

The Social & Health Rights of Migrant Workers in Agriculture and Food Delivery Work in Italy, the Netherlands, Poland, and Spain

DignityFIRM Comparative Working Paper

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Executive Summary

This DignityFIRM Comparative Working Paper examines the social and health rights of migrant workers in the agricultural and food delivery sectors in four EU Member States: Italy, the Netherlands, Poland, and Spain. With a particular focus on migrants in precarious and informal employment, the paper analyses (1) rights to healthcare and social security benefits on paper, (2) interactions between irregularity and social and health rights, and (3) lessons learned to secure access to healthcare and social security. Methodologically, the paper draws on DignityFIRM WP4 national reports, complemented by literature research and bilateral consultations with the country teams.

The comparative analysis shows that migrant workers in European farm-to-fork industries face structural gaps in their access to healthcare and social security. This is especially true for informally and precariously employed migrant workers, whose protections often cease or fail precisely in moments of acute need, such as periods of illness, injury, or unemployment. Our results suggest that the reason for insufficient protection is not necessarily a lack of rights on paper, but rather the ways in which these formal rights are operationalised. Procedural and informal barriers such as lack of information, language barriers, bureaucratic complexity, and fear of negative repercussions hinder migrant workers from exercising theoretically held social and health rights. At the same time, employment-based rights, employer-tied residence permits, and weak enforcement reinforce power imbalances and structural vulnerability to the detriment of migrant workers.

The Working Paper concludes with recommendations for addressing current structural gaps in migrant workers' social and health rights at EU, national, and local levels. It thus seeks to contribute to aligning policies more closely with universal social and health rights norms.

Table of Contents

1. Introduction	4
2. Methods	5
2.1 Note on language	6
3. Results	6
3.1 Italy	6
3.2 Netherlands	9
3.3 Poland	11
3.4 Spain	13
4. Discussion	14
4.1 Social and health rights between universalism and national frameworks	14
4.2 Interactions between work capacity, social security, and irregularity	16
4.3 Rights on paper vs rights in practice: procedural and informal barriers	18
5. Recommendations	19
References	23

1. Introduction

Migrant workers in farm-to-fork industries face high levels of work-related health risk. Their work is often characterised by intense physical labour, exposure to extreme weather conditions, contact with hazardous substances, dealing with dangerous equipment and machinery, and psychologically demanding environments shaped by pressure from employers, intermediaries, and algorithms. Inadequate housing conditions and further stressors, such as poverty, food insecurity, and social isolation, often compound these risks (EU-OSHA, 2024; Gottlieb & Ertel, 2024). Empirical evidence shows that migrant workers are more likely than native workers to suffer from occupational illnesses and injuries (Aldieri et al., 2025; D'Ambrosio et al., 2025), including fatal injuries. In situations of legal or work-related irregularity, these risks are even higher (Lau et al., 2024). Conversely, insufficient healthcare and social security can transform ill health into a pathway towards irregularisation; e.g., when residence permits are tied to a specific employer, and health-related loss of work capacity results in a loss of job and administrative status. Irregularity, high occupational risk, and inadequate social protection can thus mutually reinforce one another.

This dynamic raises fundamental normative and policy concerns. When administrative status is conditional on health and work capacity, and rights contingent upon continuous labour performance, migrant workers are reduced to their productive function (Neuhauser & Birke, 2022; Ramos et al., 2021). Such arrangements risk commodifying migrant labour and trapping workers and their families in cycles of precarity and ill health, thereby reproducing social inequality and exploitability.

Welfare states and systems of social and health protection were established precisely to prevent such dynamics (Esping-Andersen, 1990). However, migrant workers frequently fall between the cracks between universal rights rhetoric and national frameworks of rights on paper (Bommes & Geddes, 2000; Schierup & Castles, 2006). Various efforts have sought to address these tensions, including regulations concerning the occupational safety and health of all workers in the EU generally (see, e.g., the OSH Framework Directive (EU-OSHA, 1989)), EU directives concerning the safety, health and social protection of mobile workers specifically (see, e.g., the

Posting of Workers Directive and the forthcoming Quality Jobs Act and Fair Labour Mobility Package (European Commission, 2025b; European Parliament & the Council of the EU, 1996), and the development of transnational social protection mechanisms (Bakirtzi; Neidhardt et al., 2024). Still, it remains an open question whether these arrangements provide adequate and effective social and health protection for migrant workers in farm-to-fork industries.

