

What happens when something happens?

Insights into the Occupational Safety and Health of Migrant Workers in Farm-to-Fork Industries

Working Paper – Comparative Report OSH (WP2)

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Executive summary

This DignityFIRM Comparative Working Paper examines the occupational safety and health of migrant workers in farm-to-fork industries across several country contexts; namely, Germany, Italy, Morocco, the Netherlands, Poland, Spain, and Ukraine. Drawing on empirical material from DignityFIRM national reports on different sectors (agriculture, hospitality, meat industry, and food delivery), cross-national patterns and typical responses to work-related illnesses and injuries were identified. The comparative analysis shows that migrant workers' multiple precarity forces them to work regardless of ill health to prevent employer retaliation. It illustrates that, when "something happens", migrant workers are prone to being dismissed rather than being provided with care, compensation, and support. It highlights the normalization of high occupational risk and the externalization of costs, whereby employers shift the burdens related to workplace illness, injury, and disability onto migrant workers themselves. In contrast, the study also presents good practices, such as worker-led cooperatives and legal re-regulation of migrant labour, which can improve occupational safety and health protections and outcomes.

In conclusion, the paper argues that occupational health inequities for migrant workers are not accidental but embedded in precarious labour regimes. By examining the complex and intersecting precarities that shape migrant workers' employment conditions, this paper underscores the urgent need for structural policy reforms to strengthen employer accountability, ensure workers' effective access to occupational safety and health protections and redress, and prevent the systematic invisibility and externalization of migrant workers' health risks.

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1. Introduction

Food industries such as agriculture, food processing, and delivery are consistently identified as high-risk sectors for occupational safety and health (OSH) (1). These risks are intensified by labour regimes characterized by precarious and irregular employment arrangements, including seasonal, subcontracted, temporary agency, and platform work, as well as un- and underdeclared work, often performed by workers from migrant and other marginalized communities (2,3). Across national contexts, research shows that migrant workers – especially those with precarious and irregular status – face disproportionate exposure to occupational hazards, significantly higher risk of occupational morbidity and mortality (4,5), and weaker social protection in cases of work-related illness or injury (6), with the COVID-19 pandemic serving as a prime example (7,8).

This DignityFIRM Comparative Working Paper explores the work-related health and access to social protection of migrant workers in farm-to-fork industries, relating these outcomes to the workers' experience of precarities and/or irregularities in their working conditions. To this end, the paper draws on DignityFIRM national reports; specifically, on case-studies from agriculture in Italy, Morocco, the Netherlands, and Poland; from the meat industry in Germany; from the hospitality sector in the Netherlands; and from the food delivery sector in Italy, the Netherlands, Poland, Spain, and Ukraine. Further data was gathered through bilateral consultations with country teams to address specific questions relevant to this paper.

The following sections will introduce the concept of migrant workers' multiple precarity and provide background information on OSH risks in farm-to-fork industries. We will then summarize insights from DignityFIRM empirical research into “what happens when something happens”; i.e., what are typical responses and consequences when a work-related illness or injury afflicts a migrant worker? What roles do different actors play? How do OSH regulations and protections play out in practice? Our final section will discuss patterns emerging from our comparative analysis and conclude with recommendations for OSH policy and future research.

1.1 Multiple precarity

Migrant workers face insecurities, pressures, and power differentials on multiple fronts, rendering them an exploitable workforce (6). Legal status is only one, albeit important identity marker that shapes migrant workers' experience of precarity and exploitability, amongst an interplay of various interrelated factors and dynamics (3). For example, migrant workers are often under economic and social pressures to provide for their families (e.g., left behind kin in the home country). In the country of employment, they may face legal insecurity (e.g., if they lack a valid residency permit or if their asylum procedure is pending) and/or dependency (e.g., if their visa is linked to a specific employer) and further intersecting instances of marginalization, such as social exclusion and racism, poverty, substandard accommodation (often provided by and thus dependent on the employer), language barriers, a lack of familiarity with local social and support systems, and discrimination based on gender, class, etc. (9,10). These intersecting instances of marginalization channel migrant workers into precarious employment arrangements – characterized by job insecurity, low pay, and de facto lack of rights, protections, and worker voice (11) – and high-risk jobs.

