



# Occupational health and safety of migrant workers: how is it measured in cross-national surveys?

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**Consensus conference for establishing a European Migration Health Database**  
**Centre of the Regional Committee of the Hungarian Academy of Science**  
**7th and 8th of October 2019 – Pécs, Hungary**



# European Agency for Safety and Health at Work (EU-OSHA)

- A body of the EU
- Established in 1994 in Bilbao, Spain
- To promote a **culture of risk prevention to improve working conditions and OSH in Europe**, by
  - carrying out research in the area of occupational health and safety: new and emerging risks at work, mainstreaming OSH into other policy areas (e.g. public health)
  - providing technical, scientific and economic information to serve the needs of those involved in safety and health at work
  - organising major bi-annual EU “Healthy Workplace Campaigns” to raise awareness
- Tripartite Board bringing together:
  - governments, employers’ and workers’ organisations
  - the European Commission
- Network of Focal Points



# Research on migrants' OSH at EU-OSHA

European Agency for Safety and Health at Work

EN | 19/10/2007



European Commission together: Introduction to 'Migrant workers'

oshwiki.eu/wiki/Introduction\_to\_'Migrant\_workers'

OSHWIKI  
Networking knowledge

Navigation: Main page, About the OSHwiki, EU-OSHA website, OSHwiki community, Recent changes, Help, Semantic search

Introduction to "Migrant workers"

Kevin Teoh and Juliet Hassard, Birkbeck University of London, United Kingdom

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## LITERATURE STUDY ON MIGRANT WORKERS

European Agency for Safety and Health at Work  
EUROPEAN RISK OBSERVATORY  
LITERATURE REVIEW

## The occupational safety and health of cleaning workers

87 EN  
**FACTS**  
European Agency for Safety and Health at Work

**Workforce diversity and risk assessment: ensuring everyone is covered**  
Summary of an Agency report

**Introduction**  
Workers are not all exposed to the same risks and some specific groups of workers are exposed to increased risks for an aspect to particular requirements. When we speak about workers exposed to particular or 'increased' risks, we refer to workers subject to specific risks due to their capacities, specific physical condition or status in the enterprise. Such people may be more vulnerable to certain risks and have specific requirements at work.

**Health and safety legislation** requires employers to carry out risk assessments and emphasises the need to adapt the work to the individual, the obligation for the employer to be in possession of an assessment of the risks to safety and health at work, including those facing groups of workers exposed to particular risk and that 'vulnerable' groups must be protected against the dangers which specifically affect them.

**Diversity and diversity management** in the workplace are important issues in occupational safety and health today. However, diversity has seldom been studied from the perspective of risk assessment. Practical risk assessment tools that take into account the specific risks faced, for instance by people with disabilities, migrant workers, older workers, women and temporary workers, are still rare. It is hoped that further research and development will lead to additional guidance materials in the future.

**Aim of the report**  
The report produced by the Agency highlights the need to carry out inclusive risk assessment, to take into account the diversity of the workforce when assessing and managing risks. The main aim of the report is to describe why and how risk assessment can and should cover the whole workforce, and to increase awareness among those responsible for and affected by health and safety at work — employees, employers, safety representatives and occupational safety and health practitioners — about the importance of assessing the risks for all workers.

The first part of the report presents the main issues regarding the occupational safety and health of six categories of workers considered at increased risk: migrant workers, disabled workers, young and older workers, women (gender based and temporary workers). In the rest of each subsection, it is presented to further information and practical guidance on risk assessment tools.

© Council Directive 1999/62/EC of 12 June 2000 on the introduction of measures to encourage employment in the safety and health of workers at work.

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## Diverse cultures at work: ensuring safety and health through leadership and participation

**CASE STUDIES**  
SAFE SYSTEM OF WORK PLAN FOR CONSTRUCTION INDUSTRY

1. Organisations Involved  
Health and Safety Authority (HSA)

2. Description of the case  
2.1. Introduction

The Safe System of Work Plan (SSWP) is a new initiative, launched by Ireland's Health and Safety Authority (HSA) in 2005. Its purpose is to reduce injuries and deaths on construction sites. It is also designed to address issues related to migrant construction workers whose first language is not English.

