.

Sue believes that informal work is largely beneficial for her health and wellbeing. She says, "it's sitting and I find it relaxing. Physically it's relaxing and mentally it gives something, a little bit of a challenge, I enjoy that." Sue says she "doesn't feel depressed in any way" but admits she gets "stressed, very stressed at times, especially around payday" and that her informal work gives her a lifeline. She says that her work is "not regular, but without it there have been weeks where it's a

* No Interest Loans (NILS) is an Australian non-government organisation that provides individuals and families on low incomes with access to safe, fair and affordable credit.

toss-up between medication and food, and the medication has to come first of course.” She says, “there are some weeks where I can’t afford a lot of food. I’ve got to pay all the medications, because some weeks I have six or seven prescriptions. I know I get them at a cheaper rate but when you add \$6 up and multiply it, it gets quite hefty. Some weeks it’s fifty odd dollars. Or petrol in the car, so it just tops up the car or it might buy a couple of kilos of meat or milk, and bread, and eggs and stuff like that.”

The only downside for her health, says Sue, is that her osteoarthritis can affect her ability to sew: “if my fingers are swollen and in a lot of pain and I can’t move them.” She says she can “only do so much.” She says she has received minor injuries from sharp sewing objects.

Sue manages her health by taking “14 tablets a day” and says she is “happy with the medical team that I have.” She says that it’s all about “finding out (what’s) available” to help with health issues.

Self-taught, Sue loves to sew. She explains how she finds bargain clothing that she embellishes and then on-sells. Her latest project is buying second-hand jeans, ripping holes in them and selling them. Her “ultimate dream is to be able to make a wedding dress.”

Mental ill health was particularly common among this cohort, with participants reporting diagnoses of depression, anxiety, bipolar disorder, post-traumatic stress disorder, schizophrenia and borderline personality disorder. Tyler ([Story Box H](#)) was one of several workers diagnosed with a mental health condition, who defied medical advice and pursued informal employment for economic and psychosocial rewards. He explained how informal employment provided him with a purpose and helped him manage his depression. Despite these positive aspects for him and his

overall optimistic guise, Tyler's poor mental health, low capital resources and lack of self-confidence have, thus far, made it extremely challenging for him to achieve a more elevated social position.

Story Box H

Tyler: I want to work

Tyler, aged 22, identifies as being Aboriginal and is the only child of "successful" parents, who both hold professional positions. He says he left school halfway through year 11 because of bullying. After school he headed to the hospitality sector because "it was the easiest thing I could do."

He was fired from his formal hospitality job about two years ago and since then has been working informally for marketing companies, doing bar work, dancing, lawn mowing, furniture removal and mechanical repairs.

Tyler has been diagnosed with schizophrenia and says that his doctor has advised him against working, saying that it, "will affect my mental health and possibly make me worse." He says, doctors have also advised him not to quit smoking because it will "mess up my mental health ... because of the receptors in the brain or something ..." He says he also has depression, anxiety and post-traumatic stress disorder, and overall reports that his health status is 'fair'.

Tyler says that the welfare payments he receives (\$433 per fortnight) are insufficient to meet the cost of living, and so, despite medical advice, he turns to informal work to make ends meet. He says without informal work he "is broke"—he says he skips meals, "buys the cheapest, most disgusting" food he can afford and is left with virtually nothing at the end of the week. He also says that he has already used the 10 free psychologist appointments that he is entitled to under Australia's mental

health scheme and that his informal income enables him to be able to “afford to go to (more) appointments.”

Tyler describes the welfare system as “... the most useless bunch of people I’ve ever met” and explains his position by providing an example where he was unable to access transport to get to a job interview arranged by a job network agency. He says, “I’m a number. I’ve given them doctors’ certificates, proof letters. They don’t believe me, that I’ve got all these mental health issues. They don’t believe me. They think I’m just bullshitting just to get out of work. I wouldn’t bullshit. I actually want to work.”

Tyler says that working informally is beneficial for him, “Because it keeps me out of the house and stimulated, not just sat there, bored every day. That’s why I do the cash-in-hand jobs to get out and do something instead of just staying home and bored.”

Tyler says he struggles to negotiate fair work conditions. He describes himself as a “shy person” who finds it difficult to counter employers who, he says, exploit him. He provides examples of employers asking him to do more than was originally agreed and being paid less than he thought he would be paid. He says that employers are more powerful than him.

Tyler has injured himself while working informally. He describes how he injured his arm while lifting heavy items for a furniture removal business. Tyler says he is concerned about the lack of protection and superannuation in the informal sector. Whilst working on a building site, he says, “I wasn’t told about I had to wear steel caps. I wasn’t told about the certain clothes to wear. They just said come as you are, so I did.” He says, “I’d rather ... have health and safety (because) if I have an accident I’m covered. If I have the accident doing the cash-in-hand I’m not covered if I hurt myself on your own ... With the super, I’d rather have that to build up for my future for when I’m

older.”

Tyler says that it's the unstructured nature of informal work that takes its toll on his health. He says, "I structure everything in my day ... It helps my mental health just because structuring, I know what I'm doing. If I don't, I freak out and lose my mind. That's the easiest way of saying it."

Tyler says he'd really like to return to the hospitality sector but his mental health, previous experiences of discrimination (associated with his age and appearance: he has multiple tattoos) and low self-esteem present him enormous challenges to gaining fair and decent work. Despite this, he remains optimistic and says, "I just think tomorrow might be a better day. I could get a job tomorrow because even though I'm not meant to work I still apply for jobs ... Somebody might want to hire me. I just keep optimistic every day about it. I keep my hopes high. Somebody might want me. Somebody might want me for a job."

Two participants spoke about their illicit drug addictions. One of those workers was *Sam* (construction worker, [Story Box C](#)) and the other was *Zac* (general labourer, [Story Box I](#)). *Sam* described how the flexibility of informal employment allowed him to work while managing his drug addiction; and, for *Zac*, the sense of purpose that informal employment provided, enabled him to reduce marijuana use. *Zac* was a determined, young informal worker with a range of occupational experiences. He described his drug addiction as “*a bad habit*” that he overcame through informal employment. *Zac* was somewhat unique in his overt attitude towards Australia's taxation system and the confidence he was able to exert when he felt he was treated unfairly.

Zac: Hustling for work

Zac says he is driven by “cash in your pocket” and is trying to “keep my life interesting.” He says money makes him “feel good about myself” and he confidently says that “it’s so easy to get a job ... when you’re like me getting a lot of jobs left, right and centre, it just becomes second nature.” He also values informal work because of its tax-free status, saying, “I don’t like having to deal with taxes ... I know it sounds a little bit selfish but, you know, like the money I work for, why should it go to someone else, you know what I mean?”

Zac migrated with his family to Australia from South Korea at three months of age; he’s now 18 and still lives with his parents. He left school half-way through year 12 to pursue an electrical course, and later a mechanical apprenticeship but he says that he “wasn’t really satisfied with the pay” so he took up informal bricklaying instead. Things didn’t work out and he turned to fruit picking—oranges, mandarins, strawberries—as well as potato farming and “random farm work”—all were informal. Now-days he uses “Gumtree and Indeed (online marketplaces) and such...just hustling...always looking for jobs.” He says, “I’m loving the cash jobs because I’m not paying tax as a concern. So, right now here I am doing labouring [on construction sites] and casual time and working for someone else’s garden every now and then and delivering pizzas after hours.” He says he earns between \$300 and \$700 per week and that informal employment is his sole source of income.⁵

Zac says that working informally has a positive impact on his mental wellbeing and quality of life. He rates his health as ‘very good.’ Zac says, “It’s certainly a lot less stressful than working a full-time job. And plus the taxes, of course. And it gives me the flexibility to do more things that I want

to do.” He says that having “more free time” is important to him particularly because of his “weed addiction.” He says he started smoking marijuana when he was 16 years of age. He says, “I was smoking for like one and a half years and then after I started getting a little bit depressed, I started thinking yeah I don't want to do this anymore. So, I started getting more jobs and then started doing weed a lot less and eventually went cold turkey on it ... Like it does give me a sense of purpose and just doing jobs in general, it keeps my mind off just even thinking about going back to those bad habits of smoking weed.”

Zac says he has incurred workplace injuries. He says, “We were using ladders to climb on trees to get the high fruits and when I got down I mistakenly like jumped down with a load on me and that pressure like went to like snapped a bit of my disc, like out of place a little bit.” He explains that the use of personal protective equipment (PPE) is his responsibility, not something employers provide. During the interview, he realised that he wasn't protected by workers compensation but says that “it doesn't really bother me ... it certainly would be nice to be taken care of, but I consider myself a fairly independent person, so it's really nothing to me.” Off his fruit picking employer he says, “He didn't really care what we do. In fact, he was so careless about what the workers did. Like, it was one of those commission jobs where you'd get to work as much as you want, but if you don't work, you're just not going to get any money.” Zac says he wouldn't do fruit picking again because he believes the job is bad for health. He says, “it's not physically good for you, like your bone structure, you know what I mean? Like, if I did that for the rest of my life, I'd probably become a paraplegic or something.”

Zac has the confidence to stand up to employers that exploit him, saying “... if I'm not getting rewarded for it, I'm not going to deliver my service.” He says that since commencing informal work he has felt a much greater sense of control over his endeavours. He says, “Ever since I started doing

cash in hand jobs, I never felt that way again (at the mercy of employers). Before I did. Like, when I was stuck with my apprenticeship, I felt like I could only rely on that. But now over time, after developing hustling skills, I feel like if I lost one of my jobs, or even two or three, I could get another the next day.”

Zac says, “My goal right now is to build a business. Preferably it'll be cash in hand, so I don't have to pay taxes. But if it's not cash in hand, that's not the end of the world. But business is my priority as of now.”

5.2.2 Financial factors and economic capital

The primary motivator for informal employment among participants was the opportunity to acquire economic capital. Below I describe how the push-pull effect of economic resources was experienced. I also outline the role of the welfare system, as its influence was a recurring theme across a number of workers' narratives.

a) Pushed into informal employment to obtain basic living needs

The informal work undertaken by participants was largely driven by financial need and, for some, poverty. Low 'economic capital' (Bourdieu 1986) was a significant constraint for all participants and the pressure of economic necessity was ever-present. Participants identified that informal employment provided important economic resources that enabled them to pay rent and utilities, cover transport costs and buy food, clothing, medication, cigarettes and other necessities.

Informal workers commonly relied on public transport and those that had their own vehicles

commented on high running costs. Only two informal workers had home loans (one other participant had recently secured a home loan) and for some, non-homeownership was a major contributor to feelings of insecurity and housing stress. Other accommodation arrangements included government-owned housing, private rentals, share-housing and living with family members. One participant was homeless at the time of the study, several described insecure housing arrangements and two other participants had experienced homelessness in the past.

Moira was one participant who demonstrated just how valuable informal income could be ([Story Box J](#)). Driven by a strong work ethic, informal recycler, *Moira*, worked for many years to secure a financial loan to purchase her own home. *Moira* defied the notion that informal workers, and specifically, informal recyclers who scour rubbish bins, are at the bottom of the social class hierarchy. While she may not be entirely free from financial stress, she believed that informal work had made an enormous positive difference to her daily life, including her health and wellbeing. *Moira* rated her health as 'excellent.' Despite these positive aspects, ultimately, she said she would prefer formal employment.

Story Box J

Moira: An informal recycler with a home loan

In some parts of the world, a person with a job like Moira's would be described as an informal recycler, ragpicker or binner. Moira's self-employed position is scouring rubbish bins and public spaces looking for refundable drink receptacles. She's been doing this for about 12 years, up to six days a week. She "used to do seven (days)", but says, "I don't do Sundays now, because you're not supposed to work on Sundays" (according to her faith). She explains that when she was working seven days a week it was "because I was desperate for money ... sometimes you do these things

out of desperation, but in the long run, I've found since I've stopped doing Sundays I've picked up the money I lost on Sundays in other places." She explains how she feels "lucky" to have identified a number of lucrative ovals, where she is guaranteed to find a large number of cans and bottles.

Prior to becoming an informal recycler, Moira was working in a "factory...testing chemicals in sand and things like that." She says she lost her job and she "had to go on Centrelink (welfare support)", her income plummeted and she "wasn't doing a lot and really struggled. I was finding it hard ... really really hard." She alludes to spending time "on the streets."

These days, with the support of social services, she has a home and proudly says, "I've just taken out a loan to buy a house." She says informal recycling has given her "an incentive to get my own home" and claims that her work "helps pay some of the bills, like electricity and water and that...the cans I get can go towards paying off the house." She also receives a disability pension but says "there's no way I'd be able to afford a house" if she relied solely on the pension.

Moira feels that "people look down on (her)" for what she does. She says, "you can see the look on their faces ... all they see is someone going through bins, they think 'oh, that's disgusting'." Moira says that sometimes people offer "me money when they see me collecting cans ... and I don't like to take it ... it makes me feel that they're looking at me and giving me money for the wrong reasons." She says, "I'm doing the can collecting because I want to, it's my choice, you know ... I'm quite happy doing what I'm doing. I wouldn't have been doing it for this long (otherwise)." Moira differentiates herself from people who beg for money. She says, "I would never do that ... I feel comfortable collecting cans."

Moira says that her job can be dangerous "because you collect at night." But she says, "in all honesty, I never felt that I was in danger." She says that walking the streets helps her "because I

hate being cooped up in four walls all the time.” Moira explains that “if I’m sitting home I could get depressed. I could start to feel like I’m lost, you know.” She explains that her job has given her a sense of purpose: “While I’m out there working, I don’t have time to think, that’s one of the reasons why I do go out, because if I’m sitting home I’ll think about things maybe I shouldn’t be thinking about. Things that depress me ... It keeps my mind active, it keeps my body active and it makes me feel a better person for doing it.”

Moira doesn’t wear gloves or any protective equipment when she’s working. She says “I’ve cut myself a couple of times but when I get home I always put antiseptic or something on ... I’ve found I’ve never had infections ... the cuts haven’t been serious enough to warrant going to the hospital or anything like that, although because I’m on Warfarin (an anticoagulant medication) I will bleed more than what most do.” She says she does come across “needles and things like that ... but I always make sure before I put my hand in that I see what’s in there.” She says that if she can’t “actually see what’s in them” she leaves them as they “are just too dangerous.”

On a good day, Moira says she can “haul \$50 worth of cans” and that “the weather has a lot to do with it. If it’s hot people drink more.” She says informal recycling is competitive and it’s “each for themselves.” She says, “You’ll see collectors, if they see another collector they’ll rush to the bins ... I must admit, I’ve done that once or twice.”

Moira says that her job has “made her a lot fitter, because I’m doing a lot of walking.” She says, “I think it keeps me physically fit inside as well, because I keep having blood tests ... to make sure that everything’s okay, and it always comes back that my organs are in really good condition. I’ve got the blood pressure of a ... 23-year-old, so I guess that speaks for itself.”

Moira admits that she would prefer a formal job. She says, “I’d love to have a job—[a] full time

paying job. Who wouldn't? It would make life so much easier." At 67, Moira believes she is "too old to get a different job and explains, when she was younger, that employment agencies weren't "sending in my resume to employers, so there was no way I was going to get a job."

Moira believes her work has had a positive impact on her life and says, "it's working out well at the moment ... it's improved my state of mind and the way I feel about myself, and health wise, I know for sure that if I wasn't doing it I wouldn't be the person I am today." Though she says, "I hope I don't do it for the rest of my life, but if I have to, I will."

b) How Australia's Welfare System pushes workers towards informal employment

More than two-thirds of participants were receiving welfare support and had turned to informal employment because of financial struggle. This points to inadequacies in Australia's welfare system. Many of those receiving government welfare support identified welfare payments as being insufficient to meet the cost of living in SA. At the time of the study, for example, the maximum government-funded unemployment benefit was around \$559 per fortnight (or \$40 per day) for a single person with no dependents (Community Affairs References Committee 2020).

Participants receiving government welfare payments further commented on the bureaucratic burden imposed by the welfare system. In Australia, welfare recipients are required to fulfil mutual obligations, which the Government defined as *"the general principle that it is fair and reasonable to expect unemployed people receiving activity tested income support to do their best to find work, undertake activities that will improve their skills and increase their employment prospects and, in some circumstances, contribute something to their community in return for receiving income support"* (Australian Government). Several participants said that, under mutual

obligations, they were required to interact with job network agencies—organisations contracted by the Government to assist people to find work. Participants frequently reported that the support they were offered by job network agencies was meaningless and unfruitful, and indirectly contributed to them continuing to work informally. Several others said they were denied the opportunity to further their education because welfare policies* required them to pursue employment rather than education.

One study participant, *Theresa* ([Story Box K](#)), described exhausting and futile encounters with a system that is publicly promoted as designed to “*achieve greater self-sufficiency*” (Australian Government). *Theresa* was a long-term informal worker, with significant ‘cultural capital’ (Bourdieu 1986), including university qualifications, who had become trapped in informal employment and a precarious life. During her interview she shared numerous ideas for growing her informal tutoring venture, however she lacked the capacity to make her dreams come to fruition and her story was filled with ongoing uncertainty, hampered by systematic barriers to decent income, employment and housing security and social inclusion. Notwithstanding her precarious situation, *Theresa* demonstrated the affection and passion that Bourdieu (1997/2000) said enable ‘incorporated cultural capital’ to be activated in social fields (Abel 2007). For *Theresa* tutoring students in chemistry and physics was clearly a labour of love, that instilled optimism in her.

Story Box K

Theresa: A good teacher

* I was unable to find any evidence to indicate that this claim is reflected in Government policy, however several participants said that they believed that their education choices were constrained, which suggests lack of clarity, either on the part of participants and/or those acting as Government agents to activate welfare policies.

In around 2003, single mother, Theresa (now aged 56 years), looked to informal work as a means to support herself to complete a university degree: “I started doing cash-in-hand work when she (my daughter) was quite young because I was on the single mother’s pension and I went back to school, that’s when I got my [chemistry] degree but I was only doing it part-time and trying to make ends meet on the single mother’s pension and I started supplementing my income by doing a few cleaning jobs.” Not long after, a fellow student encouraged her to take on school student tutoring. She says, the income “was better”, she “wasn’t declaring any it” and, best of all, she thrived on the work: “I really fell in love with tutoring work.” Sadly, she explains, “at the end of my degree I wanted to ... become a qualified teacher but ... Centrelink (Australia’s welfare agency) wouldn’t support another year at uni ... (and) I haven’t got the finances to support myself through it so it’s just ... not an option.”

When Theresa’s daughter turned 16, income support payments ceased, she says she “was forced into complete bankruptcy”, lost her home and her ability to provide for her child: “I went for three months with no income except for my cash-in-hand work and it was like a really hard time.”

Despite graduating from university, Theresa struggled to find secure work in her chosen field. The tutoring fell away as she no longer had access to the primary source of this type of work: the university’s employment service. She cycled through a couple of short-term contracts in the mining industry and successfully held down a quality control job for five years before the company closed down; returning to informal—mostly cleaning and some tutoring—work in between, to help her survive. Government welfare payments, she says, are “not enough to get by on.”

In 2017, Theresa “got lots and lots of tutoring work” but this year (2018) “I haven’t got one student”, and once again has turned to informal cleaning jobs to make ends meet. She also receives welfare support payments. “Cruel” and “threatening” encounters with job network

agencies ensure that Theresa is cautious about reporting her job-related activities, declaring some but not all of her income: “otherwise the job networks ... force you to do Work for the Dole* and they force you to do courses that are so irrelevant and useless it’s a complete waste of time.” She says, “it doesn’t make me feel good because you know I’m deceiving them by not telling them what I’m actually doing but you know ... they yell at me like a naughty toddler ... and it’s humiliating.” She says that the welfare system fails to recognise her qualifications and skills: “all they have [on file is] that I have the ability to do cleaning work ... or pizza delivery or things like that.”

For Theresa, a positive aspect of working informally is the “control” she feels she has over the kinds of jobs she takes on. Conversely, the stress associated with potential tutoring jobs that fail to manifest, the barriers that inhibit her potential, and uncertainty about the future, take their toll. Over the years, while Theresa describes times when she was “doing really really well”, she has in the past and presently continues to experience significant material and social hardship: lack of fair and decent employment, homelessness and poor-quality housing, low income and social exclusion. These experiences, she says, have affected her health and wellbeing—she suffers rheumatoid arthritis and poor mental health, stating that she feels downhearted and blue ‘all of the time.’ Overall, she rates her health as ‘fair’, she ‘never’ has a lot of energy and her health status negatively affects her participation in social activities ‘all of the time.’

Theresa says she would be “really happy” if she could get enough tutoring work to get off welfare support and has a few ideas for how she may be able to attract more students. She explains that she simply would like to do “something that I enjoy.” She describes working with one student, whom she says, “was in tears” at the beginning of their tutoring relationship but that “she sent me

* Work for the Dole is an Australian Government mutual obligation program that requires welfare recipients to work in exchange for welfare payments.

a text message after she got her results, she said 'I am beyond happy'. She got 99.1% (in Year 12 chemistry) ... That was insane, I was like jumping around the room ... I've kept that text message like I just, you know, I always knew that I was a good teacher."

A number of informal workers—similarly to *Theresa*—who were subjected to the bureaucratic burden associated with welfare support, harboured anger towards what they considered to be a system that denied them basic human rights. For example, *Tina*, an informal sports referee and personal trainer, expressed frustration at the perceived failings of the welfare system ([Story Box L](#)). *Tina* spoke about the lack of protection against social disadvantage in Australia. She described the difficulties she encountered in finding secure employment, and how the opposing powers of the formal labour market and the welfare system constrained choice and opportunity.

Story Box L

Tina: Sacrificing security for personal meaning

Tina grew up in the north-eastern suburbs of Adelaide in what she describes as "a normal kind of household." She received a private education but didn't complete Year 12 after deciding that "school was more making friends than doing study."

In the past, Tina has held numerous formal jobs, mostly in the retail sector, while at the same continuing her education to develop multiple occupational skills (personal training, education, counselling). She explains that she wants "to be diverse enough to be able to —you know, if someone comes up to me and says I have this issue...I need help her. I can go, cool, I can help you with that kind of thing."

Tina began working informally from a young age and now days, aged 32, she works as a personal trainer and basketball referee, which she says she does “just to be able to buy my food and pay my bills.” She earns up to \$40 per game (games go for up to 60 minutes). She believes that this amount is “fair for what the job is.”

Despite her physically active occupation, Tina reports her health status as being ‘fair’ and says that physical and emotional health issues prevent her from reaching her full capacity.

Tina receives welfare payments (study allowance) of up to \$259 per week, which barely cover her rent of \$212. She doesn’t declare her informal income to Centrelink and explains that she would rather deal with the consequences of informal work (risk of being ‘caught’, risks to health and lack of protection) rather than the bureaucratic burden imposed by the welfare system. She says “...you (either) deal with this crap, or you deal with that crap.” At the same time, she recognises the precarity of her situation; she says, “Centrelink doesn’t feel secure either. I mean, the payments are always coming in, but there’s always that scared feeling of you know, what happens if it does get taken away? Yeah, there’s always that worry in the back of my mind that you know, if I do injure myself I’m screwed. It’s a sink or swim kind of situation.”

Tina believes that Australia doesn’t do enough to protect its citizens. She says, “I mean, if I could, I’d pack all my shit up and I’d go live in Norway where study is free. Everyone’s on a standard basic pay rate. And you know, the culture is just completely different to this stress-hole that we’ve got here in Australia. It’s just—I think it’s back to front, really. Like we look after people once they fall in a hole, rather than covering the hole so that people don’t fall in it.” Further, she says, “I know it feels like no matter what we do we’re constantly fighting for survival in a way that I don’t think that humans should have to fight for survival.” Tina rates her health as ‘fair’ and says that she feels

downhearted and blue 'most of the time.'

Tina likes her refereeing job, particularly games involving children and young people, "as long as their parents aren't there." She explains that she's been verbally abused and explains that "A lot of parents like to live vicariously through their children. And you can just see that on the court consistently. Yeah, you don't make a right call, sometimes things can just go bad." She says, "People want to throw their anger at someone. And you know, I just so happen to be a social punching bag for players and for coaches and for spectators."

Her work also exposes her to physical health risks. She says, "I think it's just weakness in body that happens after running so much. I had plantar fasciitis in my feet for about a year and a half. And sciatica as well, from running. And that can also be associated with having poor footwear as well ... I've had collisions. One of the other referees was running a bit too far out off of the court, and we were both facing the opposite direction. And he ran straight into me. And I ended up on the floor. My head hit the floor. I didn't go to the doctors after, but there was an assumed concussion from it."

Tina explains that health care is expensive. She says, "I went to a podiatrist for the free session. They wanted to charge me \$600 for a pair of orthotics. And I said, no, stick it. I'm not paying that. I ended up just buying a different pair of shoes, which cost about \$300. But yeah, they were more beneficial. It healed itself after that."

Tina knows that she isn't protected in the workplace, and says, "I don't think I'm covered by Workcover or anything. I mean, the stadium manager would come over and see if we're okay. But yeah, there's not really a lot of actual secure kind of assistance. I mean, if I need to take a week off because I sprained my ankle, I'd just take a week off and not get paid for it. So you either keep on

going, which I did at Christmas. I just kept going. I worked with a torn ligament ... I did I think 11 games in one day on a sprained ankle. So yeah, you either keep going or you don't."

Tina doesn't want a formal job and when I ask her if working informally is worth it she says "This lifestyle is definitely more stressful than having a secure, I guess, job. For me it's a challenge between personal meaning and lifestyle over security. So I think for me both have a certain challenge. Working in a full-time job brings about the challenge of not providing meaning to my own personal life. But I get security. For me to fight for personal meaning and lifestyle, I've got to sacrifice my security to either attain that or to work towards it or to live it."

5.2.3 Education, qualifications and work experience

Low levels of education, lack of industry-specific qualifications and lack of work experience were identified by participants as barriers to obtaining formal employment and pushed them towards informality. In [Story Box E](#), for example, *Brad* virtually dismissed any capital resources he may bring to a job because he didn't have a solid formal education. He explained how lack of qualifications made him feel "*useless*." He said that, although he had significant on-the-job experience, because he didn't have industry-recognised qualifications he was "*no good*."

Participants also described the relentless cycle of rejection by the formal labour market and the subsequent challenges of building up a work experience portfolio—particularly younger participants like *Jason* (food industry worker, [Story Box D](#)) and *Eliza* (childcare worker, [Story Box E](#)).

While *Brad* (general labourer, [Story Box E](#)) was one of only two informal workers who had not completed high school, several participants had strong 'cultural capital' (Bourdieu 1986) in the

form of undergraduate and postgraduate qualifications (41.4% had tertiary qualifications, [Table 6](#)). Informal workers' stories illustrated a surprisingly wide range of personal resources that they had accrued through education and life-long socialisation, and which equipped them to navigate various fields. Informal workers described interests, knowledge and skills related to both their hobbies as well as their occupations; educational attainment; participation in cultural activities such as music and literature; and personal values.

School and post-school education, and professional titles such as 'chemistry and physics tutor', 'accountant' and 'artist' represent 'institutionalised cultural capital' (Bourdieu 1986). In the field of informal employment however this type of capital was not necessarily a valued resource. This was the case for *Abdul*, an Iranian-born asylum seeker and qualified accountant who struggled to gain recognition for his overseas-acquired qualifications in the formal labour market. Unable to obtain a formal job, he was driven toward informal employment by economic need. For *Abdul* this was an unsatisfactory outcome because informal employment was invisible to Australia's immigration system. He explained that he was required to demonstrate a formal working history in this country in order to obtain permanent residency status, which he desperately wanted. His story is outlined in [Story Box M](#) below.

Story Box M

Abdul: An asylum seeker and qualified accountant whom no one will give a chance

"I came by boat", says 32-year-old Abdul of his arrival on Christmas Island (located 1500 kilometres west of Australia's coast) to seek asylum from Iran in 2013. Within four weeks he was living in South Australia. Abdul says he is trying to find a place "I can call home." He has moved around Adelaide's suburbs, currently renting a room in a northern suburb, which he says he doesn't

like: "it's just the look of the area, and the lifestyle ... I just don't feel like I can live there." He explains, "mentally I'm not coping really well these days and that's because ... I'm looking for somewhere to live and call it home (and) trying to get a job."

Abdul is a qualified accountant and has returned to university in Adelaide to obtain a local qualification because local employers don't recognise his qualification and he is struggling to find work. He explains "I've been calling tonnes of people every day, but it's a bit hard because when people see my name they think (I) may not be suitable ... they get the impression that I don't speak good English."

Since arriving in Australia, Abdul has worked informally in agriculture, construction, food service and unloading containers; acquiring jobs through online marketplaces and word-of-mouth.

Overall, his experiences have not been positive. In fact, he says, "he hated it. I hated the environment...(because) the employer is not abiding by the law ... (and) you get disrespected a lot. They yell at you ... mentally it's draining ... People don't treat you nicely, so that's what I hated." He describes an experience where he picked strawberries for "eight hours maybe or maybe even more. At the end I thought I would get about \$60 or \$70 but then he ripped me off and then he paid me \$2.50 per packet, and I think I ended up with \$30 or \$40." He says he knows of other people who work informally, who make "a lot of money ... working full time ... in construction." While he can see the benefit of "getting the money", which he needs to buy "food and clothes" he doesn't recommend it "in the long run ... not even in months ... [you] end up wasting your time."

Abdul has done some "really, really heavy manual labouring." He describes how his ankle was twisted and he "got hurt really badly, and I wasn't able to walk for about two weeks."

Overall, Abdul would normally consider himself to be a “very healthy” person, but he says that “these days I’m struggling ... with work and I’m struggling to make ends meet, so these days I just eat a lot of bad food ... I just eat cheap food because I’m trying to save on money, and that doesn’t go really well with my mentality ... I even put on weight ... But if I had a job I would be able to buy good food and that will go really well with my health.”

When asked to rate his overall health, Abdul said it was ‘poor.’ He says that pain has an ‘extreme’ impact on his normal daily activities and that emotional problems mean he doesn’t do as much as he would like or do things as carefully as he should. He only feels calm and peaceful ‘some of the time’, feeling downhearted and blue ‘all of the time’ and both his physical and mental health interfere with his social activities ‘all of the time.’

Abdul describes how social norms associated with construction work affected him; he says he would “end up eating ... all the bad food, like calorie dense food, or drink out of cans, fizzy and all that, which is really bad and I’m not that type of person who would do that. But for the sake of getting energy and being able to do the job I sort of need to work because it’s a very demanding and physically you’ve got to be strong and have strength and energy to be able to do that.”

Abdul believes that informal work is associated with culture. He explains that “if you work with Aussies ... they’re really good because they follow the law and all that, and they care about safety and all that really well. But if you work with Middle Easterners they’re not really good. They try to get you to work as hard as you can, they try to push you and make you work hard, and eventually it’s not really good, let alone physically.” He says, “it’s harder to get a job with an Australian person because ... you’re not one of them.” Abdul believes that if you work for Australians you “pay tax, people are ... abiding by ... the law and all that, (and) surely things would be different.”

He says that doing cash-in-hand work “just one or two days a week ... I don’t think there is harm in it. But if you do it constantly it’s physically and mentally draining, then there is no point because you’re just wasting your time.” He says he worries about where to put the money “because you get scared that it might get stolen. And you can’t put it in the bank because if the government knows that you have a lot of money they will ask you and they will question you, where did you get the money and all that?”

Abdul deeply values his education and the skills it gave him, and desperately wants a formal job. He says, “I want to read a book because ... if you do [informal] construction [work] you wouldn’t be able to read a book. I’d like to get a job as an accountant. But if I’m stuck in construction then there is no point.” He says that to be able to remain living in Australia he needs to work “three years and pay tax and so then I will be eligible to get permanent resident status.” Informal work, he explains, is “wasting my time because it didn’t give me what I need in terms of for my visa ... every day that goes by is just a waste of time not working and not paying any tax.” He says he has “just applied for a few jobs today so I’m hoping that I will get (one).” He says he’s even “willing to work for free ... to volunteer ... but no one is willing to let me, to give me a chance.”

Another participant, *Patricia* who worked in the hospitality sector, shared similar experiences of the struggle to gain recognition by Australian employers of overseas acquired work history, however in this case, the participant had been living in Australia since 2006 and was an Australian citizen. *Patricia* gained her teaching qualification under scholarship at an Australian university before returning to her country of birth to work as a teacher for many years. Eventually she returned to settle in Australia. *Patricia*’s story is outlined in [Story Box N](#) below.

Patricia: Because you don't have Australian experience it's very difficult

Patricia is a 46-year-old qualified teacher. She has a two-year-old daughter and lives with her husband in her own home. Born in Singapore to Indian parents, she migrated to Australia in 2006 and is an Australian citizen. Prior to this she came to Australia to study teaching, supported by a financial scholarship for international students. After that she returned to Singapore, married her husband and worked as a teacher at both primary and high school level.

Upon returning to Australia in 2006, to settle here permanently, she was hoping to continue her teaching degree however her expectations were never realised. She says, "The thing about Australia is that, I find it very very funny, no one will hire you until you have experience and no one will give you the Australian experience so the only option I had was to go and teach in rural areas but by then I was married and my husband was a chef and in rural areas I might get a job but my husband might not." Patricia says that Australia employers "want a native English speaker. They don't see me as competent. In that way they are not equal opportunity. If they are, they would see my skills." So they stayed in the city and she picked up a bit of work "here and there" doing "whatever she could find" but not teaching....for the next 10 years.

Two years ago she had a daughter and she is now a "full time housewife and mother" and "when I get time, I work, I basically take orders, clear tables in a restaurant." She says, "It's good because it's cash-in-hand. They pay you very very little. They pay you \$10 an hour. That is very low but what can you do. It's the only job that I'm getting. And it suits because it's in the evenings and I can just go for a few hours and my husband can take care of the baby and then I can come back. I don't earn much but it's something." Patricia knows that she is paid below the award rate. She says,

“You are not at advantage. You get paid a low rate, your hours are unpredictable, you don’t get sick leave, you don’t get any of the entitlements.”

Patricia’s husband works during the day so she can only work in the evenings when he is home to take care of their only child. She says she works about four or five hours a few times a week. The pay rate is the same whether she works weeknights or weekends. She has been working at this restaurant for about two months. Prior to this she was working for another restaurant. She acquired the job through a friend. Patricia says only one of the waiting staff is “one the books”, all the others are working informally. She says she “understands” why the employers operate this way, saying “it’s a family business and they are doing it tough.”

Patricia says the money “is worth it” as she has a mortgage and “the extra money it helps me a little bit with my budget.” She also receives left-over food at the end of her shifts. Patricia says that the work arrangement “gives me the power to not turn up.” She says the employers are “very nice and very honest.”

Patricia believes that there is a clear relationship between working and health. She says, “If you have a good job, it makes you happy and you have healthier sport and a healthier life.” She says, other than having tired feet, her job doesn’t have any physical effects on her health and she has never injured herself at work. However, she says, “it does affect my mental health.” She says sometimes she reflects on the fact that she has a degree and was a teacher compared to what she does now. She says, “I have a family and a house and all that but I earn \$10 an hour and I think ‘oh gosh’.” She says that it is not so much the job itself that affects her mental wellbeing but the “fact that I came here on a permanent residency (visa) with teaching qualifications and I couldn’t get a teaching job.” She talks about “the gap” between those who are given a chance and those who are

not. She says, "It's my bad luck." She worries about the future for her daughter. Like many other she says, "I would love to have a formal job with a formal contract ... but you need Australian experience."

5.2.4 How Australia's migration system pushes workers towards informal employment

For those on temporary Australian visas and who did not receive any other sources of income, informal employment was essential to meet not only daily living costs, but the additional cost of private health insurance—a policy requirement of Australia's immigration system (Department of Home Affairs). Five participants were living in South Australia under various types of visas and described the visa conditions as they understood them. One participant was on a Safe Haven Enterprise Visa,^{*} and required to work for three and half years in a formal tax-paying role to be eligible to apply for permanent residency in Australia. Another participant was on a Provisional Resident Return Visa[†]; and excluded from welfare support and Medicare (Australia's universal health insurance system). Two participants were on a student visas[‡], which allowed them to do some formal work depending on their level of study and a range of other criteria. They were also required to have private health insurance.

Some Culturally and Linguistically Diverse (CALD) participants demonstrated poor language skills and sought further clarification of some of my questions. No participants requested an interpreter although this was offered.

^{*} A visa for people seeking asylum in Australia.

[†] A temporary visa for people hoping to become permanent residents of Australia, which enables them to travel abroad and return to Australia.

[‡] A student visa enables people to study full time at a recognised institution in Australia.

Informal pizza delivery worker, *Arman*, held a partner visa (he was married to an Australian citizen) and ineligible for welfare support ([Story Box O](#), below). *Arman* had poor English language skills and Australia's social security system, he said, did little to support him. His primary focus at the time of the interview was earning sufficient income for daily living—though he had aspirations for change in the future. Like *Abdul* (general labourer, [Story Box M](#)), he expressed a sense of abandonment by Australian society and greater dependence on self-reliance.

Story Box O

Arman: An Afghani migrant helped by 'no one'

Arman, 28, doesn't have weekends off; he works seven days a week juggling a formal tiling job with informal work in a pizza shop. He manages the pizza shop on weekends "I do all the things: making pizza, taking order, and all the things, all the jobs"—working up to 8 hours a day for \$12 an hour. Quite simply, he explains, he needs the money, though he acknowledges that the pay is low. He says there have been times in his life when he had "a lot of problems" financially and was at risk of "homelessness." Now that he has both jobs things are "better." He says, "I can pay my rent and on time, my bills, stuff like that."

As an Afghani migrant, with temporary residency status, who has experienced difficulties securing formal work, he understands the vulnerability of his situation and values the opportunity to have a job of any kind: "I need the jobs and I'm trying to keep my jobs; [I] don't [want to] lose it."

Arman explains that his employer (pizza business) has provided training, pays on time and generally treats him well, though when he first commenced he says, "sometimes he become angry when we did something wrong." This generated some distress for him, as he was "trying to do

perfect.” But he believes “everyone [has] stress.” He says he enjoys the pizza business more than tiling, and bricklaying—a former job.

Arman doesn’t readily identify connections between his informal work and health. He says he has incurred minor injuries but nothing “really important”; and that his employer encourages him to “work safely.” He says his health is ‘very good.’

Arman doesn’t mind whether he works formally or informally, as long as he’s paid. He says, “I don’t care what...people think about me.” Arman doesn’t receive government income support payments and says, “no one has helped me.” He explains that he would prefer to pay tax and isn’t happy being paid in “cash all the time” but for now he has little choice.

Arman says that he has “learned a lot of things from the pizza shop” and that now he feels confident he can “plan a pizza shop” himself. He says, “in future, if I get married, if I become rich, I plan to make a pizza shop.”

5.2.5 Social norms

Australia’s Black Economy Taskforce made numerous references to ‘social norms’ as drivers of black economy activity; noting that *“black economy behaviours are powerfully influenced by social norms”* (Black Economy Taskforce 2017b, p. 50). The emphasis of the Taskforce’s social norm narrative however was on tax evasion i.e. the idea that ‘everyone cheats a bit’. In this study however, I found that social norms were much more deeply embedded in certain industry and ethnic groups; adding complexity to the notion that people can simply chose whether to ‘cheat a bit’ or not.

a) The normal way to behave in ‘this industry’

Similarly to the way in which informal employment is taken for granted and seen as a ‘normal way to behave’ (Abel 2007; Bourdieu 1984) by those who had early life experiences of this type of work, the field can also endorse informal work as a social norm. This was evident among particular occupation types including hospitality, seasonal horticulture and construction work.