1.2 Occupational risks in food industries

Farm-to-fork industries expose workers to a wide range of physical and mental health risks. Agricultural and food-processing workers frequently perform physically demanding tasks involving heavy loads, repetitive movements, forced positions, working at heights or on uneven or slippery floors, sharp tools, and dangerous machinery. In addition, workers may be exposed to chemical and biohazards (e.g., pesticides, disinfectants) and extreme temperatures, both in outdoor agricultural work and greenhouses, and in refrigerated processing facilities (1,3,12). Delivery workers, too, are prone to face extreme climatic conditions alongside further risks such as traffic accidents, violence from consumers, and musculoskeletal issues (13,14). Environmental health risks such as heat, dust, and UV exposure are increasing in the context of climate change, disproportionately affecting precariously employed workforces (15,16). In the hospitality sector, research has identified “physical demands, chemical and biological exposures, lack of job permanence, time pressure, interpersonal conflict, sexual harassment, and psychosocial stressors from long and irregular work hours” as occupational hazards (17, see also 18). Psychosocial stressors such as time pressures, algorithmic management, and harassment have been

described across different industries. Hence, migrant workers' risk for mental health issues such as depression, anxiety, substance consumption, and suicidal ideation is high (19). The above risks may lead to acute health issues (e.g., an injury, an acute infection) as well as to chronic conditions, some of which develop with long latency (e.g., cancers, rheumatic arthritis, chronic respiratory disease, chronic kidney disease). Especially the latter long-term health issues may often go unnoticed in migrant workers due to their gradual development and workers' frequent job changes and mobility (see, e.g., 20).

While most countries have formal OSH regulations covering these risks, enforcement in food industries remains uneven. The reliance on migrant labour and precarious employment often coincides with limited inspections and weak compliance (21,22). In this context, preventive measures are inconsistently applied, particularly where worker organization is weak, and workers are under great time pressures (e.g., if paid by piece) and/or fear employer reprisal in the form of wage deductions or dismissal (23,24). Instead, migrant workers' risks and their experience of constant and cumulative harm tend to be normalized (25).

The rate of unreported workplace injuries and illnesses among migrant workers is assumed to be high, for the aforesaid as well as methodological reasons: Atypically employed workers, such as seasonal and subcontracted workers, often remain excluded from OSH monitoring – and workers in irregular situations are consistently omitted (26). On top, workers who leave the industry or the country, incl. for health reasons and incapacity for work, may “drop off the radar” of OSH monitoring (3,25). This results in a substantial underestimation of the burden of ill health among migrant workers. EU statistics on farmworker health, e.g., were found to underestimate fatal and non-fatal work accidents among agricultural migrant workers by a factor of 5 and 17, respectively, due to the exclusion of seasonal workers (26).

Against this backdrop, this Comparative Working Paper draws on empirical research by the DignityFIRM project's country teams to present illustrative examples and key insights. Rather than offering systematic results or definitive conclusions, it highlights emerging patterns and examples, while also drawing attention to important blind spots in the current knowledge on the work-related safety and health of migrant workers in farm-to-fork industries.

2. What happens when something happens?

Based on our synthesis of DignityFIRM empirical findings, the following sections describe concrete practices related to migrant workers' OSH; namely, pressures on migrant workers to continue working regardless of their (ill) health, dismissal of workers in response to an accident or illness, health-based exclusion from work opportunities, and the shifting of medical and social costs onto workers. We then relate these practices to our findings on the roles and responsibilities for OSH that are adopted by different actors, and on how existing OSH norms and regulations play out in practice. Our comparative analysis highlights how non-standard and irregular employment arrangements allow employers to avoid liability for migrant workers' safety and health; and it points to the central, yet often unregulated and informal role of intermediaries. These patterns help understand the limited effectiveness of national and EU regulations pertaining to OSH. Importantly, our research also highlights good practices with the potential to improve migrant worker safety and wellbeing.