Construction is a high risk, labour-intensive industry. Safety is everybody's business: designers, clients, construction companies and employees all need to be aware of their responsibilities in relation to health and safety. The number of migrant workers has increased considerably in some Member States, such as Ireland, the UK, Greece and Germany, and this poses new risks and challenges for health and safety. Employees who do not speak English suffer from limited literacy skills at higher risk as they may not understand health and safety measures and instructions.

The HSA is the national body in Ireland with responsibility for securing health and safety at work. It is a state-sponsored body, operating under the Safety, Health and Welfare at Work Act, 2005 and reports to the Minister for Enterprise, Trade and Employment. Because safety is everybody's responsibility, HSA consults widely with employers, employees and their respective organisations. To help develop sound policies and good workplace practices, the

European Agency for Safety and Health at Work

**perosh**  
PARTNER FOR EUROPEAN RESEARCH IN OCCUPATIONAL SAFETY AND HEALTH

**Position Paper 3**  
Health, demographic change and wellbeing: Occupational safety and health in the context of demographic change

Regarding demographic issues at the labour market we focus on the ageing working population, on migrants and female workers. The success of the EU 2020 Strategy will depend largely on the EU's ability to face up to the major demographic transformations of the coming decade and its capability to use the strong potential of the two fastest growing population segments: older people and immigrants and to further increase female employment rates.

**Ageing workforce**  
The share of older workers (aged 55 to 64) in the labour force (aged 20 to 64) is projected to rise by around 40%, rising from 13.7% in 2010 to 18.7% in 2060 in the EU27. By 2030, in many countries older workers will make up 30% or more of the total

Health can be prevented and people are able and motivated to work until the retirement age and to retire in good health.

As a consequence of the diversification of labour supply, there is an increasing need to engage with a more demographically diverse workforce (female, migrant, younger and older workers, and workers with disabilities). These demographic groups are disproportionately represented in precarious employment and in non-standard working time arrangements. There is a lack of information and research on these groups of workers and the jobs they occupy. Monitoring and research of the changing scale and nature of the risks is crucial, as the proportion of these groups in the workforce increases.

The goal of higher female employment underlines the need to more effectively address the health and safety issues that affect women at work. A more targeted gender-sensitive approach of the different effects of exposure to hazardous substances on men and women, including their impact on reproductive health, the physical demands of heavy work, the ergonomic design of workplaces, and the length of the working day considering also domestic duties is needed. It is necessary to integrate the gender aspect into all work-related research topics in a more consistent way.

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**FORUM**  
European Agency for Safety and Health at Work

**Working safely in a multicultural Horeca sector**  
Draft of the Forum publication on a workshop held by the European Agency for Safety and Health at Work, 26–27 February 2007, Bilbao

**CONTENTS**

1. INTRODUCTION AND SIGNIFICANCE OF THE PROBLEM
2. AIMS AND BACKGROUND OF THE WORKSHOP
3. THE CURRENT STATE OF OSH IN THE HORECA SECTOR
4. WHAT ARE THE OSH-RELATED PROBLEMS OF A MULTICULTURAL WORKFORCE IN THE HORECA SECTOR?
5. OSH IN A MULTICULTURAL WORKFORCE: GOOD PRACTICE AND BEST EXAMPLES
6. SUMMARY AND CONCLUSIONS
7. REFERENCES
8. REFERENCES

The Horeca sector is also marked by a combination of often-unfamiliar job features, demanding work requirements and a lack of alternative national workforce. Because of low vocational qualifications and often-inadequate language skills, many migrant workers do not have the qualifications for jobs with higher skill requirements and are therefore forced to accept demanding jobs in the Horeca sector (Eurostat, 2006; Statistisches Bundesamt, 2005; OECD, 2005).

Risk factors in the sector are linked to physical characteristics such as noise, high temperature and contact with dangerous substances, as well as badly equipped or dangerous workstations such as kitchens and bars. The resulting OSH problems include:

- musculoskeletal disorders due to slips, trips and falls on wet floors;



which are focused on preventing workforce participation, factors affecting retirement goals is an increase in the diseases, and health issues leaving the workforce before challenge is to organise such a way that work related

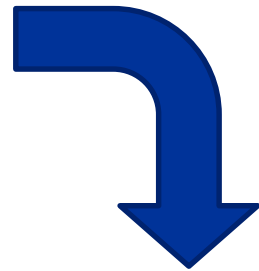
perosh.eu or contact the PEROSH EU Affairs Coordinator via [daniela.treuling@perosh.eu](mailto:daniela.treuling@perosh.eu)