For hospitality worker, *Diego*, informal employment was regarded as a social norm in his chosen occupation ([Story Box P](#)). *Diego* had access to ‘social and culture capitals’ (Bourdieu 1986) in the form of networks in the hospitality sector, as well as food and beverage service skills; however, opportunities to utilise his knowledge and skills, he said, were significantly restricted to the informal sector because of industry norms.

Story Box P

Diego: A ghost in the hospitality sector

South American-born Diego is passionate about good quality wines. He moved to Australia three years ago lured by South Australian shiraz. He is now an Australian citizen.

In addition to his formal office job, he currently works informally in a bar, and has also worked informally in restaurants, a beauty salon and as a delivery driver. Like many others in this study, he says he is “forced to do whatever...to survive, pay the bills and all that.”

Diego, aged 34 years, explains that informal work in the hospitality sector is extremely common in Australia—something which surprised him when he first arrived—and, he says, everyone is “happy to do it”, for the money. He says, “you have to do what it takes to survive.”

He says he wouldn't contemplate working informally in South America, as it's something only done by "backpackers." He says employers believe "taxes here (in Australia) are very high" and this perpetuates the informal sector. In one restaurant, he says, "out of maybe 40 employees...30 were [informal]." He believes that, because he's a "foreigner", employers take advantage of him and admits that he isn't fully informed of his rights. He explains that employers "...don't need your name...don't need the certificate—the RSA (Responsible Service of Alcohol certificate) ... nothing gets recorded. At the end of every shift they pay you, that's it. You're a ghost." Diego says he is asked to lie if anyone (e.g. taxation authority) questions him about his informal bar work; he says, "I'm on trial."*

Diego says, "all the times I have asked, 'Hey can I be a formal person?' because in a way, the thing makes me feel like I'm doing something illegal, you know? But then I understood—and also, some of the employers told me, that this is better because, 'Do you want to pay taxes on the wage that we are paying you?'" Diego says that he is troubled by the fact that he "is doing something wrong—that is not paying taxes." He feels a tension between doing the right thing and not "wanting to pay, because I need the money to do something else."

Diego says that employers can "treat you as slaves", demanding long hours and intense conditions, particularly in busy restaurant kitchens. He says he feels like he is on "a lesser level." This has a "huge impact on" him physically and psychologically, and he describes his overall health as 'fair'. He explains that it feels like "you don't exist to them and they don't really care about you. They just care about getting the job done ... they don't care about your life, who you are."

* Responsible Service of Alcohol (RSA) training provides Australian workers with knowledge and skills to serve and supply alcohol in a responsible manner and in accordance with the law.

Diego describes an incident where “somebody dropped the fries basket just out of the fryer, somebody else hit him and then he dropped the fries on the floor and then there was hot oil...luckily I was not burnt.” His employer’s reaction, he says, was “you know how it is, this never happened.”

Diego wonders “if something happens to me (in the workplace), who’s going to be responsible?” He says that while “serving drinks might not be something dangerous ... people get drunk and they start fights or things can happen. A fire, you have plenty of flammable material behind you. Then you’re a ghost.” If he injures himself, his employers say they will “pay you double and it never happened.”

Diego says that he will continue to work in the hospitality industry because of his interest in liquor, knowing that informality is the industry norm.

b) The normal way to behave in ‘this community’

Social norms were also evident in the stories told by participants from certain CALD backgrounds. For example, several ethnic participants said that informal employment was more common among particular Asian and Middle Eastern communities. Here ethnic informal employers were described as having ‘symbolic power’ (Bourdieu 1977, 1993; Wacquant 2008) over workers, dictating the terms of employment as though it was ‘the only way’ and denying workers a voice. While some ethnic participants were subservient to this form of power and found informal employment opportunities among their peers, these participants were far more likely to reject—at least in dialogue with me—the notion that informal employment and its associated conditions were acceptable. Those who had experienced injustice in the workplace however, were uncertain how

to change the social and cultural dynamics maintaining the informal sector within these ethnic communities. As a result—in addition to the need for economic resources and lack of other employment options— workers frequently engaged in informal employment even though they were philosophically opposed to their employment conditions; in a sense, they were trapped.

[Story Box Q](#) outlines *Li*'s story. *Li* was an international student working in a small supermarket, under what she described as exploitative conditions. She was pushed towards informal employment by economic need coupled with the constraints of her ethnicity and visa status. During her interview, *Li* reflected deeply on the injustice of informal employment—at times displaying distress—while equally recognising her limited influence over the situation. Negative experiences of informal employment however, hadn't overshadowed her goals and hopes for the future; and there was a sense of empowerment, underpinned by the belief that informal employment was a short-term activity and that, like *Jason* (food industry worker, [Story Box D](#)), she was just passing through on her way to a better working life.

Story Box Q

Li: An international student working in a supermarket

Li is from Indonesia. At 26, she already has a psychology degree and is currently studying accounting in Australia. Financially dependent on her parents, who live back home, she says she needed to earn some additional money to enjoy a quality life in Australia.

Even before being offered her current retail job in a local supermarket, Li was concerned that the wage that the Chinese employer would offer would be below the award rate. She explains that the Chinese community has a culture of cash-in-hand employment, and "they want to exploit

international students.” She earns \$10 an hour.

Disillusioned by the formal employment market, Li widened her job search and found her current position on a Chinese social media website—translating it to gain the details of the position. Like many others, Li explains, she is “forced” to work “illegally.” She says that many international students and migrants “find it really hard to find a job...because of the language barrier.” She says, “I have no other choice yet. That’s the main reason and it’s close to where I live, so it’s kind of an easy job ... I guess that’s how it is really ... [it] makes me feel that I have something to do. It’s good for me.”

Li believes that her employer is exploiting her and unfairly extending significant responsibility upon her. She says she “feel[s] stressed out when I’m there. When I’m bored, there’s no customer and I was like thinking, ‘is this worth it?’” She often works alone late into the night and says, “if something happens you don’t have anywhere to go to, there’s only you.” She says she has felt unsafe “especially Friday night [when] there are a lot of people who [have] been drinking and people who want to buy...cigarettes and yeah, there are scary looking people at night.”

Despite the low pay, boredom and stresses of the position, Li says the additional income gives her greater choices to enjoy life and contributes to essentials like health insurance, as she isn’t covered by Medicare—given her visa status.

Li rates her health as ‘good’ and, other than some physical health limitations, doesn’t consider her health status to have a significant negative impact on her capabilities, sense of wellbeing and her ability to engage in society.

Li feels strongly that her employer is treating her unfairly, but she takes solace in the fact that this

type of work is “everywhere” and that she is “not the only one who is experiencing this.” She also believes that her situation is temporary and hopes to work in accountancy as a permanent Australian resident in the future.

Any suggestion that opportunities for informal work in the northern suburbs of Adelaide are confined to CALD communities is unfounded. Some participants from CALD backgrounds expressed surprise that informal employment was offered by Australian employers. Confirming *Diego’s* ([Story Box P](#)) point, international students said that, although they worked informally in Australia, this was not something they would do in their home country. For example, for *Pal*, informal employment involving delivering advertising material and cleaning was a necessity to meet living costs ([Story Box R](#)). He received an international student scholarship, which he said was inadequate to meet the cost of living in SA. *Pal* said he wouldn’t work informally in his home country of Indonesia.

Story Box R

Pal: Delivering ‘junk’ mail in the suburbs

Pal is an international student who works informally delivering advertising material and cleaning “to try to strive to survive in Adelaide” with his wife, three-and-a-half-year-old son and 15-month-old daughter. He explains that although he receives “a [government] scholarship ... there is no financial support for [my] family.” From Indonesia, initially he came alone but later brought his family to join him. His wife raises their children and they survive on around \$30,000 per year. His biggest expense is accommodation—\$280 a week for a two-bedroom unit located in a fairly

socioeconomically advantaged area. Pal previously lived further north but felt isolated from the Indonesian community and is happier now he is living closer to the city and his community.

Pal delivers up to 600 real estate or pizza shop advertising brochures at a time, up to five days a week. Each delivery equates to around two to three hours walking. "Sometimes I can do up to ten kilometres ... I even tried one thousand brochures a day ... (it was) 16 kilometres (walking)." He is paid between 10 cents to 12.5 cents per brochure (\$60 to \$75 for two to three hours work), which he considers "good money [and] worth it." The volume of work fluctuates and there are weeks when Pal says he has to "rearrange [my] budget" because he doesn't have sufficient work. He says he works solely to "keep my family happy." The money he earns from informal work pays for special outings like going to the zoo, which would be out of reach if it were not for informal employment.

Pal also works as a cleaner—a type of job that he believes is common among Indonesian students. He didn't specifically seek to work informally but found it difficult to get formal work and explains that lack of transport, low income and lack of official documents (like a police clearance certificate) are barriers to gaining employment. Pal's visa status also limits the amount of formal work he can undertake. Pal's sources of work are online marketplaces and social networks.

For Pal, life is a juggle of work, family life and study commitments, and it takes its toll on him physically and mentally: "Walking up to ten kilometres...[makes] me feel tired, so after working sometimes [I] need [to sleep] so I can't study after working...concentration is quite hard." He says, "I have pain in this foot ... I didn't have the pain before [I started this job]." He explains, "If I do too much work, ...my family and my study will be affected ... if we are busy with my job...my wife will be upset because she [is] also tired [taking] care of my children. So, I don't [want to] have too much

job.”

Pal says his health is generally ‘good’, and overall he doesn’t experience any major physical, mental and social health problems.

Pal pays for private health insurance as he is not covered by Australia’s universal health system.

For advice about his foot pain he consulted the internet. He puts up with the foot pain “because I have to make my family happy.”

When he completes his studies, Pal will return to Indonesia to an office job. He says he wouldn’t do informal work in his home country but because the cost of living in Australia is high, “you have to survive.” He is surprised that “under the table” work exists in Australia.

Another observation that surprised participants from CALD backgrounds was that certain occupations appeared to only attract non-Australian citizens. Like *Pal* ([Story Box R](#)), Lao citizen, *Jerome*, was supplementing his international student scholarship with informal horticultural work and questioned why he had “never seen any Australian (working on the) farm ...” and only ever seen “other people from Vietnam, from Cambodia, from Myanmar and like from India or something like that, but not Australian” ([Story Box S](#)).

Story Box S

Jerome: Working hard in the horticultural industry

Jerome, 32, is an international student from Laos studying a Master of Education degree majoring in leadership and management. He likes living in South Australia and says, “it’s not difficult to find

a part-time informal job.” When he isn’t studying, he’s working informally picking fruit and vegetables in the market gardens of Playford’s Virginia district or the Barossa Valley for \$14 to \$18 an hour. He works between 10 to 20 hours a week, usually on the weekend picking “tomatoes, chillies, eggplants, cucumbers ... grapes.” He explains that working long hours is “fine...because the country that I come from is [a] developing country and I work harder there.” On picking days, Jerome needs to get up around 4am.

One thing Jerome says he has noticed is that Australian employers push workers to work quickly. He says, “in my country, if we work in the farm ... our employers don’t push us too hard, but here they try to tell us to work as quick as possible ... from my country we are a bit more relaxed.” He thinks that it’s “normal” for employers to push casual employers in this way but says it does “frustrate” him.

Jerome says that his job is beneficial from the point of view that it takes him “out of the study environment” and gives him a break from his study. On the flip side, he explains that it can take its toll on his study because the work is very tiring. He says, “I work on Saturday and Sunday and on Monday I cannot fully focus on studying. I feel a bit tired, so on Monday I usually don’t study ... effectively.”

Jerome says that he sometimes lacks motivation and has to “push [myself] really hard ... to go.” He says the job can involve lifting “probably more than 10 kilograms” at a time and “we get pains at the back or our hip.” He says it can be “quite hot” because he sometimes works in hot houses. He says that “when the day is very hot, for example about 35 or 37-38 degrees [Celsius] and it’s very, very hard to work and sometimes I just feel ... like ... I almost fell down on the ground.”

Dehydration is a workplace risk for Jerome. He says, “usually we bring the water with us and in

some farms they have a place that we can refill the water. That is not a problem, but sometimes for example when we have to go a bit far from the place that we can refill the water ... they tell us ... we have to wait until they said, 'Okay, now is the time for relaxing'." Jerome would prefer not to work when the temperatures reach mid to high 30s. He says, "in my country the weather is not very hot like that and then being under the sun is quite dangerous." He says, "I think it does affect our health...when the weather is very hot...I feel like headaches sometimes...and [I don't] sleep very well at night time." Jerome rates his health is 'fair', he experiences pain 'quite a bit of the time', and he says he only feels calm and peaceful 'some of the time.'

Jerome says that safety standards on farms vary. He says that when he was picking grapes he was advised to wear glasses and brightly colour clothing in the fields. In other settings, this hasn't been required. He says he hasn't sustained any significant injuries but brings his own first aid equipment with him, just in case. He says employers "never talk to me [about] anything" to do with OHS.

Jerome says he would prefer to work in a restaurant where he can interact with other people because he says he would like to "develop my English beside [the] economic stuff." He explains that farm employers don't like workers "talking a lot." He also says that he works mostly with other Lao people and when "we [are] together ... we talk to each other in my language, so I don't have a chance to speak English in that environment." He believes that it is difficult for males to get work in the hospitality sector; that they "usually...only employ women." In agriculture, he says, most of the workers are male and he speculates as to why so few Australians seem to do jobs such as the one he is doing. He wonders if it's because the work isn't safe and asks, "Do you think it's safe to work in the farm?" He goes on: "I heard that sometimes they use chemical. For example, when they already pick up all the tomatoes [at the] end of [the] day [they] spray the chemical on it...and then it [will] die and then they plant the new one. So I know that they use chemical in the farm...I don't

know how much chemical they use.”

Jerome’s wife has joined him in Australia but left his two-year-old son behind in Laos. He works informally to top up his scholarship-based income so he can reunite his family. He explains that the cost of “childcare (in Australia) is very expensive” and “at the moment I can only support my wife.” He feels a deep sense of responsibility to his family and says although it is “not my preference” to work informally, “it’s something that I have to do ... to bring my son here.” His wife has also joined him in picking grapes, tomatoes and cherries. When he finishes study, Jerome will return to Laos with his family and hopes to work in education.

c) Consumer demand

In addition to industry and ethnic-related social norms, the wider community can also contribute to sustaining informal work opportunities, which Gold (2019) describes as the ‘demand side of the informal economy.’ A long-term informal worker said, *“Most of the people I have conversations with, it’s assumed that some work is cash-in-hand”*, Sally (general labourer, [Story Box W](#)).

Some self-employed informal workers said they had encountered clients who wanted to pay cash-in-hand in exchange for a discounted rate. Participants also said they remained informed about ‘the going rate’ and purposefully undercut their formal competitors. At times they were successful in securing work in this way, however, as pointed out by general labourer, Brad ([Story Box E](#)), the field of employment is a competitive space, filled with struggle (Bourdieu 1990b):

“Some of them (clients) you get good responses from and a lot of people you don’t get much of a good response from because there’s a lot of scammers out there, and

that's the part I hate. Because when you're a legit person and you do legit jobs and you make sure that they're done the right way and then you've got some scumbag that's running around just ripping off people because they just want the money, but yet not finishing jobs or rushing jobs, or doing half the job or whatever. That takes a toll on you too."

In contrast to the view that consumers are contributing to perpetuating informal employment opportunities, participants believed that wider society did not condone their activities. Although participants lived in areas of both high and low socio-economic disadvantage, there was a consensus among participants that they were lower in the social class hierarchy by virtue of their employment status. Participants' perceptions of the wider community's perspectives on informal employment were framed around personal failing, desperation and cheating. Participants believed that Australians looked down on them for failing to build the appropriate 'social and cultural capital' (Bourdieu 1986) needed to engage in the workforce in a 'proper way'. They perceived that wider society generally believed that informal workers *"can't get a real job. That you're doing that because you're desperate and you can't do anything else"*, Janine ([Story Box A1](#)).

Similarly, Tyler (general labourer, [Story Box H](#)) framed his actions (and those of his fellow informal workers who also received welfare payments) as being fraudulent and deceiving the welfare state. However, like most participants, he also referred to the role of the employer in sustaining an informal employment sector that fails to provide employees with appropriate documentation.

Jamila was an informal cleaner who not only believed that informal workers like herself were cheating the government, she also felt that she was letting her family down and that her chosen occupation (cleaning) was associated with a lower class standing ([Story Box T](#)). Constrained by

debt, gender expectations and socio-economic disadvantage, *Jamila* believed her work was of limited personal value and presented as being significantly distressed by her situation. She confided in me and was referred to a support organisation.

Story Box T

Jamila: Someone from a lower class

Jamila, 29, and her family left Afghanistan to escape threats from the Taliban in 2005 and settled in Australia. Several years later, she bought into a cleaning company, which she says, cost her \$7000 upfront followed by weekly payments of \$187. As part of the contract, the cleaning company booked private jobs for her, but clients paid her directly in cash. She explains that the company did not take sufficient bookings for her, so she “cheated on them (and found) jobs for myself.” Eventually she folded on her contract with the cleaning company, which cost her an additional \$5000. Family problems and rising debt drove Jamila to seek out informal work on an ongoing basis, in addition to receiving welfare support payments.

At the moment, she works up to eight hours a week as a cleaner, earning about \$180 a week. She has also worked in the hospitality sector. Jamila would “like to have a formal job and...pay tax” but explains that it is hard to repay her debts and expenses, because “if I pay tax they cut my Centrelink (welfare payments).” She explains that her informal income “allows you to enjoy life a little ... beside paying your rent (\$270 a week), ... your bills and everything.” She also says that she assists her family financially, since her father stopped working following a cancer diagnosis. Jamila says she doesn’t like being a cleaner, “but I’m doing it ‘cause I need it. If I go to ... [a] restaurant ... they pay me just ... \$12 an hour ... but with the cleaning they pay me more ... [but] I really don’t like cleaning and I don’t like to work in this environment.” She explains her concerns about working

with cleaning chemicals and takes precautions to protect her skin.

Jamila has sustained some injuries while working. One incident involved a window crashing down on her finger. She says it “was really hurt so badly” and that she had to go to the emergency department for treatment.

Jamila says her health is ‘fair’ and that physical and emotional health problems prevent her from undertaking daily tasks. Jamila is emotional when sharing her story and she says she never feels calm and peaceful, has little energy, and feels downhearted and blue ‘all of the time’. Her physical and emotional problems prevent her from participating in social activities.

Jamila says, some clients “are really nice” but others “[treat you] like you [are] really someone down, you’re really in need ... they just treat me like I’m someone really from a low class ... they try to show me that I’m really the low class person.” She says this affects her mental wellbeing: “it really hurts me, I really feel so much down. From my inside I feel so bad, I feel so down.”

Jamila perceives that the wider community has a negative view of informal workers: “when you do cash-in-hand they think you really need money and you’re not a good person you know ... you’re cheating the government.” Jamila feels she has let her father down because of his stance on work and paying tax. She says he believes that “it’s really embarrassing for people who just go to Centrelink. When you have that power to work you have to work, don’t go to Centrelink. But the time came that his own children went to Centrelink and they were paid cash ... I feel so embarrassing and I feel so down when I think that I’m doing cash work.”

She describes her skills and abilities, including her previous work experiences as a translator in the armed forces. She says her husband now forbids her from pursuing this kind of work. Jamila’s

husband is “really strict.” She says he doesn’t let her study and decides whether she can work and what type of work she can do. She explains that he wanted “me to stay home” but because of financial hardship he said, “you have to go and work.” She says, “as long as I give money to my husband ... he’s ok.” Jamila says she is “so badly depressed.” She says she is “not happy, we had a lot of fight, we had a lot struggle. I said, ‘I can’t just stay home ... doing nothing.’ She hides information from him, including the financial support she provides to her parents, the online social sciences study she is currently undertaking and how she feels about her life circumstances. She says, “the funny thing is that I’m graduating at the end of this year and I’m still thinking but how shall I go to my graduation ceremony”, because her husband has no idea she is studying.

5.2.6 Personal values and the characteristics of informal employment

Informal employment is characterised by invisibility from welfare and taxation systems, flexible working conditions and the reward of immediate cash-in-hand. Below I describe how these characteristics motivated study participants to undertake informal employment.

a) Entrepreneurial drive and tax morale

Although it could be argued that all informal workers possessed entrepreneurial characteristics as described by Temkin (2009)—determined, competitive, resourceful, independent, perceptive and self-motivated—very few participants in this study were optimistic and profit-driven in the way that business entrepreneurs are often described (Temkin 2009). Exceptions included *Jason* (food industry worker, [Story Box D](#)), *Zac* (general labourer, [Story Box I](#)) and *Ali* (festival worker, [Story Box U](#), below)—three young male participants who regarded their informal work largely as an act of agency driven by a desire to accrue economic resources (not necessarily just to meet basic living

costs). In contrast, most other participants were (at least in part) driven to informal employment because of exclusion from the formal sector and out of necessity. For those who were further constrained by welfare and migration policies, informal employment enabled them to exercise entrepreneurship and access much needed economic capital, while avoiding detection by government officials.

Although economic need was a major motivator for engagement in informal employment, it wasn't limited to acquiring economic capital. For some, it was the immediate physical access to cash and the associated psychological sensations that participants identified as attractive. Informal festival worker, *Ali*, was one worker who described the gratification associated with being paid cash-in-hand for 'a hard day's work' ([Story Box U](#)). For *Ali*, like *Jason* (food industry worker, [Story Box D](#)) and *Zac* (general labourer, [Story Box I](#)), informal employment offered more benefits than disadvantages. Experiences in the informal employment field had taught *Ali* the 'rules of the game' (Bourdieu & Wacquant 1992) and he demonstrated confidence in his ability to navigate the informal sector for maximum benefit.

Story Box U

Ali: Working for the entertainment industry

Ali, 28, arrived in Australia from the middle east in 1998 as an eight-year-old and grew up in Adelaide's northern suburbs. Post-school, he completed a certificate in dental assisting and trade courses in construction and automotive. In addition to working in the formal sector, for several years now, he has worked informally in the entertainment industry—working at the Royal Adelaide Show and the Adelaide Fringe Festival (an arts and cultural event), the hospitality sector and doing various "laborious heavy-duty type jobs ... tiling, concreting, different trade jobs." He sources his

informal work through online marketplaces and says he prefers informal work because “it’s easier to get ... as opposed to a formal interview and questionnaire stuff like that.” Ali says, “rejections from the formal type of work” have driven him to the informal sector. He explains that “a lot of the construction ones are one off, but with festivals such as the Royal Show and the Fringe they do like my work so they always tell me, ‘you’re welcome to come back next year’.”

Informal work is satisfying for Ali because of the immediate gratification: “that feeling of getting paid on the spot and then seeing the money as opposed to its just electronically there.” He says, “it makes me feel pretty good because it’s all hard, like boys physical work. So, at the end of the day when you get paid, that’s because you seeing the money like after you’ve finished ... [it’s] a good feeling that you earn it. As opposed with the more formal work where you, you’re getting paid maybe [in] four days’ time.” He is paid \$15 an hour for working at the Adelaide Show and \$23 an hour at the Fringe, and because of the long hours associated with the jobs, he feels it’s worthwhile.

Ali says informal work is associated with “more benefits...than non-benefits.” He rates his overall health as ‘very good’ and says that finding informal work has helped him to overcome a “sort of depression period, where ... whatever I was doing I couldn’t find work and was getting frustrated with it.” He says that informal work experiences have “taught me to increase my work endurance, for example, I had the average of working twelve-hour days at the Fringe ... that really taught me to be consistent paced and have all my concentration level for long periods of time, which is a good thing.” “Getting less sleep” is usually “not that big a deal”, although he admits that doing a seventeen-hour shift once, took its toll.” “The downside” of informal work, he says, is the risk of being caught by government officials.

Ali says he’s only been injured once while working informally: “I was doing demolition work ... we

had a broken toilet cubicle and I just happened to place my leg on the edge of one and started bleeding ... I had to ... get a couple of stitches and had maybe a week off work.” He explains how he tried to get a doctor’s certificate for the time of but “that was a bit hard to get ... they were asking for the company’s details and stuff and I couldn’t really say much.” He says, “that [was a] bad experience.” Ali says that jobs like the Fringe “provide personal protective equipment (PPE) and they do have ... safety signs and in the induction they show us where the emergency [area is] ... and where the first-aid safety box and the emergency buttons, fire exists and stuff” are. He says that he doesn’t “jeopardise safety” at work, even if there are “long lines of people waiting” for rides.

Ali believes that changes to the job market, downsizing and closure of factories will make people “hungry for jobs...anything that they can find they’ll just grab.” He says his experiences in the informal sector have made him realise he shouldn’t “go for one day, two-day jobs, it has to be like you know at least a certain, like ten day carnival, one week yes. They’re more likely to be authentic.”

Ali can see the benefits of having an earning record but for now he plans to stick to informal work for the “feeling of seeing the money there.” He says he’s “never been a fan of super to be honest ... I think they’re just pretty much gambling with your money. I’d rather keep it myself.” As for leave entitlements, he says that “if you’re a good employee and you’ve worked for the company for a few years ... they would ... grant your request of a certain period of time for leave as recognition of your good work.” Ali’s ideal job would involve working with children, “like a youth worker sort of thing. Just like helping out you know kids in need.”

When analysing the main factors driving “*black economy behaviour*”, the Black Economy Taskforce (2017a) identified that “*high tax and compliance burdens provide a strong incentive for participation in the black economy*” (p. 17). This position was articulated despite international comparisons demonstrating that Australia is a low tax-paying nation (Dawson & Thornton 2019). At the time of writing, Australians who are considered residents for taxation purposes paid tax on income that exceeded \$18,200 (Australia Government). In this study, only a handful of participants clearly identified that among the main reasons they pursued informal employment was tax evasion. Even though several more participants noted the personal financial benefit of not paying tax, generally the reasons participants were engaged in informal employment were far more complex, as evident in the preceding sections.

One informal worker who was clearly opposed to paying tax and driven by financial reward was *Zac* (general labourer, [Story Box I](#)). He was eager to defy Australia’s social systems and rules, something the informal economy was able to offer. In contrast to *Zac*’s perspective, most participants said that they would prefer to comply with taxation laws but that they had little choice, for if they declared all their informal income, they would not be able to afford to meet living costs. There was an obvious tension for participants with a sense of tax morale—and the desire to free oneself from the stress associated with invisible work activity—and not paying tax because of the belief that they would be worse off financially. *Chloe* was one worker who spoke about these tensions ([Story Box V](#)). *Chloe* was the only study participant whose occupation was deemed illegal in the state of South Australia. I decided to include her story in the study because her occupation was legal in another jurisdiction where she worked. *Chloe* had a strong sense of responsibility towards paying tax however she said she felt unable to act on her moral viewpoint. Like several other participants, *Chloe* said she felt trapped in the informal sector.

Chloe: A double whammy - illegal employment and illegal occupation

Chloe, 38, left high school before year 12 and became a personal assistant in a medical practice. She was made redundant and found it difficult to find a similar job so for the past 16 years she has worked informally in the massage industry. She initially worked as a receptionist for a massage business but a few years ago, she starting to give massages as well. She says, "The money was too good not to and I had debt so I thought, yes, why not."

Technically, Chloe's massage work crosses the line into prostitution in South Australia, which is deemed an illegal activity. Her massage work involves body slides and masturbation. However, she also travels on a weekly basis to Victoria, where her work activities do not break the law, and where she earns "really, really good money." She says she can earn up to \$2000 for one night's work. In Adelaide, Chloe has her own massage clients, though she did have an employer in the past. In Victoria she works for an employer.

Chloe says she is "unemployed", receives welfare payments, and that her informal work is her "main form of income." Informal income means "I can register my car. Because I am on Centrelink, but that pretty much covers my rent and nothing else. So it means I can eat, it means I can pay my electricity bill." She says that deceiving the welfare system is a cause of anxiety for her. She says, "you don't want to deposit it (the cash) into your account in case Centrelink see it ... I feel weird. I feel like a drug dealer because I hide it in my suitcase ... it's really unnerving."

Chloe doesn't feel good about not paying tax. She says, "I feel like I should be contributing to society. ... I've worked for most of my life. So I feel the moral and ethics thing does get to you and,

as I said, I want to be contributing back to society but I've got no choice right now."

For Chloe, undertaking invisible work and dealing with its consequences, goes beyond the informal nature of the work; it is also largely associated with occupation. In the past Chloe enjoyed her work more than she does now; these days she sees it more as "a means to an end." She says she has been diagnosed with anxiety and depression. She says, "Excuse my language, it fucks with your head, it really does ... You think to yourself, 'you're better than this, you've got qualifications, you've done so much with your life'—it's a self-worth thing. And you bring yourself down going, "Fuck what am I doing? Really what am I doing?" It just wears you thin ... two of my friends know, and they're not keen on it but they're okay with it. Like, "You're making money that's the main thing" but there's something about the industry that just does your head in. I can't describe it but I think because it's so taxing on your body, because you're using your body as a weapon as such." Chloe rates her overall health as 'poor' and says that she lacks energy, and feels downhearted and blue 'most of the time.'

Chloe's work comes with physical hazards. She says that employers require workers to be tested for sexually transmitted diseases but other than that OHS standards are the workers' own responsibility. She says, "You just have to be mindful ... you just learn that over time."

Massage is physically hard work. She says, "... you feel exhausted. As you get older you feel how exhausted you are in a day. When I was younger when I was doing this I was fine, but it's a lot harder on your body that's for sure. And just tiring too, you're exhausted at the end of the day and just want to sleep." She says she has been abused by clients, "both verbally and physically. I had one guy try and pin [me] up against a wall. I managed to get him off me, I was working in [an] agency at the time and that was in Adelaide and reported him and he was banned from there. Yes,

just guys just being derogatory towards you just, because you're doing this you can do this". Chloe says her employer is supportive when incidents arise.

Chloe believes informal work has more negative impacts than formal work "because there's a lot more pressure with the cash-in-hand job because they could cancel. Not that any of my clients have ever cancelled, but they could and you're relying on that income as if you're working permanently, or even casually. It's still pressure if you are working casually and you're not required for that day, but most of my jobs have been permanent part-time so you're like, 'Yes I'm working today I'm earning this'."

For now, Chloe says she will continue to work informally in the massage industry; she says, "I've got no choice right now." She is looking for other work but feels that she can't work fulltime and appreciates the flexibility offered by the informal sector. She says, "Just mentally I can't do it (work full time) ... my psychologist said I put so much energy into my job and then I drain myself that I can't work. That's why I can't work fulltime."

Chloe says, "I've got a job interview tomorrow, I've got one next week, one I really, really want." She has also identified a job vacancy in the medical sector that she wants to apply for and, reflecting on her time working in the massage industry, says "I've realised that I've learnt so much ... I've got more to offer."

b) Control and flexibility over working conditions

Flexible working conditions was another key attractive attribute of informal employment. In addition to those with caring responsibilities and pre-existing health conditions who relied on

employment with flexible working hours, for others without such burdens, having control over when/where/who to work with was a desirable factor. Several interviewees claimed that they felt they had more control over their work arrangements when compared with formal employment conditions, and this instilled a sense of self-determination and power. This was evident in long-term informal worker *Sally's* story, who said that informal employment provided her with *“the power to control what I actually need to control about my work life”* ([Story Box W](#)). *Sally* demonstrated a strong awareness of power relations that operate in social fields and the ‘rules of the game’ (Bourdieu & Wacquant 1992) as they related to informal employment. However, *Sally* pointed out how the informal employment field could also make her feel undervalued as a result of interactions with clients and internal self-appraisal. It was not uncommon for informal workers to demonstrate a lack of confidence in their skills and abilities to trade their cultural capital resources in the field.

[Story Box W](#)

[Sally: In search of control and a better quality of life](#)

Sally is 48 and her extensive formal and informal work experience portfolio includes administrative tasks, artist’s model, counselling, record keeping, disability support work, drafting, tutoring, massage, editing, typing, cleaning, hospitality work, performing and music tuition. She has worked informally “probably since I was about 13” and describes herself as “resourceful.” Her ambition is to become a housing designer so she is currently studying a Diploma in Sustainable Building Design, and supplements welfare payments with informal work.

Sally enjoys her informal work but “would like to be paid a bit more” and says she feels devalued when people are “looking for a cheap solution.” She says that she is cautious about how much to

charge people and acknowledges that “I could be a bit bolder about putting rates up.” For music tuition she may charge between \$20 and \$35 an hour; the rate is reduced if she is “aware that the family doesn’t have a lot of money.” Relationships are important to Sally and she is happy to reduce her rate for people she likes and those that give her “a good deal of pleasure to teach.” She also says that people will barter goods: “They bring me cash but they’ll often turn up with some eggs from their chooks or veggies or they’ll invite me to things. So there’s benefits other than the cash ... I also do a lot of work for non-cash pay.” She says that this process of exchange and social connection has really “enhanced my—oh I suppose you would say—quality of life.”

Sally has a positive attitude to declaring formal income to Centrelink and considers it “socially important” to pay tax. However, she explains if she has an unexpected bill and needs to “get a bit extra without feeling like I’m really falling behind”, she turns to informal work that she doesn’t declare. For example, when she “was trying to pay the car off I put more effort into looking for cash-in-hand work.”

Sally rates her health as ‘good’ and although she has some physical health problems, mentally she feels well and reports that she ‘never’ feels downhearted and blue. Informal work offers Sally the flexibility to accommodate her health. She explains that “what control means for me is ... nominating for myself what days I work, what days I rest.” She says, “when you are working to someone else’s schedule ... there are expectations additional to what’s needed to do the job, about what a good worker looks like. And I don’t always fit those without a lot of extra effort. So, this is a way of meeting my needs.”

Sally explains that her physical and mental health have been impacted when she’s done informal work that she’s “not really fit enough to do.” She’s provided care for a child with a severe disability,

which she describes as “very physically intense.” Sally says she takes on such jobs when “the pay is good enough and the need is great enough.” She says, “I had virtually no other form of income at that time. So I felt like I had to keep going with it because I didn’t have other financial options. But I did it a lot longer than I probably should have. Solely for the money. And I ended up really resenting it ... I got pretty worn out by doing that.” Despite this experience, Sally says she relishes the sense of control she feels she has over her working life. She says, “I’ve got the power to control what I actually need to control about my work life. If I was working for somebody else it is different, well most of the time anyway. Most of the things I do this cash work for, if I was doing them in the context of being employed in a business to do them, I wouldn’t have the flexibility to negotiate what I negotiate and oftentimes to put them in around things. Whereas whether I’m doing these things or running my own business, it’s more about me calling the shots.” However, she goes on to say, “... it’s to do with power and power relations when they’re (the client is) thinking, ‘oh I’m looking for someone to do this job cheap and fast’. As opposed to ‘I’m looking for a professional person’ ... I’ve had experiences of ... somebody either has no clue what their work is worth or they don’t know how many hours it’s going to take. Or they’re just completely devaluing you ...”

To be an informal worker, Sally says she needs to be “an actor ... a performer.” She doesn’t let on to others just “how much I need this bit of work.” She says, “my siblings are professional people and I don’t put it— my situation—out there to them ... I lie ... because that’s not the story that they want and that’s not something I’m at all interested in sharing with them.”

In the future, Sally hopes to work part-time for her own building design company. Sally is a social person and explains that “some of the ways I meet people get me work.” She attributes her “hopeful attitude” to social capital and says, “I see a lot of lack of hope in areas like (Adelaide’s norther suburbs) ... people don’t see a future for themselves somewhere else. I suppose I’ve always

thought, 'well if it's shit now, something better will be around the corner.' And either I can make it happen or I can ride this until I'm in a better place to take control of things."

5.3 Concluding remarks

In this Chapter, I have highlighted the multiple, interwoven factors that drove participants to informal employment. What is apparent is that none of these workers have chosen to undertake informal employment in isolation of a wide range of social-economic-cultural contributing determinants, including personal and structural barriers to the alternative of formal employment.

The narrative accounts in this Chapter exemplify Bourdieu's theoretical concepts of capitals, habitus and the field; and how their combined effect shaped the practice of informal employment as workers navigated this space, mobilised their resources, internalised structures and expressed agency. In the next Chapter, I continue the story of informal employment by reconstructing experiences of informal employment conditions, employment relations and workplace conditions, which can have implications for health.

In the preceding Chapter I described how workers came to undertake informal employment. The Chapter also provided insights into the experiences of working informally. In this Chapter, I delve more deeply into these experiences using the [EMCONET frameworks](#). These frameworks include three over-arching and inter-related employment variables: characteristics of employment conditions, employment relations and workplace conditions (Benach et al. 2006).

While overall informal employment cannot be considered 'fair and decent', in this Chapter I explore participants' perceptions of both the negative as well as the positive aspects of their informal work experiences.

I describe the key characteristics of informal employment arrangements that I observed. Drawing on participants' narrative accounts, I illustrate how power is distributed within informal employment relations, as well as for those who are self-employed (informally) and between informal workers and their co-workers, and competitors in the social field. In the final section of this Chapter, I outline the workplace conditions experienced by informal workers. I identify the settings for informal work and the physical, chemical, ergonomic and psychosocial hazards that participants reported being exposed to while undertaking informal employment. While some of these exposures may not be exclusive to informal employment situations, the lack of protection associated with informality potentially places workers at greater risk than their formal counterparts.

6.1 Characteristics of employment relations in the informal sector

In this study, informal employment was often characterised by the following employment conditions:

- Informal arrangements (generally verbal) between employees and employers or self-employment (cash paid in exchange for products or services);
- The absence of formal recruitment and review processes;
- The absence of transparent documentation e.g. work contracts, declarations, pay slips, invoices/receipts or other evidence of work being undertaken for payment;
- Lack of worker entitlements e.g. leave, superannuation and workers compensation;
- Low payment and often lack of knowledge of award/agreement entitlements;
- Unstructured work-time/irregular hours;
- High turn-over; and
- Lack of unionisation.

Study participants acquired informal employment through social networks, on-line marketplaces (e.g. Gumtree), advertisements in public places (e.g. shop windows) and through outreach (e.g. proactively contacting builders to inquire if they had a need for a labourer). For some, the absence of a formal recruitment process was a positive aspect of informal employment, as this relieved participants of a potentially stressful process.

Upon accepting employment, informal workers were generally (although sometimes only vaguely) aware of the overall nature of the tasks that needed to be completed, the level of pay, and that payment would be made as cash-in-hand. Workers were often less clear about the days and hours of work, whether any equipment was required or available, the level of responsibility associated

with the role, whether any training was required to undertake the role, if any documentation (e.g. payslips) would be provided and whether the level of pay was acceptable for the proposed tasks. Workers perceived that they were excluded from Australia's workplace relations system.

The hourly income reported by participants ranged from \$7.50 to \$50 per hour. Few informal workers were aware of legislated award rates and none reported being union members. Self-employed participants appeared to lack confidence and often undersold their capital resources and capabilities, settling for lower levels of pay than they admitted being satisfied with. For some, inadequate pay and irregular hours were considered a given aspect of informal employment and something 'you had to put up with.'