2.1 Pressures to work regardless of ill health

One recurring pattern is that precariously or irregularly employed migrant workers are *"made understand"* (GER-WP2-10) that they are expected to work regardless of their health, and that their continued employment depends on their performance. The empirical data from different contexts suggests that workers face pressures to come to work even when being sick or injured. An interviewee in the German case-study noted, *"[sick leave] didn't exist for them. They were always supposed to work."* (GER-WP2-6) If workers report sick nonetheless, they may face reprisal: *"For example, ... a woman [migrant worker] ... didn't take a single sick day in four years. Not one. Then she was sick for a week, and when she came back, even though she wasn't 100% healthy, she was sent to the huge refrigerator to take out the frozen meat. As punishment, so to speak, for not being at work for a week."* (GER-WP2-13) Interviewees explained that the rationale behind these practices was not primarily related to saving on medical costs, which in most cases would have been covered by accident insurance anyway. Instead, they argued, these practices *"must be considered within the bigger picture... Basically, it's about keeping people at work when they have... minor injuries and saying: 'Don't make a fuss if you got a little stab here. Just stick a band-aid on it and get back to work. So basically, it's about keeping*

people at work." (GER-WP2-10) Arguably, this comes at the expense of the workers' health and potentially wider public health risks, as shown during the COVID-19 pandemic (7).

2.2 Dismissal & exclusion as responses to ill health

Another recurring pattern across industry and country contexts is that illness or workplace injury often does not trigger treatment or compensation, but rather leads to dismissal and exclusion from future work opportunities. For instance, the report on agricultural workers in Morocco notes, *"in the event of illness or work accident caused by the job, [irregularly employed migrant workers] are easily dismissed from their work"* (27). Similar information emerged from DignityFIRM's participatory action research with undocumented migrant workers in the hospitality sector in the Netherlands. They described: *"If people get injured and can no longer work, they are usually dismissed. Most employers do not provide any sick leave or compensation, even when injuries occur on the job."* They further explained that, therefore, *"avoiding injury is a crucial part of staying employed"* (28). Migrant workers in the domestic work sector in Spain, too, shared *"frequent experiences of dismissals without just cause ... Migrants shared having to report to work even when they were sick, injured, or after accidents... under constant threat of dismissal if they did not. All the participants... shared similar situations, even in cases where they had formal contracts. In those cases, employers used strategies to avoid taking legal responsibility, such as turning colleagues against the affected worker in order to justify dismissals and thus avoid paying the corresponding sick days."* (29)

Empirical findings from different contexts illustrate migrant workers' fear of far-reaching repercussions in the event of an illness or injury, particularly when their accommodation or their legal status is tied to employment with a specific employer. For instance, an interviewee from the German case-study explained: *"In the vast majority of cases [when there is a health issue], they [the workers] are laid off, that much is clear. And those who are provided housing by the company are doubly unlucky, because they lose both their job and their accommodation. So, it's not just about unemployment, but also the immediate risk of homelessness."* (GER-WP2-13) Participatory action research in the Netherlands found that, among migrant workers in the hospitality sector, *"injuries—such as cuts, falls, and musculoskeletal strain—... went untreated because workers feared deportation or penalties from their*

employers. Participants noted that medical attention, compensation, sick leave, and follow-up care were largely unavailable... [C]hronic health conditions and work-related injuries were central concerns, with participants reporting that physical strain, accidents, or ongoing ailments could lead to loss of income, housing, or job security in the absence of robust social protections.” (29)

This pattern has been documented in various contexts. Studies of migrant labour in European agriculture and North American food processing show that injured workers are often replaced rather than supported, especially when employment is informal or brokered through intermediaries. Workers may be dismissed immediately after an accident or gradually excluded once their productivity declines due to physical strain (30,31). Long-term work relations or prior outstanding performance offer little protection. As emphasized in the Moroccan national report, *“neither seniority nor dedication to work during past periods when they were active[ly working] can protect the workers... from [social] insecurity” (27).*

Migrant workers who experience reduced work capacity are thus “weeded out”. Once deemed unfit for work, they may be denied further job assignments regardless of past performance. The Moroccan national reports highlight that *“migrants who experience physical difficulties are excluded by their caporals.” (27)* This informal exclusion typically occurs without formal dismissal procedures, written justification, or access to appeal mechanisms, making it difficult to challenge or appeal. Once a worker is perceived as slow, injured, or physically weakened, the intermediary may simply stop offering work.

