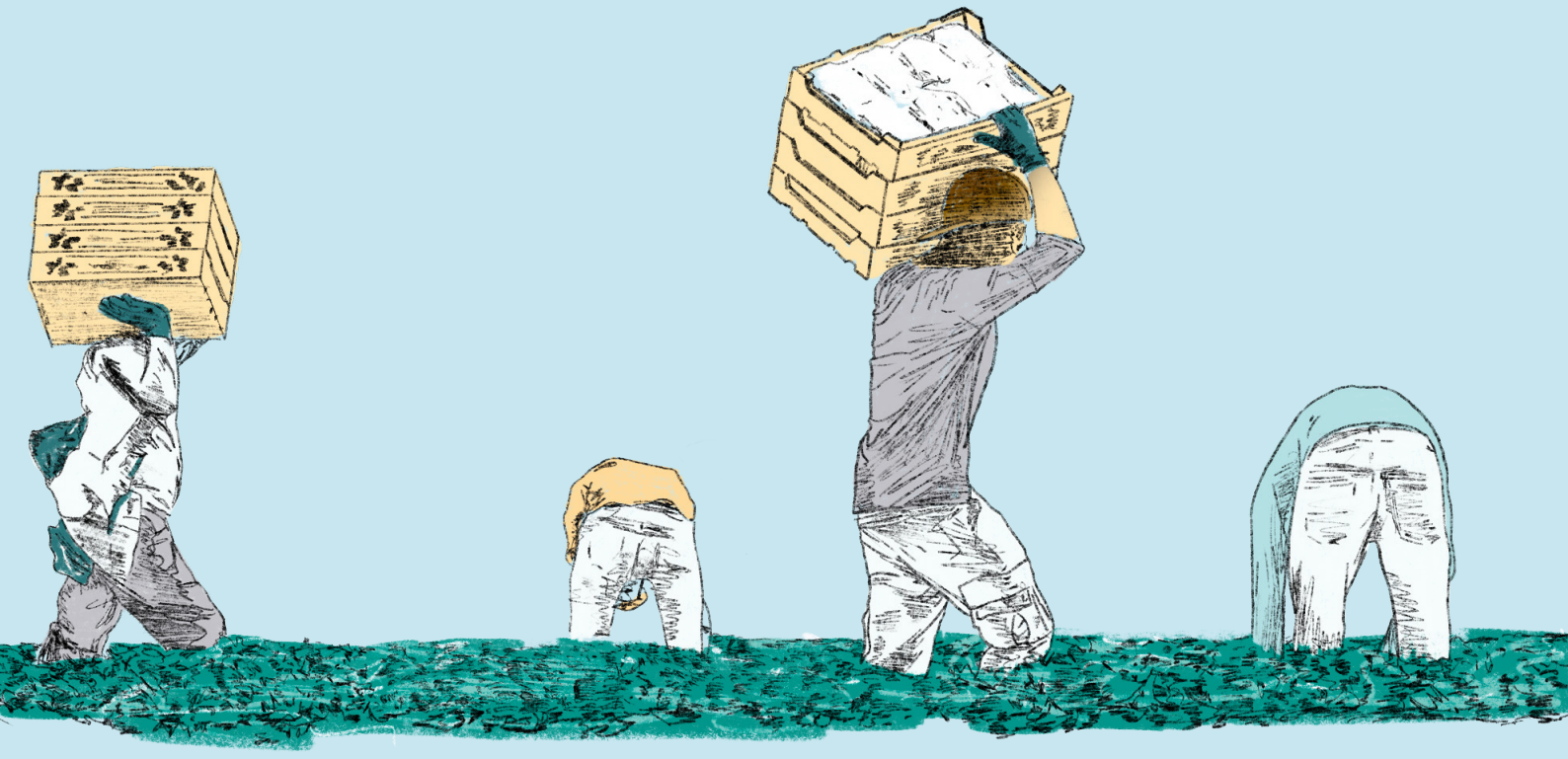
Report

FOCUS ON LABOUR EXPLOITATION

“I worked through the pain”: Accessing Healthcare on the Seasonal Worker Scheme

November 2026



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FOCUS ON LABOUR EXPLOITATION
Working to end labour exploitation

CAS ANALYTICS

ИНСАН ЛЕЙЛЕК
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1. Introduction

Agriculture is a hazardous sector, with high risks of illness and injury from exposure to chemicals, excessive vibration, noise, dust, extreme heat or cold, and prolonged sun exposure. Additionally, farm workers are often expected to work with potentially dangerous machinery, as well as working at height or near pits and silos. Work in the sector is frequently repetitive and physically demanding. Workers may be expected to sustain uncomfortable positions over a long period of time to be able to do their work, which can result in physical injuries, including, but not limited to, severe back pain and other musculoskeletal problems. According to the Health and Safety Executive (HSE) (n.d), agricultural workers experience "musculoskeletal injury (back pain, sprains or strains)" at "over three times the rate for all industries" and "the number of people affected by asthma is twice the national average." The latest data from the HSE, which covers the financial year 2025/2026, reports that agriculture remains the industry with the highest rate of work-related deaths in Britain. Additionally, while over half of all reportable workplace injuries go unreported across all sectors, a much higher proportion of reportable injuries go unreported in agriculture, forestry and fishing. The HSE (n.d) estimates that there could be upwards of 10,000 unreported injuries in the agriculture industry each year.

Table 1: Common causes of fatal and non-fatal injuries in farming, forestry and horticulture:

The most common causes of fatal injury	The most common causes of non-fatal injury
• transport – being struck by moving vehicles; • being struck by a moving or falling object, e.g. bales or trees; • falls from height; • asphyxiation or drowning; • contact with machinery; • injury by an animal; • being trapped by something collapsing or overturning; • contact with electricity.	• slip, trip or fall on the same level; • being struck by moving, including flying or falling, objects; • falls from height; • contact with machinery; • being injured by an animal.

(Health and Safety Executive (HSE), n.d.)

The UK's agricultural sector is heavily reliant on migrant workers. Each year, around 40,000 seasonal farm workers are recruited through the UK Government's Seasonal Worker Scheme (SWS). Through this scheme, a small

number of recruitment companies (known as labour providers or 'scheme operators') recruit workers from anywhere in the world to work on UK farms. The scheme operator acts as the visa sponsor and allocates migrant workers to UK farms where they are employed for roles in horticulture (such as for picking and packing fruits and vegetables) or poultry production.

The SWS is a short-term route, and includes several highly restrictive visa conditions, including:

- A maximum 6-month stay in any 10-month rolling period if employed in horticulture
- A maximum 3-month stay if employed in poultry production (limited to a period between October and December)
- No route to settlement
- No recourse to public funds
- No option to bring family or dependents
- Employment limited to certain agricultural roles, and only on farms where workers are placed by the scheme operator who sponsored their visa

Under sponsor guidelines for the scheme, scheme operators are required to ensure that "workers are provided with appropriate equipment to do their job safely and are not charged for it, including any replacements of worn and accidentally damaged items". They must also ensure that "the workers' work environment is safe and complies with relevant Health and Safety requirements" and that "employers take adequate steps to ensure workers understand Health and Safety procedures, including providing translations into the workers' first language if required" (UK Visas and Immigration (UKVI), 2026).

Since the scheme's inception, there have been frequent and longstanding concerns raised around how the design of the SWS can lead to high risks of exploitation and poor living and working conditions (Focus on Labour Exploitation (FLEX) & Fife Migrants Forum (FMF), 2021; Vicol, McClelland, & Savitski, 2022; McAndrew et al., 2023; Thiemann et al., 2024; Focus on Labour Exploitation (FLEX), 2024a, 2024b, 2024c, 2025a, 2025b). However, despite these well documented risks, the scheme has been extended, expanded, and confirmed until 2029.