This DignityFIRM Comparative Working Paper addresses this question by examining two key farm-to-fork sectors – agriculture and food delivery – across four EU country contexts: Italy, the Netherlands, Poland, and Spain. It asks:

1. What **social and health rights** on paper are available to migrant workers, including those in irregular and precarious employment?
2. What are the **interactions between irregularity and social and health rights**?
3. What **lessons can be learnt** to ensure equitable access to healthcare and social security in practice?

By mapping rights on paper, identifying gaps and barriers, and documenting different practices in healthcare and social service provision for migrant workers across sectors and country contexts, this paper seeks to identify areas in particular need of policy reform, highlight blind spots for further research, and contribute to the promotion of good practices and solutions to current challenges.

2. Methods

The information for this Comparative Working Paper has been sourced primarily from the DignityFIRM country teams' WP4 national reports on selected farm-to-fork sectors – namely agriculture and food delivery – which were examined in the said four countries. This information was complemented by bilateral consultations with country teams and additional literature research. We mapped the rights of precariously and informally employed migrant workers to healthcare and social security benefits (paid sick leave, accident insurance, disability pension, parental leave, and old age pension)

on paper; formal gaps and exemptions from rights, and information on procedural and informal barriers to the realization of formally held social and health rights.

2.1 Note on language

This DignityFIRM Comparative Working Paper employs the terms “migrant(s) without administrative status”, “migrant(s) without residence permit” and “irregularised migrant(s)” interchangeably to refer to persons who do not hold a valid residence permit in the country of employment, underlining that situations of irregularity are the outcome of migration market policies (Schweitzer, 2024). The term “precarious employment” is used to describe employment arrangements that depart from direct contractual hiring, including but not limited to subcontracting, temporary agency work, seasonal work, and platform-based work. The term “informal work” denotes situations in which no formal employment contract exists and/or where a worker is employed without the requisite work authorization. “Irregularity”, then, captures situations in which a worker lacks either a valid residence permit, or a valid work authorization, or both.

3. Results

3.1 Italy

Sectoral context

In Italy, both agriculture and food delivery rely heavily on migrant labour (Celoría & Ponzo, 2026). In agriculture, migrant workers – particularly from Eastern Europe, North and Sub-Saharan Africa, and South Asia – are concentrated in seasonal and low-paid segments of production. Precarious and informal arrangements are widespread, often mediated through informal labour intermediaries (caporals). In the rapidly expanding sector of food delivery platforms, migrants are overrepresented, frequently working under precarious or ambiguous contractual arrangements. Across both sectors, legal status, employment arrangement, and access to social security are closely intertwined (Pasetti et al., 2026).

Healthcare

All migrants, regardless of their administrative status, are entitled to social rights such as freedom of association, the right to strike, and the right to protection from labour exploitation. On paper, migrant workers are also granted health rights. The Italian

health system is based on the principle of universal coverage, enshrined in Article 32 of the Constitution, which recognises health as a fundamental right of “everyone”, including irregularised migrants. The system is financed through general taxation and moderate co-payments (“ticket”) and does not formally require insurance registration as a precondition for care.

Eligibility for public healthcare is formally independent of employment status: migrants, irrespective of their administrative status, are entitled to essential healthcare even if they are unemployed or not formally employed. They can declare their income situation and require the recognition of a ‘destitution status’, which exempts them from co-payments and grants healthcare access free of charge.

However, the Italian Immigration Code differentiates between regularly employed migrants, holding a permit to stay, and migrants without a permit to stay. This distinction shapes de facto access to healthcare. Regularly employed migrant workers are automatically registered in the National Health System and enjoy healthcare on equal terms with Italian citizens, including assignment of a fiscal code and issuance of a health card. By contrast, migrants without permits to stay are entitled to “urgent, essential and continuing care”. This includes preventive services, maternity care, protection of minors, mandatory vaccinations, and diagnosis and treatment of infectious diseases. They can access health services through a temporary “Foreigner Temporarily Present” (STP) code, which can be issued free of charge by hospital administrations at any time, and which is renewable every six months.

Social rights and protection

In contrast to healthcare, access to labour and welfare rights is closely tied to employment and administrative status. Although labour rights are not explicitly recognised for “everyone” in the Italian Constitution, they are formally connected to employment rather than to administrative status and nationality. At the same time, however, labour law excludes migrants without a permit to stay from formal employment, and thus from the rights attached to it (such as the right to unemployment benefits, parental leave, sick leave, accident insurance, and vocational training). Thus, ultimately, access to social security is conditional on a permit to stay for work, family or protection reasons. Core labour protections that apply to all workers in principle (such as working hours, rest times, pay), too, may be compromised through the de facto exclusion from formal employment.