Informal workers had no job security and it was common, particularly for those who had been working informally for a long time, to have had a wide variety of different occupations. While some participants spoke as though employment might be 'on-going', their situation was always tenuous by virtue of its invisibility from the state, and overall there appeared to be a high level of job mobility among participants.

6.2 Power relations

Stories of exploitation by employers, the suppression of voice and agency, speak largely of informal workers' reduced position of power in the 'field' (Bourdieu 1990b) of informal employment. Many workers described how they felt undervalued and treated as a disposable commodity. Iranian-born, qualified accountant, *Abdul* (general labourer, [Story Box M](#)), said an employer paid him much less upon completion of a job than was initially agreed. Informal festival worker, *Ali* ([Story Box U](#)), said he didn't get paid at all for doing several hours of construction work

after he injured himself on the job. Hospitality worker, *Diego* ([Story Box P](#)), said that employers can “*treat you as slaves*”, demanding long hours and intense conditions in busy restaurant kitchens. He went on to describe a situation where an employer gave him an ultimatum to either accept unfair conditions or face unemployment. Similarly, food industry worker, *Sophie*, said she asked her employer to formalise her employment arrangement but that her request was ignored ([Story Box X](#)). She said she had to monitor her pay closely to ensure she received what she believed she was entitled to—a process she found both unfair and distressing. In the absence of formal employment agreements and union support, these workers did not necessarily have access to the ‘capital resources’ (Bourdieu 1986) needed to advocate for fairness.

Story Box X

Sophie: Working informally in a sushi restaurant

Sophie, 18, is a full-time, first year university student who lives at home with her Korean-born family. Her parents provide her daily living needs but she works so she can earn money to replace a recently stolen laptop. She is also saving to move in with her friends.

Sophie works informally at a sushi restaurant at least 25 hours a week. For a full-time student, this is quite a lot of hours, but she explains that “it’s just the policy there, you have to work at least 25 hours.” She says it can be difficult to juggle work and study commitments and sometimes she has to skip lectures to go to work. Her employers have told her that if she can’t meet the hours, “they would ... let me go ... okay, so this is the threat, I have to work for 25 hours or else, you know.”

Sophie says that she was being “paid \$15 an hour until somebody ... recently ... called the Fair Work association ... [and] they had to raise it to \$18.81.” Sophie knew, when she agreed to take the job, that she would be paid below award rate and says she “told them, ‘do you know it’s below the

rate?” She has also requested to receive payslips detailing her cash payments, but says her employers simply dismiss her. She continues to work there “‘cause I really need the money.”

Sophie believes that employers who pay below award rates is a cultural norm. She says, “... immigrant communities, the store owners, they pay you like such a low rate ... and they get away with it ‘cause some people who work there can’t speak English so it’s like you can work here or just not work at all, never get a job. So, they can get away with like low-paying you know rates.” She says she’s heard of people being paid as low as \$7 an hour but she says people often feel powerless to do anything about it: “I don’t think people can do anything about it so it is like—they just you know go through it like through force and go, ‘oh okay like this is my life now’ and just do it but they don’t really have a choice most of the time.” She says, “I think I have more freedom than other people just ‘cause I can speak English, but yeah, some people just don’t have that freedom.”

Sophie says overall her health is ‘good’. The main impact of Sophie’s work on her health is the distress it causes to her mental wellbeing. Sophie explains that she has to keep a close eye on what her employers pay her. She says, “every week I have to count how many hours and I have to be the one to make sure it’s like the right amount ... so it’s like really stressful in a way ‘cause it’s like, ‘why is it \$1 off’ or ‘why is it \$5 off’? I have to go tell them every single week like, ‘why is it off’, you know?” Pay day also varies which she finds “really annoying.” She says, “I got really stressed about the money ‘cause this is my first like part-time job so it’s like is this supposed to happen? Is this right? ... I haven’t really coped well, I just stress out. When I get the right amount then I just go yes, finally, it’s done, then it repeats.”

She also explains that “physically I get really tired ‘cause it’s 25 hours of work, fulltime student, you could imagine the work plus the study and assignments and the tests, all that so it’s really tiring”

She says her “feet used to hurt a lot but now I’m used to it so I’m like oh it’s just numb, it’ll go away.” Sophie doesn’t consider her workplace to be “dangerous” but she says there are a lot of breakages “like the jugs, they break when we try to like get them up on the sink.” She says, “I cut my finger from that, that was traumatising...[I] impaled my fingers, it was like oh no, ... I’m going to get fired over a jug.” Her workplace has few first aid supplies and Sophie has learnt to take care of herself.

Sophie says that her job provides benefits in terms of financial reward, free food/leftovers, and she likes “the freedom” of the job and has a “really supportive” manager (in contrast to her employer).

Sophie describes herself as lazy and explains that she keeps her job as she doesn’t have “time to write up a resume again, look around, that’s like time-consuming.” She says that while her employers don’t “abuse” workers, they do “tell you off” but “because they can’t speak to you in English they are really vague about stuff.” She says, “when I tell them about the pay slip or whatever they get really defensive—‘cause you know they’re doing something illegal basically so they don’t want to be like caught up with like you know evidence or whatever so they don’t want to give you like proof, I’d say.”

Sophie receives welfare payments and she says “for ... Centrelink, I wanted to ... register that I was working so I was like, ‘can you give me all this information’... and they’re like really defensive about it. They got really angry that I was asking them for it ... I didn’t understand why they were being so ... caught up in that but then I remembered they were being shady so they don’t want to be caught up with the government.”

Sophie thinks that “it’s horrible ... so stressful” that there are informal jobs in Australia today. She says she has tried to get work elsewhere but lack of experience and her age are barriers.

Sophie (and several other participants) highlight the ethnic norms (as discussed previously in [section 5.2.5](#)) that exist in the informal employment sector, and identified how her ‘cultural capital’ resource of English language helped her navigate the ‘field’ (Bourdieu 1986), where others may be more disadvantaged. Other participants agreed that particular groups of informal workers, including those from non-English speaking backgrounds, were more vulnerable to exploitation by informal employers. Participants identified international students as being at particular risk to exploitation as they “*are forced*” into the informal sector as a means to acquire ‘economic capital’ (Bourdieu 1986). Employment relations power hierarchies were also identified as being more problematic by some self-employed workers in particular occupations (e.g. construction), where informality was considered normal. For example, construction worker, *Sam* ([Story Box C](#)), described how ‘cashed-up builders’ had the power to hire and fire as they wished—suggesting workers were an expendable resource.

Some workers were very concerned about the level of responsibility they were asked to take on by employers; such as supermarket worker, *Li*, who felt unsafe working alone late into the night ([Story Box Q](#)). A number of participants said they had to pay themselves directly from the cash register—something not everyone was comfortable doing for fear of error and accusations.

Several female informal workers including *Jamila* (cleaner, [Story Box T](#)) and *Li* (supermarket worker, [Story Box Q](#)) said that they had experienced the effects of gender inequality, in addition to the impact of the employee-employer hierarchy. These participants said that male employers pressured female employees to work “*harder*” while they watched on or asked workers to do more than what was initially expected. Female workers said they were too concerned about the potential consequences (e.g. unemployment) to raise concerns with their employers.

For other participants, employee/employer relations were more positive; noting that they were mostly males. Six informal workers reported that they felt valued and supported by their employers. For example, *Mal* (furniture removalist, [Story Box A](#)) and *Jason* (food industry worker, [Story Box D](#)) felt respected in the workplace, and that their employers would defend them if necessary. Informal bar manager, *Matt* ([Story Box Y](#)) relished in the authority entrusted to him by his employers to manage the bar; and even though he didn't own the business, he felt a strong connection to his workplace, and willingly invested his 'cultural and social capital' in the workplace (Bourdieu 1986).

Story Box Y

Matt: Informal employment as a form of self expression

Deindustrialisation indirectly provided 20-year-old Matt with informal work, when redundant workers used their payouts to set up a bar. A semi-professional dancer in the formal sector, Matt also works up to 36 hours a week (up to 14 hours/day) in the informal sector, having "great fun" managing a bar with flexible work arrangements: "I never have to worry about getting time off or anything, it just kind of works in with my schedule very well." He says his income is sufficient to meet costs of living and he doesn't need or want ("morally") to rely on the welfare system. His employers trust him to manage stock, oversee staff, establish special drinks deals and pay himself directly from the till at the end of the night. These aspect of the job—having some sense of power and being allowed to "take the reins"—Matt explains, are particularly appealing. He also describes his personal investment in the bar and the relationships he has with the people associated with it: "There's a lot of, maybe, cultural capital for me in the bar ... I'm very attached to the place."

Despite these positive aspects, Matt knows that he is being paid below award rate. He earns \$20

an hour and says most of the time he works longer hours than he is paid for. But he says, that the positives outweigh the negatives, and he couldn't see himself "doing a similar thing in a more strict and more formal environment ... it definitely makes it more attractive for me to go to work." All bar workers at the establishment are paid cash-in-hand and Matt is confident that if this weren't the case, the business would not be financially viable. He describes his sense of obligation to keeping the business afloat.

When it comes to health and wellbeing, Matt talks about the impact of long working days/nights, sleep deprivation that results in night terrors and anxiety, lower back pain attributed to hauling 75-kilogram beer kegs, dealing with drunken patrons who can be threatening and abusive, and injuries from broken glass; and admits that the instability of the role can play on his mind.

While Matt believes that drinking alcohol and smoking are well-established behavioural norms associated with bar work—"I don't know of any bartenders that don't smoke"—he also sees a direct relationship between informality and these health-related behaviours. He explains, "being cash-in-hand like I am, it's not like I have formal breaks or anything, so quite often when I'm on shift I'll probably have a couple of more beers than I should, and I smoke a lot more because that's my only break when I'm at work, is to go outside and have a cigarette." Matt is trained in responsible service of alcohol (RSA) but regards alcohol consumption by staff at work as part of the job, as it contributes to creating "a better atmosphere." He acknowledges that authorities "wouldn't see it that way."

The idea of applying labour market policies such as leave entitlements, OHS, and workers compensation in this workplace are incomprehensible to Matt: "The bar I'm at, I find it hard to imagine a scenario where there is that sort of help available. It seems a bit beyond my conception.

It would be nice to have them but ... it's a small workplace ... it's a trade-off ... (OHS) is common sense."

For Matt, working is a "form of self-expression"; he enjoys his job, it provides him with a sense of purpose and he looks forward to going to work; he recognises the benefits of working for his mental health and wellbeing. Matt rates his overall health as 'very good.'

While his first love is Irish music and dancing, he says that, "it's a tough market playing Irish music in Australia" and for now he'll continue "doing the whole informal thing." He considers employers as being responsible for driving informality; "[you don't see people saying] 'I want cash-in-hand work please. I'd like to be paid under the table'." At the same time, he describes his political views as "probably more right-wing", and doesn't believe, given his earnings, that he ought to be contributing more than he already does to Australia's tax base.

Most interviewees, who spoke about relations between themselves and their co-workers, described how they shared similar positions of power. For example, several participants reported that all workers were employed on similar terms and conditions in the same workplace. Horticultural worker, *Jerome* ([Story Box S](#)), said that interaction with fellow workers was discouraged by his employer, thereby suppressing opportunities to build capital resources and disrupt power relations. Social interaction was particularly important to *Jerome* because he came from Laos, as did other workers on the farm, so employment with other Laos citizens presented an opportunity to build 'social capital' (Bourdieu 1986). The narrative was somewhat different for some self-employed informal workers, who described greater perceived control over their work activities and opportunities to acquire increments in positions of power. For example, informal

recycler, *Moira* ([Story Box J](#)) described the competitiveness among her fellow recyclers who would sometimes “*rush to the bins*” and *Brad* (general labourer, [Story Box E](#)) spoke about competition from “*scammers*” in the construction industry.

Informal childcare worker, *Eliza* ([Story Box F](#)), said that ultimately governments and politicians were responsible for the current precarious job market situation, and that the power to affect change rested at that level. She blamed governments and politics for the sustainability of the informal economy; and believed that politicians don’t deliver on their promises of (the slogan) “*more jobs, more jobs*”, describing the current situation as a “*jobs crisis*.” She said;

“... because of their (government) policies, it’s resorted in this sort of work happening. Their decisions have impacted, you know ... it’s getting harder and harder for people ... how do you get a job, and traineeships and apprenticeships are down... Especially in SA, like, we have got the worst unemployment here, we’re losing jobs all the time, it doesn’t matter who’s in government really ... The system is so flawed, and it’s just not helping anyone. I don’t know, maybe that’s why I’m into politics because I can see what’s so wrong with it...”

Eliza spoke about the challenges for young people, as well as mothers who had taken time away from working and were trying to re-engage in the workforce. From her own experience, she also identified the challenges of acquiring employment conditions that are flexible enough for those with family caring responsibilities. *Eliza* felt let down and abandoned by the powerful actors driving the labour market and employment opportunities. She said she could understand why people turned to “*...doing cash-in-hand work, because we have no choice.*”

6.3 Workplace conditions

It is important to note that the health hazards informal workers reported being exposed to may be associated with occupation type and not necessarily limited to those working under informal conditions. For example, exposure to certain chemical and physical hazards may routinely occur in occupations such as construction, recycling and cleaning. However, as highlighted earlier, informal workers may be at greater risk of exposure to unhealthy working conditions than those in the formal sector, have lower use of PPE and limited recourse in the event of work-related adverse health outcomes (Akormedi, Asampong & Fobil ; Ballesteros, Arango & Urrego 2012; da Silva, Fassa & Kriebel 2006a; Ferreira et al. 2008; Gómez-Palencia et al. 2012; Gutberlet et al. 2009; Hassan et al. 2017; Olurinola et al. 2014; Rendleman & Feldstein 1997; Santana & Loomis 2004; Sarkar 2003; Walter et al. 2002; Yang et al. 2017), and therefore it is worth exploring workers' perceptions in the Australian context.

Informal work was carried out in numerous locations including workers' homes, public places, client's homes, private business locations, sporting venues and formal workplaces. In these workplaces, participants were exposed to a wide range of physical, chemical, ergonomic and psychosocial hazards (**Table 6-1**).

Table 6-1: Physical, chemical, ergonomic and psychosocial hazards in the informal work environment

Physical	Chemical	Ergonomic	Psychosocial
Asbestos dust	Cleaning chemicals	Long hours without breaks	Invisibility
Clay dust	Horticultural chemicals	Prolonged standing/walking/running or static positions	Job insecurity
Sun and heat exposure		Heavy lifting and	Not paying tax
Loud noise			Low pay and lack of entitlements

Sharp objects		manual labouring	Unfair power relations (lack of respect, exploitation)
Construction materials			
Heavy objects			Irregular work hours
Heights			Misrepresenting work activities
Workplace equipment (e.g. sewing machine, hot appliances)			Violence
Violence and physical encounters			Lack of work breaks
Contaminated waste			
Biological matter			

6.3.1 Physical and chemical exposures while undertaking informal employment

Physical and chemical hazards were often associated with occupation type. For example, exposure to asbestos dust occurred on building demolition/renovation sites; and clay dust was associated with sculpture work. Sun and heat exposure were hazards for those working in the horticultural sector, often working long hours both outdoors and in hothouses. Loud noise was a physical hazard for an informal DJ who didn't wear hearing protection. Sharp objects included broken glass was a common hazard for those in food/beverage service and cleaning industries. Construction materials, heights and heavy objects were hazards for those working in construction; heavy objects were also a hazard for furniture removalists and delivery drivers. Violence was a hazard for workers in the hospitality sector, where alcohol-fuelled aggressive behaviour was common, and for a sports referee, who experienced physical contact with players (e.g. collisions). Informal recyclers were potentially exposed to hazardous waste materials; not to wearing gloves when

searching through waste bins. A body piercer, childcare worker and masseuse were potentially exposed to biological matter (e.g. blood from body piercing, vomit and faeces from infants/children, and skin conditions from massage clients).

6.3.2 Occupational Health and Safety (OHS) standards and the use of Personal Protective Equipment (PPE)

One of the key differences between formal and informal employment conditions is the implementation of OHS standards, and the use of PPE and other protective measures (e.g. appropriate training and matching skills with jobs). Few workers demonstrated sound knowledge of OHS standards; some laughed at my questions relating to this, suggesting that standards were not generally thought about, let alone implemented. In the field of informal employment, OHS became voluntary standards of practice, with agency resting with individual workers. Although some informal workers self-invested in PPE and participated in work safe training programs, others were unable to meet this need for lack of economic resources.

Self-employed construction worker, *Trevor* ([Story Box B](#)) acquire his own PPE and participated in training to ensure safety when working at heights, in confined spaces, while using excavators and bobcats. General labourer, *Zac* ([Story Box I](#)), said he had to provide his own PPE because his *“employer doesn’t really care...but I just do it anyway because it’s obviously a better idea.”*

Informal festival worker, *Ali* ([Story Box U](#)), said his workplaces provided equipment and training *“just like a formal job.”* Several workers said they had to bring their own first aid equipment to work, while others *“ran up the road”* (e.g. Matt, bar manager, [Story Box Y](#)) for equipment when there was an incident.

Informal artist, *Jack*, was well trained in taking precautionary measures to protect himself from inhaling clay dust during ceramic work, however he took little action to put such measures in place ([Story Box Z](#)). For several participants, the work setting was the home, which was ill-equipped to ensure a safe working environment.

Story Box Z

Jack: A young artist selling his work in the informal marketplace

Jack “couldn’t find a part-time job” so about two years ago his Mum suggested he start “selling [my ceramics and other artwork] at markets and stuff.” He’s trained in visual arts and has a degree from the University of South Australia, and selling his artwork informally is “really all I’ve got at the moment”—he doesn’t receive any other sources of income. He says he’s tried “to get anything, working at Maccas (McDonalds) or Pizza Hut or whatever on the side but they’re just like, ‘No you don’t have the experience’.” Instead, he makes “ceramics, sculpture ... throwing, like pottery sort of things ... hand-built vessels and stuff” to sell at markets and through the internet. His work doesn’t generate a big income. He says he on a good day, he may earn \$150 but usually it’s around “60 to 80 bucks.” He says that earning such a low income makes him feel “pretty anxious about being able to afford things ... (and he worries) about being a burden [to my parents].” He says, “it’s not a great situation to be in I guess because I have been looking for work and I can’t even get a little part-time job at Macca’s.”

Visual art materials are costly, and Jack says he sells his work so he can reinvest in his art, so he doesn’t have to “live off my parents” and to “improve my art practice.” Jack lives with his parents, both of whom work, and he says he inherited his creativity from his Dad who’s “done drawing and stuff.”

Jack explains that his art is “pretty important” to him. He says “it’s a way that I express stuff. I had a lot of depression and stuff growing up so I guess I put it into art a bit.” He says in high school, “a lot of people ...just thought I was a freak ... when I came out, because I’m a transgender ... it was causing depression [and] anxiety ... Since I have come out it’s been a lot better.” He says that selling his artwork makes him feel good “because I’m sort of emotionally invested in it ... it’s a good feeling and stuff because to be honest, when I first started I didn’t think people were going to buy it because I was like, “no it’s crap”... but some people do like it so that’s good.”

Jack rates his health as ‘good’, though he acknowledges that emotional problems can get in the way of daily accomplishments. Jack acknowledges that his mental health may have contributed to his placement in the informal economy and thinks that informal work is beneficial for his mental health. He says, “I was worried about getting a job ... because of my anxiety and stuff. It would make it really hard to sleep and I was worried that I would not be able to get there on time or something. [Working informally] is just something I can do at my own pace. I don’t have an obligation I have to worry about.” Having said that, he says he would like to have a formal job, but recognises that a formal job as an artist is a challenging space ‘to crack’.

Working with ceramics can be hazardous to health. Jack says, “you have to be careful about the glaze chemicals you might use and dust and stuff like that.” He says he tries “to do it outside if I’m at home because then it’s not like trapped in the house or the air conditioner or anything. I wear a dust mask but that’s about it.” This is in contrast to how he was taught at university where he says students were taught “how to use the dust extract thing in the glaze room and...basic hazard reduction kind of stuff.” He says he can become complacent; “sometimes I’m like, ‘no it’s fine’ and I’ll just do something quickly ... I try not to because I don’t want to inhale that kind of stuff.” He explains what he thinks happens if a person inhales too much clay dust: “I don’t know really. I think

it can cause a lot of breathing issue kind of things. It can get worse if you do it every time sort of thing so it's something really bad." He considers that his exposure to the dust is not sufficient to cause a problem.

Throwing ceramics can affect physical health. Jack explains that "because of the way you have to sit. I have an old shoulder injury that aggravates and that can be a pain ... it just can make it hard sometimes."

Jack perceives that informal work is very common in the artistic world. He differentiates his work from being a hobby based on the "time put into it" and sees what he is doing as his job. He says, "until I find something different I don't really have anything else that I can do as a job."

Jack has enrolled in an environmental science degree in a bid to build a career. He says that he hopes art will always be part of his life, even as a hobby. He says, "it's just kind of a thing that I do."

Like Jack, Janine ([Story Box A1](#)) who worked as a body piercer implemented few OHS precautions. Although she had not been formally trained in body piercing, she was confident in her ability to manage risks associated with the procedure. In the formal sector, a worker like Janine would be required to comply with body piercing regulations (Government of South Australia 2004).

Story Box A1

Janine: We're all human

An informal worker doing body piercing and IT consultancy; a former teacher with a social work

qualification, whose travelled extensively; Janine, 52, is a complex character. She tells me about her Muslim beliefs, her vegan diet, her passion for body art, and that she suffers from poor mental health. She says, her appearance has attracted both verbal and physical abuse in public, and she has experienced discrimination in a former formal workplace. Janine is a carer to her 14-year-old son, whom she home schools.

Janine says she “succeeded really well career wise” and that “all it takes...is somebody to believe in you.” However, about seven years ago, studying social work “opened a can of worms based on understanding everything...there were a whole stack of traumas that I’ve never dealt with.” She explains that she couldn’t work anymore, developed “agoraphobia. Got diagnosed bipolar. Depression, generalised anxiety disorder... There’s post-traumatic stress disorder in there as well... Then broke my leg roller-skating.” She says she tried to continue studying but had “no purpose.” Her marriage broke down and custody battles took their toll. She has since re-partnered.

A self-described “tech-head”, Janine started working informally about five years ago, sourcing her work through social media. Her IT work involves repairs and removing inappropriate downloads and viruses from computers. She doesn’t consider there are any health risks associated with this type of work. In fact, she believes the work has a positive impact on her wellbeing as it provides her with “a sense of achievement” when she completes a job well.

Although body piercing may be a different story, as it involves potential contact with body fluids, Janine is confident in her ability to mitigate infectious disease risks. She says, “No ... [I’m] not trained in piercing [and I’m not] trained in infectious disease management control. I’ve ... cared for my mother’s ulcers on her legs better than the local nurse has.” She says she takes precautions and assumes “that they’ve got something infectious ... that’s how I approach it ... everything ... [is]

sterile.” Janine says she stays “away from genitals ... because [of the] risk [of] ... being charged for female genital mutilation.” She says she assesses her clients before doing piercing to make sure they are “not under any influence ... that this is not a passing whim.”

Janine’s doctor helped her to access a disability pension “because they said, ‘you stress out about everything all the time’.” She rates her health as ‘fair’, and reports experiencing physical and mental health problems that limit her daily capabilities.

Janine’s informal work is an “important” additional source of income. It also offers her the flexibility to manage her caring responsibilities. However, she admits that informal work is not the best work arrangement for her given the multiple stresses in her life—caring, home schooling, low income, a partner who is also on a disability pension, advocating for her and her family’s rights to education and appropriate housing. She also says negotiating with work clients can be stressful as “people are always out for something for free.” She says that she does her piercing work in the client’s home so she doesn’t “have any control over what’s going [on] in somebody else’s environment.” She says it’s challenging when there are “kids running around or they got really loud music going.”

Depending on her arthritis, sometimes Janine and her partner will also “dig deep” into public garbage bins—without gloves or protective equipment—to “collect (refundable) cans” to “cover ... things like prescriptions and stuff.” She explains just how tight her family’s finances are: “We just got our stinger electricity bill; \$600 and its sitting on the whiteboard waiting for the last day to pay ... I think how the hell am I going to pay that?” But she admits that any surplus funds are invested “in ourselves” in things like tattoos. She says, “We don’t drink, we don’t smoke, we don’t do drugs. We don’t go and eat take out because it’s all shit food... investing more in ourselves ... doing what

we want to do ... [getting a] tattoo on my hand... that's important to us (her husband and herself)."

Janine thinks that the wider community's perspective of informal work is that "we can't get a real job. That you're doing that because you're desperate and you can't do anything else." But says, there's no truth in that. She says she chooses to work informally for the money and the flexibility, and if she wanted to she could get a formal job. She says she doesn't "really care what they feel about it."

Janine's ambition is to work with sex offenders, running a social work consultancy because "nobody works in that area ... I find the niches. I find the holes, the areas that are hard ... I like the hard stuff because people—everybody deserves somebody out there that can help them, that can care, that can believe that they have the capacity to be who they can be, regardless of a mistake that they might have made. We're all human."

6.3.3 Ergonomics hazards in informal employment

Working long hours without breaks, prolonged movement or static positions, heavy lifting and manual labouring without appropriate training or equipment in both formal workplaces (e.g. a recognised business that hires workers under informal arrangements) or informal workspaces (e.g. the home) were widely reported by participants. A number of informal workers said they were required to work long hours without structured breaks. Such conditions were often associated with power relations (as discussed in [Section 6.2](#)), with employers pressuring workers to continue labouring for extended periods. This was illustrated in the stories of *Jamila* ([Story Box T](#)), an informal cleaner, and horticultural worker, *Jerome* ([Story Box S](#)), who both felt pressured by their

employers to work more intensely. Several participants said it was impossible to take essential breaks because they were the only worker present and there was no one available to relieve them (see for example Daisy's story ([Story Box C1](#)) who reported how being a sole worker prevented her from being able to go to the toilet) .

The idea that 'time equals money' was embedded into the psyche of some participants, particularly those who were self-employed and those doing multiple jobs; this sometimes motivated them to over-exert themselves for prolonged periods—a trait that is not unique to informal employment (Koranyi et al. 2018; Mirabelli, Loomis & Richardson 2003; Park, Han & Kim 2020). Self-employed general labourer, *Brad* ([Story Box E](#)), for example, described the effects of prolonged bending while laying pavers. In contrast, construction worker, *Sam* ([Story Box C](#)), did not have the same tendency to push the limits of his physical capacity. He was attracted to informal employment, in part, because it allowed him to work when he felt physically and mentally able.

For several informal workers, heavy manual labouring was considered a 'given aspect' of their job, and there was little regard for the effect on health, nor the need to implement preventive actions. Bar manager, *Matt* ([Story Box Y](#)) described lifting heavy beer keg; despite a chronic back condition, *Mal* (furniture removalist, [Story Box A](#)), lifted heavy items as part of his work; and *Brad* ([Story Box E](#)) was willing to 'give pretty much anything a go', despite his own physical limitations (arthritis and mental ill health), limited training, lack of equipment and the experience that arguably is necessary to undertake particular labouring jobs. Ergonomic design was simply not considered.

Not all participants however expressed concern about working long hours or physically demanding conditions. For example, festival worker, *Ali* ([Story Box U](#)), explained that he sometimes worked

17-hour shifts, which he said were mentally and physically stimulating.

6.3.4 Psychosocial hazards while undertaking informal employment

Similarly to ergonomic hazards, power relations underpinned several of the psychosocial hazards described by participants, including job insecurity, low pay, disrespect and exploitation, lack of work breaks and irregular work hours. For those who had an employer, these conditions were often imposed by employers—who were higher up in the employment relations hierarchy.

Participants were also exposed to these hazards at the hand of consumers; for example, self-employed worker *Brad* ([Story Box E](#)) described how he threatened a client to ensure he was paid; and *Eliza* ([Story Box F](#)) was dependant on her clients for regular childcare work and her lack of self-confidence prevented her from charging an adequate rate.

Both *Eliza* and *Tina*, referee and personal trainer ([Story Box L](#)), linked such psychosocial hazards to welfare state failings. *Tina* spoke about the lack of protection against social disadvantage in Australia. She described the difficulties she encountered in finding a secure place within the field of employment, and how the opposing powers of the formal labour market and the welfare state constrained choice and opportunity.

The other psychosocial hazards identified by participants, such as invisibility, lack of entitlements including superannuation, lack of worker protection, not paying tax and misrepresenting work activities (for example, to the welfare system), and the probability of “*getting caught*”, were defining features of informal employment. In this way, informal employment inevitably exposed workers to these psychosocial hazards, which would usually not be present in formal employment. Once again, power relations—particularly the power of governments—were inextricably linked

with these workplace hazards.

Violence as a psychosocial hazard in the workplace was associated with occupation type in this study (refer to DJ *James*' story in [Story Box B1](#)) and is not limited to the informal sector (Ram 2018). *James*' experience however highlighted the lack of support available to help him, as an informal worker, to deal with the associated trauma of this exposure.

For many informal workers confronted with psychosocial health hazards, the fear of losing their job often overrode informal workers' ability to navigate these workplace hazards. Such experiences resulted in workers either foregoing informal employment or putting up with these unfair conditions. Several participants described how they felt 'trapped' in informal employment because they weren't able to secure alternative, formal, secure work arrangements—which was determined by combinations of the factors discussed in [Section 5.2](#).

6.4 Concluding remarks

Using EMCONET's key variables in the relationship between informal employment and health, I have provided a detailed analysis of informal workers' experiences of their work situations. The Chapter described how the characteristics of informal employment and workplace conditions presented workers with a wide range of physical, chemical, ergonomic and psychosocial health hazards, whether they were self-employed or worked for an employer. Importantly, workers' narrative accounts have also identified the key role of employment power relations in the field of informal employment. In the next Chapter, I discuss how the characteristics of informal employment, power relations and workplace conditions were perceived to impact workers' health.

Chapter Seven The Health of Informal Workers

The narratives in the preceding chapters have already identified some of the perceived health effects of informal employment. In this Chapter, I tease out the mechanisms by which informal employment is perceived to effect health, at the same time highlighting the complexity of this relationship.

I begin by summarising study participants' responses to the SF-12 survey and their Mental Component Summary (MCS) and Physical Component Summary (PCS) scores. Where possible, the data are compared to findings for the South Australian (SA) population. While I am unable to attribute causation, I identify the physical, mental and social health and wellbeing problems that participants said they had experienced while undertaking informal employment. I also outline examples of how informal employment was perceived to be beneficial for health.

As already mentioned, researchers elsewhere have identified how challenging it is to untangle the relationship between informal employment and health given the impact of other factors in peoples' lives. I therefore dedicate part of this Chapter to describing the socially complex context in which informal employment is often undertaken.

In the final sections, I consider how informal employment relates to health behaviours, and lastly I document participants' experiences of access to health care.

7.1 Self-perceived health status of informal workers

Theorists have outlined a variety of models and frameworks to explain health. In this study,

participants spoke about the presence or absence of illness and disease, and concepts associated with the traditional 'medical model' (Laing 1971), including experiences of access to health care. They also described the relationship between health conditions and daily capacities and capabilities (Bandura 1986), such as the ability to get out of bed in the morning, stand for periods of time and concentrate on tasks. Participants spoke equally about physical and mental health and wellbeing, as well as quality of life, the relationship between these. Many embraced concepts aligned with social models of health (CSDH 2008). Participants also described aspects of behavioural models of health (Redding, Rossi & Rossi 2000) and the notion of personal responsibility (Minkler 1999); however often (though not always) it was recognised that motivation and choice may become subservient to dominant social factors and power relations.

When asked how they would rate their health, the responses of both self-employed participants and those who worked for an employer ranged from excellent to poor (**Figure 7-1**). More than half of participants (58.6%) said they had good, very good or excellent health. However, 12 participants (41.4%) rated their health as fair or poor.

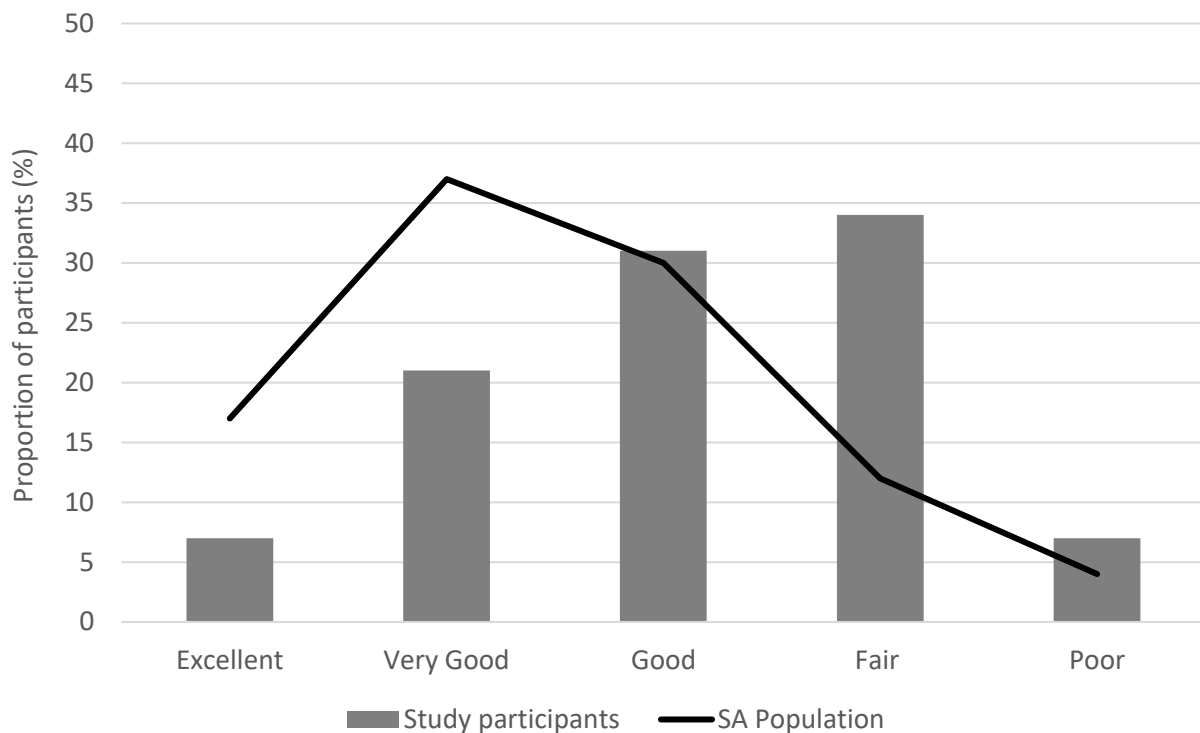


Figure 7-1: Frequency distribution for self-reported health rating (SF-12) by informal workers, 2018 (n=29) and SA population, 2017 (n=2977)

Self-rated health among study participants was poorer when compared to the population of SA as a whole (SAHMRI 2018). This comparison data source was used because SF-12 data for formal workers living in a comparable area was unavailable. Just over a quarter of participants (27.6%, n=8) rated their health as very good or excellent in contrast to 54% of a sample of the general SA population (n=2977); and 41.4% (n=12) participants rated their health as fair or poor compared to 16% of SA overall (SAHMRI 2018). These differences may be partly expected due to the wide range of social vulnerabilities, in addition to informal employment, experienced by this cohort. The proportion of informal workers who rated their health status as excellent, very good or good was similar to other SA living on very low incomes (below \$20,000) (SAHMRI 2018). This is an important point when considering the impact of informal employment on health and brings to the fore the finding by Alfors and Rogan (2015), that low earnings are one of the strongest correlates with poor health and that formality in employment was not significant after controlling for

income.

7.2 The physical and mental health scores of informal workers

There was wide variation about the mean for both Physical Component Summary (PCS) and Mental Health Component Summary (MCS) scores (**Figure 7-2**). Female participants reported a mean PCS score of 41.99 (SD=10.66) and males, 47.27 (SD=7.30). The mean MCS score for females was 36.43 (SD=14.75) and for males, 40.89 (SD=12.06). Across both sexes, some participants recorded very low health scores, particular MCS—the lowest for females was 13.6 and for males, 18.29. One participant identified as transgender and had a PCS of 58.34 and MCS of 20.52. Another participant had a very low PCS of 18.99; the participant had multiple chronic health problems.

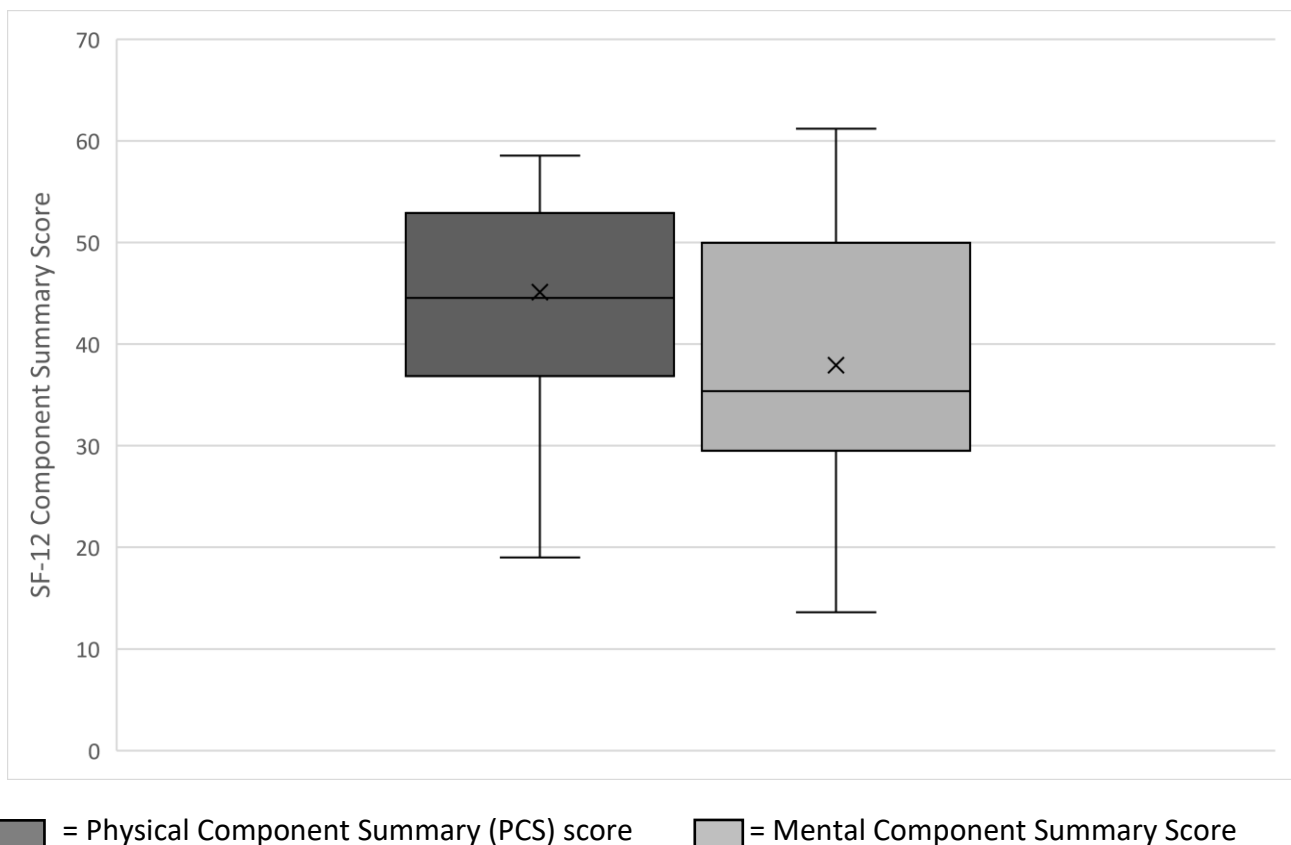


Figure 7-2: Mean SF-12 Physical (PCS) and Mental Component Summary (MCS) scores for informal workers

Recent overall PCS and MCS scores for the SA population are not available; however particular indicators of physical and mental health (using SF-12) are available and show that informal workers generally rated poorer than the wider population. For example, 79.3% (n=23) of informal workers said that pain interfered with their normal work, including both work outside the home and housework, in contrast to 47% of the wider population; and 41% of SA said during the past four weeks that they had a lot of energy, 'all' or 'most' of the time (SAHMRI 2018) compared to only 17.2% (n=5) of participants.