The UK Government often points to the high percentage of workers who report their wish to return to the scheme in the Department for Environment, Food & Rural Affairs (Defra) survey[1] in order to substantiate that any issues for workers created by the scheme have been resolved. The logic becomes, as long as people are willing to come back, it must be a well-functioning and equitable

1 It is worth noting the methodological limitations of the Defra surveys, which are distributed to workers who previously held seasonal worker visas by their scheme operators (their visa sponsors) on behalf of Defra. The Defra surveys are not independent of the UK government or scheme operators (Seasonal Worker Interest Group, 2025).

scheme. This is despite workers raising consistent issues in Defra surveys. For example, the most recently published Defra survey results[2] found that, of the survey respondents that reported needing medical treatment due to sickness or injury while in the UK, one third (33.3%) reported not receiving treatment (Department for Environment Food and Rural Affairs (Defra) & Home Office, 2026).

This report looks at how workers on the SWS experience health related risks and whether they are able to effectively access necessary healthcare whilst in the UK. It also analyses how the risks created by the design of the SWS interact with the risks created by the hazardous, physical labour involved in agricultural work.

2 At the time of writing, the most recently published Defra seasonal worker survey results were from workers who had been on the scheme in 2025.

2. Methodology

2.1 Design

This report is part of a project focused on making work visas in the UK safer and fairer for workers, with an emphasis on the SWS. This report is based on findings from 605 surveys and 47 interviews with workers that have been on the SWS (see appendix 1 for information on workers' backgrounds). Workers could have been on the SWS in any year since it was piloted in 2019, however, the majority were most recently in the UK in either 2024 or 2025. This study also included interviews with ten key stakeholders, made up of three scheme operators, six organisations that have provided direct support to workers on the SWS (three based in the UK, and three based in Kyrgyzstan), as well as one government department/agency where workers are recruited from. Surveys and interviews with workers were carried out by researchers/caseworkers from partner organisations Public Foundation Insan-Leilek in Kyrgyzstan and CAS Analytics in Kazakhstan and Kyrgyzstan.

Interviews collected by partners were conducted both in person, as well as over the phone, and via video calls, in a language that the worker was comfortable speaking in. Surveys were filled out using an online platform, with the survey translated from English into Kyrgyz, Kazakh, and Russian. Workers were predominantly based in their respective countries of origin while data was collected. Workers were recruited through a range of methods using a snowball sampling approach. This included social media platforms such as Telegram and Whatsapp groups as well as in person recruitment, such as at events.

2.2 Limitations

The UK Government releases limited disaggregated demographic data for workers on the SWS, with only nationality data publicly released. Similarly, there is also minimal information available on where workers in the UK are located. Consequently, it is difficult to ascertain if the sample included in this study is representative of SWS workers that are recruited from Kazakhstan and Kyrgyzstan. Further, this report only covered workers from these two mentioned countries, and therefore does not aim to represent the experiences of all workers on the SWS. While some structural factors related to the SWS, for example visa restrictions, will apply to all workers, country specific factors can also influence migration outcomes for workers.

Researchers/caseworkers observed that while speaking to potential participants for the study, in both Kyrgyzstan and Kazakhstan, a high number of workers that were not satisfied with their time on the scheme did not agree

to participate in the study. While not explicitly stated by potential participants, researchers noted that this may have been due to being afraid of any impact of speaking negatively about the scheme on their future plans to migrate for work, given that labour migration often poses the best economic option. Consequently, issues reported by workers may be underreported. Researchers also noted that the cultural context of the countries covered can further compound underreporting, with some people preferring not to be overly critical of issues.

Interviewer: [...] couldn't you say that this wasn't in the contract and you wouldn't do it?

Seasonal worker: No. As I told you, if you start asserting your rights even a little, [pause] they see it as a problem.

Man, recruited from Kyrgyzstan, early forties, been on the SWS two times (2022 and 2025)

3. Results

3.1 Health and safety risks at work

Responses to our survey show some concerning reports of safety-related issues at work. People were asked if they were expected to do a series of activities/tasks while on the SWS (never, sometimes, regularly, don't know/ prefer not to say) (see figures 1 and 2 below). This included around one in five people recruited from Kazakhstan and one in three from Kyrgyzstan saying they either sometimes or regularly performed tasks that were not part of their contract or verbal agreement (Kazakhstan (KAZ):21.6%; Kyrgyzstan (KG):37.4%), and without adequate protection or training (KAZ:20.9%; KG:31.8%). Additionally, three in ten workers reported the same for tasks that felt dangerous or unsafe (KAZ:28.6%; KG:28.6%) and one in four workers recruited from Kazakhstan and one in six recruited from Kyrgyzstan for working without proper equipment (KAZ:26.3%; KG:17.4%). Moreover, some workers reported experiencing physical violence in their job (KAZ:0.7%; KG:1.8%).

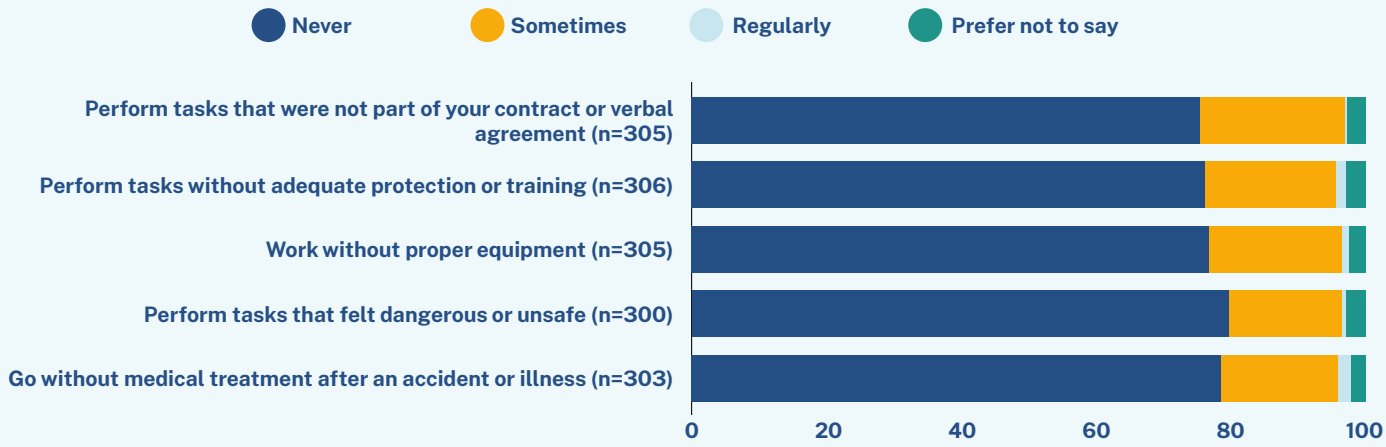


Figure 1. In your job, were you expected to do any of the following? (workers recruited from Kazakhstan) (%).