Depending on their exact immigration status, also other categories of third country nationals have differential entitlements to social rights: Migrants with a permit

exceeding one year have full access to welfare and labour rights, according to the Single Permit Directive. Seasonal workers (with permits up to 9 months) have more limited entitlements, typically comprising sick leave, maternity leave, and accident insurance, but excluding unemployment benefits, vocational training, and family benefits. Asylum seekers can be employed after 60 days from the registration of the asylum application, and have access to labour rights but remain excluded from welfare benefits. Finally, certain forms of social assistance (such as the social inclusion income) can be accessed only by EU mobile workers or long-term third country residents. If migrants (incl. those without a residence permit) have been irregularly employed, they can claim retroactive payment of wages and contributions; the law presumes three months of work, with the burden of proof on workers for longer periods.

Procedural and informal barriers

Access to healthcare is problematic due to general dysfunctionalities of the Italian healthcare system, such as long waiting times and a shortage of general practitioners. For migrants, these challenges are exacerbated by linguistic barriers, insufficient multilingual services, and the reluctance of general practitioners to register foreign patients. These factors push many migrants to emergency healthcare or to forego treatment.

Access to labour and welfare rights (e.g., unemployment benefits, disability benefits) is often suspended during the renewal process for residence permits, can last up to one year. During this period, even migrants with regular residence and work permits encounter significant administrative barriers that hinder the effective exercise of their rights. Access to labour and welfare rights is further complicated by complex regulations and bureaucratic procedures that often require specialised counselling in order for workers (both native and foreign) to navigate norms and bureaucratic systems (e.g., how to fill a form to request unemployment benefits, or to report an occupational disease or accident). Bureaucratic barriers are exacerbated by the

absence of culturally and linguistically appropriate services, insufficient interpretation, and a lack of targeted information campaigns in migrants' native languages. Many migrants turn to private fiscal assistance centres (Centri di Assistenza Fiscale), which may lack expertise in complex immigration-related labour issues, sometimes providing inadequate or incorrect guidance.

Finally, for informally or precariously employed migrant workers, fear of employer retaliation or deportation constitutes an important barrier. The risk of job loss - and, for some, loss of administrative status - discourages claiming unpaid wages, reporting occupational injuries, or applying for benefits, thus reinforcing the interrelation between precarity and reduced realisation of rights.

3.2 Netherlands

Sectoral context

In the Netherlands, agriculture and food delivery display distinct patterns of migrant labour incorporation. Agriculture primarily employs EU mobile workers from Central and Eastern Europe, men and women alike. Employment is characterized by a temporary agency structure, with cases of single greenhouses using several temporary agencies simultaneously. A rotating system of agencies often keeps migrant workers on precarious “first-year”-contracts, facilitating easy dismissal. The food delivery sector has undergone a rapid shift toward a predominantly migrant workforce, with growing numbers of third-country nationals, including workers with temporary or dependent visa or without administrative status. Across both sectors, legal residence, contractual form, and access to social security are closely interlinked.

Healthcare

Health insurance is mandatory for all residents and workers in the Netherlands, except for migrants without a residence permit. All persons who pay Dutch income tax are obliged to take out statutory health insurance from private providers. Registration requires a residence permit code issued by municipal authorities, effectively excluding migrants without administrative status from standard insurance coverage.

On paper, urgent and emergency healthcare is available to everyone, including migrants without administrative status. Costs can be reimbursed through a dedicated fund financed via the Dutch basic health insurance system. However, in practice, this

scheme is underused due to time-consuming reimbursement procedures and limited awareness among healthcare providers and migrants. As a result, uninsured migrants may face delayed treatment, uncompensated care, or denial of service provision.

Social rights and protection

Basic labour rights, including minimum wage, rest times, safe working conditions, sick pay, and maternity leave apply to all workers in the Netherlands, regardless of their administrative or employment status. Beyond these basic labour rights, the Dutch social security system comprises three pillars: 1) national insurance (e.g., old age pension, child allowance), 2) employee insurance (sickness, unemployment, disability), and 3) social assistance.