7.3 Informal employment and physical, mental and social health and wellbeing outcomes

The impact of informal employment on health is limited in this study to the perceptions of participants. Further, it is important to note that the health hazards informal workers encountered may be associated with occupation types and not necessarily limited to those working under informal conditions. However, as highlighted earlier, informal workers may be at greater risk of exposure to unhealthy working conditions than those in the formal sector, demonstrating lower use of PPE and limited recourse in the event of work-related adverse health outcomes (Akormedi, Asampong & Fobil ; Ballesteros, Arango & Urrego 2012; da Silva, Fassa & Kriebel 2006a; Ferreira et al. 2008; Gómez-Palencia et al. 2012; Gutberlet et al. 2009; Hassan et al. 2017; Olurinola et al. 2014; Rendleman & Feldstein 1997; Santana & Loomis 2004; Sarkar 2003; Walter et al. 2002; Yang et al. 2017), and therefore it is worth exploring Australian workers' perceptions.

Research participants (both self-employed and those working for an employer) identified a range of adverse health outcomes that they said they had experienced while undertaking informal employment. **Table 7-1** outlines these health effects in relation to physical, mental and social health and wellbeing.

Table 7-1: Physical, mental and social health and wellbeing conditions experienced during informal employment, reported by participants

Physical Health	Mental Health and Social Wellbeing
Back, shoulder, neck and knee pain (in some cases, arthritis) and other bodily pain	Anger issues (intermittent explosive disorder)
Breathlessness (associated with anxiety)	Anxiety
Concussion	Depression
Electric shocks to the body	Isolation
Enuresis/encopresis	Mental distress
Eye irritation	Night terrors
Fatigue	
Foot pain and plantar fasciitis	
Hearing loss	
Headache (sometimes associated with mental distress)	
Inhalation of hazardous substances (e.g. asbestos, clay dust)	
Insomnia (sometimes associated with mental distress)	
Joint dislocation	
Puncture wounds, cuts and burns	
Skin and eye irritation	
Sprains, torn muscles, sciatica and bruising	

Participants' stories linked each of the health problem outlined in **Table 7-1** with informal workplace conditions. These workplace conditions and the associated health problems are outlined in **Table 7-2**.

Table 7-2: Health conditions from exposure to workplace conditions while undertaking informal employment, reported by participants

Workplace conditions	Health conditions
Aggressive behaviour, violence, disrespect and verbal abuse (from clients and employers)	Distress Depression
Handling electric equipment	Electric shocks
Exposure to chemicals	Eye irritation Skin irritation
Exposure to other airborne hazards	Possible inhalation of asbestos fibres Possible inhalation of clay dust

	Possible contact with horticultural chemicals
Exposure to loud noise	Hearing loss
Exposure to other physical hazards (e.g. cut glass while doing hospitality work and cleaning, construction/demolition site hazards, refereeing sporting games)	Ankle sprains Back pain Bruising Concussion Joint dislocation Puncture wounds Shoulder pain
Heavy lifting	Back pain Neck pain Torn arm muscles
Invisibility and job insecurity	Distress Depression
Irregular work hours	Anxiety Hyperactivity Insomnia Night terrors
Lack of work breaks	Distress Enuresis/encopresis
Long work hours	Fatigue Foot pain Insomnia
Prolonged sun / heat exposure	Fatigue Headaches Insomnia
Prolonged standing/walking/running or static positions	Foot pain and plantar fasciitis Knee pain (arthritis) Sciatica Shoulder pain
Not paying tax and deception	Distress
Unfair pay or not being paid as anticipated	Anger issues (intermittent explosive disorder) Distress Headache
Unreasonable responsibility and expectations	Distress
Unsuitable work (e.g. where a worker does a job they are not skilled or fit to undertake)	Distress Fatigue Physical pain

7.3.1 Informal employment conditions and physical health

Exposure to chemicals and other hazardous substances, loud noise and other physical hazards, heavy lifting, lack of work breaks, long work hours, prolonged standing/walking/running or other static positions, unfair pay and undertaking work for which someone was not trained, were all perceived to impact informal workers' physical health. Some of these workplace conditions had an immediate and direct impact on health, for example, injuries sustained from sharp objects; while the consequences of exposure to airborne particulates and horticultural chemicals, for example, were not immediate and participants were speculative about their future effects.

Participants who had been diagnosed with heart disease, degenerative disc disease, blood clotting disorder and cancer made no assertions that working informally had *caused* the development of these chronic physical health problems. However, one participant (*Sue*, seamstress, [Story Box G](#)) believed that the *combined effect* of material deprivation (associated in part to precarious—including informal—employment over many years) and relationship breakdown had "*caused the heart disease.*" Another participant, *Brad* (general labourer, [Story Box E](#)), perceived a relationship between the conditions of informal employment and arthritis, stating that the arthritis was due to being "*overworked and underpaid.*" Informal DJ *James* ([Story Box B1](#)) said that the informal employment had contributed to hearing loss caused by the lack of PPE. *James* noted that, because his work arrangements were informal, he was denied the support and compensation he might have received to help deal with work-related health problems if he had formal employment.

Story Box B1

James: My informal job brings out the best in me

James grew up in the southern suburbs of Adelaide, moving "progressively ... north ... [for] family [reasons]." He completed year 12 and now, at 39, is attempting to study nursing, but explains that

he “hit a snag” as he says he “didn’t pass my ... screen (police record check) ... to work with children.”

In the meantime, James works informally as a DJ, a job he’s “been doing...for 20 years ... all over Adelaide ... working [up to] six nights a week” and one which he “absolutely love[s].” James has an employer who arranges the gigs for him. He explains that he took a break from informal DJing when he had “young kids at home ... [because] it was ... really hard ... to ... go out every night ... [but] he’s back doing it again now.”

James says he declared to Centrelink that his work is “a hobby ... it hasn’t happened in a way, in Centrelink’s and the taxation department’s eyes.” He receives welfare payments and in addition earns \$70 per night for about four hours work as a DJ; adding, “you wouldn’t think \$70 matters, but it does, it does...if I don’t work, yeah, I definitely notice not having that \$70.” When asked if he thinks the wage is fair, he says, “no, definitely not ... [it’s] way under award rate.” He says, “it basically pays for petrol, food, like ...it pays for my smokes.”

Informal DJing, says James, can be “stressful, because I don’t know if... a gig is going to ... fall through” in which case, he would miss out on the income. Late nights, and difficulties winding down at the end of a high-energy night of work, affect James’s sleep patterns. Physically, the job “can be taxing on my shoulders and knees ... because I’m lifting heavy speakers up onto the stands and bringing them down, plus ... I’m standing all night for four hours solidly ... so my feet get really sore at the end of the night ... I have chronic pain in my knees ... I’m on Panadol Osteo every day.” He says he believes he is “getting arthritis in my knees ... and I reckon a lot of it has to do with all the DJ work.” He also says he has “slight hearing problems ... [from] being around loud music constantly ... there are some sounds that I don’t hear. I recently did have my ears checked and ... I do have partial deafness in my right ear.” He says that using ear protection doesn’t “look good” so

he avoids it. Electric shocks are another hazard in the DJs workplace. He says, "I was plugging into the power board, it was an old power board, and yeah, I got a bit of a zap there at one time."

Patron behaviour can be problematic and he says, "I almost got shot [once]!" He explains, "I was working at a venue one night and a fight broke out and...one of the patrons went to their car and got a gun and came back in and was gonna start shooting ... that was a pretty full on night." He says, he felt "scared ... nervous and anxious because I didn't know if they were going to come back the week afterwards." In relation to this incident, he says, "you're on your own ... generally, if you have an employer, they're a bit responsible for that kind of thing. If anything were to happen, they might offer you some counselling." He says he couldn't afford to pay for counselling himself.

James rates his overall health as 'fair', and when asked if he ever feels downhearted and blue he says, 'all of the time.' James recently split from his partner and says he has gone from "being a six [person] household to just me." He says, "it's a bit tough ... so I'm trying to get more DJ work so I can immerse myself in that rather than stay at home and think about that." He says his mental health is "not really" good at the moment and he says he has depression. He attributes this to "a lot of different factors" going on his life. He explains that he sees his four sons aged between six and 12 years for "1.5 hours a week, supervised" and that this is "upsetting" for him, and affects him mentally. He says DJing gives him "a whole different persona ... I might be sad at home, but then as soon as I get to the pub, I'm like 'hey!'... it's like I'm a totally different person." James says in a way he's "not being a different person." Because he's a very "social person ... normally ... [I] love interacting with people" but that being in the workplace brings out the best in him.

Despite his passion for DJing, Jason says he's "not going to lose any sleep over it" if he can't continue doing it. He thinks that he is too old to get a formal DJing job, and says his "main focus is definitely a full-time job, either nursing or anything else, really."

While some informal workers were able to draw on 'capital resources' (Bourdieu 1986) to protect their physical health from workplace hazards (through the use of PPE), as pointed out in the preceding Chapter, other problematic conditions impacting on physical health were associated with power and control, and were more challenging to mitigate. Workers reported that irregular and long work hours, lack of work breaks and extended periods spent standing or in static positions affected their physical health. For example, horticultural worker, *Jerome* ([Story Box S](#)), said he suffered from fatigue and headaches from long hours spent working at high temperatures both outdoors and in hothouses. *Jerome* said his boss would push him to work more quickly with few breaks and, at times, limited opportunities for rehydration. Food industry worker, *Daisy* ([Story Box C1](#)), said that she worked up to 11 hours a day for \$10.90* an hour, taking on sole responsibility for running the business. She suffered psychosocial distress and encopresis (faecal incontinence), when she was unable to take work breaks to go to the toilet.

Story Box C1

Daisy: Exploited international student

Twenty-seven-year-old Daisy is from Vietnam and came to Australia on an agricultural exchange program. She has since stayed on in Australia and is currently studying English at university, and hopes to return to studying agriculture upon completion.

Daisy is able to keep her cost of living to a minimum by renting a room in a private home and using public transport. She says she works informally to "pay for my school tuitions fee" and has no other income source; she says, "living here is expensive."

* This is well below Australian award rates. As a comparison, at the time of writing, an adult working casually as a food/beverage attendant should earn a minimum of \$24.36/hour (introductory level, before tax) (Fair Work Ombudsman).

Until recently, Daisy worked informally in a bakery but now she works as a cleaner. She found the bakery job on a Vietnamese Facebook page and the cleaning job through a friend. Daisy says it is very difficult for international students to find work in Australia and that most available jobs are in Asian restaurants, off which she says, "I think 90% ... pay cash-in-hand."

Daisy believes that she is entitled to superannuation and should be paying tax, and she says, "I asked the boss at the bakery if they can pay normal wage for me and tax and super and they say they cannot afford it...they said to run a business here, [it's] too high to pay employees that much money and tax and super'." She says, "they...pay...cash-in-hand which is unfair because [it's] just \$12.00 an hour...so I quit...three months ago...and I find another job [doing] cleaning."

She says sometimes she would work 11-hour days from 7:00am until 6:00pm in the bakery, and that in mid-semester breaks she worked seven days a week. She says she had to "handle everything by myself." She says that "...sometime, I couldn't go to toilet. Sometime I even pee myself or poo in myself because only me at a job 7:00am until 6:00pm and I don't have lunchtime or breakfast time so I just eat when the customer left ... I just brought a sign [that] said 'I'm come back in five minutes' and then I have to go and just feel awkward when you come out and see customer waiting there and you go to toilet ... I feel it's too much."

Daisy says, there was a lot of pressure from her boss, that she was required to pay herself directly from the cash register and at one point he accused her of stealing: "I don't like to take out the money. That's a lot of responsibility for that and the boss they always have an idea about maybe the girl going to steal money. So that's why they keep worrying every time they check on me, 'How much you make?' and 'Why so little?', 'Why when I'm sell?' They said, 'When we came there to sell we always have more than that. Why only when you sell it's less money?'"

Daisy now works as an informal cleaner for an employer who pays her \$20.00 an hour. She says

she is in the process of getting her ABN because she wants to formalise the arrangement but she says, "I think they prefer to cash-in-hand because they [can pay] less, less super, it's not convenient for them [to pay formally]." She says that she would "prefer to do the normal way. I don't like under table way because we are international students and for long-term I would like to maybe I come and stay here ... I [want to] do the right thing, pay tax for government, pay tax for country." She says she has never worked informally before coming to Australia.

Daisy rates her health as 'good', though she says she in the past four weeks she has had physical health and emotional problems that have prevented her from doing everything she would like, in a way that she is happy with.

Daisy is concerned about the "many chemicals" she has to use to do her cleaning work. She says the "smell [of] the chemical[s] is not really healthy for us." She says her employer "provide[s] us with gloves but no mask, so I'm trying to buy one." She says it's particularly concerning when you "do about four or five houses [at a time]." She says she "feel[s] sick" when she smells the chemicals. She says cleaning chemicals have splashed in her eye and caused irritation. Daisy says, "after [I] go home, I don't want to eat anything, I just want to sit down, [I have a] headache and sometimes I feel [like I want to] vomit." She hasn't discussed her concerns with her boss because she says "that[s] the job, we have to do it."

Daisy feels exploited by her boss as she believes "I work harder ... [I] work 80% and he work 20% ... he take ... break drinking coffee, smoke outside while I'm going to cleaning." She feels he doesn't treat her fairly and expects her to do more work than him "because I couldn't find any [other] job." She says she sometimes struggles to finish a cleaning job in the allocated time because of the state of the house, and she is forced to "work extra without pay." Similarly, when she worked for the bakery, she says, "before [my employer] hired me they hired two people to do my job ... After hired

me they start to fire the other girls and they let me work all days with \$120.00 and seven days a week and I do two jobs for my boss.”

Daisy says she feels distressed “because it’s make me always think how to talk to the boss, how to find another job and ... every day I had headache ... [it’s] too hard to find a job here with normal way ... I had stress and headache.” She has tried to get another job but been told that employers are “looking for cash-in-hand only.” She says she would prefer to work for an “Australian boss because I find out that 99% Vietnamese boss of Asian restaurant they always pay cash-in-hand.” Daisy would like to find work “related to my career—agriculture.” She says she did find a “farm in Virginia ... they pay in hand also and \$13.00 an hour.” She says, “it’s too cheap for farm work because I know that farm work a lot harder than just sitting under the roof and selling stuff. We have to work outside under the rain, under the sun.” She feels the being female is a barrier to working in agriculture.

7.3.2 Informal employment conditions and mental health

Although it is not possible in this study to determine a causal relationship between informal employment and mental ill health, the poor mental health of participants combined with their reported exposures to a wide range of unfair and indecent conditions, are concerning. Numerous participants perceived that the stresses associated with informal employment—including job insecurity, the impact of power relations and avoiding the taxation system—contributed to a downward spiral in mental health and wellbeing. Participants identified that the effect of informal employment on mental health was further compounded by other SDH.

Figures 9-12 presents data from participants’ responses to the mental health component of the SF-12 questionnaire, compared to data collected from a sample of 2977 across SA in 2017. These

graphs illustrate that the study cohort were more likely to report accomplishing less than they would like (**Figure 7-3**), and not doing work or other activities as carefully than they would like (**Figure 7-4**), due to emotional problems; and they were more likely to feel downhearted and blue (**Figure 7-5**), and less likely to feel calm and peaceful (**Figure 7-6**), 'all' or 'most of the time'.

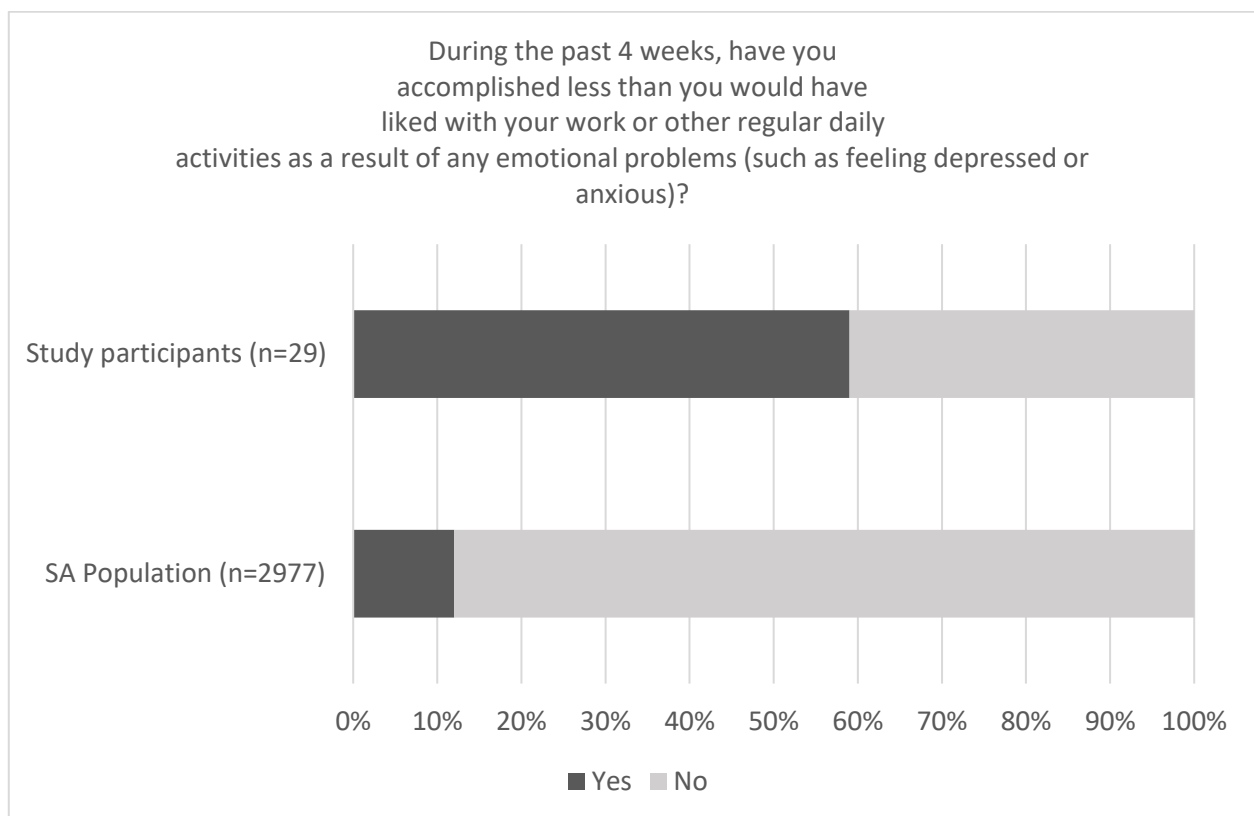


Figure 7-3: Proportion of participants reporting that they accomplished less than you would like, compared to SA population

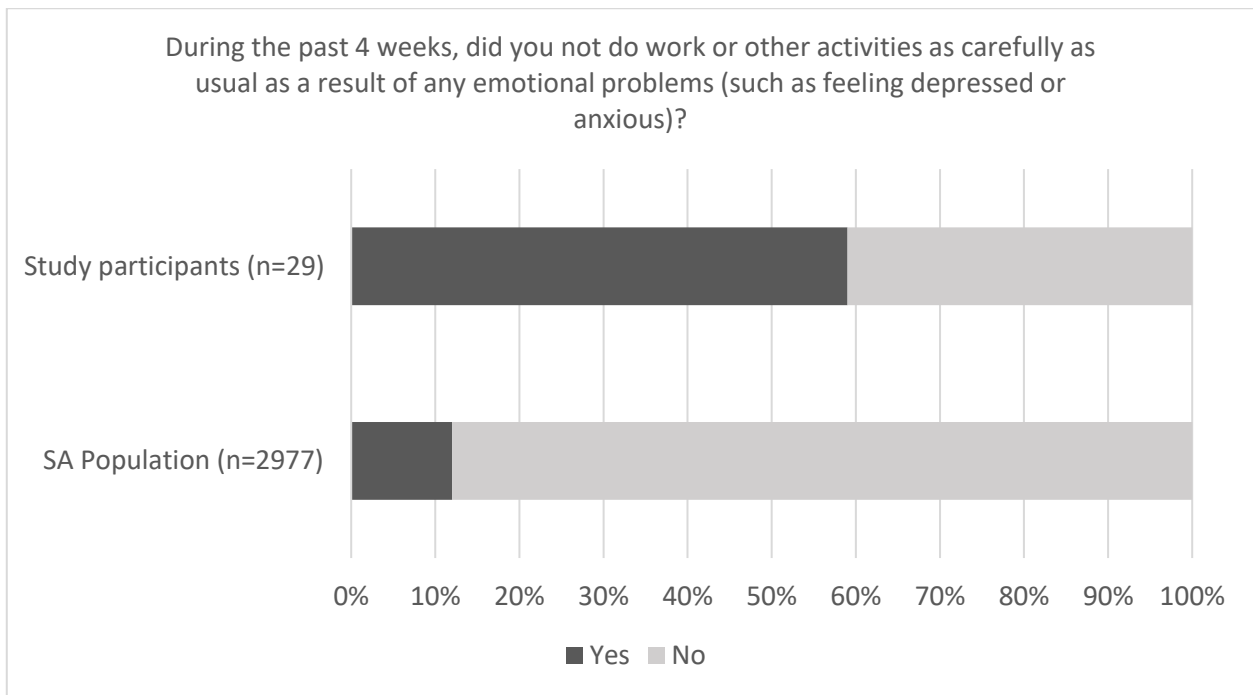


Figure 7-4: Proportion of participants reporting that they didn't do work or other activities as carefully as they would like, compared to SA population

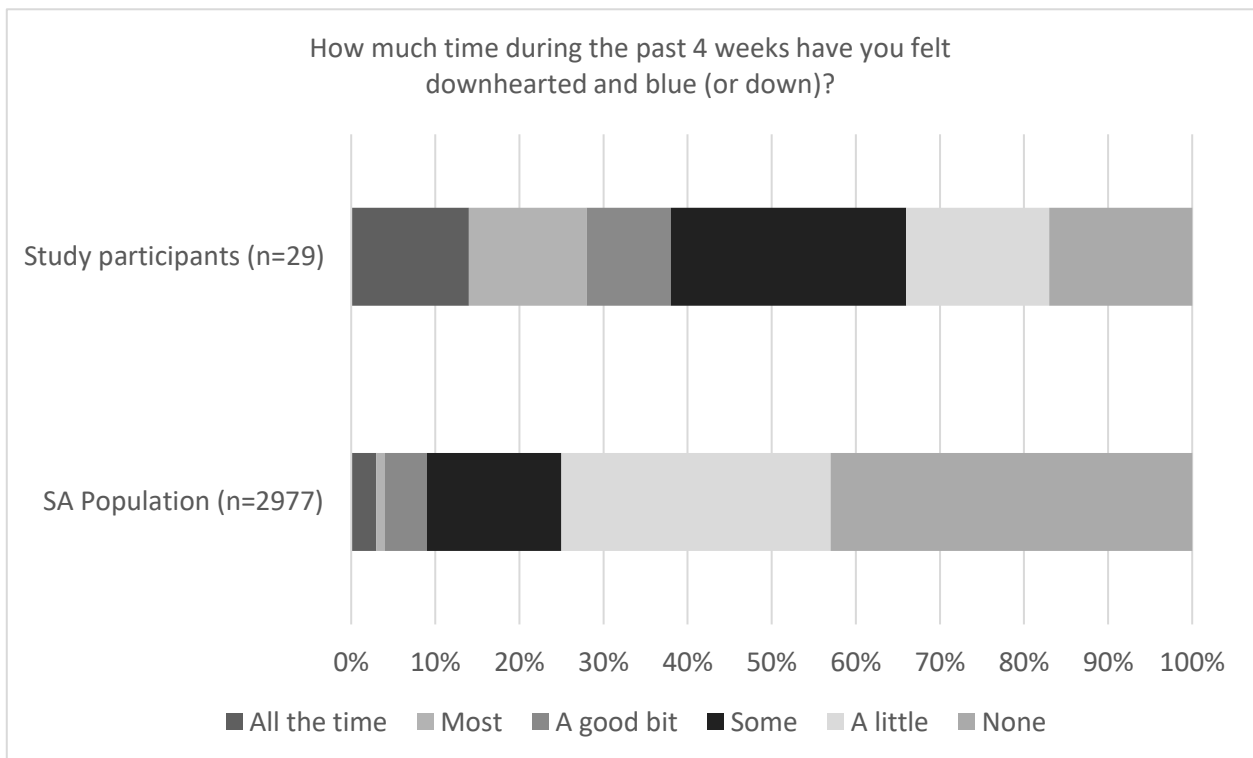


Figure 7-5: Proportion of participants reporting how frequently they felt downhearted and blue, compared to SA population

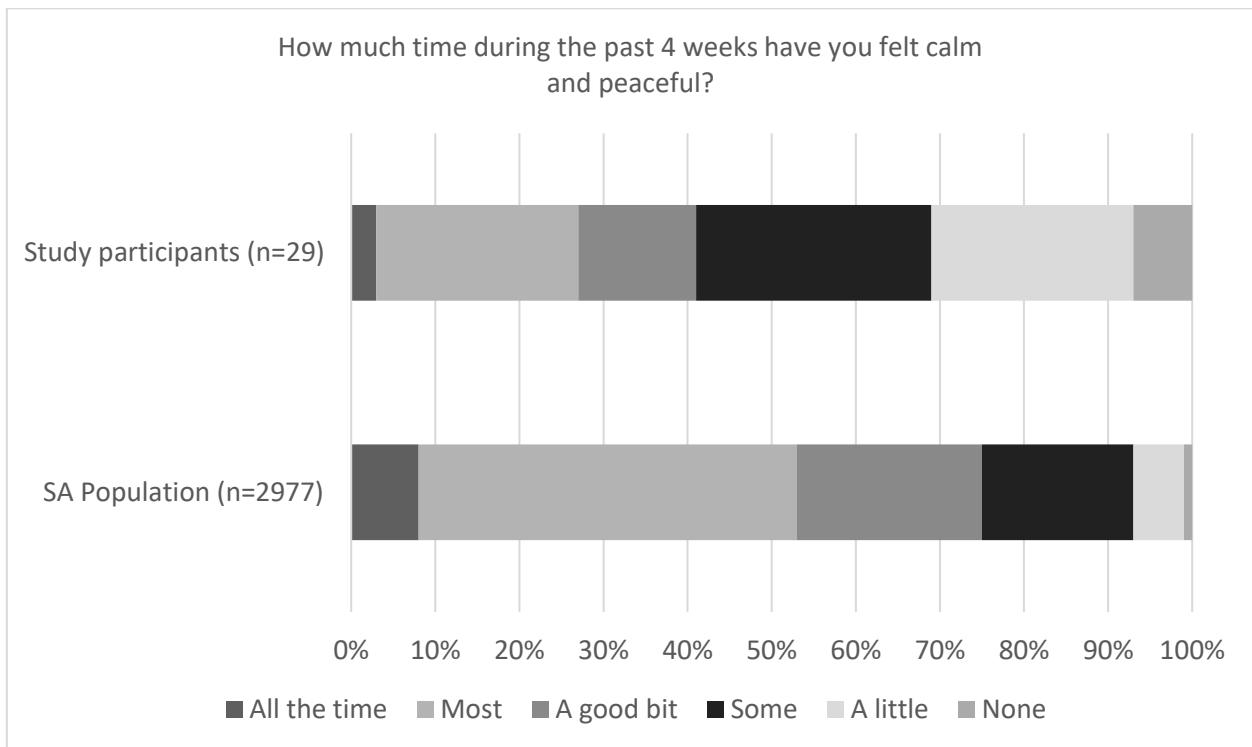


Figure 7-6: Proportion of participants reporting how frequently they felt calm and peaceful, compared to SA population

7.4 Informal employment: good for health?

Despite perceptions of the adverse impact of informal employment on health, more than half of participants (58.6%, n=17) ranked their overall health status as good, very good or excellent. I identified positive physical, mental and/or social health and wellbeing effects in stories of more than two-thirds of participants. Informal recycler *Maira* ([Story Box J](#)), for example, presented a very striking narrative of how informal employment had impacted both her physical and mental health; saying “*...health wise, I know for sure that if I wasn’t doing it I wouldn’t be the person I am today.*” These health benefits were attributed to a combination of employment factors, including the role that informal employment provided, as well as the physical nature of her occupation, which required many hours of physical activity (a widely researched benefit for health and wellbeing). Many participants spoke about the sense of purpose that informal work provided and

that it was an important alternative to unemployment or under-employment. For example, pizza delivery driver, *Jason* ([Story Box D](#)), described how informal work motivated him to engage in society and enhanced his outlook on life. He rated his health as 'excellent' and said that work *"gets me out and about"* and that *"the benefits of informal employment outweigh the negatives."* Informal artist, *Jack* ([Story Box Z](#)), described how selling his work instilled pride and enhanced his self-confidence. *Jack* had a history of depression and he said that while he would prefer to have a formal job, his informal employment had given him a beneficial opportunity, and that *"until I find something different I don't really have anything else that I can do as a job."* Studies have found that having a sense of purpose can help provide health protection (Alimujiang et al. 2019). This sense of purpose and other benefits for mental wellbeing are not uniquely associated with informal work (Modini et al. 2016), however, participants in this study were often excluded from formal employment and therefore the informal sector provided important opportunities that may otherwise leave workers destitute.

Informal workers' offered examples of remarkable optimism in light of their, often, precarious lives. This optimism, in the absence of economic capital, was often associated with social and cultural resources and reaffirming 'embodied dispositions' (Bourdieu 1990b). For example, *Sally* (general labourer, [Story Box W](#)) described herself as a 'people person' and illustrated that, through informal work opportunities, she had built social capital resources that enabled her to navigate different aspects of her life. She identified both positive and negative effects from her experiences of informal employment over many years, and despite her somewhat precarious situation she offered insight into embedded tenacity, optimism and the resilience to cope with the ups and downs of life. She said, *"something better will be around the corner."* For many workers, this 'internal structuring' (Bourdieu 1990b) of their experiences contributed to participants focusing in on the positive health effects, as well as downplaying the negative effects, of informal

employment. For example, bar manager, *Matt* ([Story Box Y](#)) described exposure to a range of physical hazards in the workplace, yet he advocated the social and cultural benefits of his work for his mental wellbeing, stating that the benefits outweigh the negatives. In this way, some workers were making the most of their bad employment situation and, as Bourdieu (1977) pointed out, may not recognise their own subordination.

7.5 Complexity: Informal employment and its interaction with other social factors

Throughout the preceding Chapters, participants' stories have identified experiences involving multiple SDH including poverty, insecure housing and homelessness, trauma in early childhood and young adulthood, low education, family breakdown and incarceration—factors known to impact on health and wellbeing (CSDH 2008). Not only did workers identify direct and tangible effects of social factors on health (e.g. how insecure housing generates psychological distress), they also spoke about the cumulative effect of multiple, long-term social stressors. For example, childcare worker, *Eliza* ([Story Box F](#)), dealt with numerous challenges on a daily basis, including single parenthood, caring responsibilities and low-income living conditions. She highlighted the importance of income as a key determinant of the level of stress in her life: *"...my health is good. But sometimes mentally it's not. It's probably the stress of money...it's hard to make a living."* Similarly, *Brad* (general labourer, [Story Box E](#)) spoke about his life's experiences of homelessness, relationship breakdown and time spent in prison, and the resulting impact on his mental health and wellbeing. *Brad* has been diagnosed with borderline personality and bipolar disorders, and said he felt downhearted and blue *"all of the time."*

While it is not possible, in this study, to isolate the impact of informal employment in relation to other social determinants, it is likely to be a contributor to overall health (Benach et al. 2006;

CSDH 2008). Reflecting back on the variables that can push and pull participants into informal employment (refer to [Figure 5-1](#)), it is evident that participants' lives are multifaceted and that any combination of these factors may effect health and wellbeing. This makes it challenging to isolate informal employment as a health problem, and equally challenging to find solutions.

7.6 Informal workers and health behaviours

Many participants spoke about health-related behaviours including tobacco, alcohol and other drug use, diet and nutrition, and physical activity, when they were asked about their health in general, as well as specifically in relation to informal employment. Only small numbers of participants said they smoked cigarettes, consumed alcohol or used other illicit drugs.

Tyler (general labourer, [Story Box H](#)) said he smoked cigarettes, in part to help manage his multiple mental health conditions. Some workers pointed out specifically that informal employment provided 'much needed' income to purchase cigarettes. For example, family breakdown and interactions with the justice system generated significant distress for informal DJ, *James* ([Story Box B1](#)), who was addicted to cigarette smoking. He said that income generated from informal employment pays *"... for my smokes."*

Matt (bar manager, [Story Box Y](#)) described how lack of work breaks facilitated his tobacco smoking and alcohol consumption behaviours: *"... being cash-in-hand like I am, it's not like I have formal breaks or anything, so quite often when I'm on shift I'll probably have a couple more beers than I should, and I smoke a lot more because that's my only break when I'm at work, is to go outside and have a cigarette."* *Matt* also described how alcohol was consumed 'on the job' — contrary to legislative standards. This was facilitated by occupation and workplace-related social norms. *Matt*, said: *"To a certain extent, I think it (staff consuming alcohol) helps out the spirit of*

the place if the bartenders are kind of having a party as well as everyone else in the bar; it makes for a better atmosphere, I think.” Brad (general labourer, [Story Box E](#)) described how early life experiences had shaped his view of alcohol consumption; “Yes, we smoke cigarettes, but we don’t drink... Haven’t drank for 20 years... my dad was an alcoholic. And he used to belt me a lot when I was a kid... I can’t handle the drink anymore.” In contrast, despite multiple stressors and tobacco addiction, Brad found refuge in physical activity, saying: “I work out and it takes away all my stress and all my worries and all my dramas.”

Food insecurity was a significant issue for several participants who reported eating cheap food of low nutrient value and skipping meals. Participants recognised the health benefits of eating a healthy diet and being physically active, particularly in relation to dealing with life’s stressors and to enhance mental wellbeing. Abdul (general labourer, [Story Box M](#)) said that low pay (from informal employment) had impacted on his ability to make healthy food choices: “...I’m struggling to make ends meet, so these days I just eat a lot of bad food. Not junk food. When I say bad food I mean a lot of bread. I just eat cheap food because I’m trying to save on money...” Abdul also spoke about occupation-related social norms associated with the construction industry. He said it was common for people working on building sites to consume unhealthy food and that the physical demands of the job, coupled with low pay, facilitated an unhealthy lifestyle: “... I worked in construction for a while ... and ... I would end up eating lots of carbs, you know? All the bad food, like calorie dense food, or drink out of cans, fizzy and all that, which is really bad and I’m not that type of person who would do that. But for the sake of getting energy and being able to do the job I sort of need that work because it’s a very demanding job and physically you’ve got to be strong and have strength and energy to be able to do that.” This reflects Bourdieu’s analysis of how hard work embodies the working class identity and that the taste for poor nutrition food is part of the class ‘habitus’ (Bourdieu 1984).

Occupation-type was perceived to be associated with increased physical activity for some participants. This was the case for informal recycler *Moira* ([Story Box J](#)), *Pal* ([Story Box R](#)), who delivered advertising material, and sports referee and personal trainer, *Tina* ([Story Box L](#)). The nature of their occupations meant that they were very physically active whilst carrying out their work. This had positive as well as negative implications for their health. *Moira*, for example, said her job made her *“a lot fitter”*; while *Pal* said he suffered from work-related over-use injuries and *Tina* had experienced numerous running-related injuries while refereeing basketball games.

7.7 Informal workers and access to health care

Informal workers with chronic health problems reported largely positive experiences interacting with health care providers. Some participants reported difficulties accessing health care services due to lack of economic resources. Sports referee and personal trainer, *Tina* ([Story Box L](#)), said she couldn't afford the orthotics a podiatrist recommended for her work-related foot pain, so she sought alternative self-prescribed solutions. Following a traumatic experience in his workplace, informal DJ, James ([Story Box B1](#)), understood that, if he had a formal employer, *“they're a bit responsible for that kind of thing. If anything were to happen, they might offer you some counselling.”* He said that he couldn't afford to pay for counselling himself. A number of participants said they used *“Google Doctor”* to self-diagnose health problems. Despite having private health insurance, *Pal* (horticultural worker, [Story Box R](#)) said he still turned to the internet for health care advice for a work-related injury. *Pal* and other participants living in the northern suburbs of Adelaide under certain visa conditions were denied access to Australia's universal health care system and were required to purchase private health insurance.

Informal employment helped some participants to meet the cost of health care. *Tyler* ([Story Box](#)

[H](#)), a general labourer with multiple mental health conditions, said that doctors advised him against working—saying that it would further harm his mental health. He said he continued to work partly so he could afford psychologist visits. Similarly, *Sue* (seamstress, [Story Box G](#)), said informal income was essential to cover the cost of her medications. She said: *“... without it there have been weeks where it’s a tossup between medication and food, and the medication has to come first of course.”*

The invisible nature of informal work was problematic for festival worker, *Ali* ([Story Box U](#)), when he tried to obtain a medical certificate to get time off work following a workplace injury. He said: *“I managed to get a doctor’s certificate but that was a bit hard to get, like they were asking for the company’s details and stuff and I couldn’t really say much.”*

7.8 Study Strengths and Limitations

This study of 29 informal workers living in the northern suburbs of Adelaide, SA provides important insights into the diverse lives of informal workers and their experiences of this type of employment. This study has helped to fill an important research gap in scholarly understanding of informal employment in the northern suburbs of Adelaide.

Clearly positioning the study within an appropriate research paradigm, developing an understanding of theoretical concepts and understanding the local context, provided an important framework to guide all parts of the research process. I am confident that I have undertaken rigorous, ethical, reflexive and transparent research processes. No concerns and problems relating to ethical considerations were encountered and the data are securely stored according to ethical research guidelines.

The study's findings are limited to the perceptions of participants and it is recognised that some of the informal workplace health hazards identified by informal workers may also present in formal settings. Further, the complexity of participants' narrative accounts makes it challenging to identify the extent of the effect of informal employment on health, while participants' lives encompass a wide range of other social determinants.