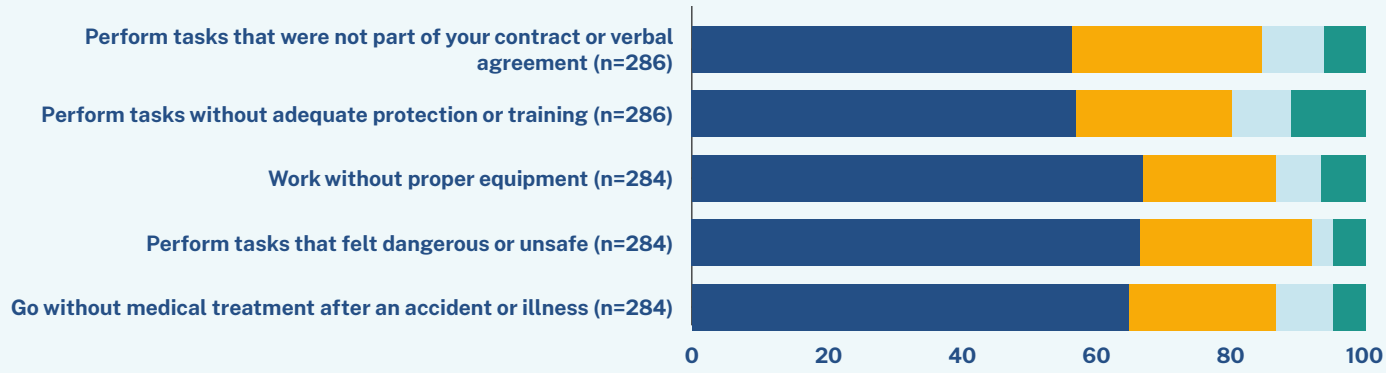


Figure 2. In your job, were you expected to do any of the following? (workers recruited from Kyrgyzstan) (%).

In interviews, workers had varying experiences of the provision of protective equipment for their work. Some stated that they were responsible for getting any protective clothing needed for their work:

> **Interviewer:** Could you please tell us about the working conditions — did you receive all the necessary equipment for berry picking, like tools, uniforms, or anything else?
> **Seasonal worker:** [...] You actually have to pick them without gloves. As for shoes and clothes, that's all your own responsibility — no one provides that.
>
> **Man, recruited from Kazakhstan, mid twenties, been on the SWS two times (2024 and 2025)**

Whilst others experienced protective clothing being provided to them:

> **Interviewer:** Were you given different clothes on rainy days?
> **Seasonal worker:** Yes, on such days we were given special clothes that did not let moisture through, as the rain affected the quality of our work.
>
> **Man, recruited from Kazakhstan, mid twenties, been on the SWS one time (2023)**

A fair number of people mentioned that they would have to do work that was not picking or packing, which they had not expected to do. Tasks such as building greenhouses, cleaning greenhouses or preparing the land for the following season were mentioned. In some instances, this appeared to result in safety-related risks, with workers feeling unable to raise concerns about this due to fear of dismissal:

> **Seasonal worker:** Mostly it was just exhaustion. The work is physically demanding, especially in spring — during that period it's very hard. And in the contract it wasn't stated that we would be doing construction tasks. For example, using an angle grinder — I had never used one in my life; I didn't even know how. But we had to do it anyway, because the work had to be done.
> **Interviewer:** But couldn't you say that this wasn't in the contract and you wouldn't do it?
> **Seasonal worker:** No. As I told you, if you start asserting your rights even a little, [pause] they see it as a problem. That's what I understood. They won't respond properly — they'll just keep it in mind, and it may turn against you. One time I was even given a three-day penalty and wasn't allowed to work for three days.
> **Interviewer:** That was like a warning to you?
> **Seasonal worker:** Yes, just because I tried to assert my rights [laughs], saying that this wasn't in the contract.
> **Interviewer:** I see. And they could...?
> **Seasonal worker:** They could, without giving any reason, tell you to leave the caravan within a week and move to another job. Yes.
> **Interviewer:** You mean, dismiss you?

> **Seasonal worker:** Yes, that kind of thing. And they told me that directly.
> **Interviewer:** So, basically, they were threatening you?
> **Seasonal worker:** Yes, that's what it was.
>
> **Man, recruited from Kyrgyzstan, early forties, been on the SWS two times (2022 and 2025)**

3.2 Eligibility for healthcare

Since seasonal workers are in the UK for a maximum of 6 months, they are not required to pay the Immigration Health Surcharge (IHS) that people applying for a visa from outside the UK for longer than 6 months are usually required to pay (UK Visas and Immigration (UKVI), n.d.). SWS workers' eligibility for free healthcare from the National Health Service (NHS) beyond primary healthcare and emergency care varies slightly across the UK nations. In England, Wales and Northern Ireland, those on the SWS are not considered as having "ordinary residence" in the UK, and therefore have to pay for NHS services at point of use, except for those services that are free to all regardless of immigration status, such as GP appointments and going to A&E.[3] Whereas in Scotland, workers have the right to receive primary and secondary healthcare (hospital or specialist treatment excluding dental or eye care) through the NHS without charge (Migration Advisory Committee, 2024).

Workers on the scheme should also have medical insurance arranged by their scheme operator, though the publicly available guidance on the scheme leaves much unclear as to whether such insurance is mandatory and who is responsible for monitoring the arrangements, including key details such as excess payments and what is actually covered. The Migration Advisory Committee's (MAC) 2024 Review of the Seasonal Worker Visa states that "Defra require scheme operators to have arrangements in place to ensure Seasonal Workers have adequate health insurance, or equivalent coverage, for medical expenses while they are in the UK." When applying to become a scheme operator, recruitment companies are required to provide information about their organisation and how they plan to manage the recruitment of workers on the scheme (Defra, 2022). As part of this, they are asked to give details of the arrangements they would put in place for migrant health insurance should they become a licensed operator of the SWS, which suggests that practices could vary between operators and implies that the government

3 NHS services that are free to all in the UK are: GP and nurse consultations in primary care, accident and emergency services, services provided for the diagnosis and treatment of some communicable diseases, NHS services provided for COVID-19 investigation, diagnosis and treatment, services provided for diagnosing and treating sexually transmitted infections, family planning services (does not include termination of pregnancy or infertility treatment), services for treating a physical or mental condition caused by torture, female genital mutilation, domestic violence or sexual violence, palliative care services provided by a registered palliative care charity or a community interest company, services that are provided as part of the NHS 111 telephone advice line (Office for Health Improvement and Disparities, 2023).

allows some flexibility for the insurance arrangements. Through a Freedom of Information request we sent to Defra, it was confirmed that all of the currently licensed scheme operators do have medical insurance in place for the workers they sponsor, and that the scheme operators do not charge the workers for this insurance. However, the exact policy coverage conditions may vary (Defra, FOI2026/13336, 2026).

The Home Office, who have overall responsibility for the agricultural seasonal worker visa scheme, provides guidelines for sponsors of the scheme (scheme operators). The sponsor guidance stipulates that scheme operators are responsible for monitoring worker welfare, including ensuring that: "workers are made fully aware of procedures if they are sick or injured, including how to make a claim on any medical insurance they may have" (UK Visas and Immigration (UKVI), 2026). The guidelines do not make clear whether the procedures that scheme operators are required to make workers aware of includes ensuring they are aware of their right to see an NHS GP or visit A&E free of charge, without the need for any insurance.

In 2023, in written evidence responding to an inquiry on horticultural labour shortages and the seasonal worker scheme, the Association of Labour Providers (ALP)[4] asked the government for clarity on seasonal workers' access to healthcare: "Access to healthcare and health and medical insurance – there should be closer definition of minimum requirements and entitlement to primary healthcare," suggesting that this lack of clarity is also felt by labour providers (Association of Labour Providers (ALP), 2023). As part of this research, FLEX sent a Freedom of Information request to the Home Office asking to see all disclosable correspondence between the Home Office and the licensed scheme operators regarding medical insurance for seasonal workers, for which we received the following response:

> **The Home Office does not hold the information which you have requested. It may be helpful if I explain that matters pertaining to medical or health insurance are handled by the Department for Environment, Food & Rural Affairs (Defra) and are part of the process they check before making any referrals to the Home Office when they endorse a sponsor. The Home Office has not sent any emails or correspondence to the scheme operators concerning health or medical insurance.**

Home Office, FOI2026/08227, 2026

The scheme operators that agreed to be interviewed as part of this research shared with us some of the arrangements that they had in place. At least two of the scheme operators reported having medical insurance that pays NHS bills. One operator explained that the insurance they have in place for workers they sponsor pays any NHS fees where seasonal workers may need to access NHS services that they are not eligible to receive for free. They stated that while the excess would be paid by the worker, the medical insurance is paid for by the scheme operator, as the cost is built into what they charge farms

4 ALP is a trade association of labour providers which include the scheme operators of the SWS.

for the provision of workers. One of the scheme operators also suggested they sometimes help workers to go home to get medical assistance. The operator stated that this is because workers will get access to medical assistance faster by going home and coming back to the UK than they would through the NHS.