Under the 1998 Linking Act, access to the Dutch social security system – across all three pillars – is denied to migrants without administrative status or, where required, a work permit. Consequently, informally employed migrant workers are not entitled to sickness and disability benefits, unemployment insurance, nor further forms of assistance, such as provision of homeless shelters. Although, on paper, civil liability for work-related accidents lies with employers – also in situations involving informal work arrangements – in practice, enforcement is hindered due to the burden of proof resting on the worker.

EU law partially mitigates this exclusion for EU mobile workers, as certain EU provisions – such as the EU Maternity Leave Directive – takes precedence over more restrictive Dutch national law. However, important limitations remain. For instance, EU mobile workers in some sectors, such as agriculture, who lose their jobs and are no longer considered “workers” must demonstrate sufficient personal resources in order to retain legal residence. Applying for social assistance benefits can jeopardize their administrative status and ultimately lead to expulsion. Access to social protection is thereby indirectly conditioned on continued employment. This dynamic links social protection to employment status via residency rights, creating potential cycles of insecurity for EU mobile workers.

Procedural and informal barriers

Limited information and awareness among both migrant workers and service providers impede access to health and social rights. Administrative complexity and burdensome reimbursement procedures for treating uninsured patients discourage service providers from accepting migrant patients. Additionally, workplace accident procedures are often unclear to many migrant workers, contributing to underreporting, inadequate treatment, and foregone medical and social needs.

3.3 Poland

Sectoral context

Agriculture and food delivery in Poland rely heavily on migrant labour, particularly from Ukraine. The agricultural sector is characterized predominantly by individual small farms; whereas the food delivery sector often serves as an entry point to the Polish labour market. Here, a significant number of migrant platform workers operate through intermediaries rather than engaging directly with platforms, which has implications for their employment conditions and rights. Generally, migrant workers experience work precarity more frequently than Polish Nationals, as is manifest, e.g., in longer working hours and lower net hourly wages.

Most migrant workers reside legally in Poland, but their vulnerability lies in the dependency of their administrative status on employment, as Poland's system ties many migrant workers to individual employers. Furthermore, access to health and social rights is directly linked to employment status and the type of work contract.

Employment arrangements in the form of civil law contracts are widely used across both sectors. These civil law contracts are not regulated under the Labour Code and provide varying, often reduced, levels of social protection. Informal employment without written contracts also remains widespread, leaving workers without access to public healthcare and social security benefits.

Healthcare

Eligibility for inclusion in the Polish public health insurance scheme depends on the employment contract. In general, all persons who are regularly employed in Poland, including migrant workers, are subject to compulsory health insurance, with employers responsible for registration and payment of contributions to the National Health Fund.

Civil contract arrangements create differentiated access. Some contracts, such as civil contract type 2, exclude health coverage (see below). Migrants without administrative status are entitled to emergency medical services only; access to further health services depends on the specific employment arrangement.

The National Health Fund does not monitor administrative status, and data sharing with the immigration authorities is limited. However, National Health Fund staff are formally obliged to report migrants without administrative status to the immigration authorities. This obligation arguably deters healthcare utilisation among migrants.

Social rights and protection

Workers with standard Labour Code contracts are entitled to comprehensive social and health insurance, including old age pension, parental leave, sick leave, health insurance, and compensation in the event of an occupational accident – regardless of their administrative status. However, as described above, migrants in both sectors, agriculture and food delivery, work predominantly under civil law contracts, and social rights vary by the contract type.

Workers with civil law contract type 1 (contract of mandate) receive the broadest scope of social insurance coverage, though sick leave and parental leave remain voluntary components that must be arranged on workers' request and contributions deducted from their salaries. The civil law contract type 2 offers the most limited protection, providing neither health nor social coverage nor occupational accident insurance. Under the harvest help contract (civil law contract type 3), workers are entitled to health insurance and occupational accident coverage, ensuring one-time compensation payments in case of a work-related injury. However, social benefits such as old age pension, parental or paid sick leave are not included. Self-employed arrangements (civil law contract type 4) mandate contributions toward old age pension, health, and occupational accident insurance, while sickness and parental leave remain voluntary.

Unemployment benefits are available only to workers with a civil law contract type 1 or 4, and under the condition that they can prove sufficient employment duration and contributions in the previous 18 months. Workers with the harvest help contract are not entitled to unemployment benefits. To claim unemployment insurance, workers must interact with the labour offices, which may verify migrants' administrative status.