Our analysis suggests that both practices - dismissal and exclusion from future work opportunities - largely take place in informal and unregulated spaces, at times in clear violation of applicable law. They are nonetheless carried out by exploiting migrant workers’ limited knowledge of their rights, alongside legal and other forms of precarities. As one interviewee from the German case-study stated: *“German workers know [their labour rights], of course. But... I have no idea whether [migrant workers] know about their rights. Also, they come from countries... - [where] you better do what the guy above you tells you to do.” (GER-WP2-5)* Data from the Dutch case-study confirms this, as the interviewed migrant worker explained: *“I also had one [accident]. Yeah, I mean, being a bike courier, I think it's unavoidable to have, like, accidents all the time. I crashed with a car once... But I heard that they don't provide... insurance at all. They have insurance for their bikes, but if something happens to me,*

then they told me I wouldn't get insured. That's what my supervisor, like, straight-up told me. And I didn't really understand the Dutch system back then, so I didn't question it." (32)

Overall, these findings reflect a broader structural logic in which workers are valued only for their current performance. Rather than being treated as persons with rights, they are treated similarly to work equipment - and replaced when broken (30).

2.3 Shifting costs to workers

The collected material suggests that the medical and social costs of work-related ill health tend to be shifted to the migrant workers themselves. This can include more tangible costs such as payments for health services and income losses; and it can include less tangible aspects such as permanent disability and its broader social consequences, incl. loss of work capacity and impacts on the migration project, social role, and identity. In a focus group discussion with migrant workers in the Netherlands, e.g., participants narrated that they have to cover their medical bills themselves in case of a work-related health issue in order to *"not bring the employer any trouble"* (i.e., prevent the employer from being linked to the accident, which would trigger a report and possible inspection or fine)(28).

Reports from agricultural workers and delivery riders in Poland, the Netherlands, Ukraine, and Spain unanimously note that work accidents are frequent, but rarely reported. The workers - many of whom are precariously or irregularly employed - often do not get timely help as they face barriers to health and social services. These include systemic barriers (e.g., fear of deportation, lack of health insurance) as well as informal barriers such as language barriers and limited familiarity with local support systems. Notably, even in contexts where many workers are EU mobile citizens, their European citizenship and legal residency fail to protect them from encountering fundamentally similar barriers to healthcare and social protection.

Accidents and ailments are thus normalized as part of migrants' working routine, as pinpointed, e.g., in the national report on delivery riders in the Netherlands, Poland, and Ukraine. Moreover, in the Ukrainian context, migrant workers in the food delivery sector face inadequate insurance coverage due to precarious employment arrangements with the delivery platforms. Even when provided health insurance by the platform - as is required by Ukrainian law since 2019 - the private health

insurance scheme often fails migrant workers by imposing bureaucratic barriers to submitting claims and, when claims are successful, by offering compensation amounts that fall short of covering actual medical expenses. This indicates that the private, for-profit character of the insurance scheme undermines its effectiveness as a social safety net, ultimately leaving workers and their families to bear most medical costs themselves.

As a result of foregone medical treatment, migrant workers can suffer lasting health consequences such as amputations, chronic conditions, and mental trauma. For example, the Dutch report finds, based on case law and media reports (see, e.g., 33), that although Dutch law requires employers to immediately report serious workplace accidents, only about half of the accidents are reported. Migrant workers, especially if they are irregularly employed, tend to avoid seeking healthcare for fear of the involvement of the authorities: *“I was riding a bike... I fell down, can you imagine, it was in front [of a] police car. They came like, can we call an ambulance? I’m like: ‘I am fine!’. I was broken, I pick my bike, I start moving. I don’t want anything.”* (28)

Employers, in turn, tend to shift the blame for accidents onto the workers to avoid responsibility, and discourage workers from seeking assistance to avoid inspections and fines. In some cases, employers were found to offer to cover treatment costs privately against the worker’s promise to “drop the case”. Workers fear retaliation if they complain, so many never claim their rights. In the German case-study, an interviewee described, e.g., how a migrant worker prematurely released himself from the hospital, running a high risk of lasting impairment. The same worker was formally entitled to insurance coverage of medical treatment, rehabilitation, a disability pension, and further benefits *“on a level that is ‘private [insurance] plus”* (GER-WP2-10) However, *“[the subcontractor] had always made his workers understand that if you have an accident, you won’t get any money... And when [he] ended up having an accident with the saw and seriously injured his hand... he left the hospital after three or four days because he thought he would have to pay the treatment costs himself.”* (GER-WP2-10) The same worker disappeared without claiming any of his formally held social rights.