3.3 Understandings of healthcare eligibility

To ensure access to healthcare in practice, people need to know about the healthcare they can receive and how to access it. As one support organisation that took part in our research put it: "there is very limited understanding about healthcare rights" (support organisation based in the UK).

In our interviews with workers who had been on the scheme, we asked them about their recruitment process and what information they were given about what they could do should they be injured or unwell whilst in the UK. When asked about what workers knew about their access to healthcare before leaving to come to the UK, some workers mentioned that they had been asked questions about their health and allergies during their recruitment, which they perceived as a screening process. One worker mentioned that they had been advised by someone who had previously been on the scheme to deny any allergies as this could lead their application to be refused:

> **"As for getting sick — allergies, or something like that — they asked about allergies at the beginning. I think that's partly why they screen people beforehand."**
>
> Man, recruited from Kyrgyzstan, early thirties, been on the SWS one time (2025)

A few workers mentioned that they made sure to seek medical advice whilst still in their country of origin, as they were under the impression it would be difficult to access healthcare in the UK:

> **"They told us that it would be expensive to get medical assistance there, so it's better to see a doctor before leaving."**
>
> Man, recruited from Kazakhstan, mid thirties, been on the SWS one time (2025)

> **"I heard that it's better to get your teeth fixed before you leave, so I prepared myself and got them fixed, but there were times when my teeth hurt and I took painkillers and then it was fine, but I didn't go to the dentist because I heard it was very expensive."**
>
> Man, recruited from Kazakhstan, mid twenties, been on the SWS one time (2023)

Whilst the perceived expense was the main reason workers felt it was important not to seek healthcare assistance in the UK, being warned of the time it takes to access healthcare in the UK was also reported:

> **Interviewer:** Did you have any information about how the healthcare system works in the UK before you arrived?
> **Seasonal worker:** Very little. Back in Bishkek, they told us that if we will need emergency medical aid, we will receive it, however chronic conditions will be difficult to cover. Also, if we make an appointment at the doctors, it will be scheduled only to the end of our trip, because the system is overcrowded, we will have to wait months before we get medical consultation.
>
> **Man, recruited from Kyrgyzstan, late twenties, been on the SWS one time (2025)**

When asking about the information they had received before coming on the scheme, very few participants said they had been told that they would be eligible for some free healthcare in the UK. Rather, people appeared to do all that is possible within their individual control to prevent needing medical attention in the UK, such as bringing their own medication and arranging medical appointments for before they came to the UK:

> **Interviewer:** Did you ever see that doctor?
> **Seasonal worker:** No, we were warned that it was better to take our own medicines with us for such cases. Basically, well, that was enough for me.
>
> **Woman, recruited from Kazakhstan, late twenties, been on the SWS one time (2024)**

> **Interviewer:** Did you need medical assistance?
> **Seasonal worker:** No [...] you come here with the necessary medical pills.
>
> **Man, recruited from Kazakhstan, late thirties, been on the SWS two times (2024 and 2025)**

Support organisations based in Kyrgyzstan that were interviewed as part of this research had similar perceptions:

> **"a lot of migrants, before leaving Kyrgyzstan, are advised to take some medicines, first aid medicines, so they then can help themselves."**
>
> Support organisation based in Kyrgyzstan

> **"But what I heard, that recruitment agencies, they also ask to check health before going to the scheme. And I mean, go to the dentist for instance, doing all these things, because I think you have to pay for the dentist or so. I don't know. Yeah, they prepared migrants and thought about it."**
>
> Support organisation based in Kyrgyzstan

> **"when they had the pre-departure sessions, they'll say, also, "If you have some issues with health, for example, do it here because it's cheaper, it will be, so you will just prepare your health for the work,""**

Support organisation based in Kyrgyzstan

As part of this research, we also asked workers about their understanding of what healthcare they had the right to access now that they had been on the scheme and whether they had been informed about their right to access primary and emergency care for free through the NHS in the UK. The responses from interviewees varied considerably. Many workers had not heard of the NHS or were unaware of there being any healthcare services that would be available to them for free in the UK:

> **"During my stay in the UK, I did not need any medical assistance, and I was not informed about the NHS, this is the first time I've heard about it."**

Man, recruited from Kyrgyzstan, late twenties, been on the SWS two times (2024 and 2025)

> **Interviewer:** Did your employer or scheme operator inform you about access to medical services in the UK? Were you given any information on how to access the National Health Service - NHS, and if so, by whom?
> **Seasonal worker:** No, we were not given any such information.
>
> **Woman, recruited from Kyrgyzstan, late forties, been on the SWS three times (2022, 2023, and 2024)**

> **Interviewer:** Do you know what is NHS and how to access medical care in the UK?
> **Seasonal worker:** No, I learned on the second time I was in the UK. Other workers at the farm who'd been there for a longer time explained to me how I can get medical service from the public medical institutions.
>
> **Man, recruited from Kyrgyzstan, early thirties, been on the SWS two times (2023 and 2024)**

Some workers were under the impression that they could only seek medical assistance for accidents at work and that it would be covered by their employer's liability insurance, instead of the NHS:

> **Interviewer:** Have you been to the doctor?
> **Seasonal worker:** I haven't really been to the doctor. There were some difficulties with the doctors. If there is an industrial injury, first aid is provided and that's it. My back hurt and if you just got sick when you weren't at work then they say that we don't know what happened to you,

Interviewer: Do you know what the NHS is?

Seasonal worker: I heard the name "NHS" from the guys in the caravan. One of them told me it's the government doctors. But I was confused - I didn't know if I was allowed to use it.

Man, recruited from Kyrgyzstan, late twenties, been on the SWS one time (2025)

"I haven't really been to the doctor. There were some difficulties with the doctors."

Man, recruited from Kazakhstan, early forties, been on the SWS two times (2023 and 2024)

you weren't at work.
Interviewer: You had medical insurance that covers only when you're sick because of work?
Seasonal worker: Yes.
Interviewer: And if something happens to you outside of work, do you pay out of your own pocket?
Seasonal Worker: Yes, that's how it is. In general, the treatment there is expensive and there are a lot of migrants. I think that's why.
Interviewer: Have you been registered under NHS?
Seasonal worker: No, they didn't say anything.