<http://osha.europa.eu>

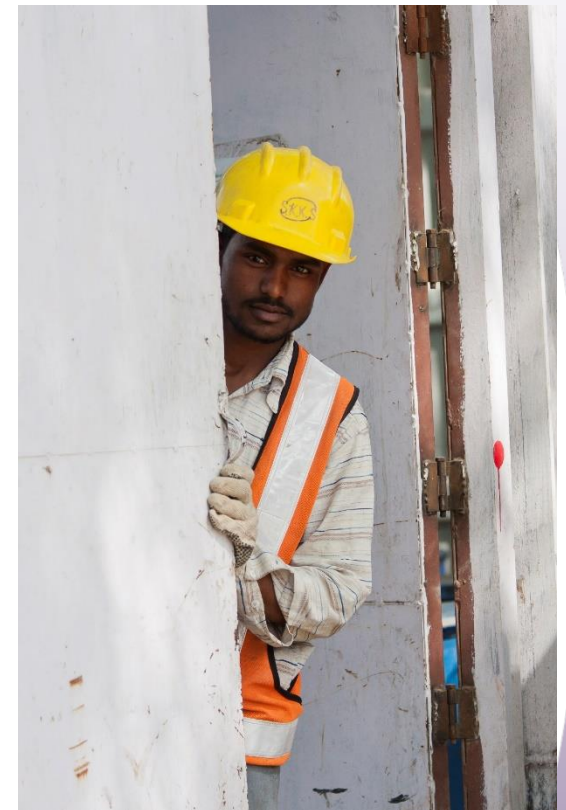


# Ongoing research: OSH of migrant workers - focus on Musculoskeletal Disorders (MSD)

- Rationale: migrant workers often experience worse than average working conditions. They are often segregated into specific sectors or jobs associated with poor working conditions, a higher risk of MSDs and a greater impact on health.
- This project aims at investigate the relationship between OSH and migrant status and identifies good practices of interventions to improve migrants' OSH and reduce the incidence of MSDs.
- Covering EU28 and a selection of countries for fieldwork
- Literature review
- Statistical analysis
- Focus groups
- Interviews



- To provide a snapshot of migrants' OSH in Europe (both risks and health outcomes)
- To identify trends and sectoral/occupational prevalence
- To make comparisons among countries



# Cross-country surveys covering migrants' OSH

- **Advantages of cross-country surveys:**
  - Representative of (working) population
  - Allow for country comparisons “
  - Allow for migrants/native population comparisons
  - Reliable if carried out by established public institutions
  
- **Eurostat Labour Force Survey – Ad Hoc module on OSH**
- **Eurostat European Health Interview Survey (EHIS)**
- **Eurofound European Working Condition Survey (EWCS)**
  
- **Surveys which include migrants and cover some aspects related to OSH risks especially psychosocial risks on the workplace (including discrimination):**
  - Fundamental Rights Agency (FRA) European Union Minorities and Discrimination Survey
  - Fundamental Rights Agency (FRA) Survey on women's well-being and safety in Europe

## Eurostat Labour Force Survey – Ad Hoc module on OSH

- **General health** (physical or mental health problem during the past year)
  - Health problem as a consequence of work
  - Type of problem (e.g. stomach, back pain, etc.)
- **Work-related MSDs** (% of workers with work-related MSD complaints, for back, upper limbs, lower limbs and in total)
- **Exposure to physical health risk factors:**
  - difficult work postures or work movements
  - handling of heavy loads
  - noise or strong vibration
  - chemicals, dust, fumes, smoke or gases
  - activities involving strong visual concentration
- **Exposure to mental well-being risk factors:**
  - severe time pressure or overload of work
  - violence or threat of violence
  - harassment or bullying
- **Atypical working time**
  - shift work, work in anti-social hours (evening, night, sundays)
- **Accidents, injuries**

Information on sector, occupation, level of education from main questionnaire

# Eurostat Labour Force Survey – Ad Hoc module on OSH

- **Migrant status surveyed through:**
  - Nationality
  - Years of residence in Member State
  - Country of birth
- **EU28 countries**
- **Sample representative of population in working age**
- **Large sample size which allows granularity in analysis**