This may well be an emblematic case: The existing literature indicates that, in the event of severe health problems or loss of work capacity, migrant workers are likely to return to their home countries without access to compensation or support, often

carrying debts and facing further social and economic repercussions for themselves and their families (34–36). In this way, the costs of unsafe working conditions are effectively invisibilised by being shifted onto workers and their families abroad. Furthermore, with a high share of accidents remaining outside official statistics, they fail to trigger inspections or corrective action, allowing inadequate and unsafe working conditions to persist.

2.4 Roles & responsibilities

In all examined countries, the law assigns responsibility for OSH to the employers. Irrespective of a worker's legal status, employers are liable for implementing OSH standards in the workplace, including providing safety trainings and instructions, ensuring protective measures and safeguards, and supplying equipment (37). They are obliged to contribute to accident insurance schemes for their workers (although in some contexts the legal framework makes it impossible to register irregularly employed workers for such insurance, as in the Dutch case). Finally, employers are required to report serious workplace accidents to the authorities (38). The collected material indicates, however, that, even if an employer is willing to fulfil these duties, temporary and indirect employment arrangements render this challenging. For instance, high workforce fluctuation creates a constant need for onboarding, safety trainings and instructions; while language and communication barriers add a level of difficulty to their effective implementation. This situation is exacerbated by work contexts that are typically characterized by high time pressure and low workplace civility. One interviewee said, e.g., that *“not knowing Polish made it difficult to understand instructions and safety procedures, exposing workers to accidents and penalties. ‘I didn’t know how to operate the machine. No one explained, they just yelled.”* (39) Some indirect employment arrangements, such as subcontracting, actually leave the contractor (e.g., company owner, farmer) without a clear legal mandate for the subcontracted workers' safety and health.

Yet, as indicated by our overall data (see previous sections 2.1, 2.2, and 2.3), the more frequent problem appears to be that employers exploit non-standard or irregular employment arrangements to avoid their legal duties.

Enforcement, on the other hand, tends to be too weak and inconsequential to ensure employer compliance with OSH regulations. Across countries and sectors, DignityFIRM research indicates that structural factors systematically undermine the effective enforcement of labour rights and standards in farm-to-fork sectors. In Poland's agricultural sector, e.g., the predominance of small-scale farming creates a regulatory gap: because most agricultural employers are individual farmers who are not legally subject to labour inspections, no public authority is mandated to monitor or inspect the majority of farms. Additional structural constraints include consistent and chronic understaffing and resource shortages within labour inspectorates, as well as limited institutional independence in inspection and enforcement processes (40–42). Importantly, workers themselves also bear responsibility for their safety and health. However, given the context of multiple precarity, they may not always prioritize their own safety and health, but, instead, make choices that help them keep their job or offer higher salary. One interviewee explained, e.g., with regard to subcontractors and subcontracted workers in the German meat industry: *"The line [speed] is controlled by the main contractor... and the subcontractors have to work in this speed... otherwise they'll lose their jobs very quickly. And there have been situations where subcontractors changed the workplaces so this speed was doable - but this has also led to an increased risk of accidents. They removed safeguards, simplified safety measures, and things like that."* (GER-WP2-7)

Hence, another actor emerged as a key figure from the data: In many case-studies, intermediaries - often referred to as caporals, supervisors, foremen, or small bosses - play a central role in hiring/firing, supervising, paying, and communicating with the workers. They thus exercise comprehensive control over access to employment and working conditions, as well as broader living conditions, while operating in a highly non-transparent and unregulated space (9). Intermediated employment arrangements can thus undermine OSH regulations on formal and informal levels: On a formal level, they obfuscate lines of responsibility (e.g., who is actually the employer? who has a mandate for implementing OSH measures for which workers?), and subvert existing OSH mechanisms. In Germany's two-pillar system of OSH enforcement, e.g., work councils have a mandate to implement and monitor OSH, alongside state labour inspectorates - yet only for the workers of the same company (i.e., direct hires), and not for those employed by subcontractors. On an informal level, intermediaries were said to undermine OSH through disciplinary practices like bullying workers into working at maximum speed, deterring workers from demanding better