Man, recruited from Kazakhstan, early forties, been on the SWS two times (2023 and 2024)

Many of the people we interviewed spoke about having to pay for healthcare and were under the impression that some of the deductions from their salary went towards their ability to access healthcare in the UK:

> **"They deducted it from our wages before sending us the payment. This included the caravan fee, tax, and health insurance."**
>
> **Man, recruited from Kazakhstan, early twenties, been on the SWS one time (2025)**

Interviewer: And how much did you pay for [health] insurance?
Seasonal worker: I don't know, it's different for everyone. They took 20 pounds from me and 30 from someone else

Man, recruited from Kazakhstan, late twenties, been on the SWS three times (2023, 2024, and 2025)

> **"there was something called medical insurance [...] when we got our salaries, it was automatically deducted."**
>
> **Man, recruited from Kazakhstan, mid twenties, been on the SWS one time (2025)**

It is not immediately clear what these salary deductions for health insurance mentioned by workers refer to, given that the FOI response we received from Defra says that scheme operators do not charge the workers for the health insurance they arrange for them. It could be that workers understood that their national insurance contributions relate to their access to healthcare in the UK. If this is the case, it demonstrates a high degree of confusion about the healthcare they could access, given that despite these deductions, they still would not have free access to all areas of the NHS unless they were working in Scotland or if it were covered by the insurance put in place for them by their scheme operator. Additionally, those areas of the NHS that all seasonal workers can access for free everywhere in the UK, are free for everyone, regardless of national insurance contributions.

Other workers had entirely different understandings about their eligibility for healthcare in the UK. Various workers mentioned needing to pay up front

for healthcare services and were also unsure about the restrictions placed on them as temporary migrant workers in the UK. Our research also found examples that some people had been informed they had some access to free medical assistance in the UK by their scheme operator or employer. However, perceptions of the restrictions on this were varied:

"We knew that we could not get sick, otherwise, we would spend our earned money."

Woman, recruited from Kyrgyzstan, mid thirties, been on the SWS three times (2023, 2024, and 2025)

> **Interviewer:** Okay... Did your employer explain how to get medical services in the UK just in case of some kind of emergency?
> **Seasonal worker:** Not really, but we were told during the interview in Bishkek from [scheme operator redacted] that only emergency situations will be covered, like only life saving conditions. Other chronic situations like asthma, or diabetes we will not get or it will be for a fee.
>
> **Woman, recruited from Kyrgyzstan, late twenties, been on the SWS one time (2023)**

Interviewer: [...] Do you know whether medical care would be free?

Seasonal worker: They said basic medical care is covered, but honestly, I don't fully understand how it works.

Woman, recruited from Kyrgyzstan, mid forties, been on the SWS one time (2025)

> **Interviewer:** Did you know how to access medical care if you became ill?
> **Seasonal worker:** Yes, they said we should inform the supervisor, and they would help arrange a visit to the doctor.
> **Interviewer:** [...] Do you know whether medical care would be free?
> **Seasonal worker:** They said basic medical care is covered, but honestly, I don't fully understand how it works.
>
> **Woman, recruited from Kyrgyzstan, mid forties, been on the SWS one time (2025)**

> **Interviewer:** after you arrived, even before there was any medical need, you were signed up for [the NHS]?
> **Seasonal worker:** Yes, because without [being signed up for the NHS] they would not allow you to work. Our management, the farm itself, insisted on that. Otherwise, if something happened, they couldn't take you to the hospital without [being signed up for the NHS].
>
> **Man, recruited from Kazakhstan, early thirties, been on the SWS one time (2024)**

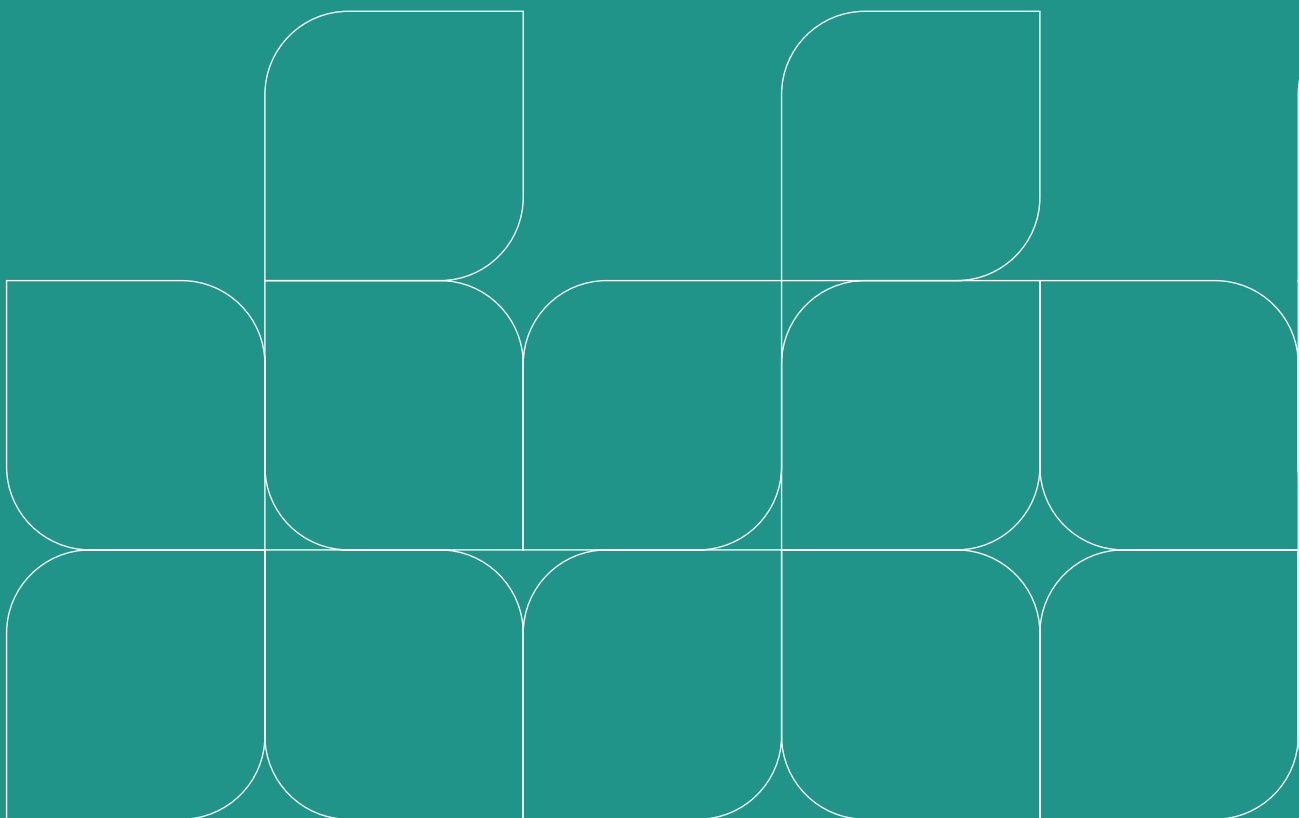
In interviews with organisations that support people on the seasonal worker scheme whilst they are in the UK, we were told that the variation in the provision of medical insurance and the specific policy coverage also create confusion for workers in understanding whether they can get medical assistance:

> **"there is insurance, but it differs depending on where- so, access to healthcare differs depending on where you are in the UK, because Scotland has different access for migrant workers. Then, on top of that, you have potential differences across operators of what is in these healthcare insurance policies. That's not regulated, neither by the scheme guidance, nor sponsor guidance, nor anything."**

Support organisation based in the UK

“I was working, chopping away, and suddenly I slipped—maybe stepped on a stone or something. As I lost my balance, the machete I was swinging came down directly on my knee. I was wearing rain gear, with sweatpants underneath, plus another layer because it was cold. The machete cut through all of it and reached the skin. Blood immediately came out.”

Man, recruited from Kazakhstan, early thirties, been on the SWS one time (2024)



3.4 Accessing healthcare in practice

Our research found that the lack of clarity on what healthcare workers can access, as well as believing that accessing healthcare might jeopardise their job, influenced how and whether workers attempted to access medical services in the UK. One organisation based in the UK that supports people on the scheme told us "people are not accessing GPs". Another stated: "we have seen workers struggle to access medical treatment." This support organisation pointed out that some farms are either unwilling or unable to help their employees access healthcare services:

"we have seen workers struggle to access medical treatment."