Procedural and informal barriers

Language barriers are the most important informal barriers in both sectors, affecting migrant workers' access to information, benefit claims, and workplace safety communication. Many migrant workers lack knowledge of their contractual rights, which can lead to the underutilisation of health and social entitlements. In agriculture, geographic isolation of farms and limited public transport create dependency on employers for mobility and access to services. Combined with precarious housing arrangements, this isolation reinforces social exclusion and vulnerability.

3.4 Spain

Sectoral context

In Spain, both agriculture and food delivery rely significantly on migrant labour, including workers without administrative status. Agricultural production heavily depends on seasonal and informal migrant labour, often characterised by hazardous working conditions and precarious housing. In food delivery, platform-based work has attracted a high share of third-country nationals, including workers with precarious or no administrative status. Across both sectors, the lack of a valid residency permit and informal employment remain closely linked to limited access to occupational protections and social security (Pasetti et al., 2026).

Healthcare

The Spanish Constitution recognises the right to healthcare for everyone, irrespective of administrative status. Following the 2018 Royal Decree-Law, Spain restored universal healthcare access for all residents, reversing restrictions by the conservative government in 2012. The main formal requirement for migrants without administrative status to access the public health system is demonstrating three months of de facto residence through municipal registration (“empadronamiento”). Once they can prove their residence, they can obtain a health card, granting access to the public healthcare system. Similarly to Italy, even without registration, uninsured migrants are entitled to emergency care, treatment of serious illness until discharge, and pregnancy, maternity, and postnatal care.

Social rights and protection

Regularly employed migrants in Spain enjoy full equality with Spanish citizens in terms of labour and social rights, and they contribute significantly to the social security system. However, migrants without administrative status are often relegated to informal work characterized by exploitation and precarity, which also limits their access to employment protections and contributory social benefits. Since the early 2000s, migrants without administrative status have been granted the right to join trade unions and take collective action against labour exploitation: specifically, a 2007 Constitutional Court judgement upheld their right to defend their labour rights in court. Nevertheless, in practice the absence of a formal employment relation often

prevents effective access to social security benefits, including sickness or unemployment coverage; and access to remedies is often hampered by a lack of knowledge of rights.

Procedural and informal barriers

Practical access to healthcare often depends on municipal registration (“empadronamiento”), which can be difficult to obtain without stable housing. Implementation of universal health coverage remains uneven across Spain’s decentralized autonomous communities, with more conservative regions like Madrid and Galicia maintaining stricter interpretations and practices; while other regions have adopted more inclusive approaches.

Despite formal entitlements, migrants without administrative status continue to face significant obstacles when accessing healthcare services, including language barriers, misinformation about rights, fear of being reported to the immigration authorities despite legal protections, and administrative complexities. Employment-related health protections, such as social security coverage for illness or injury, remain largely inaccessible to migrants without administrative status due to their concentration in informal work.

4. Discussion

4.1 Social and health rights between universalism and national frameworks

Across the four country contexts, migrant workers’ rights to healthcare and social security tend to be formally framed through universalist principles enshrined in international, EU, and national norms (UN General Assembly, 1966; International Labour Organization, 1981; Neidhardt et al., 2024). In practice, however, access is operationalised through employment arrangement, administrative status, and contract type. This produces stratified systems of social rights, in which precarity and irregularity are both causes and consequences of limited social protection.

Healthcare shows the strongest elements of universalism. Italy and Spain constitutionally recognise health as a right of “everyone”, and their national health systems grant formal eligibility for inclusion in the public healthcare system also to migrants without administrative status. The Netherlands and Poland, by contrast, link

the right to public healthcare services more tightly to insurance and employment status, leaving migrants without administrative status reliant on emergency schemes. From a medical and health system perspective, distinctions between “essential”, “urgent” and “emergency care” from other forms of healthcare provision are questionable. For instance, chronic conditions that remain untreated can escalate into acute and costly emergencies. Limiting access to preventive and continuous care is therefore neither medically sound nor economically rational. Equitable access to comprehensive healthcare serves both individual and public interests better (Bozorgmehr & Razum, 2015; Gottlieb, Trummer, et al., 2020).

However, even where rights for comprehensive healthcare are granted on paper, they are curtailed by administrative requirements, bureaucratic complexity, limited awareness among health service providers, and fear of exposure among migrants without administrative status. Thus, while healthcare is least explicitly conditional on administrative status and continued employment, access ultimately remains uneven and fragile. This leads to underutilization and unmet healthcare needs, ultimately also reinforcing the invisibility of migrants’ health needs. Strengthening local access mechanisms and promoting exchange of and mutual learning from good practices – e.g., through city-level initiatives such as C-MISE (City Initiative on Migrants with Irregular Status in Europe, <https://cmise.web.ox.ac.uk/>) – could help address these shortcomings.