## **But:**

- No second generation migrants
- No specific strategies to include foreign workers in sample (are sampled migrant workers representative of total migrant workers)
- No specific strategies to reach foreign workers especially those in most precarious jobs or with irregular status in the country → selection bias
- Interview only (or mostly) in official language of country (no language barriers addressed)
- No cultural adaptation
- Ad Hoc module on OSH is carried out every 7 years!! (last was 2013)

## Eurostat European Health Interview Survey (EHIS)

- The European Health Interview Survey (EHIS) consists of four modules on health status, health care use, health determinants and socio-economic background variables. EHIS targets the population aged at least 15 and living in private households.

The four modules cover the following topics:

- Background variables on demography and socio-economic status such as sex, age, education, labour status, etc.
- **Health status** such as self-perceived health, chronic conditions, limitation in usual activities, disease specific morbidity, physical and sensory functional limitations, etc.
- Health care use such as hospitalisation, consultations, unmet needs, use of medicines, preventive actions, etc.
- Health determinants such as height and weight, consumption of fruits and vegetables, smoking, alcohol consumption, etc.
- The European Health Interview Survey is run every 5 years



# Eurostat European Health Interview Survey (EHIS)

- **Migrant status surveyed through:**
  - Country of birth; Country of main citizenship; Country of residence
  - Country of birth of father and mother
  - Status in employment in main job
  
- **EU28 countries**
- **Sample representative of population in working age**
- **Large sample size which allows granularity in analysis**
  - **general health of workers without any chronic problems, with chronic MSDs, with another chronic disease or condition, and with both (no OSH)**
  - **sitting or standing, moderate physical effort, heavy labour at WORK**

**But:**

- **No specific strategies to include foreign workers in sample (are sampled migrants representative of total migrants?)**
- **No specific strategies to reach foreign workers → selection bias**
- **Interview only (or mostly) in official language of country (no language barriers addressed)**
- **No cultural adaptation**
- **The European Health Interview Survey is run every 5 years**

# Eurofound European Working Conditions Survey

The most extensive and complete survey on working conditions and OSH in Europe

- physical and psychosocial risk factors
- working time: duration, organisation, predictability and flexibility; work–life balance
- place of work
- speed of work, pace determinants
- employee participation, human resource policies and work organisation (such as task rotation); employee representation
- skills use, cognitive dimensions of work, decision-making authority, and learning in work
- employment conditions: job security and insecurity
- social relations at work: support, trust, cooperation, discrimination, violence
- gender issues: segregation, household composition, unpaid' work, extent of women in supervisory positions
- well-being and health, earnings and financial security.

# Eurofound European Working Conditions Survey

## Migrant status surveyed through:

- Country of birth;
- Country of birth of father and mother
  
- **Sample representative of employed population only**
- **Covers EU28 + candidates and associated countries**
- **Repeated survey (allows for trends)**

## But:

- Small sample size (average 1,000 per country)
- Overall small number of migrants (less than 3,000 out of 36,000 interviewees) and second generation migrants (1,600)
- No specific strategies to include foreign workers in sample (are sampled migrant workers representative of total migrant workers)
- No specific strategies to reach foreign workers especially those in most precarious jobs or with irregular status in the country → selection bias
- Interview in official language of country + official minorities (no language barriers addressed)
- No cultural adaptation of questionnaire
- The EWCS is run every 5 years

## Conclusions

- Limited availability of robust data on migrants' OSH (risks and health outcomes)
- Data on OSH not collected systematically and extensively (also for migrants) – OSH versus health of workers?
- Questionnaires based on self-reported information
- Data collection not frequent (surveys repeated every 5-7 years)
- Sample strategy not taking into account expressly migrants although representative of the (working) population → bias
- Weighting strategies should reduce bias
- Sample size does not always allow for granularity in analysis
- Migrants are a hard to reach population, specific strategy to reach/include them should be designed
- Language barriers should be taken into account (questionnaire available in several languages)
- Cultural adaptation of questionnaires (also through translation process) to make sure that we are comparing the same

## For more information:

<https://osha.europa.eu/>

<https://osha.europa.eu/en/themes/musculoskeletal-disorders>

<https://healthy-workplaces.eu/>

<https://osha.europa.eu/en/tools-and-publications>

## Thanks for your attention!

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