protections (e.g., threatening with wage deductions, less shifts or undesirable job tasks), and blacklisting workers who show signs of physical wear. A German interviewee explained: *“The line speed [in the meat plant] is really high... and you have to imagine that there's a foreman standing ... behind you saying, ‘Work faster, faster, faster, or else you're out.”*(GER-WP2-3) Similarly, in the Polish context *“several migrants reported exposure to extreme temperatures, insufficient protective equipment, and limited training for machinery or physically demanding tasks. They shared experiences of long hours on their feet in cold warehouses, lifting heavy loads with minimal breaks, and fearing reprimands if they slowed down. These conditions, participants noted, increased the likelihood of accidents and potential long-term health impacts.”* (29)

Some interviewees emphasized specifically the role of misinformation disseminated by intermediaries regarding workers' rights. One German interviewee described his frustration in a case involving a migrant worker who, fearing that he would have to cover medical costs himself, refused treatment for a work-related injury and was left with a lasting impairment: *“We did everything we could on our part to persuade the worker [to accept treatment]. But that doesn't help. First of all, he doesn't speak the [German] language, and if the translator tells him something and he then pieces something together, you don't stand a chance... This language barrier is still a huge problem... and certainly also some of these myths that they are told, or tell one another.”* (GER-WP2-10) Such accounts underscore how multiple factors - including language barriers, trust, knowledge of rights, and informal hierarchies and power relations - intersect and compound migrant workers' obstacles to accessing adequate care and support, even when they are formally entitled to health and social benefits.

Overall, the practices of various actors, incl. migrant workers themselves, thus reproduce a low safety culture that normalizes risk, injury, and disability as a “natural” part of migrant workers' experience (30,43), implying that positive change or viable alternatives are not possible. And yet, examples of positive change do exist, two of which will be described in the following section.

2.5 Good practices

Importantly, DignityFIRM research has also been able to identify initiatives that successfully improved migrant workers' safety and health at work. These include

migrant-led initiatives in the food delivery sector in Spain, and top-down legal reform in the German meat sector.

The Spanish case-study on delivery riders in Barcelona (44) highlights that rider-led cooperatives (such as Mensakas, Les Mercedes, and 2GoDeliver) successfully improved the safety and working conditions of their workers. These initiatives offer an alternative to the dominant, commercial delivery platforms, as they are democratically owned and self-managed by riders. Consequently, workers collectively decide on issues such as shifts, workloads, and client selection, prioritizing workers' needs and wellbeing over algorithmic and market pressures. Unlike the dominant delivery platforms, they employ riders as formal workers, ensuring access to social security, sick leave, paid holidays, and more stable contracts. Combined, these factors significantly contribute to OSH in terms of higher job security and autonomy, predictable schedules, provision of personal protective equipment, and safe routes designed with rider input. The researchers further note that *"the cooperatives show a strong environmental commitment and local roots"* (45), orienting their operations toward zero emissions and collaborating closely with local businesses, ecological producers, and municipalities. They thus serve as an example for how democratic governance, fair contracts, and local anchoring can improve the workers' conditions as part of a wider transformation for social and environmental sustainability.

The German case-study examines how a federal law, adopted in 2020 in response to COVID-19 outbreaks in meat plants, has re-regulated migrant labour in the German meat industry and thus addressed a key factor for OSH (7,46). Banning subcontracting and temporary agency work in the most hazardous job tasks of meat-processing, the law required meat companies to directly hire most of their (migrant) workers. This step clarified employer responsibilities and extended the works councils' mandate to implement and monitor OSH within companies. The case-study found that these changes have led to several improvements for the workers, incl. better access to healthcare and social protection (e.g., more frequent use of paid sick leave, more transparent payment of wages and contributions to social and health insurance). As regards implications for OSH, quantitative and qualitative data indicate that accident rates among formerly subcontracted workers have declined (47). While the law did not eliminate the hazards of slaughtering and meat-processing work nor address long-term health risks, it has measurably

improved OSH outcomes and protections by tackling one component of migrant workers' precarity – namely, the employment arrangement – and by strengthening accountability and enforcement.