The analysis also cautions against private arrangements as substitutes for public inclusion. The Polish case demonstrates how private or semi-private contractual arrangements systematically reduce migrant workers’ social protection. Similar concerns arise in contexts where private health insurance replaces public coverage (see, e.g., Gottlieb, Filc, & Davidovitch, 2020; Wichern & Gotter, 2025): in the presence of highly unequal power relations (such as precariously employed migrant workers vis-à-vis an employer or an insurance company), commercial logics tend to override needs-based provision. Policy solutions aimed at marginalised populations should therefore prioritise public or strongly regulated schemes.

In contrast to healthcare, social security and labour rights are systematically tied to employment. In all four countries, contributory benefits such as unemployment insurance, sickness pay, parental leave, and pensions depend on formal employment

and regular residence. Migrant workers are concentrated in sectors and contractual forms that weaken or exclude access to these schemes: seasonal permits or holders of temporary permits (i.e. asylum seekers) in Italy; temporary agency work in the Netherlands; civil law contracts and harvest help contracts in Poland; and informal work in Spain. Even for those basic labour standards that formally apply irrespective of legal and employment status (e.g., minimum wage, health and safety, freedom from exploitation), practical enforcement is limited for workers who fear dismissal, loss of residence permit, or deportation. DignityFIRM research has identified initiatives that improve migrant workers' social protection; e.g. through legal reform that restricts the use of precarious employment arrangements, and through migrant-led alternative business models (Gottlieb & Niediek, 2026a, 2026b).

As another extraordinary initiative, Spain's regularisation measure - announced on Jan. 27th 2026 and underway at the time of writing - deserves particular attention. Offering a pathway to legal residence to an estimated 500,000 persons, the measure is expected to serve national interests, incl. increased tax revenues, strengthened key economic sectors, and more transparent, resilient, and fair labour markets. At the same time, it is likely to bring far-reaching benefits for migrants and their families, including "access to formal employment, improve[d] working conditions, ... protection against exploitation, increase[d] economic stability and income, and ... [improved] housing..., physical and mental health, ... security and future prospects" (Pasetti, 2026). Regularisation may be among the most impactful interventions for improving migrant workers' rights (van der Venet, 2025); because - as the following paragraph shows - residence rights, social protection, and work capacity can become intertwined in a vicious cycle.

4.2 Interactions between work capacity, social security, and irregularity

The central cross-country pattern is the interdependence between irregularity and work capacity. Access to a residence permit, income security, and healthcare is frequently conditioned on continued employment. Vice versa, inadequate protection in the event of illness, injury, or job loss can trigger irregularity. In the Netherlands and Poland in particular, residence rights may depend directly on employment. Loss of work can therefore entail loss of administrative status. In Italy and Spain, while formal residence may not be immediately withdrawn, loss of employment often pushes migrants into informal labour markets. Across all cases, exclusion from social

protection becomes most acute precisely at moments of greatest need – in the event of illness, injury, or unemployment – thereby reinforcing cycles of precarity.

Importantly, even EU citizenship does not guarantee secure access to social rights. The Dutch case illustrates how EU mobile citizens' residence rights can be conditioned on sustained employment, exposing them to the risk of irregularity and homelessness if they lose their job. This conditionality generates strong pressures for migrant workers to accept precarious or exploitative conditions (Berntsen et al., 2023). Migrants without administrative status, most of whom are third-country nationals, face even more restricted access to health and social rights to start with. Their exclusion from formal protection often pushes them into more hazardous and informal work. While their situation differs across contexts, the absence of secure administrative status consistently compounds socio-economic and health risks.

Our comparative analysis suggests that employment-dependent residence permits amplify employer leverage. Where residence is tied to a specific employer, workers lose both their income and their administrative status if they are dismissed. This structural dependency increases vulnerability to exploitation and deters workers from reporting labour violations. Research on employer-tied migrant labour regimes elsewhere – e.g., in the Gulf region and Middle East (see, e.g., Alzahrani, 2014; Babar; Kurlander et al., 2025) – has documented similar dynamics, suggesting that such mechanisms effectively “discipline... workers into servitude” (Parreñas & Silvey, 2021). This evidence should inform the ongoing development of EU migrant labour regulation. In this regard, the 2024 recast of the EU Single Permit Directive marked a step forward, as the revised directive addresses migrant workers' right to change employers, and aims to reduce structural dependency on a single sponsor. By loosening the link between administrative status and continued employment with only one employer, it could have effectively tackled a key driver of labour exploitation. However, the directive grants EU member states broad discretion over the operationalization of workers' right to change employers (de Lange & Falkenhain, 2024). Therefore, it is essential that national regulations give full effect to this mobility right, both by transposing it into national law, and by establishing implementation and support measures ensuring that migrant workers can effectively exercise their right to change employers in practice.