Support organisation based in the UK

> **"they would need to be either driven outside to the pharmacy or for someone to drive to the pharmacy to get them something. It could be because they're not registered with a GP upon arrival, so they have to register with a GP in order to access that treatment and not all employers, frankly speaking, are either willing to do that or actually have the capacity to do that, if they're a small family-run farm with only two people."**
>
> Support organisation based in the UK

The organisation pointed to the scheme operators' role in ensuring worker welfare:

> **"So, in these instances, there is the role of the operator as the visa sponsor and organisation that's supposed to ensure workers' welfare on the scheme. That's where they're supposed to step in and acknowledge at least some employers' limitations in being able to offer that healthcare. This is where they have fallen short in our review. So, operators have always delegated things to the employers, the farms, and just have not taken a proactive enough role in any of the cases that we've seen. So, that's, kind of, one side of it."**
>
> Support organisation based in the UK

This highlights that, not only do workers need to understand their right to some free access to the NHS, and ascertain whether there is some other insurance in place for them for any areas of the NHS that would not be free, but that their access to healthcare will also depend on the situation of the farm to which they are allocated. For example, given that farms are often situated in isolated, rural locations, it is likely that workers would have to walk significant distances to reach any public transport which is likely to also be infrequent and only run at certain times of day or on certain days of the week. This would make getting to a GP clinic or a hospital very difficult, unless there are other farm staff with private vehicles who are available and willing to take them. Therefore, rather than healthcare being an accessible right for those workers that come to the UK on the SWS, the UK government outsources the responsibility for worker welfare to scheme operators, who may then leave it up to farms. This further underlines that accessing healthcare becomes more about whether you are lucky enough to have someone to take you, rather than something that is

assured or monitored by the scheme. As a support organisation we spoke to put it:

> **"So, it's very much unchartered territory in terms of guidance and, as a result, everyone is doing whatever they want just to protect their backs basically when these things happen - and the workers have the sharp end of the stick of that one."**
>
> **Support organisation based in the UK**

Another support organisation we interviewed as part of this research shared with us that, during a Seasonal Worker Scheme roadshow they had attended, a point had been raised around GP practices becoming overwhelmed if seasonal workers were to register with them, and so farms were advised not to tell workers to register with GPs. This support organisation works to build awareness with workers on their right to register with a GP, as well as working with GP practices to build their awareness of the presence of seasonal agricultural workers in their local areas. Nevertheless, they told us:

> **"we speak to workers even that have been to many of our discussions about that, and they still don't seem to think that they can go to the GP."**
>
> **Support organisation based in the UK**

The organisation suggested that this could be due to a mismatch in what healthcare seasonal workers are eligible to receive and the realities of living in rural and isolated areas where you are completely reliant on your employer:

"they do not want to seem ill, they do not want farms to think of them as ill."

Support organisation based in the UK

> **"So if they might have to use transport provided by the farm to go to the GP, or if they get into trouble for going to the GP, which we have seen quite a lot of health-related repercussions and workers talk about it a lot, is that they do not want to seem ill, they do not want farms to think of them as ill."**
>
> **Support organisation based in the UK**

Instead of seeking medical assistance from a healthcare service provider in the UK, several workers that took part in our research described situations where they would rely on other workers to have brought suitable medications with them:

"many people have small injuries - cuts from the tools or pulled muscles. We just help each other."

Man, recruited from Kyrgyzstan, late twenties, been on the SWS one time (2025)

> **Seasonal worker:** I brought a big bag of medicines from home: antibiotics, painkillers, things for the stomach. [...]
> **Interviewer:** Has anyone on your farm been seriously injured?
> **Seasonal worker:** Not seriously, but many people have small injuries - cuts from the tools or pulled muscles. We just help each other. We have a "group chat" where we ask if anyone has a specific medicine from home. We trust our own Kyrgyz or Russian medicines more than the English ones because we can actually read the labels.
>
> **Man, recruited from Kyrgyzstan, late twenties, been on the SWS one time (2025)**

"I worked through the pain because if I stayed in the caravan, I earned zero pounds that day."

Man, recruited from Kyrgyzstan, early thirties, been on the SWS two times (2023 and 2024)

> **"About medical issues. This is a weak point. [...] I got a very bad infection in my tooth. My face was swollen. I told my supervisor, and he just said, "Take an aspirin and keep picking." I didn't know I could see a dentist. Eventually, I found a Polish guy who gave me some strong antibiotics he had brought from his country. I worked through the pain because if I stayed in the caravan, I earned zero pounds that day."**
>
> Man, recruited from Kyrgyzstan, early thirties, been on the SWS two times (2023 and 2024)

There were also a few examples of workers relying on other people on the scheme to help them seek medical assistance or having to rely on rural public transport links (which will vary significantly depending on the location of the farm, and the time and day of the injury) to get to the hospital themselves rather than receiving help from their employer or scheme operator:

"Medicine wasn't available there, there wasn't even a pharmacy, we didn't know where to buy medicine [...]"

Man, recruited from Kyrgyzstan, early thirties, been on the SWS one time (2025)

> **"Medicine wasn't available there, there wasn't even a pharmacy, we didn't know where to buy medicine [...] A friend helped me. He explained everything, told me where medicines are sold."**
>
> Man, recruited from Kyrgyzstan, early thirties, been on the SWS one time (2025)

> "**Seasonal worker:** The medical service was free, but unfortunately, they didn't provide transport — you had to get to the hospital on your own.
> **Interviewer:** And how did you get to the hospital?
> **Seasonal worker:** By bus.
>
> **Man, recruited from Kazakhstan, mid twenties, been on the SWS two times (2023 and 2024)**

In our interviews with workers who had been on the scheme, some people also reported having received sufficient access to healthcare following an injury, though this usually involved receiving help in that instance for what to do, rather than being aware of what to do before the fact. In several cases workers reported getting cuts that required stitches. In those cases that were reported to us, the worker was taken to the hospital by a farm manager or supervisor:

> **"I was working, chopping away, and suddenly I slipped—maybe stepped on a stone or something. As I lost my balance, the machete I was swinging came down directly on my knee. I was wearing rain gear, with sweatpants underneath, plus another layer because it was cold. The machete cut through all of it and reached the skin. Blood immediately came out. Luckily, the supervisors reacted quickly, disinfected the wound, and took me to the hospital. The worst part was being in that hospital in [town redacted], England. Maybe in London it's better, but in [town redacted] the hospital was awful—it really felt like people go there to die. [...] the waiting times are unbearable. You could practically die before getting your turn. I was taken there around 11 in the morning, just before lunch, and I think I left at about midnight. I had to wait my turn the whole**

time; it was tough. Fortunately, they stitched me up, asked some questions, and then issued a medical certificate so that my sick leave would be paid. Everything was free. […]"

Man, recruited from Kazakhstan, early thirties, been on the SWS one time (2024)

"I had a serious cut of my index finger on the left hand."

Man, recruited from Kyrgyzstan, early thirties, been on the SWS one time (2025)

> **Seasonal worker:** I had a serious cut of my index finger on the left hand. I asked for help immediately. I was taken to the local hospital; they did the x-ray. No bone fractures. I had 3-4 sutures and went back home. I was given two days off.
> **Interviewer:** Who took you to hospital and who paid for the medical service?
> **Seasonal worker:** Somebody from the medical station took me in his vehicle. He also translated everything. I did not pay for anything.
>
> **Man, recruited from Kyrgyzstan, early thirties, been on the SWS one time (2025)**

"I developed some kind of allergic reaction on my face."