3. Discussion

3.1 Cross-national patterns: theoretical protection vs. systemic inequity

This DignityFIRM Comparative Working Paper highlights how work-related illness and injury among migrant workers in farm-to-fork industries cannot be understood as isolated incidents or individual failures, but must be situated within broader dynamics of “multiple precarity” (9). Across sectors and national contexts, migrant workers' exposure to occupational risks is systematically intensified by precarious and irregular employment arrangements, legal insecurity, interlocking dependencies on intermediaries and employers, and limited access to information, representation, enforcement, and support. When “something happens” – an injury, illness, or reduced work capacity – these intersecting precarities shape responses in ways that consistently disadvantage migrant workers.

Our comparative analysis shows several cross-national patterns, despite differences in labour law and welfare regimes, migration patterns, and industry idiosyncrasies: First, migrant workers theoretically hold rights related to OSH in all country contexts studied; e.g., accident insurance, safety training and instructions, and provision of safe working conditions and protective equipment by the employer. However, research shows that, in practice, they often cannot realize their rights. Even in countries with relatively strong OSH frameworks, protections are frequently inaccessible to migrant workers in practice (6). As the collected materials underline, insecurity “constantly threatens them especially in cases of illness or accidents.” (27) Irregularities related to the migrant workers' employment or legal status are only one, albeit important, contributor to their experience of precarity.

Second, in contexts of precarious and irregular employment, OSH standards tend to be breached, and enforcement is too weak to ensure compliance. The gathered data show that employers violate OSH norms and worker rights to cut costs and to “keep workers at work”. Workers, in turn, take calculated decisions to cut corners on their own safety and health; e.g., to keep up with piece rates, improve their standing with

supervisors, and maximize future work opportunities. Vice versa, fear of reprisal discourages them from demanding better protection, taking sick leave, seeking medical care, or reporting accidents. Overall, the practices of various actors thus reproduce a low safety culture that normalizes health risks and harms as an inherent and legitimate part of migrant workers' work life.

Intermediaries emerge as central, yet insufficiently regulated actors in this landscape. Operating in informal or grey legal spaces, they exercise comprehensive control over workers – incl. recruitment, job and shift allocation, housing, supervision, payment, access to information, and access to healthcare – often reinforcing unsafe practices, amplifying stressors and hazards, and deterring workers from claiming rights.

Third, the above-described normalization of harm is another central pattern emerging from the analysis. Pressures to continue working while ill or injured, combined with dismissal or informal exclusion once migrant workers' productivity declines, effectively shift responsibilities for health – and the social reproduction of labour generally – away from employers and onto migrant workers themselves (35). Rather than triggering care or compensation, work-related health problems frequently result in job loss, loss of housing, and, in some cases, loss of legal status. This dynamic reflects an extractivist approach to migrant labour, in which workers are valued only for their immediate performance, and replaced when “worn out” or “broken”. Previous research has described such phenomena and criticized them for resulting in health inequities for migrant workers, as well as in a broader discursive devaluation of their health and lives (30). Yet, within the above described dynamic, the constant high risk of an injury or illness is not only an unintended consequence; but it also fulfils a function: The constant threat of being dismissed and replaced serves as a form of control that helps shape workers' behaviours according to market needs and employer preferences, e.g., for a low-paid, flexible, and docile workforce.

Fourth, the comparative analysis indicates that the costs of unsafe working conditions are systematically externalized. Medical expenses, income losses, disability, and further health and social consequences are borne by migrant workers and their families, often across borders. They thus remain invisible in healthcare data, insurance claims data, or official statistics (25). This not only obscures the true burden of ill health among migrant workers but also undermines enforcement and corrective

action. As a result, hazardous working conditions persist. Ultimately, this also obscures the true costs of food production in EU farm-to-fork industries, while keeping prices for consumers low.