4.3 Rights on paper vs rights in practice: procedural and informal barriers

Beyond formal legal frameworks, persistent procedural and informal barriers undermine effective access to rights across all contexts studied. These include insufficient information, language barriers, complex administrative procedures, uneven regional implementation, and limited institutional capacity. A lack of information and clear guidance creates uncertainties for both institutional actors and migrants, weakening the practical realization of formally guaranteed rights. In the Dutch case-study, e.g., healthcare providers are reluctant to accept migrant patients and underuse existing reimbursement mechanisms. Migrants encounter significant administrative obstacles in exercising their rights; e.g. in Italy, lengthy residence permit renewal procedures can interrupt access to labour and welfare entitlements. In Spain, burdensome administrative requirements similarly hinder factual access. At the same time, fear of negative repercussions – such as employer retaliation or immigration enforcement – plays a decisive role by suppressing claims-making and reporting of rights violations. In Poland, the legal duty of National Health Fund staff to report migrants without administrative status to the immigration authorities reinforces such dynamics. This example underscores the importance of establishing firewalls between social and health service provision and immigration authorities. Promoting trust, improving transparency, and supporting independent advisory and counselling services are essential to making formal rights meaningful for migrant workers in practice.

Labour inspection mechanisms represent another critical weakness. Limited inspection capacity across the researched countries allows violations to persist. In some contexts, additional structural constraints further undermine already under-resourced inspection agencies. For instance, in Poland, the agricultural sector is dominated by small farms that fall outside the authorities' inspection mandate. In the food delivery sector, the highly dispersed workforce also creates practical challenges for effective inspections. Strengthening the capacities of labour inspectorates and establishing directly accessible and safe grievance mechanisms for workers are necessary to complement legal standards. Inspections should prioritise worker protection and empowerment rather than penalising workers for irregular arrangements or violations of standards.

Taken together, this DignityFIRM Comparative Working Paper reveals a shared structural tension: while European welfare states proclaim universal and equitable social and health rights, entitlement regimes remain nationally bounded and employment-based or on migration status. Migrant workers in farm-to-fork industries – especially those without administrative status – find themselves on the fault lines between these logics. Healthcare systems tend to provide partial protection, whereas social security systems remain conditional on formal employment and residence. Rather than mitigating inequities, these conditionalities reproduce and intensify the risks associated with precarious and irregular work in farm-to-fork sectors.

5. Recommendations

Our results show that migrant workers in European farm-to-fork industries face structural gaps in their access to healthcare and social protection. Precariously and informally employed migrant workers are often insufficiently protected – especially at moments of illness, injury, or job loss. The comparative evidence indicates that insufficient protection often does not stem from a lack of formal rights, but rather from how these formal rights are operationalized and provided. Employment-based entitlement regimes, employer-tied residence permits, and weak enforcement, e.g., reinforce power imbalances and structural vulnerability to the detriment of migrant workers.

If European welfare states want to uphold their commitments to equitable social and health rights (and free movement within the EU), reforms must move beyond emergency schemes or parallel private arrangements towards structural inclusion of migrant workers in social security and public health systems – particularly in sectors that depend on migrant labour. Ensuring equitable access to healthcare and social security is not only a matter of compliance with universalist norms; it is also an economic necessity. Food systems depend on a stable and healthy workforce spanning entire supply chains. When workers lack access to social protection, illness and injury lead to labour shortages and supply disruptions, ultimately affecting the availability and prices of food. The COVID-19 pandemic illustrated how protection gaps for essential food workers can destabilise supply chains (Gottlieb et al., 2025).

Ensuring access to healthcare and social security for all workers is thus not a burden on national economies and welfare states, but an investment in systemic resilience and food security.