While the diversity among the informal worker cohort ensured a wide variety of experiences were captured, this also prevented me from developing deeper understandings about specific sub-cohorts. There are further questions to be answered, for example, about how Aboriginal and Torres Strait Islander people and refugees experience informal employment, as my study included only one individual from each of these groups.

Future research could also investigate the relative importance of different features of informal employment (e.g. invisibility) and structural determinants for health outcomes, differences in health among workers who rely solely on income from informal employment compared to those who source income from a range of sources, and how informal employment is perceived to impact health in areas of greater wealth. Quantitative studies that explore the prevalence of informal employment and health risks, and the nature of associations of informal employment and health outcomes in Australia would also add value to our understanding of this phenomenon.

Part C: Concluding remarks

Participants perceived that informal employment could have both negative and positive impacts on health, however narrative analysis identified that the perceived negative effects of informal employment were more complex and diverse in nature than health benefits. Reported health benefits were largely related to mental wellbeing (sense of purpose, confidence); with fewer

participants reporting physical health benefits (e.g. physical fitness). For this cohort, informal employment exposed workers to many health hazards that were perceived to result in physical and mental ill health. Combined with precarious lives, it is probable that health would be compromised (Lopez-Ruiz et al. 2015).

PART D: DISCUSSION

“The ultimate spring of conduct is the thirst for dignity.”

(Wacquant 2008, p. 265)

One of the surprising findings from this study—that stood out for me as I undertook data analysis—was the numerous perceived benefits associated with informal employment, amidst precarity. Aside from the additional economic resources that workers could acquire, social, cultural and health (physical and psychological) benefits were identified. From this perspective, it is tempting, as some researchers have done (Álvarez, Merchán & Potes 2015; Franck, Anja K. 2012; Naz & Bögenhold 2018; Williams, CC 2009; Yeboah et al. 2015), to illuminate the benefits of informal employment in this Discussion and advocate that work in the informal sector be recognised and integrated, rather than condemned. Before drawing any conclusions, in this Part D: Discussion, I explore both sides of the informal employment narrative, use theoretical ideas and frameworks to delve deeply into the dichotomy of experience, and reflect on what this means for the health of informal workers in the northern suburbs of Adelaide.

I commence this Part (Chapter 8) by considering whether it is appropriate to describe informal workers in the northern suburbs of Adelaide as survivalists or enterprisers, and further whether they are representative of a social class. I draw on participants’ narrative accounts to illustrate that, although I have studied a heterogenous cohort of workers, there are binding attributes that position informal workers lower in the social class hierarchy.

I also examine in detail the factors that motivated participation in informal employment. This is

appropriate because I have applied a SDH lens to my study—which draws attention to complexity and the need to highlight the underlying determinants of health (including the socio-political context and the prevalence of powerful social structures). I examine more closely two powerful government institutions that were singled out by participants—the welfare and immigration systems—and illustrate workers’ experiences of misrecognition, domination and symbolic violence. I also take a closer look at the underlying ideology underpinning social structures in Australia and how this impacts the freedom to choose.

In the second part this Discussion (Chapter 9), I frame informal employment in the northern suburbs of Adelaide as ‘acts of everyday resistance’, that, on the one hand, offer hope and opportunity, while at the same time create oppression, and open the door for exploitation and exposure to unjust workplace conditions. This oppression, I argue, is largely associated with one of the defining features of informal employment—invisibility. I explore the concept of invisibility in general, and then specifically in relation to employment, and identified how, through three intersecting mechanisms—cultural, legal and spatial—informal workers’ health is put at risk. Finally, I summarise the study findings in relation to a conceptual model of precarious employment and health.

Chapter Eight Informal Employment: a choice?

Reflecting a neoliberal agenda, public health policy discourses are often inspired by ‘responsibilisation’ i.e. the transfer of health-related responsibilities from the state to individual actors (Fullagar 2002; Grunseit et al. 2019; Kriznik et al. 2018; Peeters 2019). While the impact of important structural determinants of health have become increasingly recognised (Baum 2019), comprehensive structure-agency analysis of social problems as part of the public health policy formulation process remain challenged, for a range of reasons (Bacchi 2016; Cairney & Geyer 2017; Hughes et al. 2015).

From a critical realism perspective, it is not possible to fully understand a social phenomenon like informal employment and its consequences for health, without regard for the complex structure-agency ‘game’ (Bourdieu & Wacquant 1992). Framing informal employment as an isolated, individualised practice disregards the narratives of complexity documented in this thesis. Below I unpack informal employment as a complex public health issue and seek to answer the following research questions:

- How do SDH interact to influence the health of informal workers in the northern suburbs of Adelaide?
- How do social structures influence informal employment in the northern suburbs of Adelaide?

8.1 Neoliberalism and the ‘choice’ of informal employment

As stated in [Section 1.5](#), Australia has adopted a ‘hybrid’ form of neoliberalism shaped by local

context; however the central tenets of neoliberalism—market-based solutions, regulatory restraint, privatisation, tax cuts and public-sector austerity—largely remain (Baldwin et al. 2019; Peck 2013). These neoliberal attributes shape the social context of employment relations in Australia, determining employment prospects, mobility and life chances (Bourdieu 1977, 1986; Watson 2015).

The experiences of all informal workers in this study can be considered in relation to neoliberal ideology both from the perspective of structure (the factors that determine social position and generate hierarchies of power and access to resources (Solar & Irwin 2010), as well as agency (the capacity for individual practice (Abel & Frohlich 2012; Cockerham 2013). Neoliberal ideology posits that individuals should regard themselves as free agents who have a responsibility to shape their own lives through rationale choices (Peeters 2019). Brown (2009) argues that within neoliberalism, the state seeks to construct *“prudent”* (p. 41) neoliberal citizens through policies that take a ‘three strikes and you’re out’ approach. In Australia, this is evident when the welfare system makes it clear what kind of behaviour it expects from citizens and where welfare entitlements are conditional on the behaviour of recipients. Equally, neoliberalism’s fight against taxation and a burdensome regulatory environment fuels individualism and opens the way for entrepreneurship (Williams, CC 2017). The model neoliberal citizen is one who strategizes among various social, political and economic options, is calculating rather than ‘public-minded’, and the inability to lead a full and productive life is seen to arise from failures of individual choice and responsibility (Brown 2009; Mendes 2017; Read 2009).

There were hints of this inward-driven conduct of the ‘model neoliberal citizen’ (Randles & Woodward 2018) evident among informal workers as they sought to acquire income and enhance their quality of life, albeit for short-term gains. Take for example *Jason* (food service worker, [Story Box D](#)), a young, enthusiastic informal worker who utilised the informal economy to increase his

tax-free 'economic capital' (Bourdieu 1986). Informal employment was a temporary practice for him, and he certainly didn't perceive himself as belonging to a low social class. For *Jason*, the benefits of informal employment outweighed the negatives, as he kept his eye on the road ahead to greater prosperity. It could also be argued that even those in the lowest income bracket took 'personal responsibility' and mobilised self-efficacy in the pursuit of their employment endeavours; lending support to the argument made by numerous researchers that neoliberalism is the central driver of the development of the informal sector (Corrêa-Filho et al. 2010; Lopez-Ruiz et al. 2017; Ludermir & Lewis 2005; Salas et al. 2015; Yeboah et al. 2015).

The problem with individualism, however, is that informal employment in this study was rarely a 'free choice'. Theories of rationale choice postulate that people are independent of their social context and act with intention, and that individuals are assumed to be stable and consistent in their choices even in the face of risk and uncertainty (Ostrom 1998). Such a view goes hand-in-hand with the neoliberal perspective of the "free" citizen "*who rationally deliberates about alternative courses of action, makes choices, and bears responsibility for the consequences of these choices*" (Brown 2009, p. 42); and it conflicts with Bourdieu's analysis of the habitus and relational theoretical ideas (Samuel 2013). Bourdieu recognised that there are times of crisis when 'rational choice' may appear to take over, however he pointed out that choice is never made in isolation of the habitus and the field (Wacquant 1989). Further, from a critical realism perspective, it is not possible to "*extract people from social relations*" (Decoteau 2016, p. 308). Informal employment cannot be viewed as a matter of choice as it is a relational act arising from the interplay of personal resources, the habitus and the field.

Among participants, informal employment was much more likely to be carried out due to a lack of choice—a point repeatedly raised in the interview transcripts (for example, by *Brad*, general labourer: [Story Box E](#); *Arman*, food industry worker: [Story Box O](#); *Li*, supermarket worker: [Story](#)

[Box Q](#); *Chloe*, masseuse: [Story Box V](#); *Eliza*, childcare worker: [Story Box F](#); *Sophie*, food industry worker: [Story Box X](#)). Even those who emphasised the benefits of informal employment and told me that informal employment was *“their choice”*, expressed their preference for formal over informal employment. For example, informal recycler, *Moira* ([Story Box J](#)), said that she was *“can collecting because (she) want(s) to”* and spoke at length about the benefits of her work; however, when asked if she would prefer a formal job over an informal one she replied: *“I’d love to have a job. Full time paying job. Who wouldn’t? It would make life so much easier.”* Similar findings have been observed in other settings. For example, Williams, CC and Round (2007) found that most informal self-employed workers in Moscow expressed a desire to formalise their operations, largely due to the greater esteem that would result from being a visible business owner; and Williams, CC and Gurtoo (2011) found that women entrepreneurs in the Indian informal sector wanted formalisation and formal recognition of their work.

The second important point about the neoliberal discourse, is that there were many examples in workers’ narrative accounts where informal employment did not provide acceptable working conditions (as outlined in [Table 1-1](#))—even among those participants who demonstrated personal neoliberal attributes. Accepting a job littered with workplace relations ‘failings’ is not poor choice on the part of the individual—as neoliberal ideology might have us believe (Brown 2009; Read 2009)—rather it is an act of agency that arises from the cumulative outcome of social position and struggle to earn a living, fuelled by a need and/or desire for social mobility. The arising power relations in the field of employment left many informal workers exploited and in more precarious situations than they were previously. It is also likely that workers will be disadvantaged into the future as informal employment is not conducive to documenting prior work experiences in a curriculum vitae and acquiring referee reports from past employers; and workers do not accrue leave entitlements, superannuation nor are they covered by workers compensation in the event of

injury. While economic reward may be immediate, by virtue of their invisibility, they were unable to gain a more desirable position in the field of employment.

Framing informal employment as a matter of individual choice *“becomes the logic against which”* neoliberalism *“covers its tracks”* (McKenna 2015, p. 44). Through neoliberalism, Australia has created opportunities for poor-quality informal employment via a weak welfare system designed to deter access to support, an industrial relation system that undervalues worker rights and immigration policies that invite exploitation (Deeming 2016; van Barneveld et al. 2020). In the following sections, I further explore the interaction of agency and structures in relation to informal employment, and how these dimensions impact pathways to health and wellbeing.

8.2 Are informal workers in the northern suburbs of Adelaide survivalists or entrepreneurs?

In [Part C](#), I introduced informal recycler, *Moira* ([Story Box J](#)), who—like many others—spoke about her dependency on informal employment to access, what Bourdieu (1986) described as, ‘economic capital’, and which *Moira* framed as essential *“money to survive”*. In [Story Box I](#), I presented general labourer, *Zac*’s story. He spoke about his enthusiasm for developing *“hustling skills”*, and his desire to accumulate tax-free economic capital. These two accounts exemplify the survivalist-entrepreneurial dichotomy that has been well documented by other researchers.

Informal employment has been portrayed as both a last resort, survivalist strategy undertaken out of necessity, as well as voluntary entrepreneurship (Addo 2017; Boeri 2018; Castells & Portes 1989; Cristi, Amoros & Couyoumdjian 2012; Garcia 2017; Gold 2019; Günther & Launov 2012; Temkin 2009; Williams, CC 2017; Williams, CC & Gurtoo 2011; Williams, CC & Kayaoglu 2016; Williams, CC & Round 2007).

Castells and Portes (1989)'s book chapter is often cited in this debate; they stated quite overtly that, *"the informal economy is not a set of survival activities performed by destitute people on the margins of society ... (and that informal employment) is not a euphemism for poverty"* (p. 12). However, other researchers continue to demonstrate how integral informal employment can be for those who are excluded from the formal labour market around the world, as a means of securing economic resources to maintain basic living standards—for example, Uddin and Gutberlet (2018), who studied informal work in Mongolia; Yeboah et al. (2015) research in Ghana; and Gutberlet et al. (2009) study in Canada. At the same time, other studies, such as that conducted in South Africa by Boeri (2018), have highlighted the 'enterprising spirit' among the informal workforce. Lazaridis and Koumandraki (2003) researched the informal work activities of migrants in Greece and found that workers were able to *"carve out spaces of control"* where they could *"secure better working conditions, better earnings, independence and autonomy compared to wage work"* (p. 8). Similarly, Günther and Launov (2012, p. 95) study in the West African country of Côte d'Ivoire pointed out that there are segments of the informal labour market that are *"superior"* to others in terms of income, and return on education and experience. Meanwhile, Franck, Anja Karlsson and Olsson (2014) who studied informal workers in Malaysia, and Williams, CC (2009) research with informal workers in England found that necessity and an enterprising spirit were co-present in the motives to establish informal micro-enterprises.

Along similar lines, in this study, I argue that an appropriate way to understand the motivation for informal employment in Australia is not through the polarity of entrepreneurship versus survivalism, rather as a highly contextualised and multiply determined voluntary **and/or** involuntary practice. In this study, I focused on how informal employment was experienced by workers in the northern suburbs of Adelaide. Their narrative accounts illustrated a somewhat messy conglomeration of various—what Adom (2014) described as—'necessity' (such as

unemployment, insufficient income and the need for flexibility) and ‘opportunity motivators’ (e.g. a desire for independence, control and greater wealth). For example, *Sue* (seamstress, [Story Box G](#)) was financially dependent on informal employment and needed flexible work arrangements to accommodate her oscillating health status; *Mal* (furniture removalist, [Story Box A](#)) needed informal work to supplement an inadequate welfare pension; *Abdul* (general labourer, [Story Box M](#)) hadn’t been able to acquire formal, tax-paying employment, which he needed in order to secure a permanent residency visa, so he turned to informal employment to survive. Those who were driven by opportunity motivators included workers like *Sally* (general labourer, [Story Box W](#)) and *Matt* (bar manager, [Story Box Y](#)) who were attracted to informal employment because they said this type of employment provided greater control over their working endeavours. A small number of participants also clearly articulated their entrepreneurial motivations and perceived informal employment as an opportunity that could make their working life more psychologically rewarding than employment in the formal economy. Those displaying such characteristics were young males, like *Ali* (festival worker, [Story Box U](#)), *Zac* (general labourer, [Story Box I](#)) and *Jack* (artist, [Story Box Z](#)) or males without family caring responsibilities, like *Trevor* (construction worker, [Story Box B](#)) and *Sam* (construction worker, [Story Box C](#)). These participants were also more likely than the ‘survivalists’ further along the continuum of necessity to report that they were living ‘quite comfortably’. Among informal workers in England, Williams, CC (2009) also found that males were more likely to display entrepreneurial characteristics, whereas females were more commonly necessity-driven. Some of these workers exhibited what Lewchuk and Dassinger (2016) described as “*workplace entrepreneurship*” (p. 151). For example, participants like *Zac* (general labourer, [Story Box I](#)), *Trevor* (construction worker, [Story Box B](#)) and *Sam* (construction worker, [Story Box C](#)) described how they would quit jobs they didn’t think were appropriate or didn’t pay enough, and they dictated their days and hours of work. Such strategies were a means for participants to retain some control over their working endeavours and therefore

challenge the description that workers are *“helpless victims unable to act”* (Lewchuk & Dassinger 2016, p. 146).

The heterogenous nature of motivations for engagement in informal employment was also evident in the participants’ demographic profile, when considering age, ethnic background, education, upbringing and place of residence. Data indicated that informal workers were both younger and older; around 60% came from various ethnic backgrounds, while approximately 40% were born in Australia; many had post-school qualifications, while others left school before they were 15 years of age; most participants lived in areas with higher levels of disadvantage but five informal workers (17.2%) lived in some of Adelaide’s most advantaged suburbs. The general description of participants in this study was similar to that provided by Gold (2019) who studied informal workers in the USA, and found that informal workers may be immigrants or native-born, and living at the subsistence level or with middle class comforts, and they generally *“engage in multiple ventures to maximise income and flexibility, try out new activities and participate in multiple social networks”* (p. 10) The diversity among the informal worker cohort in this study hints at the pervasiveness of informal employment in Australian communities, and their unconventional labour-force status, as pointed out by Gold (2019), is likely to mean that informal employment may be more common than reported.

There’s no doubt however, that despite this diversity, the majority of participants, including those who were self-employed as well as wage earners, and those who worked solely informally and/or received other sources of income, were somewhat ‘distant from necessity’ in economic terms, as defined by Bourdieu (1984). Sport referee and personal trainer, *Tina* ([Story Box L](#)), echoed the survivalist narrative quite clearly when she said she was *“constantly fighting for survival in a way that I don’t think that humans should have to fight for survival.”* Some participants were also distant from necessity in relation to the other major capitals (cultural, social, symbolic), which

helps to explain why workers found informal employment rewarding even in the face of poor working conditions. For example, DJ *James* ([Story Box B1](#)) and hospitality worker *Diego's* ([Story Box P](#)) described how their informal work gave them social and cultural capital opportunities, despite insecure employment, underpayment and exposure to hazardous workplace conditions.

From a health perspective, low economic capital and greater distance from necessity are aligned with poorer health (Hodgetts & Stolte 2017; Marmot 2000). Understanding the motivations for informal employment therefore illustrates the interplay of SDH that participants experienced, and helps to contextualise the health effects of informal employment in relation to the possible structural and intermediary effects of other important determinants of health.

8.3 Understanding informal employment through a SDH framework

In [Chapter Four](#), I outlined the factors that involuntarily pushed and/or voluntarily pulled workers towards informal employment opportunities. Other researchers have reported similar findings; including unavailable/unattainable formal work (Adom 2014; Huang, Hong-ou & Xue 2018), financial factors and structural constraints (Adom 2014; Cobbinah & Chinyamurindi 2018; Huang, Hong-ou & Xue 2018; Medina & Schneider 2017; Merkuryeva 2006; Napier & Mothwa 2001), education and work experience (Adom 2014; Merkuryeva 2006), informal employment characteristics such as flexibility (Huang, Hong-ou & Xue 2018; Napier & Mothwa 2001; Williams, CC & Gurtoo 2011), cultural and societal factors (Cobbinah & Chinyamurindi 2018), personal and family factors including health and values (Adom 2014; Cobbinah & Chinyamurindi 2018; Williams, CC & Gurtoo 2011). However, the complex interplay of determining variables is usually not understood within a SDH framework—partly because research on informal employment is approached from a range of discrete scholarly fields. Some public health researchers, however,

have reported on aspects of informal employment using a SDH lens (Álvarez, Merchán & Potes 2015; Benach et al. 2006; Benach et al. 2014; Julià et al. 2016), and I chose to follow suit.

Bourdieu (1989) argued that *“complexity lies within social reality”* (p. 15). A SDH perspective exemplifies complexity and, in relation to informal employment, it helps to highlight the non-linear interactions between the different factors that push/pull participants toward informal employment (Jayasinghe 2015). It further illustrates the challenge of untangling the health impacts of informal employment in the context of other health determinants. In **Figure 8-1**, I summarise workers’ narrative accounts of how they came to work informally as a complex web of inter-related variables.

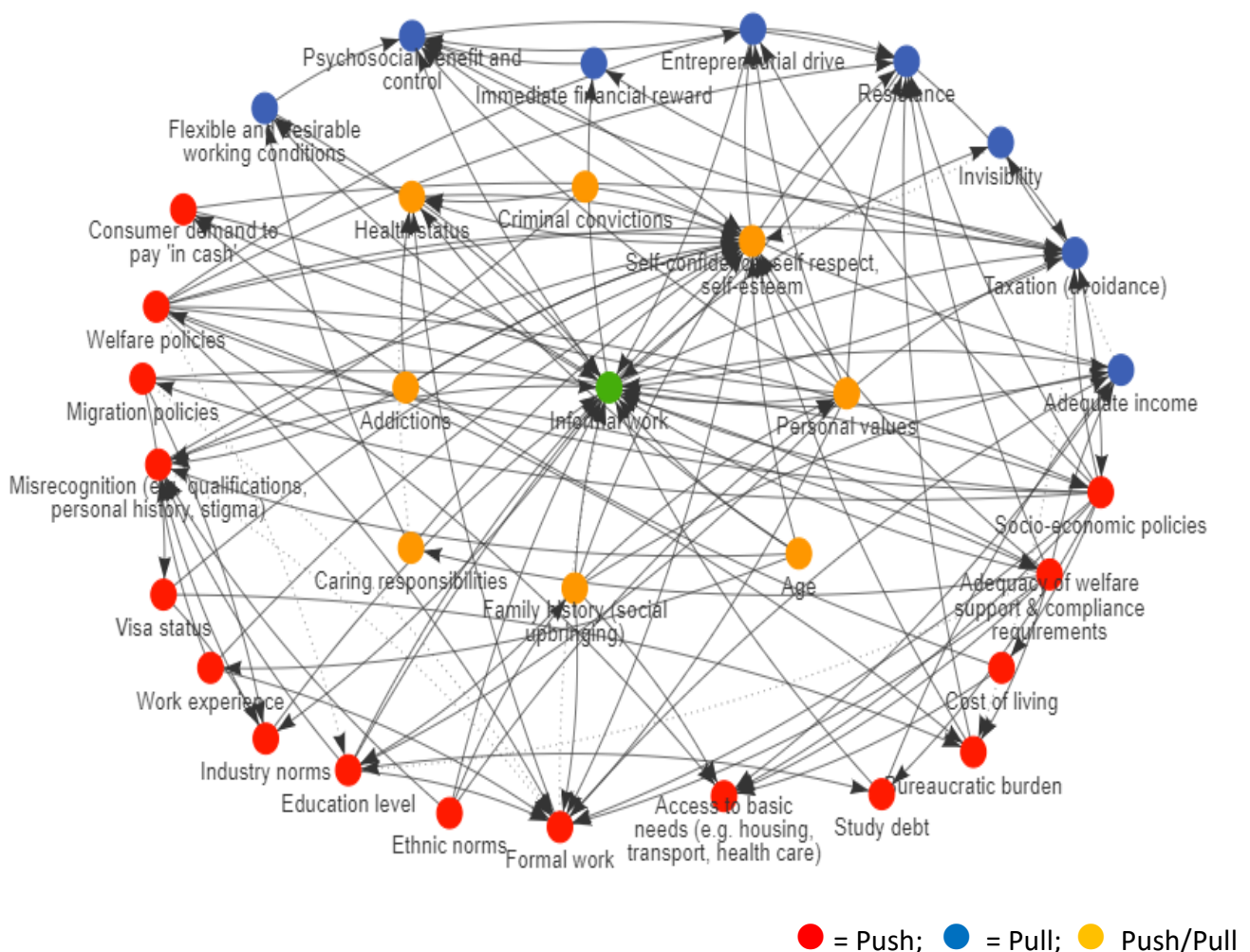


Figure 8-1: Interactions between different variables pushing and pulling workers towards informal employment

The figure provides a complex 'map' of how different variables interact to influence informal workers' journeys. It illustrates the interplay of resources, conditions and structures that operate across a variety of fields, as reported by participants, that pulled and/or pushed workers toward informal employment. Using a SDH framework as conceptualised by the Commission on the Social Determinants of Health (CSDH) (Figure 8-2), what is evident is that informal employment reflects structural determinants of health (socioeconomic position, gender, age, ethnicity, culture, values and socio-economic policies and systems), as well as intermediary determinants (material circumstances, behaviours, psychosocial factors) (Solar & Irwin 2010).

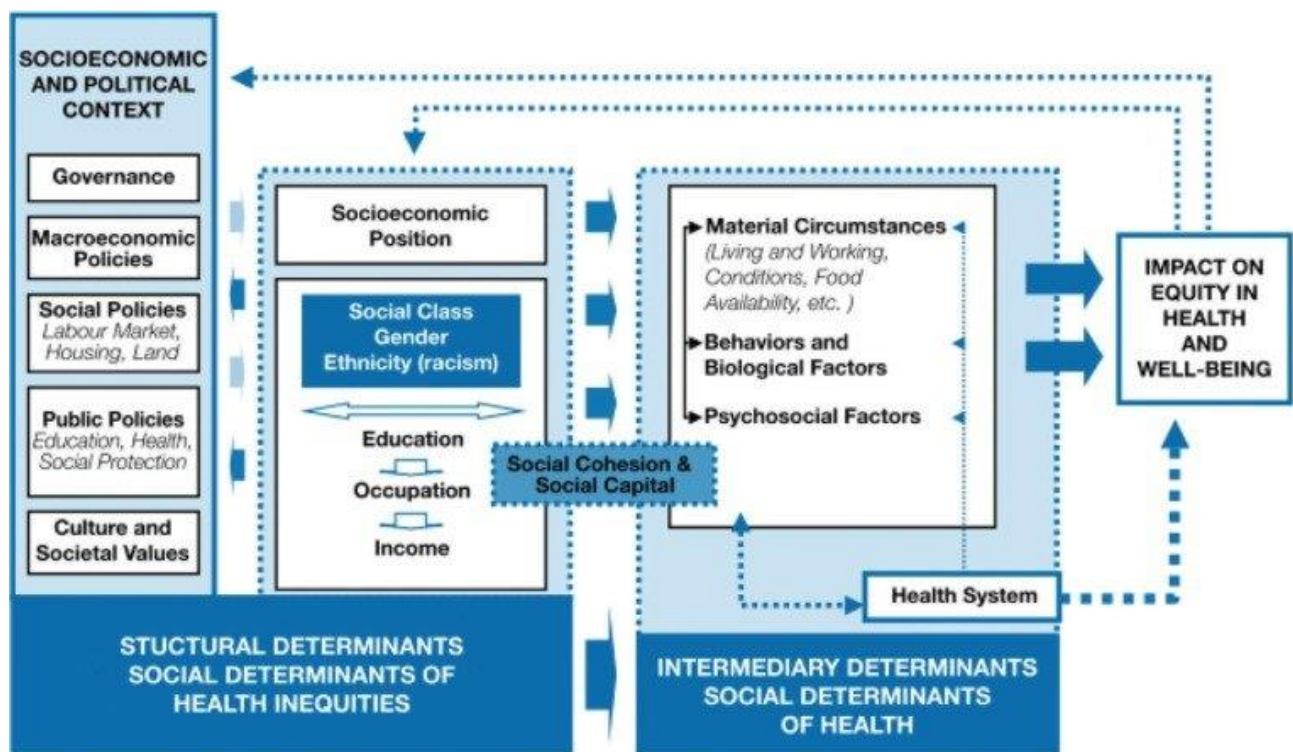
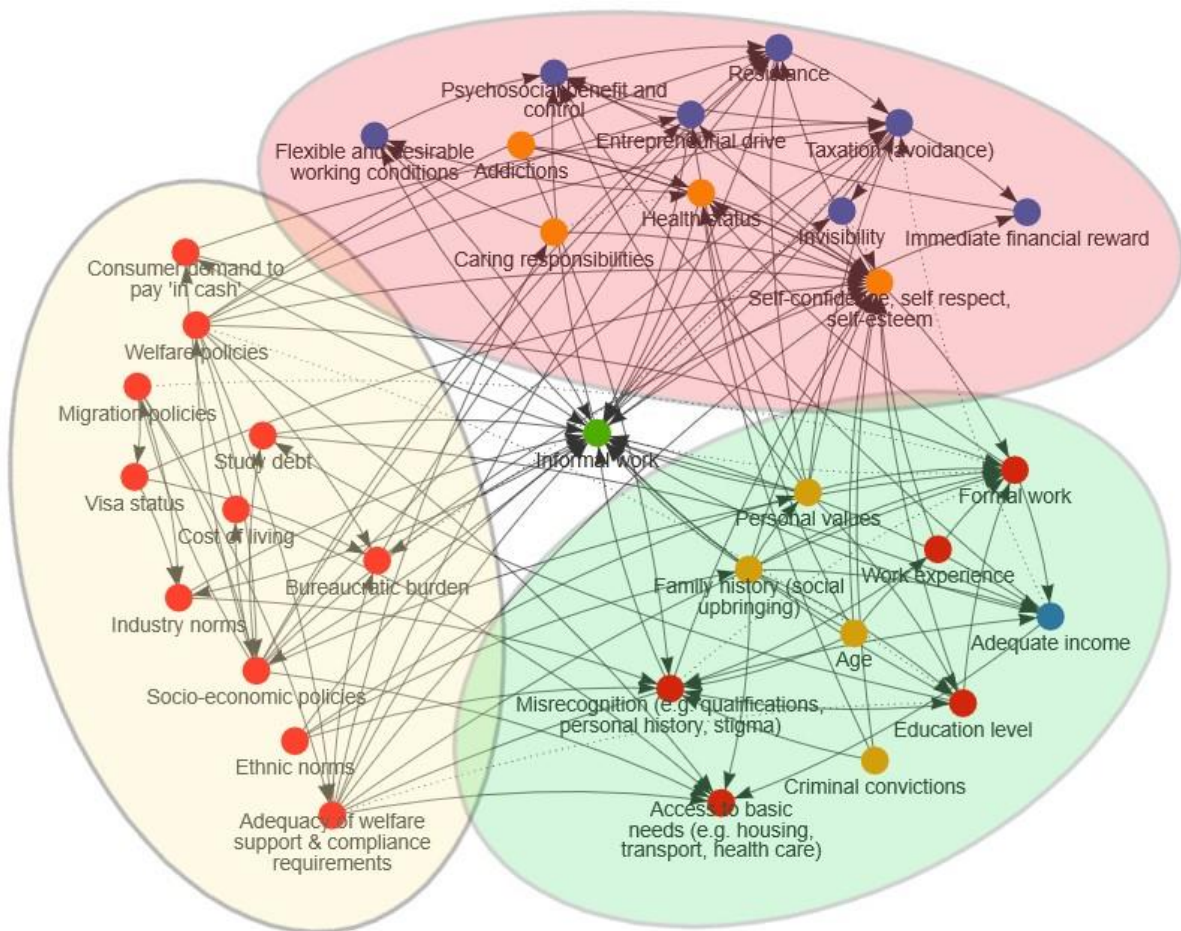


Figure 8-2: CSDH Framework illustrating structural and intermediary determinants (Solar & Irwin 2010, p. 6)

In Figure 8-3, I have grouped the variables that push/pull workers into informal employment according to the SDH framework to illustrate both the structural and intermediary determinants at play. What is evident is that many of the variables that push workers (indicated by the red dots) into informality are structural in nature.



● = Push	● = Socioeconomic and political context (structural determinants)	● = Socioeconomic position (structural determinants)	● = material circumstances, behaviours & biological factors, and psychosocial factors (intermediary determinants)
● = Pull			
● Push/Pull			

Figure 8-3: Variables pushing and pulling workers towards informal employment, grouped according to structural and intermediary social determinants of health

To illustrate, [Story Box F](#) presented *Eliza's* story, whom, like her own mother, was a young single mother dependent on welfare support. *Eliza* cared for her autistic son, while trying to acquire

additional, what Bourdieu (1986) defined as, 'cultural capital' through the education system and running her own informal childcare business from her home to boost economic capital. Her informal employment activities were concealed from welfare agencies whom, she said, provided little assistance for enhanced employability. These structural constraints—her socio-economic position, age, caring role and interactions with the welfare system—inhibited her employment choices and opportunities for good health. At the same time, *Eliza* was goal-oriented and optimistic, had hopes and aspirations for the future, and was politically astute. These internal structural values (akin to Bourdieu (1990b) concept of habitus) guided her through the various fields she entered, so she was able to gain additional economic resources (through informal employment), as well as building her capacity for a future that she hoped would result in upward mobility.

Examining participants' experiences of informal employment in this way, illustrates that this practice is more than a type of employment that centres on the workplace. Rather that informal employment cannot be separated from other aspects of workers' daily lives. What was evident from participants' narratives were the multiple experiences of precarity (i.e. precarity in employment as well as other areas of life such as housing, relationships, transport, health, residency status and belonging), disrespect and social exclusion (both internal and external to the workplace), as well as interactions with powerful systems (in particular, welfare and immigration systems).

This analysis aligns with Whittle et al. (2020) conceptualisation of how structural factors shape material-need insecurities (income, food, housing, health care), which, when combined with stigma through subjective perceptions of disempowerment, affect health outcomes (Figure 8-4). Whittle et al. (2020) framework also recognises the role of citizenship (and political rights) in the relationship between precarity and health, noting that temporary residents (including asylum

seekers) face additional barriers to accessing social and health support. When considering my study's findings, the model helps to illustrate how insecure income from informal employment (and other sources) combines with other structural determinants of health, to collectively shape opportunities to access material needs; and that these experiences often lead to insufficiency, poor quality, uncertainty and socially unacceptable practices; contributing directly and indirectly (through health behaviours and psychosocial harm) to poor health outcomes (Whittle et al. 2020). My study also identified that informal workers without secure citizenship faced additional barriers to accessing opportunities conducive to health. For example, several workers did not have access to universal health cover because of their temporary visa status and a number of international students who worked informally in the northern suburbs of Adelaide (such as supermarket worker *Li*, [Story Box Q](#); horticultural worker *Jerome*, [Story Box S](#); delivery worker and cleaner *Pal*, [Story Box R](#); food industry worker and cleaner, *Daisy* [Story Box C1](#)) appeared to be directly 'targeted' by Australian employers (through foreign language social media sites and social norms)—a phenomenon that has been reported elsewhere in the literature (Campbell, I, Boese & Tham 2016; Underhill & Rimmer 2015). Underhill and Rimmer (2015) applied Sargeant and Tucker (2009) framework of 'layered vulnerability'—which takes into consideration migration factors (e.g. migration security), migrant worker factors (e.g. language skills) and receiving country factors (e.g. social inclusion/exclusion)—to illustrate that some Australian seasonal horticultural workers (most of which are temporary migrants) are more vulnerable than others due to this 'layered vulnerability'.

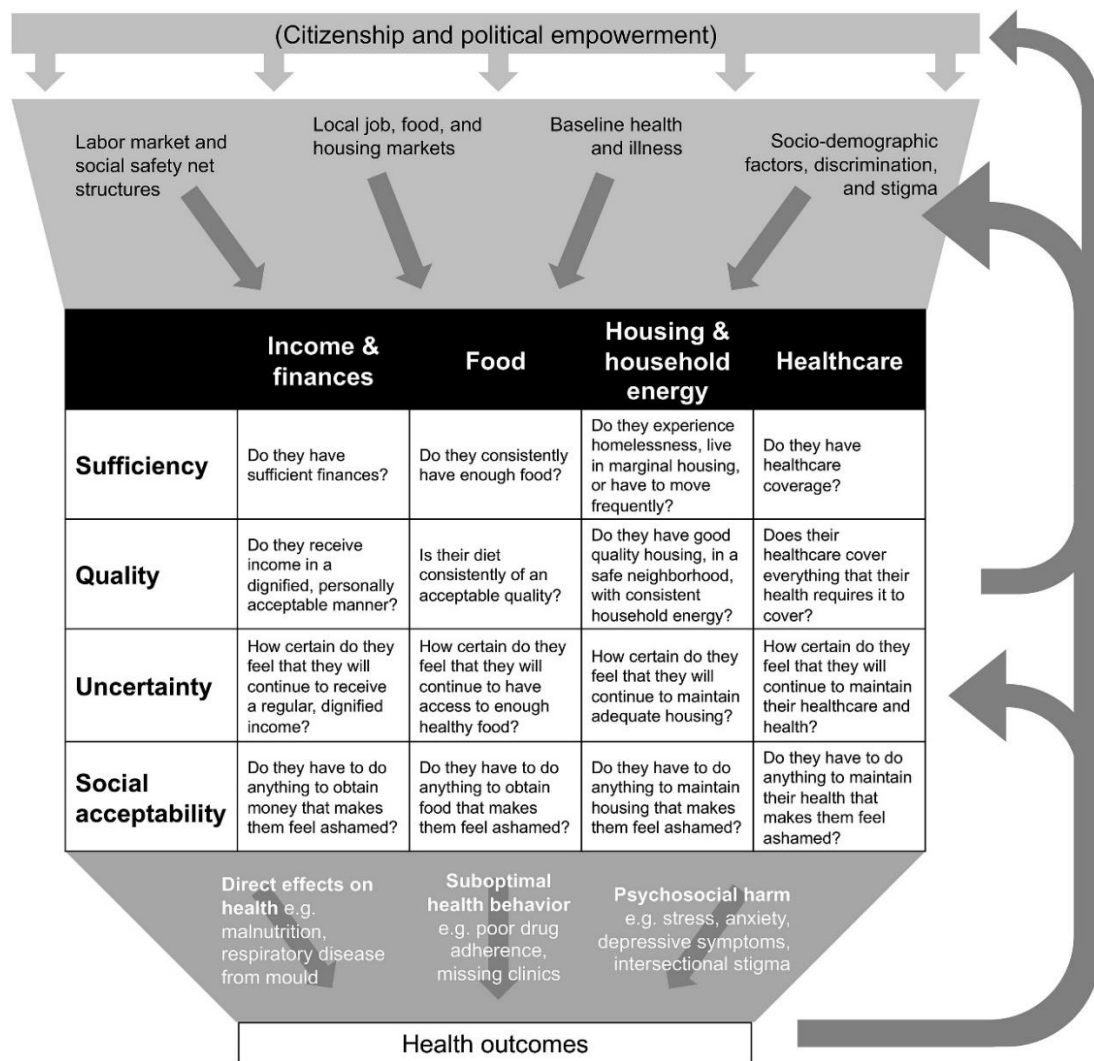


Figure 8-4: Precarity and health: A conceptual framework (Whittle et al. 2020, p.5)

Despite experiences of multiple material-need insecurities, it is important to note that many workers illustrated incredible resilience and tenacity against structural constraints—a point I will explore more closely in the section half of this Discussion. But for the moment, I discuss the question of whether informal workers can be considered a social class, in light of the volume of data of precarious living and working experiences described by participants. Social class is an important analytical tool with which to examine differences in life chances (Agarwala 2006) and has been found to shape perceptions about health (Borg & Kristensen 2000; Simandan 2018).

8.4 A social class of informal workers?

Veenstra (2007) identified that, in the public health literature, there are three approaches conceptualising social class. Firstly, social class is considered in terms of socio-economic status, with references to income, education and occupation. The association between socio-economic factors and health has been widely researched (Hashmi, Alam & Gow 2020; Turrell & Mathers 2000) and it is clear that educational attainment, wealth and occupational prestige are associated with better health and wellbeing (Veenstra 2007). Secondly, researchers define social classes in terms of the organisation of work, hierarchies and power relations. For example, researchers have found that those who occupy precarious employment, with reduced positions of power, are more likely to experience adverse health outcomes than those in more secure employment (Ferrante et al. 2019; Matilla-Santander et al. 2020; Muoka & Lhussier 2019). Thirdly, social class is recognised in Bourdieusian terms, i.e. as a relational concept with reference to the field, capitals and habitus. Fewer public health researchers have adopted this approach, which offers regard for the way in which social, cultural and life stages interact to effect health (Browne-Yung, Ziersch & Baum 2013; Veenstra 2007).