Man, recruited from Kyrgyzstan, early forties, been on the SWS two times (2022 and 2025)

"about a month after I arrived, I developed some kind of allergic reaction on my face. I thought it would go away, but it didn't. It kept getting worse, so I had to go to the hospital. I showed them my passport and visa. They treated me without any problem — I only had to pay £9. […] The farm even provided transport for me."

Man, recruited from Kyrgyzstan, early forties, been on the SWS two times (2022 and 2025)

In an interview, one of the support organisations also reported that clients of theirs that are on the SWS had been dissuaded by their employer from accurately reporting the causes of their injuries sustained on the scheme:

"we see misreporting to the NHS and workers being under extreme pressure not to report their employer or mention the causes of the incident. When they do, they can be pretty much pressured or bullied by their employer. We had a case where a worker lost their eye and the employer would delay bringing painkillers, the employer would want them to sign something the day after they got back from the hospital. The operator stopped messaging the worker after they said they were seeking legal advice for a personal injury claim."

Support organisation based in the UK

Very concerningly, when asked about injury, sickness and accessing healthcare, it also became apparent that some workers understood that they would have to return home to their country of origin if they became injured or ill:

> **Interviewer:** Did they talk about medical care in the UK during that presentation? For example, NHS – National Health System?
> **Seasonal worker:** No. They [the scheme operator representatives] only

"They [the scheme operator representatives] only mentioned that if we broke our bones due to not being careful, we will have to return home."

Man, recruited from Kyrgyzstan, mid twenties, been on the SWS one time (2025)

mentioned that if we broke our bones due to not being careful, we will have to return home.

Man, recruited from Kyrgyzstan, mid twenties, been on the SWS one time (2025)

Interviewer: Did you receive any orientation trainings before your departure to the UK?
Seasonal worker: Yes. During interview there was a presentation by the company [scheme operator] on working and living condition, payment, life, what to take with you and how everything works in the UK. He specifically said: try not to get an injury playing football or other games, because you will be sent home immediately…. I did not want that, so my whole stay I tried to be aware of myself and be safe.

Man, recruited from Kyrgyzstan, early thirties, been on the SWS one time (2025)

One worker reported returning home due to breaking their arm:

Interviewer: why did you leave a month earlier the second time?
Seasonal worker: I had an injury […] I broke my arm in the dormitory.
Interviewer: How did that happen?
Seasonal worker: Well, it was winter, and you know how it gets slippery when it rains. I was running, tripped, and fell on my arm.
Interviewer: I see. And did they compensate you for that?
Seasonal worker: No, because it was my own fault, and the insurance didn't cover it either. The insurance only covers incidents that happen during working hours.
Interviewer: […] When the fracture happened, did you receive first aid?
Seasonal worker: Yes, they put my arm in a cast, and that was it. After that, I left.

Man, recruited from Kazakhstan, mid twenties, been on the SWS two times (2023 and 2024)

" No, I didn't go. I didn't tell anyone about it. It's already my problem. If I had said, they would have said that since your health is bad, then go back."

Man, recruited from Kazakhstan, early forties, been on the SWS two times (2023 and 2024)

As a result of the fear of being returned home due to injury or sickness, some workers reported avoiding medical attention in the UK when they needed it, through fear of being sent home:

> **" No, I didn't go. I didn't tell anyone about it. It's already my problem. If I had said, they would have said that since your health is bad, then go back."**
>
> Man, recruited from Kazakhstan, early forties, been on the SWS two times (2023 and 2024)

This pattern of not seeking medical assistance through fear of loss of work is incredibly concerning. It exemplifies how the severe restrictions of the visa, and the financial costs and sacrifices that workers make to join the scheme, makes

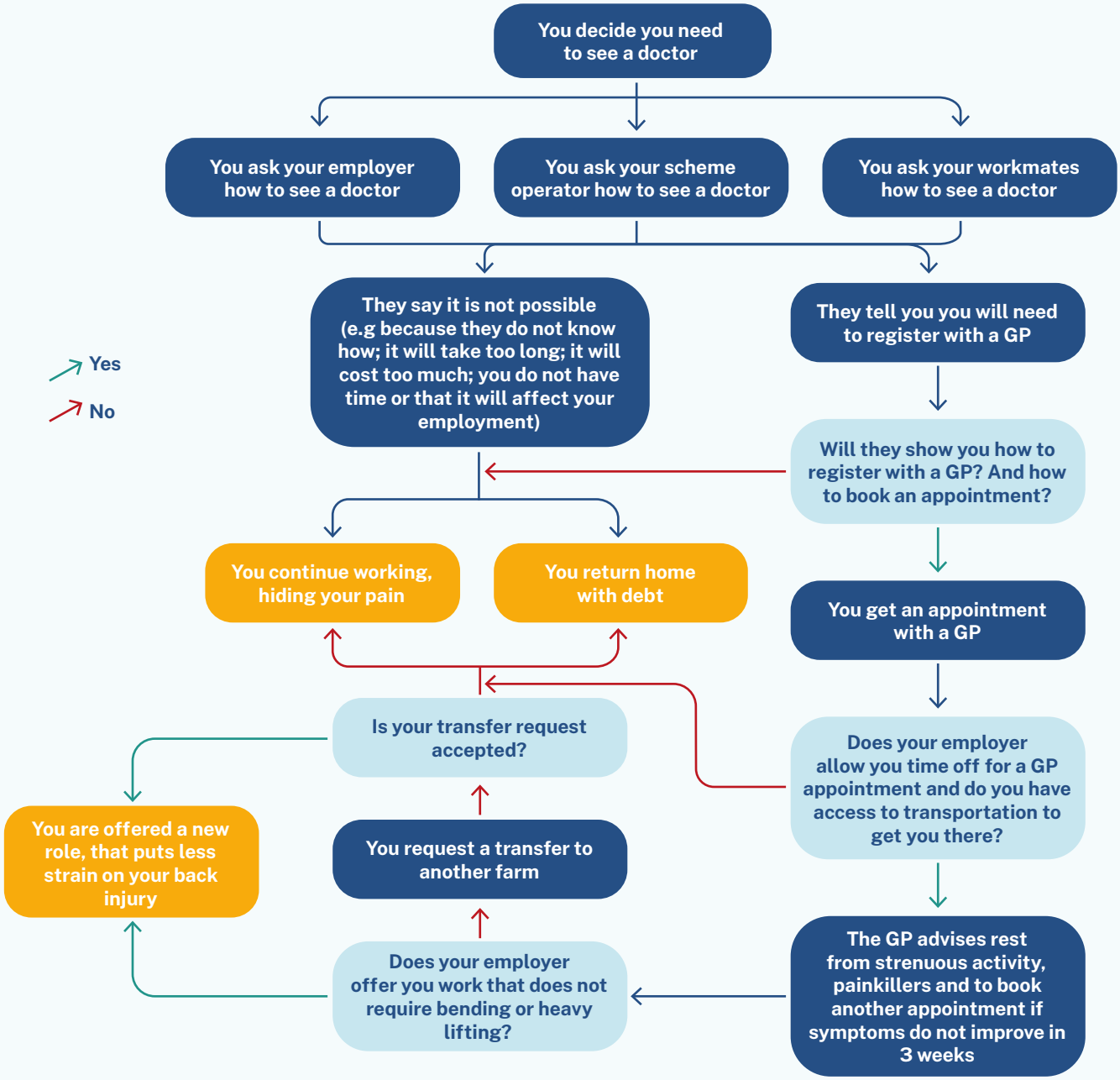
workers extremely vulnerable to risk. Any injuries or illnesses they face during their time in the UK working in potentially hazardous and physically demanding roles put seasonal workers in extremely difficult positions, as the limited, variable and confusing options available to them come with consequences. Where most UK residents would be able to look for different work should they sustain an injury that limits their ability to safely carry out their role, or they are allergic to a chemical used in their work, those on the seasonal worker visa can only request transfers to other farms that their scheme operator can place them in.[5] Individual workers are therefore forced to weigh up the risk of not earning money that may be needed to pay back debts taken out to join the scheme, with the pain and further physical risks of working through injury or illness.