Fifth and importantly, this Comparative Working Paper demonstrates that change is possible. The good practices described here – worker-led cooperatives in the Spanish food delivery sector and legal re-regulation of migrant labour in the German meat industry – illustrate two very different approaches to addressing the structural conditions of migrant workers. Importantly, research also shows that no single intervention – be it top-down legislative reform, grassroots organizing, or market-based approaches such as ethical trade mechanisms – will resolve on its own the intersecting factors that put migrant workers at high risk (1,47,48). But they are positive steps in the right direction, which need to be complemented by further action. Ultimately, comprehensive and sustainable improvements in OSH in farm-to-fork industries will require a fundamental shift from viewing migrant workers as disposable labour toward recognizing them as rights-bearing subjects (49) – as part of a broader systemic transformation toward social and environmental sustainability.

3.2 Conclusions & recommendations for policy and research

The findings of this comparative report suggest that OSH in farm-to-fork industries cannot be addressed solely through technical safety regulations. When illness or injury leads to job loss, workplace-based OSH systems fail in their protective function. Hence, OSH interventions must move beyond narrow workplace-based measures and address the structural drivers of migrant workers' risk, incl. precarious employment, intermediated labour, and legal insecurity.

Policy recommendations

Policymakers should strengthen accountability by clarifying and extending employer responsibility across all forms of employment and along supply chains. This includes closing regulatory gaps related to subcontracting, temporary agency work, and platform work, and ensuring that responsibility for OSH cannot be outsourced or obscured through intermediaries.

Labour inspection and enforcement mechanisms must be strengthened, both in capacity and mandate. Inspections should proactively target high-risk sectors and

non-standard employment arrangements. Firewalls between labour inspection, OSH enforcement, and immigration authorities are essential to ensure that migrant workers – regardless of legal status – can report accidents, seek medical care and social support, and cooperate with inspections without fear. Workers ought to be given a direct voice in assessing compliance with OSH-related norms and in reporting shortcomings, e.g., through anonymous grievance mechanisms with direct access for workers and with a functioning follow-up by the competent labour authorities.

Access to healthcare and social protection must be effectively guaranteed in practice. Cross-border portability and transnational social protection schemes need to be revised to ensure their effective functioning for migrant workers. This requires simplifying procedures, addressing language barriers, and proactively countering misinformation. While public oversight of private insurance schemes should be strengthened to assert adequate coverage and accessibility, public and semi-public insurance arrangements ought to be prioritized over private for-profit schemes. Policies should also explicitly address the links between employment, housing, and legal status, which currently magnify the consequences of work-related ill health.

Worker representation and organization should be actively supported. Trade unions, work councils, migrant-led organizations, cooperative models, and social counselling organizations play a crucial role in improving OSH by increasing collective bargaining power, knowledge of rights, and the ability to challenge unsafe conditions, unlawful dismissal, or denial of social rights. They need to have a right to access workplaces and disseminate information. Public funding and institutional support for such initiatives can contribute to more equitable power relations and sustainable safety cultures.

Recommendations for future research

Future research should prioritize longitudinal and transnational approaches to better capture the long-term health consequences of precarious work careers for migrant workers, including chronic and latent conditions that often emerge after workers leave a job or country (25). Improved methodologies are needed to address underreporting and to include seasonal, precariously and irregularly employed workers who are currently excluded from official statistics (26).

Research on the health and wellbeing of migrant workers in farm-to-fork industries should endorse participatory research approaches, as they help address barriers of trust, exclusion, and power asymmetries by engaging migrant workers as active contributors. Such approaches are also more likely to produce contextually grounded, ethically robust, and actionable evidence.

Further research should also examine the roles and perspectives of intermediaries in greater depth, including pathways for regulation and accountability. Finally, comparative evaluation of policy interventions and alternative labour models — such as cooperatives and sectoral re-regulation — would provide valuable evidence on what works in improving migrant workers' occupational safety, health, and dignity.

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Deliverable information

Schedule Information	
Title	What happens when something happens? Insights into the Occupational Safety and Health of Migrant Workers in Farm-to-Fork Industries
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What happens when something happens?

Insights into the Occupational Safety and Health of Migrant Workers in Farm-to-Fork Industries

ABOUT DignityFIRM

Towards becoming sustainable and resilient societies we must address the structural contradictions between our societies' exclusion of migrant workers and their substantive role in producing our food.

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