While some researchers question the significance of the concept of social class (Beck 2012), others continue to provide empirical data to illustrate the persistence of class-based inequalities and the relevance of Bourdieu's theory of social class (Deeming 2014; Veenstra 2007; Wiltshire, Lee & Williams 2019). In a British study, Deeming (2014), for example, illustrated how lifestyle 'choices' are shaped by class position and social necessity. From a health perspective, the concept of social class remains pertinent for understanding health inequities—generally speaking, those who hold lower social positions, have lower capital resources and are more likely to feel lack of control, uncertainty and inhibited freedom, while experiencing higher psychological distress and poorer physical health (Eisenberg-Guyot & Hajat 2020; Marmot 2017; Simandan 2018; Warin 2019).

Bourdieu (1984) equation—[(habitus)(capital)] + field = practice (p. 101)—can be applied in this study to help understand informal workers’ social positions. For some informal workers, like *Brad* (general labourer, [Story Box E](#)), early life experiences helped him to develop tenacious survival tactics that he was able to draw on in adulthood. Combined with present vulnerabilities, including low cultural and economic capital, these dispositional attributes led *Brad* to the somewhat unconscious ‘choice’ to work informally—a ‘choice derived from necessity’ (Deeming 2014). For others, like *Sam* (construction worker, [Story Box C](#))—who experienced a more privileged upbringing—the present context, including rising employment precarity and socio-economic pressures (ACOSS & UNSW 2018; Cassells et al. 2018; Li, T, Dodson & Sipe 2018; Morris & Wilson 2014; Smith, J 2017), combined with other SDH impacting his life (drug addiction and homelessness), to give rise to the adaptation of the habitus and the mobilisation of what resources he had available to him to enable him to gain informal employment and live ‘quite comfortably.’

Participants’ diverse stories of their former years, current living circumstances and varying quantities and qualities of capital resources, makes it challenging to describe informal workers in this study as belonging to a particular social class, as others have done in other settings around the globe (for example, Agarwala 2006, in India; Elbert 2018, in Argentina; Sychareun et al. 2016, in Lao). As argued by Veenstra (2007), *“an aggregate of individuals who share a given characteristic is not necessarily equal to a social class”* (p.15). Indeed, in Australia, socioeconomic disadvantage is not measured at the individual level (ABS 2008).

In Australia, Sheppard and Biddle (2017) identified six class types, based on the distributions of cultural, social and economic capital; however informal workers in this study do not readily ‘fit’ into any one of their particular social class typologies. On the one hand they may be categorised as

'precariat' (Savage et al. 2013; Standing 2011) due to their low income, few material assets and the nature of their occupations; yet there are some anomalies, in that not all workers had low levels of educational attainment (for example, 41.4% reported having a Bachelor's degree or higher), some lived in higher income households and some reported participating in 'highbrow' activities (Bourdieu 1984) involving literature, music and visual arts, while others described valuable social and family networks, important sources of social capital (Bourdieu 1986).

According to Bourdieu (1977), some forms of capital are considered better or more worthy in some fields than others. Therefore, tertiary qualifications may be valuable in some social fields, but for a cleaner in the field of informal employment, such resources may be irrelevant. It is also worth highlighting, in relation to those participants living in higher income households, what Lewchuk et al. (2013) found in their study of insecure employment; that employment insecurity has an independent effect on household wellbeing and community connections, regardless of income.

From this position, what is apparent in this study, is that informal workers may be differentiated from other social actors with respect to several observable, inter-related variables in the field of employment and the sub-field of informal employment: the type of work they do (i.e. informal employment which is precarious and invisible); the nature of their occupations (which often required low skill levels); their low individual income and often precarious living conditions; their interactions with powerful social structures, and how they act in response to the internalisation of these structures. While workers' individual experiences varied, what can be said, based on participants' narrative accounts, is that different combinations of these experiences made informal workers highly vulnerable to domination and exploitation by those who sit above them in the social class hierarchy.

Some informal workers more than others felt the effects of oppression but overall there were many examples in this study to illustrate workers' class struggles in social fields littered with what Bourdieu (1977, 1984) labelled 'symbolic violence', and the term 'struggle' was highly prevalent in their narrative transcripts. Student tutor and cleaner, *Theresa* ([Story Box K](#)), despite high levels of cultural capital, told me how it felt to be judged and dominated by the welfare system; *Abdul* (general labourer, [Story Box M](#)), *Diego* (hospitality worker, [Story Box P](#)), *Sophie* (food industry worker, [Story Box X](#)) and *Tyler* (general labourer, [Story Box H](#)) described experiences of exploitation and symbolic domination by employers; *Daisy* (cleaner, [Story Box C1](#)) and *Li* (supermarket worker, [Story Box Q](#)) said that they had experienced gender domination; *Jamila* (cleaner, [Story Box T](#)) described how clients made her feel like a lower class person; and *Chloe* (masseur, [Story Box V](#)) explained that her work eroded her self-worth. Even those who highlighted the benefits of informal employment, provided examples of disrespect, exploitation and exposure to unhealthy working conditions (for example, *Matt* (bar manager, [Story Box X](#)) *Arman* (food industry worker, [Story Box O](#)), *Sam* (construction worker, [Story Box C](#)) and *James* (DJ, [Story Box B1](#)).

These experiences of domination and disrespect, and feelings of worthlessness may be among the reasons why informal workers had low mean Mental Health Component Scores (MCS): the mean MCS score for females was 40.89 (SD=12.06) and for males, 36.43 (SD=14.75). While recent Australia population data of MCS is not available, in 2004, Avery, Dal Grande and Taylor (2004) found that the SF-12 mean MCS for the general South Australia population, aged 18 years and over, was 52.4 (53.4 for males and 51.4 for females). A 2012 study involving informal day labourers in San Diego, USA, found that workers had a mean MCS (SF-12) score of 44.75 (SD=9.07), compared to the US general population in 1998 of 50.2 (SD=9.75) (Salgado et al. 2012). Simandan (2018) notes that the subjective experience of social class mediates outcomes for mental and

physical health—the overall causal mechanism being that the lower one’s perceived social class, the greater the level of uncertainty and helplessness, which triggers a sympathetic nervous system response, leading to higher morbidity and mortality.

Bourdieu (1987) wrote, *“what exists is not ‘social classes’ ... but rather a social space”* and that *“the fundamental property of a space is the reciprocal externality of the objects it encloses”* (p. 3).

This analysis suggests that (without disregarding the inter-relationship with capitals and habitus) what is particularly critical for understanding social class in relation to informal workers is ‘the field’ of employment. This may be why, even those workers with greater access to capital resources (social and cultural) said they felt constrained (*“trapped”*) from mobility into more desirable forms of employment; ultimately, they were constrained by the field—the field of employment, its sub-fields including the field of informal employment and the other fields participants experienced, as well as the overarching field of power and the dominant economic field (Bourdieu 2005). Bourdieu (1993) theory also explains why workers like *Brad* (general labourer, [Story Box E](#)) and *Sam* (construction worker, [Story Box C](#)), who experienced very different upbringings are united in their practice of informal employment; it is because the habitus becomes active in relation to a field, manifesting as a complex interplay between past and present (Reay 2004).

The social fields that informal workers entered were comprised of powerful and dominating structures and rules, and showered its entrants with suppression, often as ‘multiple plays’ at once (Bourdieu 2005). For example, several workers experienced housing stress as a result of their movements around the housing field, in addition to precarious work and their experiences of the field of employment; while others were in problematic relationships, had insecure visa status, manoeuvred the welfare field and/or the justice field. Bourdieu (1984) identified that individuals can adapt to domination, which, as Rose (2009) wrote, can give rise to individuals becoming

“acquiescent (albeit involuntarily) participants in their own subjugation” (p. 1), and, again, may help explain why workers become ‘trapped’ in informal employment, even when they know that their working conditions are unjust.

In the absence of a strong welfare state and a tenuous industrial relations system (Baccaro & Howell 2011; Castles 2001; Deeming 2013; Watson 2015), while they may not come together as one social class, participants in this study have come to occupy similar positions in the field of employment and develop a similar practice i.e. informal employment. In this way, Veenstra (2007) argues, social groups manifest in the field and while they may not represent a social class in the political sense, they are *“predictive of social classes or predisposed to become classes”* (p. 16). From a health perspective, Veenstra (2007) argues that the practices of social groups can isolate communities from each other and that it is this isolation and segregation, and the internal disposition of ‘knowing where the other belongs’ that contribute to producing health inequalities.

8.5 The role of social structures and power relations: underlying drivers of health inequities

Quoting French Sociologist, Emile Durkheim (1858-1917), Bourdieu (1989) urged researchers *“not just to explain social phenomena by the conception of those who participate in it, but by the deep causes which lie outside of consciousness”* (p. 15). In so doing, Bourdieu called attention to the role of social structures in defining practice, and making reference to Bourdieu, Williams, GH (2003) stated: *“structure can be very heavy indeed, undermining individual and collective capacities and capabilities”* (p. 145). In terms of health, the structural features of the socioeconomic and political context shape social hierarchies and *“are the root cause of health inequities”* (Solar & Irwin 2010, p. 28 & 64).

The interplay of variables pushing and pulling workers into informality illustrated in [Figure 5-1](#) provides insight into the social structures shaping participants' experiences within the informal labour market. These included, what Bourdieu (1989) identified as, independent and unconscious objective social structures, such as government and non-government institutions, policy-driven processes and rules that determine access to resources; gender and ethnic norms, and social values. In addition, upbringing and socialisation through family and community life and cultural practices, interactions with education, welfare and migrations systems, and experiences of formal and informal workplace relations have shaped informal workers' internal 'subjective structures' or what, Bourdieu (1990b) referred to as the 'habitus'.

Twenty informal workers in this study were receiving welfare payments and five participants were living in the northern suburbs of Adelaide on temporary visas—most with employment restrictions. Many of these participants spoke about government institutions like Centrelink (Australia's welfare agency) and Australia's immigration department (the Department of Home Affairs) and the compliance requirements these agencies enforce. To understand the interplay between subjectivism and objectivism, and why workers turned to informal employment, in the following section I tease out participants' encounters with two social structures that dominated the narrative analysis. I have focused on the welfare and immigration systems because they are fundamental to the 'orientation and morphology' (Vandenberghe 1999) of the informal employment experience, and have important implications for health, as illustrated in [Figure 12](#) (Chen et al. 2017; Hinton 2018; O'Halloran, Farnworth & Thomacos 2019).

Australia's welfare system was established in the 20th Century, commencing with a male wage earners policy aimed at supporting a reasonable standard of living; while other mechanisms such as maternity allowance, aged pension, child endowment and widow's pension came later (Mendes 2017; Smith, J 2017). Current Government-funded income support payments in Australia, are

administered by Centrelink, a government agency of the department known as Services Australia (Community Affairs References Committee 2020). Welfare recipients receiving unemployment, youth and parenting payments are required to interact with government-funded organisations (collectively known as Job Services Australia), that provide support and assistance to those seeking employment within a ‘workfare’ framework (Peck & Theodore 2000).

For some time now, researchers, non-government organisations and lobbyists have argued that welfare recipients are finding it increasingly challenging to survive financially amidst a range of social pressures, while public services and related health and social supports become less accessible and more costly (ACOSS & UNSW 2018; Li, T, Dodson & Sipe 2018; Morris & Wilson 2014; Smith, J 2017). Wide-ranging difficulties in accessing and navigating the government’s welfare system have been reported (Hinton 2018); and the system has been labelled as *“uncaring”* and a compounder to pre-existing stresses and vulnerabilities—which Hinton (2018) claimed *“were having a profound effect on their health and wellbeing”* (p. 5). O'Halloran, Farnworth and Thomacos (2019) found that the bureaucratic burden of being a welfare recipient was psychologically harmful and that people will opt for self-protection strategies, such as non-attendance at appointments, seeking medical exemptions or dropping out of the system altogether.

In late 2019, the Australian Government Senate Community Affairs References Committee undertook an inquiry into the adequacy of welfare payments. The Committee received 471 submissions to its key areas of consideration, from government, non-government, industry and community stakeholders (Community Affairs References Committee 2020). In a report handed down in April 2020, the Committee made 27 recommendations including the need to increase a range of welfare payments *“to ensure that all eligible recipients do not live in poverty”* (Community Affairs References Committee 2020, pp. xi-xv). Recognising the link between poverty and health,

the Committee also recommended that *“the Senate consider referring to the Community Affairs References Committee an inquiry into health inequality in Australia”* (Community Affairs References Committee 2020, p. 55). At the time of writing, no response to these recommendations from the Government was available, but it will be important to monitor developments as the COVID-19 pandemic subsides.

Experiences of ‘symbolic domination and violence’ (Bourdieu 1997/2000; Wacquant 2008) including the use of language as *“an instrument of power and action”* (Eagleton & Bourdieu 1992), are echoed in the narrative accounts of informal workers. For example, *Theresa* ([Story Box K](#)), a university-educated participant who worked informally as a student tutor and a cleaner, said she was ‘yelled at’, treated in a *“degrading”* manner and *“like a naughty child”*, and felt *“humiliated”* from her interactions with the welfare agency. Such experiences shaped her ‘subjective internal structures’ (Bourdieu 1990b) such that she would avoid interacting with the welfare agency, and when avoidance was not possible, any interactions were counterproductive.

When government systems attempt to legitimise processes of classification and categorisation, misrecognition, domination and violence can result (Bourdieu 1997/2000). In Bourdieusian terms, misrecognition portrays the welfare system, not as provider of needs-based entitlements and rights, rather as an activist of reciprocity to prevent creating welfare dependency, which neoliberal mantra says *“erodes the moral life of society”* (Deeming 2016, p. 161). This is what we see in *Theresa’s*, as well as *Abdul’s* (general labourer, [Story Box M](#)) *Eliza’s* (childcare worker, [Story Box E](#)), *Brad’s* (general labourer, [Story Box E](#)) and *Tyler’s* (general labour, [Story Box H](#)) stories, as they interact with institutions governed by *“policy makers (that) seem to believe that disadvantage citizens (who already struggle to make ends meet) must be increasingly controlled and coerced... by a system of ...conditionality (which) undermines or narrows people’s rights”* (Deeming 2016, pp. 169-70). The consequences of this form of misrecognition is that workers are denied part of what

it is to be fully human, which James (2015) argued, appears to be psychologically abusive.

Power struggles for resources, recognition and respect were also particularly evident in the stories of informal workers with prior criminal convictions, addictions, and low levels of education or work experience; the younger and the older workers, and those who obtained university qualifications abroad. Systems and processes impose social divisions that lead to hierarchies of discrimination where some things are more worthy than others, making it incredibly difficult for some participants to exercise agency, claim a desirable field position and seek legitimacy (Bourdieu 1989, 1997/2000; Masquelier 2018; Schubert 2012).

In a similar way, the immigration system is making it increasingly difficult for people from CALD communities to settle and live a quality life in Australia (Killedar & Harris 2017; Vandenberg et al. 2019). For example, Teicher (2020) noted that wage theft is gaining increasing attention in Australia, and that many victims are migrants. Most of the visa-supported informal workers in this study were excluded from full employment participation by virtue of migration policies or because of misrecognition in the labour market; further, most were denied access to universal health care and welfare support. *Pal* (delivery worker and cleaner, [Story Box Q](#)), *Li* (supermarket worker, [Story Box P](#)), *Abdul* (general labourer, [Story Box M](#)) and *Jerome* (horticultural worker, [Story Box R](#)) were restricted by immigration rules in the amount of formal work they were allowed to undertake. They also faced social challenges to gaining formal work and turned to informal employment as an alternative and researchers have named the collection of such stressors specific to immigration as 'acculturative stress' (Salgado et al. 2012). For example, *Abdul* (general labourer, [Story Box M](#)) struggled to gain recognition in the formal labour market for overseas-acquired tertiary qualifications and *Patricia* (food industry worker, [Story Box N](#)) was unable to gain formal teaching work despite extensive work experience acquired overseas. Such findings are supported by other researchers (Correa-Velez, Barnett & Gifford 2015; Mangan & Winter 2017). Premji 2018

found that this is a feature of immigrant workers in precarious employment—participants worked in jobs that did not match their education or experience.

Patricia (food industry worker, [Story Box N](#)) perceived that potential Australian employers questioned her school teaching competency on the basis of her ethnicity. However other CALD participants in this study did not attribute their inability to gain entry into the formal labour market to their ethnicity or racial discrimination. Despite this, it is noted that other researchers have found that discrimination on the basis of migrant background prevents labour market mobility in Australia (Dantas et al. 2017; Li, Y-T 2019; Liu et al. 2019). Further, that discrimination can be subtle and not easily recognised, yet contribute to *“an ideological system that reminds migrant workers of their differences/otherness”* (Li, Y-T 2019, p. 555). This compliments Bourdieu (1977) idea that misrecognition and symbolic violence aren’t necessarily overt, as systems take a course of their own in order to exercise domination and oppression. If we consider *Abdul’s* story (general labourer, [Story Box M](#)), he says, *“no one is willing to take me on board and say all right, we’ll give him a chance.”* When I ask him why he believes it is so difficult for him to find formal work for which he is qualified he says he doesn’t understand why this is the case. *Abdul* feels as though everyone, but no-one in particular, is the cause of this exclusion.

Bourdieu (1998a) argued that when the state fails in its duty as the guardian of public interest, the resulting social spaces that are set up for suffering lead to despair. In this study, we can see the effects of this as workers were forced to adjust, not only to a volatile labour market with declining rates of formal secure work (Lee, Huang & Ashford 2018), but a raft of other constantly emerging and evolving social pressures operating at multiple levels.

The structural drivers of informal employment described in the preceding sections—including the welfare and migration institutions and policies—operate within a neoliberal paradigm (Deeming

2013, 2016; Hall 2013; Mendes 2017; Redden 2019; Smith, C 2018). The stories of *Theresa* (tutor and cleaner, [Story Box K](#)), *Abdul* (general labourer, [Story Box M](#)) and *Brad* (general labourer, [Story Box E](#)) illustrate how structures constrain choice and speak of Australia as a ‘partial democracy’ with punitive obligations that champion duties over rights (Deeming 2016).

Standing (2011) wrote extensively about precarity, and called out neoliberal ideology for its role in reducing social safety nets such as welfare provisions and labour rights which, he argued, lead to multiple faces of precarity including the lack of *“secure identity or sense of development achieved through work and lifestyle”* (p. 16). He argued that people are pushing back against their precarity by *“choosing to labour in conditions of potentially intensified informality”* (p. 10). In the next part of this Discussion, I explore the idea that informal employment is a way to ‘push back’ or resist against social precarity.

8.6 Concluding remarks

In this Chapter, I have positioned the informal employment undertaken by participants within the wider social context that determines what is and isn’t possible by virtue of access to resources, internal and external structures, and power relations. The complexity of factors driving participants to engage in informal employment, the inextricable links with other SDH (including powerful social structures), and that this study involved a diverse cohort of informal workers that are united in their employment practice, illustrates that informal employment must be recognised in relational terms. Put simply, informal employment is not a matter of choice but the combined outcome of access to resources, the capabilities arising from the habitus and the relational elements of the fields that participants experience. The neoliberal ideology that infiltrates Australia’s social infrastructure promotes self-reliance, and on the one hand, informal workers

have responded to this challenge; the question is at what cost? In the next chapter, I discuss the health implications of being a 'ghost in the Australian labour market'.

Chapter Nine Resistance, Invisibility and Health

In this Chapter, I frame informal employment as acts of ‘everyday resistance’, as defined by Scott (1990), against a society where fair and decent work cannot be assured. Although informal employment may reap some benefits (in the form of capital resources), there is no doubt that the practice comes at a cost. In this Chapter, I argue that one of the defining features of informal employment that tempers the positive aspects of this employment condition, is invisibility. The practice of informal employment is invisible, not recognised and disrespected, and using a framework of precarious employment and health, I conclude this Chapter by incorporating these concepts into the pathways between employment and health, and thereby address the following research question: What do informal workers in the northern suburbs of Adelaide (South Australia) perceive are the health effects of their involvement in informal employment?

9.1 Spaces that hold promise

Despite the prevalence of personal narratives detailing experiences of precarity in multiple areas of individual lives, to portray all informal workers as entirely destitute would be inaccurate. The very fact that they undertook informal employment in the face of precarity required courage and internal resources. Indeed, Bourdieu and Wacquant (1992) stated that *“the dominated, in any social universe, can always exert a certain force, inasmuch as belonging to a field means by definition that one is capable of producing effects in it”* (p. 80).

Informal employment offered workers the promise of income, as well as other benefits such as

greater perceived control and flexibility, and a sense of purpose; all of which can have implications for health, and reflect findings in the wider literature (Álvarez, Merchán & Potes 2015; Heemskerk 2003; Iriart et al. 2008; Ludermir & Lewis 2005; Naz & Bögenhold 2018; Yeboah et al. 2015). Such benefits are likely to be moderated by 'distance from necessity' (Bourdieu 1984); and in order to realise these promises, participants had to disregard the widely held perception that informal employment is socially undesirable and unacceptable in Australia.

Bourdieu (1977) wrote that in times of 'crisis' the habitus can break away from passivist response to the 'doxic order' (i.e. socially dominant norms), leading to a disruption in alignment between subjective and the objective structures, where dominated individuals may engage in acts of resistance. This was evident in the stories told by *Jamila* (cleaner, [Story Box S](#)), *Chloe* (masseur, [Story Box V](#)) and *Abdul* (general labourer, [Story Box M](#)) who articulated the tension between wanting to contribute to Australia's tax base through formal employment, when in practice they were not paying tax by accepting informal employment. *Jamila*, for example, spoke about how her father's values and work ethic had been instilled in her and that she felt embarrassed and *"so down when I think that I'm doing cash work."*

By working informally, participants defied submitting to the established order of welfare, migration and taxation systems, and the socially constructed idea of what employment/work should look like. But their actions in response to these structures were not organised or impressive; rather they were quiet, subtle, unprecise and hidden in the same way that Scott (1989) described 'acts of everyday resistance'. Scott (1989) defined everyday resistance as being an *"integral part of the small arsenal of relatively powerless groups"* that includes *"such acts as foot-dragging, dissimulations, false compliance, feigned ignorance, desertion, pilfering, smuggling, poaching, arson, slander, sabotage, surreptitious assault and murder, anonymous threats, and so on"* (p. 34). Resistance through informal employment, while still an oppositional act involving

agency, was not overt or part of a collective, discernible response—as the term ‘resistance’ often conjures up. Resisting acts among informal workers arose from a combination of individual agency and contextual factors, and at times was apparently enabled by employers and occupation norms where workers were required to accept the resisting practices which had been established as normative practice (for example, in the hospitality and construction sectors).

In the literature, there are contentions around what can legitimately be described as resistance. Invisibility (the idea that resistance should be visible) and intent (the notion that resistance must be conscious and intentional) draw debate from both sides (Hollander & Einwohner 2004). However, Johansson and Vinthagen (2016); Lo (2015); and Vinthagen and Johansson (2013) publications lend support to my argument that it is appropriate to frame informal employment in this study as acts of ‘everyday resistance’ (Scott 1989, 1990). For example, Vinthagen and Johansson (2013) understand everyday resistance as a non-dramatic practice carried out by individuals on a regular basis. Johansson and Vinthagen (2016) argue that everyday resistance may not be intentionally or consciously oppositional; that it is entangled with everyday power at multiple levels (not one single power relation); and is heterogenous and contingent on context. In this study, informal employment can be understood as acts of everyday resistance because their work is a practice or a struggle in a social field, where workers are aiming to acquire essential resources for living; and where workers are challenged by multiple forms of power relations (employers, clients, co-workers, social institutions and policies), contingent on context. There was no indication in this study that acts of everyday resistance were likely to lead to a reconfiguration of the established order; indeed, there was no suggestion that this was the informal workers’ intention. In other settings, there are examples where researchers have identified how informal employment as an act of resistance has led to collective resistance and structural reform (Agarwala 2007; Moyo 2018), however that was not the case in this study. In writing about the

structural determinants of prisoner behaviour Rubin (2017) observed that where resisting activity is motivated by daily living needs, there is less consciousness and individuals tend to act independently, as opposed to actors recognising themselves as part of resisting collectives. In this study, I argue that the hidden nature of the resisting activity is likely to follow a similar path.

Numerous other researchers have also framed informal employment as an act of everyday resistance in various contexts (Cohen & Hjalmarson 2018; Moyo 2018; Saitta 2017; Vargas Falla & Urinboyev 2015; Whitson 2007). Cohen and Hjalmarson (2018) describe the hidden struggles of informal farmworkers in Canada describing their resisting activity as *“attempts to gain a measure of control over their own lives and circumstances and renegotiate the restrictions on their labour mobility and relations of power with their employers”* (p.9). In the same way that the survivalist discourse emerged from the narratives in this study, researchers in Colombia concluded that informal employment was an act of resistance against lack of welfare state support to secure basic needs (Vargas Falla & Urinboyev 2015). Further, informal workers described the field of informal employment in this study as *“a space in which power is created, revealed and continuously contested”* (p. 2934) involving multiple actors who all *“struggle over meaning and control”* (p. 2916) , in a similar manner to that described by Whitson (2007) in her study involving informal workers in Buenos Aires in Argentina.

Scott (1989) aligned everyday resistance with class struggles and noted that people who undertake everyday resistance often do not have the capital resources to undertake other types of more visible and organised responses. While there were examples of cultural and social capital in this study, economic and symbolic capital were widely under-resourced, and none of the workers belonged to unions. Constrained by ‘necessity’ (Bourdieu 1984), informal employment was one of the few spaces where participants’ habitus and available resources could be transformed into economic capital.

For informal workers, the act of resisting the 'doxic order' (Bourdieu 1977) was a practice more than a consciousness, entangled with everyday power (Johansson & Vinthagen 2016) and it was blurred with survival strategies for daily living (Lo 2015). However, as argued by Cohen and Hjalmarson (2018) and Vargas Falla and Urinboyev (2015), such actions should not be reduced to simple coping mechanisms; rather these acts continuously and creatively renegotiate power relations and subtly resisted the legislated and social inequalities that place expectations on how people should behave in everyday life. Many workers, for example, under the oppression of Australia's welfare system undertook informal employment in response to inadequate, "unfair" welfare payments; those dominated by the migration system worked informally so they could support their families; while others, who fell through the formal labour market cracks, were still determined to create an identity and be productive members of society (see for example, construction worker, *Trevor's story*: [Story Box B](#)). In this way, small acts of resistance can empower individuals, and enhance self-esteem, sense of purpose and control (Sarat 1990; Vargas Falla & Urinboyev 2015). Informal workers including *Maira* (recycler, [Story Box J](#)), *Jason* (food industry worker, [Story Box D](#)) and *Jack* (Artist, [Story Box Y](#)) spoke about how informal employment had enhanced their motivation, sense of self-worth and mental wellbeing. Despite this, a concerning number of participants reported feeling 'downhearted and blue (or down)' a good bit of the time, most of the time or all of the time—38% compared to 9% of the general SA population (SAHMRI 2018). Other research of informal employment have found that informal workers are likely to experience poorer mental health than their formal counterparts (Ludermir 2000, 2005; Ludermir & Lewis 2003; Santana et al. 1997). In the next section, I elaborate on the 'cost' of everyday resistance in this study.

9.2 The costs of everyday resistance

Despite the potentially empowering outcomes of resistance, it is important to recognise that resistance is carried out against domination, and that domination and oppression are damaging (Ortner 1995). Some study participants had been working informally for extensive periods of time, like multi-skilled worker, *Sally* ([Story Box W](#)). *Sally* said it was “*socially important*” to pay tax but she turned to informal employment to access economic capital and to give her more control over her working life. Premji (2017) showed how workers can become trapped in precarious employment conditions which can have long lasting health impacts. Other workers, like *Mal*, spoke about how invisibility and job insecurity, lack of worker protection, tax avoidance and deception of the welfare state, and the probability of “*getting caught*” were ever present ([Story Box A](#)). For many ‘always having to keep an eye out for the next job’ presented as a pervasive form of insecurity.

There’s no question that informal workers who were also receiving unemployment benefits would have felt psychosocial strain, given, as Castles (2001, p. 541) states, “*the unemployed have always been the welfare beneficiaries most vulnerable to public opinion*” (p. 541). Prolonged disjuncture between ‘what is right’ and ‘doing what is possible’ results in a mismatch between workers’ mental structures and social conditions (Decoteau 2016), and can take a significant toll on mental wellbeing. Mental fatigue was evident in statements such as that made by *Brad* (general labourer, [Story Box E](#)) when he said, “*That’s why life’s been a struggle for me, mate. I’ve never been rich, I’ve never – everything I’ve had in life I’ve had to get myself And it made me stronger inside. It made me the man I am today. But it’s not fair, man. It’s not good either ... It’s just not fair.*” This ‘perception of identity’—the subjective meaning and value that people attach to understanding their own social position—can constrain social mobility (Simandan 2018).

Bourdieu and Wacquant (1992) argued that subtle forms of resistance are generally not effective

and can lead to further marginalisation. From a relational position, the authors argued that the dominant faces of power prevail, constraining the dominated and the choices available to them. Bourdieu and Wacquant (1992) state: *“The dominated are very often condemned to ... choices between two solutions which, each from a certain standpoint, are equally bad ones”* (p. 82). In this study, informal workers were forced to choose between no additional and insufficient economic resources—arising from inadequate welfare payments, unemployment, inability to find formal employment or constraints imposed by the migration system—OR the opportunity to acquire informal economic resources, which was often accompanied by unfair/indecent/exploitative conditions. While still acknowledging the daily benefits of informal employment, the long-term implications of everyday resistance must also be considered. As Broom et al. (2006) argues, the benefits of employment are usually tempered by job quality.

In the next section, I argue that one of key characteristics that makes informal employment particularly problematic for realising any long-term gains—and that is also a defining feature of everyday resistance—is invisibility. This feature of informal employment sets it apart from many other types of precarious employment.

9.3 What is it like to be ‘a ghost’ in the labour market?

Carleheden, Heidegren and Willig (2012) quote Swedish author, Hjalmar Söderberg (1869-1941), who wrote, *“We want to be loved; failing that, admired; failing that, feared; failing that, hated and despised. At all costs we want to stir up some sort of feelings in others. Our soul abhors a vacuum. At all costs it longs for contact.”* Being socially invisible, that is, individuals who are *“unseen in their complexity, strength or vulnerability”* (Books 2007, p. xvi), deprives people of their sense of belonging and disrupts their capacity to conduct themselves in social fields (Fryberg & Townsend

2008). That many participants were pushed into informal employment by a range of inter-related social factors including structural determinants, indicates there is little interest from policy makers and those with the power to make structural changes, in alleviating the difficult conditions of participants' daily lives. Indeed, the vulnerability of 'invisible' workers—who are visible by virtue of their work or their social status—has been researched in Australia for many years (Guthrie & Quinlan 2005; Holley & Rainnie 2012; Nyland et al. 2009; Underhill & Rimmer 2015) indicating that the problem of 'unfair and indecent work' hasn't been resolved and may be a growing phenomenon. The key contribution that this study makes to this literature is that workers identified as being in informal employment and the study's specific public health focus.

Books (2007, p. xvi) writes that when individuals are socially invisible, they *"are devalued such that alleviating the difficult conditions of their lives is not a social priority."* There were many examples illustrating participants' feelings of being undervalued throughout the narrative accounts. Food industry worker and cleaner, *Sophie (Story Box X)*, for example, described how she was required to work long hours, paid low wages, accept unreasonable responsibility, denied rights, accused of stealing and unfairly pressured by a male boss. A social problem like informal employment cannot be addressed by asking individual workers to challenge the workplace hierarchies that create and maintain such oppression.

Other than informal employment, invisible work has been shown to impact health negatively in a variety of contexts and in relation to differing occupation types including family domestic work (Ciciolla & Luthar 2019); home-based work where workers are often self-employed or piece-rate workers (Hiralal 2010); paid domestic workers and cleaners (Ahonen et al. 2010; Rabelo & Mahalingam 2018)); sex work (Ham & Gerard 2013); and emotional and empathy work such as relationship building, counselling and crisis intervention (Kosny & MacEachen 2010). While informal employees are often described as a 'hidden workforce' (Hayami, Dikshit & Mishra 2006;

Sychareun et al. 2016, p. 8; Uddin & Gutberlet 2018), researchers rarely unpack the concept of invisibility.

Carleheden, Heidegren and Willig (2012) wrote about recognition, social invisibility and disrespect. They summarise a number of different dimensions of social invisibility, some of which in particular are reflected in the stories of informal workers in this study. Firstly, they argued that recognition involves behaving in a certain way towards a person by way of attitudes, gestures and action, that align with visibility and respect. Informal workers identified numerous examples of workplace relations that were conducted in such a way to help ensure their work activities remained concealed. For example, supermarket worker, *Li* ([Story Box Q](#)), described how employers from certain ethnic backgrounds used foreign language websites to target international students; and hospitality worker, *Diego* ([Story Box P](#)), commented on the lack of documentation (contracts, timesheets, workplace accidents) by employers. These practices by employers intentionally undermined workplace relations standards and deliberately targeted vulnerable workers.

Carleheden, Heidegren and Willig (2012) also wrote that there is an 'interaction-theoretical' dimension to recognition, which focuses on relationships between people over time. In this study, at a more interpersonal level, invisibility was reinforced through employee-employer as well as self-employed-client relations. While there were examples of respectful workplace relations reported by some informal workers, there were also many concerning examples of disrespectful interpersonal workplace relations. Unacceptable workplace relationships ranged from subtle forms of disrespect through to overt forms of abuse and exploitation; all of which were riding on the coattails of informal employment being invisible, thereby rendering workers powerless. For example, *Jamila* ([Story Box T](#)) and *Daisy* ([Story Box C1](#)), both cleaners, described their experiences of gender domination in the workplace where male bosses exerted pressure on them to work

harder. Because of their invisibility they were unable to resist this form of domination. *Abdul* (general labourer, [Story Box M](#)) said he had been verbally abused by employers; and labourer, *Ali* (festival worker, [Story Box U](#)), said he didn't get paid for a day's labouring after a workplace accident. Self-employed worker, Brad (general labourer, [Story Box E](#)) and *Jamila* (cleaner, [Story Box T](#)), described the psychological distress and anger from dealing with clients, who they believed had treated them unfairly and/or looked down at them. Several workers illustrated how they felt irrelevant and readily expendable within the field of employment

Recognition can also be framed within the notion of social order, for example through structures and systems which categorise people and delineate legitimacy (Carleheden, Heidegren & Willig 2012). Informal employment is associated with denial of rights and social exclusion (Akormedi, Asampong & Fobil 2013; Olurinola et al. 2014), and as a result those who engage in it are likely to *"suffer in their dignity through not being granted the moral rights and responsibilities of a full legal person within their own community"* (Honneth 2001, p. 49). When framed as a 'social struggle' over society's capital resources, this employment practice, is also a *"struggle for recognition...over the institutionalised hierarchy of values that govern which social groups, on the basis of their status and their esteem, have legitimate claim to a particular amount of material good"* (Honneth 2001, p. 54).

9.4 Invisible work and health

As alluded to in the quote by Söderberg provided in the preceding Section, people yearn for social contact and respect. Not to deny the value of social and cultural capital evident throughout informal workers' stories, the findings of this study indicate that the human need for respect is unmet through informal employment.

Informal employment needs to be considered along a continuum of invisibility (Lydahl 2017), with some workers' experiences being more invisible than others. While all workers' endeavours were invisible from various structures (taxation, welfare, migration), participants like *Sue* (seamstress, [Story Box G](#)), who undertook small amounts of sewing and *Eliza*, a childcare worker ([Story Box F](#)), who worked in isolation in their own homes, were invisible in a different way to someone like *Matt* (bar manager, [Story Box Y](#)), who had some power in a recognised workplace where informal employment was a normative practice.

Hatton (2017, p. 337) defines hidden work as, "*labour that is economically devalued through three intersecting and mutually constitutive sociological mechanisms*": cultural (devaluing labour for reasons relating to gender, race, class, ability, sexuality, age etc), legal (devaluing labour because it is excluded from the legal definitions of employment) and spatial (devaluing the labour because it is physically segregated from a recognised worksite). Although, Hatton (2017) largely deals with informal work through the legal mechanism, I found evidence of all three of these mechanisms, so as to recognise informal employment as 'multiply invisible'. Informal employment is clearly invisible by virtue of the absence of legal mechanisms; it may also be socio-spatially invisible as it is often segregated from formally recognised workplaces; and it is socio-culturally invisible because it is associated with structural factors such as socio-economic position and ethnicity. Below I expand on each of these mechanisms and illustrated how they relate to participants' perceptions of the relationship between informal employment and health.

From a socio-legal perspective, experiences of informal employment in this study were characterised by a lack of documentation, OHS, worker entitlements and protection (e.g. fair pay, leave, superannuation, workers compensation etc). Workers described the psychological distress created by the precarity of their working conditions, as well as the mental and physical health consequences associated with lack of OHS standards and protective legal mechanisms. This is

another important defining feature of informal employment because, while the same occupations in a formal context may also lead to workplace injury and ill health, ultimately industrial relations policy and legislation should provide workers with protection—a feature which is obviously lacking in the informal employment context.

There is a further element to legal invisibility that Hatton (2017) doesn't really address which relates to informal workers, and that is the need to remain strategically invisible. Not only are informal workers invisible by virtue of undocumented work they are undertaking but they also need to conceal their activity to avoid legal penalties. Strategic invisibility in the workplace has been described in relation to sex work, where managing invisibility emerges as the key to enhancing financial success and mobility (movement between illegal and legal sectors) (Ham & Gerard 2013). Informal workers in this study needed to make strategic decisions about whether they work to avoid risk and ensure anonymity and invisibility so as not to attract interest from taxation, welfare and/or migration systems. The prospect of "*getting caught*" was a constant source of stress for several informal workers (for example, furniture removalist, *Mal*, in [Story Box A](#) and *Trevor*, construction worker, [Story Box B](#)).

Informal workers also described workplace hazards and exposures that relate to the spatial mechanisms of invisibility. Informal work was carried out in numerous 'informal' locations exposing study participants to a wide range of physical, chemical, ergonomic and psychosocial hazards. In addition, where work was carried out in formal workplaces, participants reported that these spaces were often not managed in such a way as to manage health risks. For example, *Sophie* (food industry worker, [Story Box X](#)) said she had to work alone for extended periods of time without regular breaks; informal DJ, *James* ([Story Box B1](#)) wasn't 'required' to wear hearing protection when working at licensed venues; *Matt* (bar manager, [Story Box Y](#)) said he had to 'run up the road' to obtain first aid equipment, while others resorted to bringing their own (e.g.

horticultural worker, *Jerome*: [Story Box S](#)). These narratives highlight the invisibility of informal workers—where workers aren't 'technically onsite' in the workplace and that this negates the need to accommodate workers in terms of health and wellbeing.