Harmonized regulation of migrant labour and equitable social and health coverage also promotes fair competition. Firms that avoid social contributions may temporarily reduce costs, but they do so by shifting risks onto workers and society (Gottlieb & Niediek, 2026c), creating a so-called race to the bottom (Gilmore et al., 2023). By contrast, universal access to healthcare and social security levels the playing field and ensures that competition is based on innovation and productivity rather than labour exploitation – which ought to be an important consideration within an integrated market such as the EU. Ultimately, ensuring universal access to healthcare and social protection for all workers across farm-to-fork sectors thus lays the foundations for stable local economies, food security, public health, and social cohesion within the EU.

In this context, the forthcoming EU Quality Jobs Act, expected to be proposed by the European Commission towards the end of 2026, offers a legislative opportunity to address informal and precarious employment arrangements for migrant workers. By targeting subcontracting specifically, the Quality Jobs Act can contribute to mitigating the gap between rights on paper and rights in practice (European Commission, 2025a). The 2026-2028 priorities of the European Agency for Safety and Health (EU-OSHA) provide another relevant policy framework for strengthening the rights and protections of migrant workers in farm-to-fork sectors, given their focus on improving knowledge on occupational risks, strengthening measures toward safety culture and prevention at work, and addressing psychosocial health (EU-OSHA, 2025). These priorities have the potential to help mitigate current inequities for migrant workers, and to leverage OSH for the realisation of broader social and labour rights by supporting efforts toward safer working environments, fair working conditions, health protection and dignity at work. Building on these emerging policy frameworks, the following recommendations aim to translate the respective commitments into concrete policy actions by addressing the structural gaps that continue to undermine migrant workers' social and health rights at EU, national, and local levels.

1) **Decouple basic social and health rights from employment and single employers:**

- Residence permits and associated social rights should not be tied to one employer. Where work-based permits are used, they should allow for periods of unemployment and job transition without immediate loss of residence status and social rights.
- Access to sick leave, occupational injury compensation, and basic health coverage should not cease upon job loss.

2) **Guarantee effective access to comprehensive primary healthcare:**

- Restricting access to emergency or urgent medical care, e.g., for migrants without administrative status, is medically and economically counterproductive. National health systems should grant access to primary and preventive care irrespective of administrative status.
- Administrative barriers to healthcare ought to be reduced, e.g., by simplifying requirements such as municipal registration, particularly for workers in unstable legal and housing situations.
- Clear legal and operational separation (“firewalls”) between healthcare providers and immigration enforcement is essential to ensure that migrants can seek care without fear of reporting or deportation.
- Exchange on and mutual learning from good practices in including uninsured persons and migrants without administrative status in public healthcare provision ought to be promoted, e.g., through cross-border networks

3) **Address loopholes in labour protection:**

- The use of employment arrangements and contract types that systematically restrict social rights or exclude workers from social protection ought to be limited. Equitable minimum standards for health insurance, occupational accident coverage, and pensions should apply across employment arrangements and contract types.
- In food delivery and other platform-work, presumptions of employment - consistent with evolving EU regulation - should be implemented and enforced to mitigate work precarity.
- Cross-border portability and continuity of social security contributions must be ensured to avoid migrant workers losing accrued entitlements.

- Coordination and transparency of contribution records must be strengthened, while simplifying procedures.
- Procedures for the recognition of work-related chronic and long-latency health issues and for claiming related social rights ought to be simplified.
- Multilingual social counselling services that help migrant workers navigate these systems and claim benefits must receive sustainable and adequate public support.

4) **Strengthen enforcement and worker empowerment:**

- Labour inspection capacity needs to be increased. The relevant agencies should be adequately resourced, not to police migrant workers and their employers, but to monitor also sectors characterised by remote and dispersed worksites.
- Inspection approaches need to shift towards worker protection and empowerment, while prioritising employer accountability.
- Workers should be able to report labour violations and occupational injuries without risking consequences for their administrative status or retaliation. This requires the establishment and reliable operation of independent, direct, accessible, and anonymous grievance mechanisms.

5) **Improve diversity-accommodating information and accessibility of services:**

- Clear, accessible information on healthcare access, labour rights, social protection, and support mechanisms should be made available in relevant languages across sectors.
- Healthcare facilities, labour offices, and social security institutions should be equipped with adequate interpretation and cultural mediation resources.
- Transportation access and outreach services are critical in rural and remote settings to reduce employer dependency and facilitate independent access to health and social services.

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The Social & Health Rights of Migrant Workers in Agriculture and Food Delivery Work in Italy, the Netherlands, Poland, and Spain

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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