5 Our research shows this is often not an effective option, either because transfer requests are denied, or because workers do not attempt to request a transfer for fear of damaging the possibility of being invited to the scheme again or due to the belief their request will be denied (Focus on Labour Exploitation (FLEX), 2024b).

Hypothetical scenario of accessing healthcare on the SWS

Given that musculoskeletal injury in the agriculture sector is three times the rate of all sectors (Health and Safety Executive (HSE), n.d.) and that back pain was commonly reported by workers we interviewed, the figure below illustrates the limited options a seasonal worker has, should they injure their back whilst on the SWS.

The below diagram uses the hypothetical scenario of being a worker with lower back pain, that intensifies when you bend down to pick crops. The scenario is presented in the form of a flowchart, with dark blue bubbles representing single stages in the process and dark blue arrows showing the direction of travel to the consequential action or process. The light blue bubbles represent decisions that create branches that split the path. Green arrows represent "yes" decisions and red arrows represent "no" decisions. In the example below none of the decisions are in the power of the worker. The yellow bubbles are the possible ends of the process.



4. Conclusions and recommendations

Seasonal workers face multiple barriers to accessing healthcare services in the UK. Whilst some of the workers we interviewed as part of this research had accessed the medical help they required, many people did not understand what healthcare they were eligible to receive. With workers only eligible to use some parts of the NHS in England, Wales and Northern Ireland, and no standardisation of or minimum cover required in insurance policies, the restrictions on what healthcare services those on the SWS can access are highly confusing. Reports of farms being told not to tell workers to register with a GP makes the situation all the more concerning. The government's lack of clear and enforced guidance for scheme operators on the provision of medical insurance for seasonal workers only adds further complexity, since there could be large discrepancies in healthcare eligibility for seasonal workers depending on which scheme operator sponsors their visa.

The restrictive visa conditions on the SWS also mean that workers have very limited options for accessing healthcare in practice. As a result, workers rely heavily on being able to receive information and help from their employer, scheme operator or fellow workmates. Consequently, accessing healthcare is highly situational and varies based on the employer's willingness and resources to take someone to the GP or hospital, or whether there are ways of getting there by public transport or whether there is another worker who can help, advise and interpret. This reliance on others to be able to effectively access healthcare means that, rather than access to healthcare being guaranteed, it can be based on luck.

Most concerningly, workers reported avoiding seeking medical help, through the understandable fear it would jeopardise their job or any invitation to return to the scheme for the next season. The UK is creating a permanently temporary workforce who cannot challenge conditions for fear of losing their job and permission to work in the UK as they are in effect on permanent probation. This means that workers that face injury or illness are stuck between whether to further risk their health by continuing to work through pain and discomfort or deciding to leave the scheme and return home, potentially without yet having made back the money they borrowed to be able to pay for the travel and visa to join the scheme. The UK government should view both of these options as unacceptable and must create a system for people to come to the UK to work in agriculture that ensures safety and fairness.

The government's decision to only allow seasonal workers access to certain parts of the NHS is exploitative and exclusionary. The heavily restrictive visa conditions as well as the lack of full access to the NHS ensure that the majority of the risks involved in migrating to another country to work in a hazardous sector are placed on the worker. The UK needs migrant workers to uphold

the agricultural sector but will only include these workers within UK society insofar as they meet that need. British produce lining our supermarket shelves demonstrates that our fruits and vegetables are being picked and packed, yet the scheme is set up in such a way that seasonal workers are prohibited from leaving any other trace that they were here.

Recommendations

To address the issues detailed in this report, and to make routes into the UK agriculture industry safer and fairer for migrant workers, the following recommendations should be considered:

1. FLEX's research on the seasonal worker scheme has consistently evidenced that the design of the scheme creates risks of exploitation and undermines worker access to labour market enforcement and redress. The scheme must be overhauled in its entirety to uphold the rights of workers. This includes but is not limited to the need for improved independent monitoring of worker welfare on the scheme, including the monitoring of injury and illness on the scheme and whether appropriate medical treatment was both available and easily accessible. Independent monitoring of the scheme must also ensure that workers accessing medical assistance does not lead to loss of work or prevention of being invited to the scheme again.

2. The government must provide seasonal workers with full access to the NHS free of charge and without charging them the Immigration Health Surcharge (IHS). The NHS is guided by principles which include being "available to all," and services being provided "based on clinical need, not an individual's ability to pay." Excluding seasonal workers from full access to the NHS goes against the principles of the NHS and creates unnecessary confusion around healthcare eligibility for workers.

3. Instead of outsourcing worker welfare to scheme operators, the government must ensure that the workers they bring to the UK know how to access healthcare in the UK. This includes but is not limited to workers being registered with a GP before starting work and being provided with written explanations of how to access healthcare services in their own language. This must include what to do in both emergency and non-emergency situations.

4. The Home Office, working with local authorities, must communicate with GP practices and hospitals in areas where seasonal workers are placed, to inform them of the presence of the workers, the languages spoken, and the kinds of injuries and illnesses common in the agricultural sector.

5. Where medical insurance is used, the government must set out clearly what the insurance must cover with written explanations of how to use insurance coverage provided in workers' own languages.

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Appendix 1
Worker backgrounds

Survey data

The majority of workers recruited from Kazakhstan were most recently in the UK in 2024 (37.9%) or 2023 (25.8%), closely followed by 2022 (15.3%) and 2025 (14.3%), with a small proportion reporting 2019 (2.8%), 2020 (2.2%), and 2021 (1.9%). Most workers recruited from Kyrgyzstan were most recently in the UK in 2025 (36.2%), closely followed by 2024 (32.2%), with smaller proportions in 2023 (12.3%), 2022 (8.9%), 2021 (5.5%), 2019 (3.1%), and 2020 (1.8%).

One third of participants recruited from Kazakhstan were women (35%) and around one in four from Kyrgyzstan (26.8%). The rest of the participants were men (KAZ: 65%; KG:73.2%).

Participants from Kazakhstan (55.9%) were less likely to have been on the scheme one time compared to respondents from Kyrgyzstan (75%). One in three workers from Kazakhstan (34.50%) and one in six in Kyrgyzstan (16%) had been two or more times. In Kazakhstan, women were more likely than men to have been on the scheme once (63.8%) compared to men (49.2%), though this was roughly even for respondents from Kyrgyzstan (W:76%; M:79.5%). For their most recent time in the UK, most workers were in England (KAZ:83%; KG:97.5%).

Qualitative interviews

Two in five interviewees recruited from Kazakhstan were most recently in the UK in 2025 (42.9%), followed by one in three in 2024 (33.33%), one in six in 2023 (14.3%), and one person in 2022 (4.8%). Four in five respondents from Kyrgyzstan were most recently in the UK in 2024 (78%), followed by one in six from 2025 (15%), and one person for each of 2023 and 2022 (4%).

Three in ten respondents from Kazakhstan were women (28.6%) and one in three from Kyrgyzstan (33.3%). The rest of the participants were men (KAZ:71.4%; KG:66.7%).

Most respondents from both Kazakhstan and Kyrgyzstan had been on the scheme one time (KAZ:60%; KG 66.7%), followed by two times (KAZ:30%; KG:22.2%), and three times (KAZ:10%; KG:11.1%).

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