Work is socio-culturally invisible (Hatton 2017) when dominant ideologies fail to recognise certain tasks, roles, attributes, capabilities or occupations as part of 'real work'. The socio-cultural mechanisms of invisible labour required informal workers to draw heavily on cognitive resources and effort (Fryberg & Townsend 2008). For example, *Brad* (general labourer, [Story Box E](#)) fabricates his prior experiences (e.g. when he tells potential clients he is an experienced paving contractor, whereas in fact he has never done this kind of work before) as he struggles to acquire self-employed informal jobs; qualified teacher, *Patricia* (food industry worker, [Story Box N](#)) has struggled for many years to have her teaching experienced recognised; over-qualified cleaners like *Theresa* ([Story Box K](#)) were forced to neutralise their capabilities; and Iranian-borne asylum seeker and qualified accountant, *Abdul* ([Story Box M](#)) questions how his ethnicity is received, to the point where his sense of identity and belonging start to dissolve. Honneth (2001) wrote about how important recognition is for those who *"participate in a social lifeworld... so ...they can then relate to themselves in the positive modes of self-confidence, self-respect and self-esteem"* (p. 50). While recognition may also be denied in other modes of employment, as shown by Rabelo and Mahalingam (2018), the authors note that *"there are some employees who are chronically ignored because of their occupational context"* (p. 1).

In addition to the legal, spatial and cultural aspects of invisibility, another author, Smith, A (2002), in writing about invisibility, distinguished between being overlooked and being disapproved. In addition to informal workers' stories of being overlooked, many also perceived that the wider community largely disapproves of their practice. While there was some acknowledgment that informal employment was a common feature of Australian society, workers' perceptions of

community views of informal employment were largely negative. They labelled their informal employment activities as “*cheating*”, some said they were “*not a good person*”, and that this kind of work is done by certain kinds of people (e.g. migrants, “*desperate*” and “*poor*” people) (see for example, body piercer and IT consultant, *Janine’s story*, [Story Box A1](#)). Most workers believed that the wider community looked down on them. In this way, informal employment serves up a ‘double impact’ to workers: not only are they invisible but they are also disapproved. In this study, therefore, we have two distinct forms of disrespect – lack of recognition in the form of being denied equal rights and being looked down upon for what one does. When combined with other vulnerabilities in people’s lives, this is likely to have an important impact on health and wellbeing; and may be one reason for some of the very low mental health component scores observed in this study.

I suspect that ‘invisibility’ as key aspect of informal employment, and its impact on health has not been fully realised and indeed it may be challenging to isolate as a condition of informal employment. Iriart et al. (2008), in a study of informal labourers in Brazil, commented that workers’ social, legal, political and moral invisibility is a denial of worker rights, but researchers provide no further analysis of how this aspect of informal work effects’ workers’ lives. Elsewhere, in summarising prior research on the health effects of invisible work undertaken by cleaners (not identified as informal), Rabelo and Mahalingam (2018) noted that people who feel like they belong and are valued experience greater self-esteem, lower depression and anxiety, and better immune functioning. Also in relation to cleaners, Bentein et al. (2017) found that workplace isolation was associated with perceived stigmatisation and emotional exhaustion.

While elsewhere, researchers found that low income is one of the strongest correlates with poor health and that formality in employment is not significant after controlling for income (Alfers & Rogan 2015) . Whether this is the case in Australia is unknown. In this study, when examining

workers' self-reported health status (poor, good, excellent) in relation to income levels and ability to manage financially, there were no clear patterns identified. In fact, six out of nine workers who reported earning the lowest income levels (up to \$12,000) and five out of 11 workers who said they were finding it quite difficult to get by financially, rated their health as good, very good or excellent. Three participants living in higher income households (over \$60,000) also rated their health as good or very good, while two others rated their health as fair. This suggests that other aspects of informal employment—such as invisibility and lack of recognition, undertaking acts of everyday resistance, social stigma, lack of protection and voice and structural factors—may be important for understanding the relationship between employment and health.

9.5 Informal employment and health through a conceptual framework

Several researchers have described frameworks linking precarious employment and health (Benach et al. 2014; Lewchuk, Clarke & de Wolff 2008; Vives et al. 2010), though not all consider informal employment. Benach et al. (2014) developed a conceptual model of the three main pathways linking precarious employment (including informal employment), and health and quality of life (**Figure 9-1**). In drawing conclusions about this study, it is valuable to consider the narrative accounts provided by informal workers in this study in relation to this model.

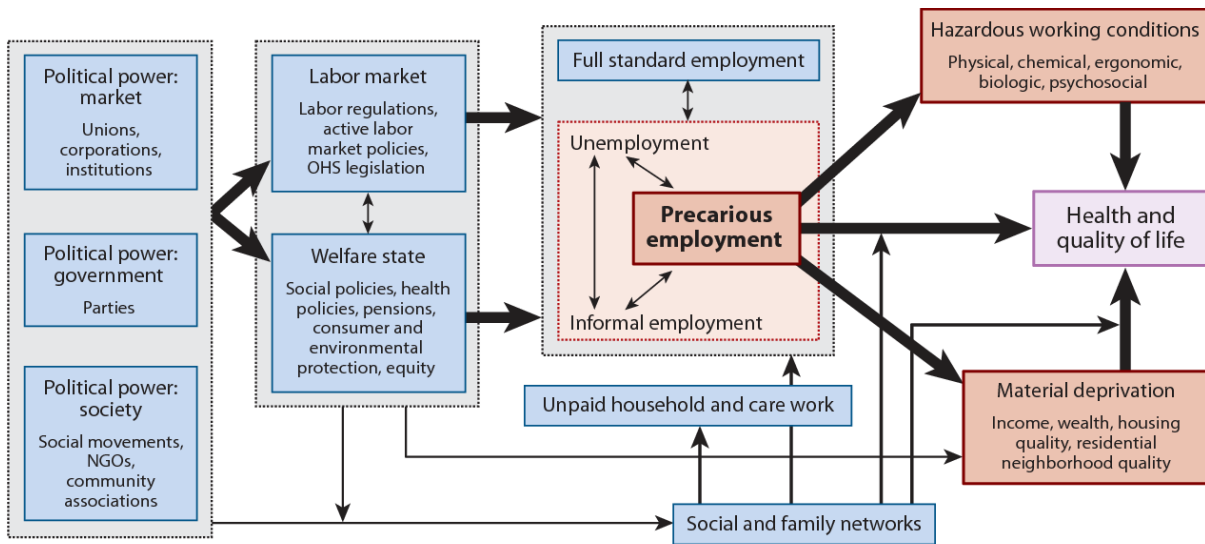


Figure 9-1: Conceptual model linking precarious employment and health and quality of life (Benach et al. 2014, p. 242)

In the preceding parts of this Discussion, I have shown, by taking a critical perspective, applying Bourdieu's theoretical concepts and recognising informal employment as a complex social phenomena, how the socio-political context infiltrates the daily lives and employment journeys of informal workers. Through the above model, the first pathway linking precarious employment and health highlighted by Benach et al. (2014) was that this type of employment exposes workers to more harmful working conditions when compared to those who are in more secure/formal work arrangements. While I am unable to draw such conclusions from this study, what I have illustrated is that informal workers reported being exposed to a wide range of physical, chemical, ergonomic and psychosocial health risks while undertaking informal employment—whether that be through self-employment or an employer. Although some of these exposures may not be exclusive to informal employment situations, the lack of OHS measures and social support mechanisms associated with informal employment potentially places informal workers at greater risk than their formal counterparts, as others have illustrated (Akormedi, Asampong & Fobil ; Ballesteros, Arango & Urrego 2012; da Silva, Fassa & Kriebel 2006a; Ferreira et al. 2008; Gómez-Palencia et al. 2012;

Gutberlet et al. 2009; Hassan et al. 2017; Olurinola et al. 2014; Rendleman & Feldstein 1997; Santana & Loomis 2004; Sarkar 2003; Walter et al. 2002; Yang et al. 2017). In this way this study draws attention to Broom et al. (2006) observation that not ‘any job is better than no job’, and that fundamental to the relationship between employment and health is job quality. ILO researchers’ dimensions of unacceptable forms of work illustrated in [Table 1-1](#) (McCann & Fudge 2017) provide useful indicators for assessing job quality. What is apparent when considering the narrative accounts in this study, is that many informal workers reported experiencing unacceptable conditions at work. Indeed, ten out of the twelve dimensions of unacceptable work were evident in participants’ stories. These related to health and safety; income; security; working times; representation and voice; social protection; equality human rights and dignity—all of which can have implications for health and wellbeing.

Aside from the physical risks of injury or harm, it is worth highlighting the psychosocial risks, as well as some of the ergonomic risks (e.g. long hours, lack of work breaks etc), because these in particular are strongly related to the invisible nature of informal employment. While an informal worker—with access to adequate resources—could take it upon themselves to obtain PPE and/or occupational training to counter certain physical and chemical health risks, they are less likely to be able to mitigate psychosocial risks in the workplace because of their invisibility, social position and lack of power in the field. This is likely to have effect mental health and wellbeing. It is further noted that psychosocial risks and stressors can result in adverse physical health effects (Salgado et al. 2012).

The second pathway identified by Benach et al. (2014) incorporates the sense of control that workers perceive they have over their working and personal lives. Arguably for many participants, engagement in informal employment was a way to regain some control over their lives, particularly those who were at the mercy of the welfare system, and those who had lost their

sense of hope and purpose. Through discreet acts of everyday resistance, informal workers—whether because they were survivors or entrepreneurs—mobilised what resources they had to secure additional economic capital for living and to claim a space in the paid employment field. For some, this activity led to important benefits, including increased flexibility (in terms of hours/days worked), control over decisions (such as accepting/declining jobs, work locations), and the freedom of ‘working when and where you wanted, and with whom you wanted’ without the presences of bureaucratic processes (e.g. government business and taxation requirements)—all of which were perceived to be positive for wellbeing and quality of life. Conversely, it was evident that there were many aspects of informal employment experiences that undermined workers’ sense of control, which led to hazardous working conditions and exploitation. Once again, I would argue that the key feature of informal employment incorporated in this relationship—that is distinct from other forms of precarious employment—is invisibility.

The final pathway outlined in the above model relates to social precariousness. Many informal workers in this study lived precarious lives, in addition to precarity in the field of employment. Thus, entry into, and the experiences and effects of informal employment need to be understood within the wider context of people’s lives as the combined effect is likely to have implications for health.

Two additional dimensions not obviously present in Benach et al. (2014) model of precarious employment and health that emerged in this study—and are recognised in the [EMCONET models](#)—were health behaviours and health systems. This study found that health-related behaviours were interacted with participants’ informal employment arrangements in a number of ways. For example, informal employment provided *Sue* (seamstress, [Story Box G](#)) with income for food security; it supported *Zac* (general labourer, [Story Box I](#)) to address his cannabis addiction; and it was the setting for workers like bar manager, *Matt* ([Story Box Y](#)), and *Abdul* (general

labourer, [Story Box M](#)) to practice unhealthy behaviours like tobacco smoking, alcohol and unhealthy food consumption (though it is likely these behaviours may also be associated with occupation type).

Previously, researchers have found that those in precarious employment and specifically informal work may have more problems accessing health care. In this study, while many workers reported positive experiences accessing health care services, exclusion from Australia's universal health system, the cost associated with accessing specialist health care (beyond General Practice services) and the cost of treatment and medications were problems for some workers. Such experiences were intertwined with informal employment in various ways. For example, *James* (DJ, [Story Box B1](#)) recognised that because of his informal employment arrangement he was denied access to counselling, which he said would have helped him cope with a traumatic incident in the workplace. He was unable to afford to pay for counselling himself and as a result he wasn't able to access the care he may have needed. Other researchers of informal employment have reported similar findings of informal workers avoiding health care services in times of need (Giatti, Barreto & Cesar 2008; Gomez-Correa, Agudelo-Suarez & Ronda-Perez 2008; Rendleman & Feldstein 1997; Sychareun et al. 2016; Uddin & Gutberlet 2018). Conversely, informal employment generated economic capital for *Sue* (seamstress, [Story Box G](#)) so she was able to afford to buy medication.

Part D: Concluding remarks

Essentially, for participants in this study, the practice of informal employment is motivated by "*the thirst for dignity*"; it is a search for purpose, self-identity and existence. Similarly, Bernal-Torres et al. (2018) found that informal workers in Colombia demonstrated a positive self-identity that was associated with their enhanced ability to provide for their families and an appreciation of their

abilities regardless of how they were perceived by wider society. The researchers state that informal employment *“represents more than a mechanism through which basic needs are met; it is a dimension of human expression”* (Bernal-Torres et al. 2018, p. 259).

In writing about Bourdieu’s theory, Wacquant (2008) wrote that fundamentally individuals are not driven by a desire for wealth, status and power, rather they seek recognition and that, *“Only by being granted a name, a place, a function...can individuals hope to escape the contingency, finitude and ultimate absurdity of existence”* (p. 4). This was evident among all informal workers, including those younger males and those without family caring responsibilities who embodied individualisation. Artist, Jack ([Story Box Z](#)), who shared his struggles as a young transgender male, and bar manager, Matt ([Story Box Y](#)) both described their work as a form of self-expression, and explained how it had helped improve their mental wellbeing; Zac (general labourer, [Story Box I](#)), said work gave him a *“sense of purpose”*, helped him cope with depression and kept *his “mind off...smoking weed”*; and Trevor (labourer, [Story Box B](#)) works to *“keep busy”*, recognising that this is ‘the best thing’ for his mental wellbeing. For those with less positive experiences of informal employment, the pursuit of recognition meant submitting to the *“judgement of others”*, which is why workers often ‘put up’ with unjust conditions. Without adequate social protection policies, this situation is likely to continue and the informal economy may continue to grow as Australia’s social inequality increases.

In Part D of this thesis, I have brought together a detailed inquiry into the health of informal workers in the northern suburbs of Adelaide. Informal employment in the northern suburbs of Adelaide has parallels with other public health issues in Australia, in that it is a complex social justice issue with intersectoral interests, ultimately perpetuated by political ideologies. The informal labour market, government institutions and their policies, and other social structures (both objective and subjective) combine to disseminate this type of employment. Addressing

informal employment therefore, will require action on its underlying drivers including political ideology, power and systems.

Informal employment is not a personal choice in a social field where both fair, decent and acceptable employment conditions, and its mirror opposite are 'up for grabs'. Even those who would argue that informal employment is an act of agency, cannot deny that workers are unable to escape the influence of the imposing constraints and opportunities of the field. This therefore makes it appropriate to label informal employment as 'acts of everyday resistance' because power rests somewhere between structure and agency.

In the final part of this thesis, I offer my concluding thoughts about this study's findings and the future.

CONCLUSION

It strikes me that as I write this concluding chapter in the midst of the 2020 global Covid-19 pandemic, one of the groups likely to receive little consideration about how their work situation will be affected are those who work in the informal economy. Indeed, a BBC news item on the 25th March 2020 was headed ‘India’s poorest ‘fear hunger may kill us before coronavirus’. In India, the informal sector is much larger and more widely recognised than in Australia, however I have to wonder whether any political leaders—Australia’s included—will take heed of the ILO’s recommended immediate and longer-term responses to address the consequences of the Covid-19 pandemic on the informal economy (ILO 2020). So far, there has been no corresponding evidence in Australia.

This PhD study has filled an important void in the scholarly understanding of the health implications of informal employment in Australia. While the findings cannot be extrapolated to the Australian informal workforce as a whole, this thesis has provided deep insights into the vulnerabilities experienced by a group of informal workers in the northern suburbs of Adelaide. As a public health researcher using critical theory, I was deeply moved by the narratives that participants shared in this study and surprised at the extent of social exclusion, the interconnectedness of social factors implicated in their struggles and precarity they experienced, which likely effected their health and wellbeing. While the data for this PhD was collected prior to the Covid-19 pandemic, I suspect that participants’ already tenuous work arrangements, and for many also their living arrangements, may have been further eroded over the past months. Informal workers, for example, would not have qualified for most of the Government’s additional financial support policies.

The diversity among participants in this study, both demographically and narratively, indicates that informal employment in Australia may be somewhat consistent with Ledeneva (2018)'s broader description of informal practices, that is, *"informal practices are not only omnipresent and amorphous..."* but also *"invisible, resist articulation and measurement, and hide behind paradoxes, unwritten rules and open secrets. They are context-bound and complex..."* (p. 7) and ambivalent. To my surprise, informal workers in this study were not as 'hidden' as I anticipated, yet their narrative accounts of entry into, navigation through and outcomes of their involvement in the informal employment sector were organised into unique and complex webs—which were largely hidden. Through the narrative methods used in this study, I have been able to 'give voice' to invisible, informal employment experiences in the northern suburbs of Adelaide, Australia.

Despite participants' vulnerabilities, this study has also shown how important informal employment is as an important source of capitals and identity. But this doesn't make informal employment just and it is deeply concerning that the narrative accounts in this PhD illustrated that participants' informal employment experiences often provided examples of 'unacceptable work' as defined by ILO researchers (McCann & Fudge 2017) and that ten out of the twelve dimensions of unacceptable work were evident in participants' stories—all of which can have implications for health and wellbeing. Further, this study has shown how informal employment experiences in the northern suburbs of Adelaide are positioned within the various components of the macro and micro-level EMCONET models ([Figures 1-1 and 1-2](#)), and pathways linking precarious lives ([Figure 8-3](#)) and precarious employment ([Figure 9-1](#)), with health and quality of life.

The Australian Government's realisation—through its Black Economy Taskforce—that informal employment in Australia is part of significant, pervasive and growing problem should trigger alarm bells, based on global knowledge that informal employment contributes to creating a more unequal society. Of course, it is essential to recognise context and Australia cannot be directly

compared to low and middle income countries where the informal economy dominates (Ruiz et al. 2015). Having said that, this study has illustrated that informal employment in the northern suburbs of Adelaide is littered with examples of unfair and indecent working conditions that put health at risk.

The study has shown that workers perceived that informal employment can have both positive and negative consequences for health, but that the negative narrative often prevails and that the desire for fair and decent working conditions dominates. The invisibility of informal employment devalues the practice, and for many the prospect of 'getting caught' means that the associated stress is ever-present. When combined with other vulnerabilities in participants' lives, this is likely to have implications for health and wellbeing. Conversely, informal employment offers an opportunity to access important economic capital, as well as flexible working conditions. But such benefits are tempered by employment conditions of low wages, exploitation, the weight of everyday resistance and invisibility, and lack of protection and voice. While some workers perceived that informal employment provided them with greater control over their working lives, I argue that the every-present powerful social structures in social fields make it unlikely that workers can ever have full control over their endeavours in this social field. The extent of physical, chemical, ergonomic and psychosocial health risks informal workers were exposed to while undertaking informal employment is testament to this. The contradictory narratives of positive and negative experiences of informality illustrate that informal employment is a struggle in a social field where actors are in search of *"a name, a place, a function"* (Wacquant 2008, p. 4)— that, at times, is individually rewarding, but is unlikely to reap population health benefits.

Australia's neoliberal mantra of self-reliance has left workers in the informal economy unprotected and socially excluded. The underlying cause of informal employment needs to be addressed in order to strengthen the welfare and industrial relations systems, and to integrate

health as an important outcome into policy design (i.e. Health in All Policies). This is a social problem that requires social not individual solutions. Australian governments must view just working conditions as a human right, that is, the right to freedom of association and the effective recognition of the right to collective bargaining; the elimination of all forms of forced or compulsory labour; the effective abolition of child labour; and the elimination of discrimination in respect of employment and occupation (ILO 1998). When approached in this way, Australia will have a far greater chance of achieving health equity through employment-related mechanisms.

APPENDIX A STUDIES INCLUDED IN LITERATURE REVIEW

The table below details the studies included in the literature review. The following notes will aid to interpret the table.

The studies are listed according to whether they were conducted in core, semi-periphery or periphery countries and Labour Market Typology as outlined by Chung et al. (2010), including an indication of the level of equality, with green indicating the most equal labour market institutions and red being the least equal labour markets (orange is in the middle).

The most commonly researched labour markets can be described as ‘emerging labour institutions’, which Chung et al. (2010) describe as those with limited industrialisation and stagnated economic development, that are attractive to migrants from rural areas and adjacent countries, have large urban slums and informal work sectors. Countries that fit within this description include Chile, Costa Rica, Panama, Colombia, South Africa, Brazil, Mexico and Peru. More equal labour markets have either ‘social democratic labour institutions’ with high average union density and high employment protection legislation (e.g. some European nations) or ‘post-communist labour markets’, described as those with developmental and universalistic tendencies, industrialisation and low poverty (e.g. Ghana, Bolivia, Philippines). Less equal labour markets come in three forms: ‘liberal labour institutions’ which are characterised as having low average union density and very low employment protection legislation, and include countries like Canada and the USA; ‘less successful informal labour markets’ with lagging industrialisation due to wars and other crises, the majority of national income derived from oil exports and/or authoritarian rule of law, and have labour markets which are largely informal (e.g. El Salvador and Pakistan); and ‘insecure labour markets’ with high poverty (e.g. Lao PDR, Zimbabwe and Benin).

Two studies included settings with more than one type of labour market (Julià, Vives, et al. (2017)

in core countries; and Lund-Thomsen et al. (2012) in periphery countries). Three studies covered periphery and semi-periphery countries and a range of more and less equal labour market types (Lopez-Ruiz et al. 2015; Rodriguez-Loureiro et al. 2020; Salas et al. 2015). These are listed at the end of the table.

For each publication, the author, year of publication, country setting, number of participants (including number or proportion of informal workers and gender, where identified), type of occupations, study design, major EMCONET pathways considered and key health results are outlined.

The EMCONET pathways have been abbreviated as followings: PR=Power Relations; WSP=Welfare State Policies; LMP=Labour Market Policies; SC=Social Class (including education level); G=Gender; A=Age; ERM=Ethnicity/Race/Migrant status; WC=Working Conditions; MDEI=Material Deprivation & Economic Inequalities; HS=Health Systems; SFN=Social & Family Networks; HB=Health Behaviours.

CORE COUNTRIES									
Labour Market Typology		Author & year	Country setting	Participants	Definitions	Occupations	Study design/methods	EMCONET pathways considered	Key health results
Corporatist conservative labor institution	More equal	Ahonen et al. (2010)	Spain-high income	46 informal workers (100% female)	Workers described as informal but informality not defined	Domestic	Cross-sectional, qualitative, focus groups, interviews	LMP, G, ERM, WC	Workers reported a range of environmental, economic and psychosocial hazards and health impacts. Informal employment associated with immigration.
Corporatist conservative labor institution		Ahonen et al. (2009)	Spain-high income	158 workers (informality not specified)	Many workers said to be “in informal work arrangement”; informality not defined	Various	Exploratory, descriptive, qualitative, focus groups, interviews	PR, G, ERM, WC,	Workers reported poor job-specific working conditions that they believed negatively affected their health. Undocumented workers described poorer conditions than documented workers, which they attributed to their documentation status. Workers felt powerless to influence working conditions.
Liberal-labor institution	Less equal	Panikkar et al. (2015)	USA-high income	8 informal workers (100% female) and 8 key informants	Informal workers defined as precarious workers (Cranford et al. 2003)	Cleaners and factory workers	Cross-sectional, qualitative, interviews	PR, LMP, G, ERM, WC, HS	Numerous health problems reported, hazardous working conditions and exposure to cleaning chemicals. Informal employment associated with immigration.
Liberal-labor institution		Salgado et al. (2012)	USA-high income	70 day labourers, many of whom were informal	General description of informal	Day labourers	Cross-sectional, quantitative, surveys	ERM, SFN	Social support, mental and physical health scores lower for this sample compared to normative data. Stress

			workers by not clearly specified (100% male)	workers					associated with poorer physical but not mental health
Liberal-labor institution		Gutberlet et al. (2009)	Canada-high income	156 informal workers (gender not specified, majority male)	General description of informal resource recoverer	Waste recyclers	Qualitative, participatory, focus groups, surveys, interviews, mapping	LMP, MDEI, WC, WSP, SFN	Self-reported public health issues included skin and viral infections, cuts, physical soreness, arthritis pain and Hepatitis C.
Liberal-labor institution		Walter et al. (2002)	USA-high income	38 informal workers (100% male)	General description of informal workers	Day labourers	Qualitative, ethnographic, observation, interviews	PR, G, ERM, SFN, MDEI, WC, HS	Many workers affected by a wide-range of injuries: common and mild through severe. Anxiety, depression, or drug and alcohol abuse were not uncommon. Immigration status a major factor in health outcomes.
Liberal-labor institution		Rendleman and Feldstein (1997)	USA-high income	96 informal workers (mostly male – proportions not provided)	Workers described as informal but informality not defined	Waste recyclers	Cross-sectional, questionnaires, retrospective review recalled 106 different individuals among the approximately 7000 charts on file with notations about recycling as a trade	MDEI, WC, HS	Of 106 records: 74% had a total of 88 injuries. Of 96 respondents, 32% indicated some on-the-job injury.

COMBINATION LABOUR MARKETS: CORE COUNTRIES

Labour Market Typology (Chung et al. 2010)	Author & year	Country setting	Participants	Definitions	Occupations	Study design/methods	EMCONET pathways considered	Key health results
Combination of social democratic labor institutions, corporatist conservative labor institutions and liberal-labor institutions <div style="display: flex; align-items: center; justify-content: center;"> More equal Less equal </div>	Julià et al. (2019); Julià, Vives, et al. (2017)	European Union (EU - 34 countries)- high income	27,245 workers: informal employees for EU-27 was 4.1% males and 5.1% females	Various including aspects of quality, precariousness, social protection, gender, presence or absence of contract (informal)	Various, mostly low-skilled	Cross-sectional using data from the European Working Conditions Survey 2010	PR, WSP, LMP, WC, G	Informal workers had poorer psychological wellbeing but better self-rated health and fewer health problems in the past 12 months compared to formal workers. Women reported poorer health than men. The precariousness employment variables (including income, rights, social protection, 'voice', power relations, training etc) had a greater impact than working conditions variables (including autonomy, control, demands, place of work, number of employees) on reducing the association between health outcomes and type of contract, especially in the case of informal employees.

SEMI-PERIPHERY COUNTRIES

Labour Market Typology (Chung et al. 2010)	Author & year	Country setting	Participants	Definitions	Occupations	Study design/methods	EMCONET pathways considered	Key health results	
Residual labor institution	More equal	Tangkittipaporn and Tangkittipaporn (2006)	Thailand-upper middle income	979 informal workers (67.7% female, 32.3% male)	Workers described as informal and One Tambon One Product (OTOP) home workers; informality not defined	Manufacturing	Cross-sectional, questionnaires, risk assessments, self-reports	WC	71.6% reported physical injury in past 12 months.
Residual labor institution		Nilvarangkul et al. (2006)	Thailand-upper middle income	107 informal workers (100% female)	Workers described as informal but informality not defined	Fabric-weaving	Participatory Action Research	G, WC	Range of work-related health problems including body aches and pain, respiratory problems, allergic reactions, eye fatigue, minor injuries and stress.

Emerging labor institution	Less equal	Ruiz et al. (2017)	Chile-high income	8,357: 4,778 informal workers (27% female, 73% male)	Dependent and independent; formal and informal	Various: Service sector most common	Cross-sectional, quantitative using data from the Chilean Work, Employment, Health & Quality of Life Survey (2009-10)	G	Self-rated poor health and poor mental health higher among males in informal work than formal work, especially among <i>dependent informal workers</i> (i.e. workers with fee contract, homeworkers with fee contract, employees without contract, homeworkers without contract, domestic workers without contract and family workers). Not significant in females.
Emerging labor institution		Muller et al. (2016)	Brazil-upper middle income	209 informal workers (100% female)	Workers described as informal but informality not defined; some affiliated and able to receive social benefits	Fisherwomen and shellfish gatherers	Cross-sectional, quantitative, questionnaires	G, A, WC	Measures of Quality Of Life (QOL) were lower compared to the general population. Physical health most affected.
Emerging labor institution		Álvarez, Merchán and Potes (2015)	Colombia-upper middle income	320 informal workers (54.1% female, 45.9% male)	Workers described as informal but informality not defined	Various: traders most common	Cross-sectional, interviews, questionnaires	SC, A, G, MDEI, HS	Most (45.6%) workers satisfied or very satisfied with their health. No statistically significant association between health and employment conditions; informal work enabled personal, family, social and emotional development.
Emerging labor institution		Alfers and Rogan (2015)	South Africa-upper middle income	25,255: 48.35% low formality workers (53.25%	Formality index (continuum of formality to informality)	Various including work in private	Cross-sectional study using data from National Income Dynamic	WSP, G, MDEI	Formality of employment was significantly associated with health for both females and males; though significantly

			female, 44.12% male)	developed by other researchers	households	Study		greater in females. Low formality workers significantly more likely to report poor health than those in higher formality work. Demonstrated a gradient in health where health improves as work becomes more formal.
Emerging labor institution	Falcao et al. (2015)	Brazil-upper middle income	209 informal workers (100% female)	General features of informality but informality not defined	Fisherwomen/shellfish gathers	Cross-sectional, quantitative	G, WC, MDEI	High prevalence rates of Musculoskeletal Disorders (MSD) in some part of the body among workers (94.7%).
Emerging labor institution	Rocha et al. (2013)	Chile-high income	9,503: 445 informal workers (55% female, 45% male)	7 social class categories: entrepreneurs, petty bourgeoisie, managers, supervisors, expert workers, formal proletariat and informal proletariat presence/absence of formal contract)	Unspecified	Cross-sectional using First National Survey of Conditions of Employment, Work, Quality of Life and Health of Workers	SC, G, WC, MDEI	Psychosocial risk factors at work associated with unequal distribution of self-perceived physical and mental health. Different classes (including informal workers) exposed to different psychosocial risk factors, e.g. informal workers are more likely to lack social support than formal workers.
Emerging labor institution	Jaimés and Amaya (2013)	Colombia-upper middle income	741 (unclear proportion informal - 18% had a fixed contract; 64%	Absence of legally defined contractual relationship and working	Traders (39%), services (37%), industrial, domestic,	Cross-sectional, surveys	SC, WC, HB	20% perceived their health to be very good or excellent and 38.6% perceive it as regular. Workers exposed to occupation health and safety

			of total sample female, 36% male)	hours in accordance with current regulations	manufacturing and agricultural workers				risks and experienced injuries. A third of participants smoked and drank alcohol, and 32% were overweight and 12% were obese.
Emerging labor institution	Gómez-Palencia et al. (2012)	Colombia-upper middle income	583 informal workers (40.5% female, 59.5% male)	General description of informality	Market vendors	Cross-sectional, questionnaires	WSP, A, G, WC, SFN, HB		71% reported physical exhaustion, 72.4% headache, 63.7% back pain and 62.7% leg pain.
Emerging labor institution	Prosenewicz and Lippi (2012)	Brazil-upper middle income	23 participants (34.8% female, 65.2% male)	Workers described as informal but informality not defined	Fishermen	Qualitative, interviews, observations	HS, WC		Most (82.6%) reported health problems, e.g. back pain, pain in the legs, muscle pain, cramps, sight problems, headaches, flu and skin diseases; and difficulties accessing public health services.
Emerging labor institution	Ballesteros, Arango and Urrego (2012)	Colombia-upper middle income	100: 34% affiliated with community-based organisation and 66% unaffiliated independent workers of which 31.8% female, 68.2% male	Informal workers were self-employed and had no social security; refer to definitions offered by other researchers	Waste recyclers	Cross-sectional, quantitative, surveys	WC		Unaffiliated workers significantly more likely to perceive morbidity including osteo-muscular diseases, tooth disorders, hypertension and heart disease in the previous month. Animal and insect bites statistically significant more frequent among affiliated workers.
Emerging labor institution	Gilvane Lopes Pena, Do Carmo Soares de Freitas	Brazil-upper middle	30 informal workers (27 females, 3	Workers described as informal but	Fishermen	Cross-sectional, qualitative,	G, A, WC		Repetitive strain injuries reported by all participants.

		and Cardim (2011)	income	males)	informality not defined		ethnographic		
Emerging labor institution		Prazeres and Navarro (2011)	Brazil-upper middle income	30 informal/ precarious workers (100% female)	Workers described as informal but informality not defined	Shoe-makers	Qualitative, ethnographic, interviews, observations, photographs	G, WC	Health problems included thermal fatigue, irritability, altered mental activity, dehydration, tachycardia, drowsiness, feeling of exhaustion, hearing loss, headaches, tiredness, difficulty in attention and concentration, cardiovascular changes, difficulty in making precise movements and discouragement.
Emerging labor institution		Díaz, JMO, April and Garzón (2010)	Colombia-upper middle income	196 informal workers (100% male)	General description of informality	Miners	Cross-sectional, quantitative surveys	WC, MDEI	15.8% presented some illness (osteo-articular, acid-peptic, respiratory); 15.65% had at least one accident; workers self-reported eye, respiratory, and bone and muscle disorders.
Emerging labor institution		Corrêa-Filho et al. (2010)	Brazil-upper middle income	470 informal workers (53.6% female, 46.4% male). Study did include child labour (4.3% aged 16 and under).	ILO definition of informality; also considered precariousness as defined by Tucker (2003)	Various	Participatory Action Research	WC	Annual cumulative injury rates were 5.1% in Uberaba and 10.4% in Campinas – rates similar to the formal labour market.
Emerging labor institution		Iriart et al. (2008)	Brazil-upper middle income	17 informal workers (52.9% female, 47.1% male)	General description of informality	Domestic and construction workers	Qualitative, interviews	PR, LMP, WSP, G, A, WC	Workers reported spinal problems, back pain, bursitis, leg pains, knee swelling and allergies associated with informal domestic work.

									Respiratory problems, hernia, muscular pains, pain in legs and corrosion of hands associated with informal construction work.
Emerging labor institution	Gutberlet and Baeder (2008)	Brazil-upper middle income	48 informal workers (gender not specified)	Workers described as informal but informality not defined; self-employed workers	Waste recyclers	Cross-sectional qualitative interviews, observations	WC, MDEI	Almost all workers reported body pain or soreness in the back, legs, shoulders, and arms; bronchitis and injuries were common, and one recycler had contracted Hepatitis-B.	
Emerging labor institution	Gomez-Correa, Agudelo-Suarez and Ronda-Perez (2008)	Colombia-upper middle income	515 (51.3% female, 48.7% male): 97 informal workers (gender not specified)	Workers described as informal but informality not defined	Waste recyclers	Cross-sectional, quantitative, surveys, medical examinations	WSP, MDEI, WC, HS	Respiratory (32.5 %) and diarrheic infections (10.5 %) were reported. Medical examination revealed chronic diseases (47.1 %), nervous system and sense organ diseases (20.1 %). 61% of study participants perceived they were 'healthy' however medical examination revealed that only 13.8% were 'healthy'.	
Emerging labor institution	Giatti, Barreto and César (2008)	Brazil-upper middle income	31,870 in 1998 (30.4% informal workers), 32,887 in 2003 (32.6% informal workers) (100% male)	Informal workers defined as unregistered workers with no social security	Not specified	Cross-sectional study using National Household Surveys data 1998	WSP, SC, HS	Informal work associated with depression, cirrhosis (full time workers); arthritis/rheumatism, bronchitis/asthma, heart disease, cirrhosis, depression and chronic disease (part-time workers).	

Emerging labor institution	Giatti, Barreto and César (2008)	Brazil-upper middle income	1998 – 85,384: 19,265 informal workers (53.2% female, 46.8% male) 2003 – 89,063: 21,025 informal workers (53.5% female, 46.5% male)	Informal workers defined as unregistered workers with no social security	Not specified	Cross-sectional study using National Health Survey data 1998 and 2003	MDEI, SFN	Informal workers more likely to self-report their health as poor than formal workers in both years. Living with an informal worker affected the health of other household members.
Emerging labor institution	Ferreira et al. (2008)	Brazil-upper middle income	70 informal workers (100% male)	Workers described as informal but informality not defined	Gem cutters	Cross-sectional, quantitative surveys	WC	Prevalence of silicosis was 7.1%.
Emerging labor institution	Díaz, EM, Guevara and Lizana (2008)	Chile-high income	258 informal workers (49.6% female, 50.4% male)	ILO definition	Street traders/merchants	Cross-sectional, mixed methods, observations, photographs, surveys	WSP, WC, SFN	Workers reported being sick 6 days/month though miss work only 1 day/month. Subjective wellbeing (which was moderate for workers) correlated with life satisfaction, happiness and health.
Emerging labor institution	Vigil et al. (2007)	Peru-upper middle income	105 informal workers (100% male)	Workers described as informal but informality not defined	Potato stowage workers	Cross-sectional, observations, surveys	WC	2 out of 5 workers reported moderate-severe anxiety, 14% severe depression, 81% experienced thickening and piosities in the areas of greater contact or friction (shoulders), 55% lower back pain, 11.4% cervicgia, 6% gonadalgia and 4% back pain.

									Pain and contracture plus joint damage and motor damage was found in 51% workers; 8% presented incapacity due to frozen shoulder and 6% motor disability with retractable capsulitis and rotator cuff injury; spine injuries were also evidenced.
Emerging labor institution	(Fernandes et al. 2010)	Brazil-upper middle income	557 workers (informal and formal combined) (31% female, 69% male)	Workers described as informal but informality not defined	Manufacturing	Cross-sectional, questionnaires	WC, HB	Prevalence of Musculoskeletal Disorders (MSD) higher in women; psychosocial work demands were positively associate with MSD.	
Emerging labor institution	Sotelo-Suárez et al. (2010)	Colombia-upper middle income	3,936 informal workers (100% female)	Workers described as informal but informality not defined	Various including services, commerce and manufacturing	Cross-sectional, qualitative, observational	G, WC, SFN	15% of the women suffered a work-related illness; most frequently associated with the musculoskeletal system, followed by the respiratory and visual systems. 11.2% reported having suffered an accident related to their work in the last year.	
Emerging labor institution	Cavalcante and Franco (2007)	Brazil-upper middle income	5 (1 female, 4 males)	Workers described as informal but informality not defined	Waste recyclers	Cross-sectional, qualitative, interviews, observations	WC	Health problems included injuries through miscellaneous accidents and run-ins with vehicles, exposure to contaminated materials, fire and insects, mycoses, aches and pains.	
Emerging labor institution	da Silva, Fassa and Kriebel	Brazil-upper middle	881: 441 informal (37.4% female,	Workers described as informal but	Waste recyclers	Cross-sectional, interviews,	G, WC, MDEI, HB	Informal workers reported Mild Psychiatric Disorders (MPD) more frequently than	

		(2006a)	income	62.6% male) and 440 not informal (37.1% female, 62.9% male)	informality not defined		questionnaires		other poor workers (undertaking jobs such as domestic work, day labour, retail sales and construction) living in the same neighbourhoods, with many of the same life conditions. Being a waste worker was associated with a 20% higher prevalence of MPD.
Emerging labor institution		da Silva, Fassa and Kriebel (2006b)	Brazil-upper middle income	881: 441 informal (37.4% female, 62.6% male) and 440 not informal (37.1% female, 62.9% male)	Workers described as informal but informality not defined	Waste recyclers	Cross-sectional, interviews, questionnaires	A, G, WC, MDEI	Prevalence of musculoskeletal pain among informal workers similar to comparison group with other physically demanding manual jobs. For lower back pain, this prevalence was substantially higher than in the general population (49% vs. 35%).
Emerging labor institution		Ludermir (2000); Ludermir and Lewis (2003, 2005)	Brazil-upper middle income	621: 147 informal workers (19.1% female and 29.7% male)	Informality defined as workers who are non-formally hired and self-employed, forming an underprivileged category without labour and social protection	Various non-manual, manual and other	Cross-sectional study, interviews, questionnaires	G, A, ERM, MDEI, SFN	Informal workers had higher prevalence of Common Mental Disorders (CMD) than formal workers. Informal work significantly associated with CMD among females. Not significant in males.
Emerging labor institution		Santana and Loomis (2004)	Brazil-upper middle	2,907: 1,517 informal	General description of	Various – retail, construction,	Cross-sectional, random cluster area sample,	LMP, G, ERM, WC	Positive association between informal jobs and non-fatal work injuries among women

		income	workers (47.1% female, 52.9% male)	informality	services, transport/safety, industry	interviews, questionnaires		with medium education, those with black skin who perceived a job as dangerous or who had no occupational training. Not significant in males.
Emerging labor institution	Porto et al. (2004)	Brazil-upper middle income	218: number of informal workers not clearly specified. Some linked to a cooperative, others were 'ramp' workers without supports. Gender proportions not specified but male:female ratio similar; females more likely to work for cooperative.	Workers described as informal but informality not defined	Waste recyclers	Cross-sectional, qualitative, interviews, questionnaires	WC, MDEI	Participants reported 94 diseases that they had at the time of study, including: hypertension (31.1%), varicose veins (20.2%), osteo-articular problems (13.8%), heart problems (9.6%), asthma (4.2%) and diabetes (3.2%). There was one leprosy case. Previous health concerns were mainly colds (88.1%), conjunctivitis (45.6%), dengue fever (23.3%), verminoses (22.3%), allergies (11.9%), and dermatological problems (11.4%). Asthma, sexually transmitted diseases, hepatitis, tuberculosis and cholera were also identified.
Emerging labor institution	Sales and Santana (2003)	Brazil-upper middle income	335 including 166 housemaids (83.7% informal) and other workers (41.3% informal) (100% female)	Workers described as informal but informality not defined	Housemaids and other	Cross-sectional, surveys	LMP, G, SC, SFN	Housemaids more likely to report depression and anxiety symptoms than women with another type of occupation.

Emerging labor institution		Heemskerk (2003)	Brazil-upper middle income	11 informal workers, 79 non-mining workers (100% female)	General description of informality	Miners	Qualitative, ethnographic, interviews, questionnaires	G, WC, MDEI	Workers exposed to mercury and commonly reported malaria.
Emerging labor institution		Pick, Ross and Dada (2002)	South Africa-upper middle income	422 informal workers (100% female)	ILO definition	Street vendors	Cross-sectional, mixed methods, interviews, questionnaires	PR, G, WC, A, HS	Over half of women reported some illness or injury related to their work. Many experienced psychosocial risks and reproductive health was poor.
Emerging labor institution		Santana et al. (1997)	Brazil-upper middle income	327: 201 informal, 126 formal (100% female)	General description of informality	Various: most commonly domestic work	Cross-sectional, survey data secondary analysis, questionnaires	G, SFN	Informal work associated with poor psychological wellbeing.
Not available		Duric et al. (2018)	Serbia-upper middle income	86 injured workers (29% formal, 61% informal)	Informality not defined	Not clearly outlined; most common workplace for work-related was the home	Prospective survey	A, G, WC	Work-related injuries are predominantly associated with informal work (71%); and more common among older males.

PERIPHERY COUNTRIES

Labour Market Typology (Chung et al. 2010)	More equal	Author & year	Country setting	Participants	Definitions	Occupations	Study design/methods	EMCONET pathways considered	Key health results
Post-communist labor market	More equal	Uddin and Gutberlet (2018)	Mongolia-lower middle income	235 informal workers completed questionnaires, 18 focus group participants (informal workers), 15 key informants (mixed) were interviewed. 83% of study sample were males.	ILO definition	Waste recyclers	Cross-sectional, mixed methods (questionnaires, focus groups, interviews and observation)	WC, MDEI, HS	74% of workers reported experiencing various kinds of occupational related diseases e.g. Tuberculosis, stomach diseases, skin diseases, kidney problems, back pain. 63% experienced other health issues such as cuts, burns, broken bones, heart and liver related problems, headaches, eye problems. Workers avoided accessing health services.
Post-communist labor market		Yeboah et al. (2015)	Ghana-lower middle income	40 informal workers (69% female, 31% male)	Workers described as informal but informality not defined	Porters and street traders	Qualitative, interviews	G, A, WC, MDEI, HS	Major public health issues included malaria, headache, diarrhoea and cholera, and inequitable access to healthcare.
Post-communist labor market		Wittsiepe et al. (2015)	Ghana-lower middle income	Study group 1: 42 (21 informal workers exposed to e-waste and 21	Workers described as informal but informality not defined;	e-Waste recyclers	Cross-sectional, quantitative, clinical examinations, laboratory	WC	In the exposed group, median polychlorinated dibenzo-p-dioxins and dibenzofurans (highly toxic organohalogen compounds) concentrations

			unexposed); Study group 2: 58 (39 informal workers exposed to e- waste and 19 unexposed) (100% male)	workers self- employed		investigations		were significantly higher compared to the control group.
Post- communist labor market	Akormedi, Asampong and Fobil (2013)	Ghana-lower middle income	20 informal workers (100% male)	Workers described as informal but informality not defined; workers self- employed; some formed informal associations as a means of support (not social security)	e-Waste recyclers	Qualitative interviews	PR, WSP, WC, A, ERM, MDEI	Workers reported frequent burns and cuts, and exposure to toxic substances from burning waste as part of the recycling process.
Post- communist labor market	Xu et al. (2012)	China-upper middle income	24,493 birth records (4,094 from Guiyu – proportion of informality not stated - and 20,399 from Xiamen) and 531 cord blood lead levels from women who gave birth (432 from Guiyu and 99	Workers described as informal but informality not defined	e-Waste recyclers	Retrospective 2001-2008	WC	Prenatal exposure to informal e-waste recycling related to higher rate of adverse birth outcomes, lower Apgar scores and unsafe lead level in cord blood compared to control site.

				from Xiamen)					
Post-communist labor market		Renne et al. (2011)	Ghan-lower middle income	60 informal workers (100% female)	Workers described as informal but informality not defined	Miners	Cross-sectional, qualitative, interviews	G, WC	16 women reported miscarriages possibly associated with mercury ingestion and inhalation due to working and living in small scale gold mining community.
Post-communist labor market		Kwankye, Nyarko and Tagoe (2007)	Ghana-lower middle income	80 informal workers (51.3% females, 48.7% male)	Workers described as informal but informality not defined	Street traders	Cross-sectional, qualitative, interviews, focus groups, observations	A, WC, SFN, HB	Sexual and reproductive health problems were high, workers sexually active at an early age and a large number of unwanted pregnancies.
Post-communist labor market		Suplido and Ong (2000)	Philippines-lower middle income	106: 56 informal workers exposed (14.2% female 85.7% male) and 50 unexposed (50% females, 50% males)	Workers described as informal but informality not defined	Battery and radiator workers	Cross sectional, questionnaires, clinical examinations, laboratory investigations	WC, SFN, HB	Battery recycling/repair activities among informal workers significantly increased blood lead levels in workers and their children.
Post-communist labor market		Avotri and Walters (1999)	Ghana- lower middle income	75 informal workers (100% female)	Workers described as informal but informality not defined	Various – most commonly traders and farmers	Cross-sectional, qualitative, interviews	G, MDEI, SFN	Psychological stress commonly reported, as was tiredness, inadequate sleep, headache, body aches and pains.

Less successful informal labor markets	Less equal	Singh, Thind and John (2018)	India-lower middle income	10 adults, 10 children and 1 reference (gender not specified)	Workers described as informal but informality not defined	e-Waste recyclers	Cross-sectional, quantitative, clinical examinations, laboratory investigations and risk assessments	WC	Dermal samples showed that Cr, Cu, Pb and Zn were higher in workers compared to the reference sample, which could cause serious adverse health effects. Workers were found to have a lifetime risk of cancer from exposure to heavy metals.
Less successful informal labor markets		Godara and Rani (2018)	India-lower middle income	120 informal workers (100% female)	Workers described as informal but informality not defined	Waste recyclers	Exploratory, qualitative, interviews	G, WC, HS	Workers reported unhealthy working conditions (79.17%); tiring and tedious work affecting health (20.83%); a range of health problems including respiratory, stomach pain, back ache, join pain, eye infection, skin problems and tetanus.
Less successful informal labor markets		Naz and Bögenhold (2018)	Pakistan-lower middle income	Limited information; 5 interviews; unclear how many focus group participants etc	ILO definition (homework); workers described as informal	Football making	Exploratory, qualitative, interviews, focus groups, observations	PR, G, WC, MDEI	Workers reported long working days and health problems like obesity, back pain and stomach aches. Positive aspects also reported e.g. self-worth and income contribution (no matter how low).
Less successful informal labor markets		Hassan et al. (2017)	Pakistan-lower middle income	70 informal workers (100% male)	OECD definition	Welders	Cross-sectional, quantitative, questionnaires, surveys	LMP, WC	Workers reported foreign body in the eye, arc eye injury, cuts and injuries, and burns.
Less successful informal labor markets		Mote et al. (2016)	India-lower middle income	120 informal workers (61% female, 59%	Workers described as informal but informality not	Waste recyclers	Cross-sectional, quantitative, questionnaires,	WC, ERM, HB	Workers commonly reported redness of eyes, headache, backache and accidental injuries; and other physical

			male)	defined; workers self- employed		interviews		and mental health (depression and anxiety) problems.
Less successful informal labor markets	Uplap and Bhate (2014)	India-lower middle income	168 informal workers (100% female)	Workers described as informal but informality not defined; distinguish between formal/informa l; workers affiliated with NGO but unclear about role	Waste recyclers	Intervention study	G, MDEI, WC, HB	Morbidity profile of female workers included fever, respiratory and skin infections, leucorrhoea, menstrual irregularities, musculoskeletal diseases, gastrointestinal diseases, Abdominal Koch's, psychiatric disorders, dental caries and ophthalmic.
Less successful informal labor markets	Idyorough and Ishor (2014)	Nigeria-lower middle income	34 informal workers (100% female)	Workers described as informal but informality not defined	Street traders	Mixed methods, surveys, accidental sampling	WSP, SC, G, MDEI, SFN, WC	82.3% suffered from one health problem or the other arising from long hours and distances of hawking; 70.6% reported body pain, tiredness and feverish condition; street hawking is strewn with several risks and hazards that render the activity unsafe
Less successful informal labor markets	Olurinola et al. (2014)	Nigeria-lower middle income	3,873 informal workers (41.6% female, 58.4% male)	General description of informality	Street traders	Cross-sectional qualitative interviews, focus groups, observations	LMP, WC, A	25% of traders had suffered injury (often as a result of road traffic accidents); 49.1% experienced harassment from public authority officials which included beatings.
Less successful informal labor	Gangopadhyay and Das (2012)	India-lower middle	75 informal workers (100%	Workers described as informal but	Market porters	Cross-sectional, quantitative,	WC	SF-12 results: Physical health - 90.7% scored < 50.0; mental health - 57.3% scored <50.0

markets		income	male)	informality not defined		questionnaires		and 42.7% > 50.0. Workers suffered pain, fatigue, discomfort, stress and depression.
Less successful informal labor markets	Ray et al. (2004)	India-lower middle income	158: 98 informal workers (14% female, 86% male) and 60 controls (20% female, 80% male)	Workers described as informal but informality not defined	Waste recyclers	Cross-sectional, questionnaires, clinical examinations, laboratory investigations	WC	Respiratory symptoms and lung function decrement were recorded in 94% and 52% of the waste recyclers compared with 56% and 34% controls. Waste recyclers had high prevalence of low haemoglobin, high circulating eosinophil and monocyte counts, unhealthy gums, frequent diarrhoea, and dermatitis when compared to controls. Clinical examinations identified inflammation and cellular changes in the airways.
Less successful informal labor markets	Lakhani (2004)	India-lower middle income	1,052 informal workers (49.4% female, 50.6% male)	General description of informality	Construction workers	Cross-sectional, interviews, clinical examinations, laboratory investigations	G, WC	Headaches, back aches and aching limbs were commonly reported. 56% females and 15% males reported injuries resulting in work loss. Respiratory, eye and skin disorders, and noise-induced hearing loss (NIHL) were found to be prevalent amongst workers exposed to hazards like dust, noise, heat and cold, non-ionising radiation, dry cement, glass, adhesives, tar and paint. Female workers reported gender specific work stress

									including discrimination.
Less successful informal labor markets		Sarkar (2003)	India-lower middle income	198 informal workers (24% female, 76% male)	Workers described as informal but informality not defined	Waste recyclers	Cross sectional, qualitative, surveys	LMP, WSP, WC, ERM, MDEI	Under-nutrition, growth retardation, anaemia, tuberculosis and other bacterial and parasitic diseases were common. Workers reported cuts, bruises, injury from medical waste and animals, air-borne diseases and chemical poisoning. Tuberculosis, scabies, multi-system allergic disorders, asthma, respiratory infections, ophthalmic diseases, ulcers and stomach problems were also reported.
Insecure labor market	Less equal	Sychareun et al. (2016)	Lao People's Democratic Republic-lower middle income	24 informal workers (100% female)	Workers described as informal but informality not defined. Workers employed informally without social protection; two workers had contracts.	Beer promoters	Qualitative, interviews	PR, WC, G, HS	Workers reported that conditions of work negatively affected physical and mental health. Common complaints were back pain, stomach ache, headache, tiredness, and some said they had lost weight; workers encountered barriers to accessing healthcare.

Insecure labor market	Tohon et al. (2015)	Benin-low income	140: 67 informal and 73 formal (26.9% female, 73.1% male)	Workers described as informal but informality not defined. Official and unofficial selling sites.	Gasoline sellers	Exploratory, cross-sectional, mixed methods, surveys, interviews, environmental sampling	WC	Formal workers reported health problems of eyes, nose, throat, head at a frequency that was significantly statistically higher compared to informal workers. Formal workers considered their work to be more hazardous (to health) than informal workers.
Insecure labor market	Rongo et al. (2004)	Tanzania-low income	315 informal workers (gender not specified)	ILO definition	Small-scale industries including welding, spray painting, woodwork and metalwork	Cross-sectional, qualitative, focus groups	LMP, WC	At least half of every occupational group reported at least one health complaint (e.g. skin burn, backache, skin irritation, headache). Welders and metalworkers were particularly susceptible.
Insecure labor market	Loewenson (1998)	Zimbabwe-low income	1,585 informal workers (male:female ratio was 1.2:1)	ILO definition	Various including agriculture, manufacturing, retail and service	Cross-sectional, surveys, questionnaires	LMP, WC	Injury rates were 10xs and illness rates 100xs higher than in the formal sector; 131 injuries and 116 illnesses/1000 informal workers

COMBINATION LABOUR MARKETS: PERIPHERY COUNTRIES

Labour Market Typology (Chung et al. 2010)	Author & year	Country setting	Participants	Definitions	Occupations	Study design/methods	EMCONET pathways considered	Key health results
Post-communist labor market- China; Less successful informal labor markets- Pakistan and India	Lund-Thomsen et al. (2012)	Pakistan, India-lower middle income and China-upper middle income	127 workers (combination of factory-based, centre-based, home-based: level of formality declines according to setting)	Workers described as informal but informality not defined	Football making	Cross-sectional qualitative, interviews, other methods (e.g. document analysis, field notes)	PR, LMP, WSP, ERMS, WC	Workers commonly experienced health and safety problems related to football stitching e.g. deformed fingers, shoulder and elbow inflammations, arm and back pain; higher rates were reported among home-based (informal) stitchers.

More equal

Less equal

COMBINATION OF SEMI-PERIPHERY and PERIPHERY COUNTRIES

Labour Market Typology (Chung et al. 2010)	Author & year	Country setting	Participants	Definition	Occupations	Study design/methods	EMCONET pathways considered	Health Outcomes
Semi-periphery: Emerging labor institutions-Cost Rica, Panama; Informal labor market: El Salvador; Periphery countries: Less successful informal labor markets- Guatemala, Honduras, Nicaragua	Rodriguez-Loureiro et al. (2020)	Central America: Costa Rica & Panama – upper middle income; El Salvador, Guatemala, Honduras & Nicaragua – lower middle income	8,680 workers (40.9-60.3% informal workers depending on country/ gender)	General description of informality	Non-agricultural – not further described	Cross-sectional, questionnaires	PR, WSP, G	Across all welfare regimes, prevalence of poor self-perceived health was higher among workers with informal employment compared to those with formal employment. Rates of poor self-perceived health amongst informal workers was lowest in state protectionist regimes (Argentina and Chile).
Semi-periphery countries: Emerging labor institutions- Cost Rica, Panama; Informal labor market: El Salvador; Periphery countries: Less successful informal labor markets- Guatemala, Honduras, Nicaragua	Lopez-Ruiz et al. (2017)	Central America: Costa Rica & Panama- upper middle income; El Salvador, Guatemala, Honduras & Nicaragua- lower middle income	8,680: 5,810 informal workers (50% female, 50% male)	Presence and absence of social security coverage, and type of contract	Various non-agricultural	Cross-sectional using data from the First Central American Survey of Working Conditions and Health (2011)	G, SFN, WC, MDEI	Self-reported poor health and poor mental health higher among informal than formal workers. Self-perceived health and mental health associated with women in informal work who were previously married, had care responsibilities, long working hours or part time work.
Semi-periphery countries: Emerging	Lopez-Ruiz et al.	Central	8,680: 5,810 informal	Presence and absence of	Various non-	Cross-sectional using data from	WSP, G	Poor self-perceived health was reported by 34% of

labor institutions- Cost Rica, Panama; Informal labor market: El Salvador; Periphery countries: Less successful informal labor markets- Guatemala, Honduras, Nicaragua	(2015)	America: Costa Rica & Panama-upper middle income; El Salvador, Guatemala, Honduras & Nicaragua- lower middle income	workers (50% female, 50% male)	social security coverage	agricultural	the First Central American Survey of Working Conditions and Health (2011)		women and 27% of men, and 30% of women and 26% of men reported poor mental health. Not having social security coverage was the strongest predictor of poor health status for both women and men.
Semi-periphery countries: Emerging labor institutions- Chile, Peru Periphery countries: Post-communist labor market-Bolivia	Salas et al. (2015)	Bolivia-lower middle income, Peru-upper middle income & Chile-high income	489 workers (137 informal) (100% male)	Workers described as informal but informality not defined.	Miners	Cross-sectional, quantitative, surveys, interviews	WC	Psychological distress higher among formal workers in Bolivia and Pura than informal workers in Chile. Association between psychosocial working conditions and psychological distress strongest among informal workers in Chile.

From: Human Research Ethics
Sent: Monday, 20 November 2017 4:02 PM
To: Fran Baum <fran.baum@flinders.edu.au>; Moira Mathieson <moira.mathieson@flinders.edu.au>
Subject: 6786 SBREC modification No.13 approval notice (20 November 2017)
Importance: High

Dear Fran/Moira,

The Chairperson of the [Social and Behavioural Research Ethics Committee \(SBREC\)](#) at Flinders University has reviewed and approved the modification request that was submitted for project 6786. A modification ethics approval notice can be found below.

MODIFICATION (No.13) APPROVAL NOTICE

Project No.:

6786

Project Title:

Health Equity Centre for Research Excellence: Policy Research on the social determinants of health equity

Principal Researcher:

Prof Fran Baum

Email:

fran.baum@flinders.edu.au

Modification

20 November
2017

Ethics Approval
Expiry Date:

1 March 2020

I am pleased to inform you that the modification request submitted for project 6786 on the 13 November 2017 has been reviewed and approved by the SBREC Chairperson. Please see below for a list of the approved modifications. Any additional information that may be required from you will be listed in the second table shown below called 'Additional Information Required'.

Approved Modifications	
Extension of ethics approval expiry date	
Project title change	
Personnel change	X
Research objectives change	
Research method change	X
Participants – addition +/- change	X

Consent process change	X
Recruitment process change	X
Research tools change	X
Document / Information Changes	X
Additional Information Required	
None.	

RESPONSIBILITIES OF RESEARCHERS AND SUPERVISORS

1. Participant Documentation

Please note that it is the responsibility of researchers and supervisors, in the case of student projects, to ensure that:

- all participant documents are checked for spelling, grammatical, numbering and formatting errors. The Committee does not accept any responsibility for the above mentioned errors.
- the Flinders University logo is included on all participant documentation (e.g., letters of Introduction, information Sheets, consent forms, debriefing information and questionnaires – with the exception of purchased research tools) and the current Flinders University letterhead is included in the header of all letters of introduction. The Flinders University international logo/letterhead should be used and documentation should contain international dialling codes for all telephone and fax numbers listed for all research to be conducted overseas.
- the SBREC contact details, listed below, are included in the footer of all letters of introduction and information sheets.

This research project has been approved by the Flinders University Social and Behavioural Research Ethics Committee (Project Number 'INSERT PROJECT No. here following approval'). For more information regarding ethical approval of the project the Executive Officer of the Committee can be contacted by telephone on 8201 3116, by fax on 8201 2035 or by email human.researchethics@flinders.edu.au.

2. Annual Progress / Final Reports

Please be reminded that in order to comply with the monitoring requirements of the [National Statement on Ethical Conduct in Human Research \(March 2007\)](#) an annual progress report must be submitted each year on **13 January** (approval anniversary date) for the duration of the ethics approval.

If the project is completed *before* ethics approval has expired please ensure a final report is submitted immediately. If ethics approval for your project expires please submit either (1) a final report; or (2) an extension of time request and an annual report.

Student Projects

The SBREC recommends that current ethics approval is maintained until a student's thesis has been submitted, reviewed and approved. This is to protect the student in the event that reviewers recommend some changes that may include the collection of additional participant data.

Your next report is due on **13 January 2018** or on completion of the project, whichever is the earliest. The report template is available from the [Managing Your Ethics Approval](#) SBREC web page. *Please retain this notice for reference when completing annual progress or final reports.*

3. Modifications to Project

Modifications to the project must not proceed until approval has been obtained from the Ethics Committee. Such proposed changes / modifications include:

- change of project title;
- change to research team (e.g., additions, removals, principal researcher or supervisor change);
- changes to research objectives;
- changes to research protocol;
- changes to participant recruitment methods;
- changes / additions to source(s) of participants;
- changes of procedures used to seek informed consent;
- changes to reimbursements provided to participants;
- changes / additions to information and/or documentation to be provided to potential participants;
- changes to research tools (e.g., questionnaire, interview questions, focus group questions);
- extensions of time.

To notify the Committee of any proposed modifications to the project please complete and submit the *Modification Request Form* which is available from the [Managing Your Ethics Approval](#) SBREC web page. Download the form from the website every time a new modification request is submitted to ensure that the most recent form is used. Please note that extension of time requests should be submitted prior to the Ethics Approval Expiry Date listed on this notice.

Change of Contact Details

Please ensure that you notify the Executive Officer if either your mailing or email address changes to ensure that correspondence relating to this project can be sent to you. A modification request is not required to change your contact details.

4. Adverse Events and/or Complaints

Researchers should advise the [Executive Officer](#) immediately on 08 8201-3116 or human.researchethics@flinders.edu.au if:

- any complaints regarding the research are received;
- a serious or unexpected adverse event occurs that effects participants;
- an unforeseen event occurs that may affect the ethical acceptability of the project.

Kind regards
Rae

Mrs Andrea Fiegert and Ms Rae Tyler

Ethics Officers and Executive Officer, Social and Behavioural Research Ethics Committee

Andrea - Telephone: +61 8 8201-3116 | Monday, Tuesday and Wednesday

Rae – Telephone: +61 8 8201-7938 | Tuesday, Thursday and Friday

Email: human.researchethics@flinders.edu.au

Web: [Social and Behavioural Research Ethics Committee \(SBREC\)](#)

Manager, Research Ethics and Integrity – Dr Peter Wigley

Telephone: +61 8 8201-5466 | email: peter.wigley@flinders.edu.au

[Research Development and Support](#) | Union Building Basement

Flinders University

Sturt Road, Bedford Park | South Australia | 5042

GPO Box 2100 | Adelaide SA 5001

CRICOS Registered Provider: The Flinders University of South Australia | CRICOS Provider Number 00114A

This email and attachments may be confidential. If you are not the intended recipient, please inform the sender by reply email and delete all copies of this message.

APPENDIX C ETHICS APPROVED LETTER OF INTRODUCTION, INFORMATION SHEET & CONSENT FORM



Southgate Institute for Health, Society
& Equity

Health Sciences Building, Flinders
University, Sturt Road, Bedford Park,
South Australia

GPO Box 2100

Adelaide SA 5001

<Date>

LETTER OF INTRODUCTION

Dear <Sir/Madam/Name>

This letter is to introduce Miriam Vandenberg who is a PhD student in the Southgate Institute for Health, Society & Equity at Flinders University. She will produce her student card, which carries a photograph, as proof of identity. Miriam has significant experience in conducting interviews.

She is undertaking research leading to the production of a thesis and other publications (such as articles for academic journals) on the subject of the health and wellbeing of people who work for 'cash in hand'.

She would like to invite you to assist with this project by participating in an individual, face-to-face (or telephone) interview which covers certain aspects of this topic. Participation is voluntary but you will be offered a voucher to thank you for the time you devote to being involved.

The interview will take place somewhere that is convenient for both yourself and Miriam. Options include a public place such as a community centre or library, or your home. No more than one and a half hours on two occasions would be required. The interview will be voice recorded.

Be assured that any information provided will be treated in the strictest confidence and none of the participants will be individually identifiable in the resulting thesis, report or other publications. You are, of course, entirely free to discontinue your participation at any time or to decline to answer particular questions.

Since she intends to make a voice recording of the interview, she will seek your consent, on the

inspiring
achievement

attached form, to record the interview, to use the recording or a transcription in preparing the thesis, report or other publications, on condition that your name or identity is not revealed, and that the recording will not be made available to any other person. It may be necessary to make the recording available to secretarial assistants (or a transcription service) for transcription, in which case you may be assured that such persons will be asked to sign a confidentiality agreement which outlines the requirement that your name or identity not be revealed and that the confidentiality of the material is respected and maintained.

Any enquiries you may have concerning this project should be directed to me at the address given above or by telephone on 7221 8410 or e-mail fran.baum@flinders.edu.au.

Thank you for your attention and assistance.

Yours sincerely

Fran Baum AO FASSA, LMPHAA, FAHPA PhD

Matthew Flinders Distinguished Professor

Director, Southgate Institute for Health, Society & Equity

College of Medicine and Public Health, Flinders University

T: +61 8 7221 8410

This research project has been approved by the Flinders University Social and Behavioural Research Ethics Committee (Project number 6786). For more information regarding ethical approval of the project the Executive Officer of the Committee can be contacted by telephone on 8201 3116, by fax on 8201 2035 or by email

human.researchethics@flinders.edu.au

INFORMATION SHEET

Health Equity Centre for Research Excellence:

Policy research on the social determinants of health

**HEALTH IN HAND: A STUDY OF THE HEALTH OF WORKERS INVOLVED IN THE 'CASH
IN HAND' ECONOMY**

Researcher(s)

Mrs Miriam Vandenberg

College of Medicine and Public Health

Flinders University

Tel: 0400 480 908

Supervisor(s)

Professor Fran Baum and Dr Kathryn Browne-Yung

College of Medicine and Public Health

Flinders University

Tel: 87221 8410

Description of the study

This study is titled, *Health in Hand: A study of the health of workers involved in the 'cash in hand' economy*. It will investigate the health and wellbeing of people who work for 'cash in hand'.

This study is supported by Flinders University, College of Medicine and Public Health. It is one part of a broader research programme, under the [Centre of Research Excellence – Health Equity](#) (*CRE-Health Equity*), funded by the National Health and Medical Research Council (2015-2020). The overall aim of the *CRE-Health Equity* is to research how government policies can work more effectively to achieve better health for all Australians.

Purpose of the study

This study aims to find out how informal work influences people's health and wellbeing in Australia. We know that having a secure job is good for health and wellbeing. We don't however know much about jobs that aren't as secure – like 'cash in hand' jobs. This study is aiming to find out more about why people turn to 'cash in hand' work and how it affects their lives, health and wellbeing.

What will I be asked to do?

You are invited to attend a one-on-one interview with a researcher who will ask you a few questions regarding your experiences of working for 'cash in hand', how you came to do this kind of work, whether it is beneficial or causes you problems, and how you think this impacts on your health and wellbeing. Participation is entirely voluntary. The interview will take about one and a half hours. Sometimes, following an initial interview, participants may realise they have more to say. Therefore you will be given the opportunity to participate in a second interview. The interviews will be voice recorded using a digital recorder to help with reviewing the results. Once recorded, the interview will be transcribed (typed-up) and stored as a computer file, and will only be destroyed if the transcript is checked by the participant. You will be given the opportunity to read your interview transcript and make any changes you wish.

What benefit will I gain from being involved in this study?

The sharing of your experiences will help us understand the effects that informal 'cash in hand' jobs have on individuals, families and communities. As opportunities for fair and decent jobs become harder to obtain, your experiences can help us form an opinion about how society can best respond to the changing jobs landscape.

Will I be identifiable by being involved in this study?

We do not need your name and you will be anonymous. Any identifying information will be removed, and your comments will not be linked directly to you. All information and results obtained in this study will be stored in a secure way, with access restricted to relevant researchers.

Are there any risks or discomforts if I am involved?

The researcher anticipates few risks from your involvement in this study, however, given the nature of the project, some participants could experience emotional discomfort. If any emotional discomfort is experienced please contact Beyond Blue on 1300 22 4636 for support / counselling that may be accessed free of charge by all participants. If you have any concerns regarding anticipated or actual risks or discomforts, please raise them with the researcher.

How do I agree to participate?

Participation is voluntary. You may answer 'no comment' or refuse to answer any questions, and you are free to withdraw from the interview at any time without effect or consequences. A consent form accompanies this information sheet. If you agree to participate please read and sign the form and hand it back to me, or send it to me at Miriam Vandenberg, Southgate Institute, Flinders University, GPO Box 2100, Adelaide SA 5001.

Recognition of contribution

If you would like to participate, in recognition of your contribution and participation time, you will be provided with a \$50.00 voucher. This voucher will be provided to you face-to-face on completion of the interview process.

How will I receive feedback?

On project completion, outcomes of the project will be given to all participants via email or post.

Thank you for taking the time to read this information sheet, and we hope that you will accept our invitation to be involved.

This research project has been approved by the Flinders University Social and Behavioural Research Ethics Committee (Project number: 6786).

For more information regarding ethical approval of the project only, the Executive Officer of the Committee can be contacted by telephone on (08) 8201 3116, by fax on (08) 8201 2035, or by email to human.researchethics@flinders.edu.au

CONSENT FORM

Health Equity Centre for Research Excellence:

Policy research on the social determinants of health

**HEALTH IN HAND: A STUDY OF THE HEALTH OF WORKERS INVOLVED IN THE 'CASH
IN HAND' ECONOMY**

I

being over the age of 18 years hereby consent to participate as requested in the Information Sheet for the research project on the health and wellbeing of people who work for 'cash in hand'.

1. I have read the information provided.
2. Details of procedures and any risks have been explained to my satisfaction.
3. I agree to audio recording of my information and participation.
4. I am aware that I should retain a copy of the Information Sheet and Consent Form for future reference.
5. I understand that:
 - I may not directly benefit from taking part in this research.
 - I am free to withdraw from the project at any time and am free to decline to answer particular questions.
 - While the information gained in this study will be published as explained, I will not be identified, and individual information will remain confidential.
 - I may ask that the recording be stopped at any time, and that I may withdraw at any time from the session or the research without disadvantage.

Participant's signature.....Date.....

I certify that I have explained the study to the volunteer and consider that she/he understands what is involved and freely consents to participation.

Researcher's name.....

Researcher's signature.....Date.....

CASH IN HAND WORK?

Are you working for 'cash-in-hand'?

Does your employer pay you in cash?

OR



Do you run your own business or work for clients who pay you cash for doing jobs like gardening, horticulture, food service, beauty treatments, cleaning, childcare or other cash-in-hand work?

Flinders University is seeking people to be part of a study that is looking at the way cash-in-hand work affects people's lives.

If you are aged 18 years and over, undertake cash-in-hand work and live in the northern suburbs (Playford/Salisbury & surrounds, we'd love to hear from you.

You will be asked to talk about your experiences of doing cash-in-hand work and how it affects your life and specifically your health and wellbeing. Participants will receive a \$50 voucher for their time (1 or 2 x 1 hour interviews).

All personal details will be kept confidential.



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UNIVERSITY

Please contact **Miriam** on **0400 480 908** for further information about the study and how to get involved.  fb.me/cashinhandplayford

This research project has been approved by the Flinders University Social and Behavioural Research Ethics Committee (Project number 6786). For more information regarding ethical approval of the project the Executive Officer of the Committee can be contacted by telephone on 8201 3116, by fax on 8201 2035 or by email human.researchethics@flinders.edu.au

Flinders University
Written by Eddie Major (7) · 1 min ·

Does your employer pay you cash-in-hand?
Our health researchers are studying how cash-in-hand work affects people's lives in the northern suburbs.
Participants who complete a 90min in-person interview will receive a \$50 for their time.



Cash-in-hand jobs study

[Learn More](#)



Cash-in-hand jobs study

Does your employer pay you in cash?

Or do you run your own business or work for clients who pay you in cash?

Flinders University is seeking people to be part of a study that is looking at the way cash-in-hand work affects people's lives.

If you are aged 18 years and over, undertake cash-in-hand work, and live in the northern suburbs (Playford, Salisbury and surrounds), we'd love to hear from you.

You will be asked to talk about your experiences of doing cash-in-hand work and how it affects your life and specifically your health.

Participants will receive a \$50 voucher for their time — a 60-90 minute interview.

All personal details will be kept confidential.

Provide your contact info and a researcher will contact you:

Interview location:

Email:

Full name:

Phone number:

By clicking Submit, you agree to send your info to Flinders University who agrees to use it according to their privacy policy. Facebook will also use it subject to our Data Policy, including to auto-fill forms for ads. [View Facebook Data Policy](#), [Privacy policy](#).

Cash in Hand Workers in Playford and Surrounds

Do you do cash-in-hand work: How does this affect your health & wellbeing?
That's the question this Flinders University study is looking at.
If you are a cash-in-hand worker in the northern suburbs of Adelaide, we'd like to hear from you. To get involved please read on...

Like Follow Share ... [Send Message](#)

Set up Frequently Asked Questions
If your business is affected by COVID-19, give people up-to-date info by setting up suggested questions with automated responses.

Suggested Groups

- Migraine Australia Chat Group**
2.3K members · 10 posts a day
[Join](#)
- Borderline Personality...**
551 members · 4 posts a week
[Join](#)

APPENDIX F DEMOGRAPHIC QUESTIONS FOR PARTICIPANTS

These next questions are demographic questions that will help me to paint a picture about the people involved in this study. I want to re-assure you that you will not be personally identifiable in any publications arising from this study.

1. How old are you? 1. Enter age _____ 2. Not stated []

2. What is your gender? 1. Male [] 2. Female [] 3. Other [] 4. Not stated []

3. What is your country of birth? (specify) _____

4. Are you an Australian citizen/permanent resident/visa supported resident?
(specify) _____

5. Are you of Aboriginal or Torres Strait Islander origin?

1. No [] 2. Aboriginal [] 3. Torres Strait Islander [] 4. Both [] 5. Not stated []

6. Which best describes the highest educational qualification you have obtained?

1. Left school at 15 years or less []

2. Left school after age 15 []

3. Left school after age 15 but still studying []

4. Trade / Apprenticeship []

5. Certificate / Diploma []

6. Bachelor degree or higher []

7. Not stated []

7. Do you receive any of the following pension benefits?

1. Aged/widow's pension []
2. Service or defence /war widow's/ Repatriation Pension []
3. Disability pension []
4. Unemployment benefits []
5. Sickness benefits []
6. Supporting parents benefit []
7. AUSTUDY/student allowance []
8. Other (specify) _____
9. None []
10. Not stated []

8. Do you provide ongoing informal assistance to a person (family or friend) with disability with one or more of the core activities of mobility, self-care and communication? (specify) _____

9. Can you tell me the approximate annual gross income you receive, before tax is taken out? I'll read out some categories and could you please tell me into which one your income falls?

1. Up to \$12,000 []
2. \$12,001 - \$20,000 []
3. \$20,001 - \$40,000 []
4. \$40,001 - \$60,000 []
5. \$60,001 - \$80,000 []
6. More than \$80,000 []
8. Don't know []
9. Not stated []

10. Including yourself, how many people aged 18 and over live in this household?

1. Enter number _____
2. Not stated []

11. Can you tell me the approximate annual gross income of your household? That

is, for all people in the household before tax is taken out. I'll read out some categories and could you please tell me into which one your household's income falls?

1. Up to \$12,000 []
2. \$12,001 - \$20,000 []
3. \$20,001 - \$40,000 []
4. \$40,001 - \$60,000 []
5. \$60,001 - \$80,000 []
6. More than \$80,000 []
7. Don't know []
8. Not stated []

12. How would you say you are managing financially at the moment?

1. Living very comfortably []
2. Living quite comfortably []
3. Getting by []
4. Finding it quite difficult []
5. Finding it very difficult []

APPENDIX G SF-12 QUESTIONNAIRE FOR PARTICIPANTS

These questions are about your health, how you feel and how things have been with you during the past 4 weeks. Please answer every question by marking one box. If you are unsure about how to answer, please give the best answer you can.

	Excellent	Very Good	Good	Fair	Poor
1. In general, would you say your health is:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The following items are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?			
	Yes limited a lot	Yes limited a little	No not limited at all
2. Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling or playing golf.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Climbing <u>several</u> flights of stairs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

During the <u>past 4 weeks</u>, have you had any of the following problems with your work or other regular daily activities as a result of your physical health?		
	Yes	No
4. <u>Accomplished less</u> than you would like.	<input type="checkbox"/>	<input type="checkbox"/>
5. Were limited in the <u>kind</u> of work or other activities.	<input type="checkbox"/>	<input type="checkbox"/>

During the <u>past 4 weeks</u>, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?		
	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>

6. <u>Accomplished less</u> than you would like.		
7. Didn't do work or other activities as <u>carefully</u> as usual.	<input type="checkbox"/>	<input type="checkbox"/>

8. During the <u>past 4 weeks</u> , how much did <u>pain</u> interfere with your normal work (including both work outside the home and housework)?	Not at all	A little bit	Moderately	Quite a bit	Extremely
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

These questions are about how you feel and how things have been with you <u>during the past 4 weeks</u> . For each question, please give the one answer that comes closest to the way you have been feeling.						
How much of the time <u>during the past 4 weeks</u> :	All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time
9. Have you felt calm and peaceful?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Did you have <u>a lot</u> of energy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Have you felt downhearted and blue?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. During the <u>past 4 weeks</u> , how much of the time has your <u>physical health or emotional problems</u> interfered with	All of the time	Most of the time	Some of the time	A little of the time	None of the time
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

your social activities (like visiting with friends, relatives, etc.)?					
--	--	--	--	--	--

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