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in Social Protection
and Social Inclusion

Filling the gap in long-term professional care

through systematic migration policies

SHORT REPORT

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Peer Review: Filling the gap in long-term professional care through systematic migration policies

This Peer Review in Berlin, Germany, on 23-24 October 2013, discussed the benefits and pitfalls of using migration to bridge the gap in long-term care. It was hosted by the Germany Federal Ministry of Health.

Representatives from ten peer countries attended the review: Belgium, Croatia, Greece, Hungary, Poland, Romania, Slovakia, Slovenia, Spain and Sweden. They were joined by representatives from the German Marshall Fund of the United States, the World Bank, and by the stakeholder: European Hospital and Healthcare Federation (HOPE). A representative from DG Employment, Social Affairs and Inclusion at the European Commission participated and the thematic expert was Giovanni Lamura from INRCA, the National Institute of Health & Science on Ageing, Italy.

1. The policy under review

Background – The European and international context

Europe's population is living longer, and by 2060 the number of Europeans aged 80+ is expected to reach **62 million.** Many very old people suffer from chronic diseases, frailty and morbidity, and need to rely on outside assistance in order to maintain a good quality of life. As a result there is an **increasing need for long term professional care (LTC) throughout Europe.** At the same time, the EU's working-age population will decline by 14.2% by 2060, so EU countries will not be able to rely on an increase in labour supply to meet LTC needs, and as more women enter the labour market and work longer to build up their pensions, the potential reserve of informal carers – usually spouses, daughters or daughters-in-law – is decreasing.

Faced with these challenges, many EU countries have been **filling the LTC gap in part through employing migrant care workers**. In Scandinavia and Germany this is mainly done through the official recruitment of migrant labour in formal care and residential homes, while in some Mediterranean countries (but to some extent also in Austria and Germany) families informally employ migrants as live-in carers for their elderly relatives.

The European Union is also very much aware of these problems. Within the framework of the European Semester, the European Commission is examining the national reform programmes and the budget orientations of the Member States. Based on this evaluation process, country-specific recommendations can be formulated for social protection measures, especially regarding LTC policies. Along this process the Directorates-General for Health and Consumers (DG SANCO) and Employment, Social Affairs and Inclusion (DG EMPL) are jointly working on these issues. The **DG SANCO Joint Action on health workforce** is designed to improve workforce planning, anticipate skills' needs, recruitment and retention, and promote ethical international recruitment, with a very detailed work plan of activities (agreed with Member States). Within the political framework of the Social Open Method of Coordination, the **Social Protection Committee "Age" working group** aims at making quality LTC care financially and physically sustainable and accessible to older people.

Moreover, the EU **Social Investment Package** and the EU **Employment Package** have been drawn up to tackle how to improve the design of social protection policies and systems, including LTC risks, while focusing on the investment dimension of social

protection, i.e. targeting it across life course in such a way that it maximises the benefits of social protection itself (especially allowances). Other EU initiatives should be mentioned like **EURES**, the **European Job Mobility Portal,** including a suggestion to involve private recruitment agencies. In the migration field, the EU is developing mobility partnerships in the context of the **Global Approach to Migration and Mobility.**

The German Marshall Fund's Migration Strategy Group '*Germany at the Cross Roads'* brings together key policy-stakeholders and decision-makers from the public and private sectors, across different ministries and political departments from migrant-sending and receiving countries on both sides of the Atlantic. Its aim is to develop a common understanding of designing and implementing coherent polices that unlock the full potential of migration. In 2013-2014 it will focus on a case study for potential triple win labour migration frameworks between Germany and Morocco.

The World Bank has suggested **global training partnerships** to increase the availability and quality of health care workers globally. This would involve setting up training centres in migrant-sending countries that offer training to receiving country standards. In this way, receiving countries save on cost, and sending countries improve their training system and infrastructure for local services. Students intending to work overseas are trained on the "away" track, while students intending to work locally opt for the "home track".

The German experience
The Peer Review looked at measures the German authorities are taking to bridge the gap for care workers by recruiting and training medical staff from outside the EU.
In Germany, the number of over 65 year olds will increase by 22.3 million by 2030, and those needing LTC will rise from 2.4 million to 3.4 million. In contrast, the working-age population is expected to fall by 7.5 million. While recognising that the long-term solution depends on changing social care policies, in the short term the German authorities are filling the labour shortage through the temporary recruitment of non-German medical staff from inside and outside the EU. In doing so, the German authorities are following the WHO Code of Practice of not recruiting from 'vulnerable' countries (i.e. those which lack health professionals).

Doctors
In 2012 the German authorities introduced legal changes to make it easier for non-EU doctors to work in Germany. In addition, Germany has signed **agreements with nine partner countries**, which give grants to their doctors to undertake a further five to six years postgraduate study in Germany. There are now 1,500 non-EU doctors in Germany, most of whom are expected to return home after they qualify and this has been a successful model of **circular migration**, although some doctors have experienced language, bureaucratic and cultural difficulties, and some want to continue to work in the EU.

Nurses
Germany has also introduced administrative changes to simplify the process for non-EU nurses to work in Germany and has drawn up labour agreements to enable **nurses from Bosnia, Tunisia, Serbia and the Philippines to work in Germany** and has designed **model programmes with Tunisia, Vietnam and China to train nurses** from these countries. Language and cultural issues were a challenge to some students**.**

Peer reviewers learnt of two specific initiatives in Germany that provide useful insights and experience for policy makers when developing similar programmes in other EU countries.

The 'Triple Win' Migration Programme develops training and development partnerships between medical institutions in recipient and source countries. On recruitment students receive language training and support to come to Germany, where they have jobs on arrival and receive further geriatric and elderly training in German health care facilities. When they have completed their training they receive support to return home.

It is called "Triple Win", as source (non-EU) countries improve their medical knowledge and build a better-skilled workforce, Germany increases the number of medical staff and improves social diversity and students gain job opportunities and skills' enhancement. There are schemes in Serbia, Bosnia, the Philippines, Tunisia and Vietnam, and plans for schemes in Morocco and India.

TAPiG project for Tunisian nursing personnel in Hamburg**:** this partnership between the German and Tunisian governments set out to train 150 Tunisian school-leavers as nurses in Germany. After overcoming financial and bureaucratic hurdles, the project got underway in 2012 when the first group of 25 students arrived. Although it finished earlier than planned, much has been learned from this project.

2. Key issues discussed during the meeting

Among many issues discussed the key ones were:

- **How the low status, and the working and pay conditions in Germany's LTC sector** discourage people from pursuing a career in the care sector.
- What does a comprehensive LTC staff recruitment strategy comprise, taking into account the WHO Code of Practice? How to ensure that recruiting health and care workers from **non-EU countries benefits all the parties involved**: the source and recipient countries and the students themselves?
- Is there a **mismatch** between **migrant workers' expectations and the situation in the recipient countries?** What preparation should students receive in their country of origin and what support do they need when they arrive in recipient countries?
- The issue of **mutual recognition of qualification and skills between recipient and source countries** was raised**.** Are the qualifications of those recruited fully recognised and do they benefit from the training?
- **What funding mechanisms** are needed for international care staff recruitment and who should bear the costs?
- Is it clear, in drawing up these programmes, whether the students want **circular, temporary migration** or to **migrate permanently?**
- How is the **gender element** to migration addressed?

3. Key learning elements

- In recipient countries redesign and update care services and improve pay, conditions and training in order to **raise the efficiency and status of the profession**.
- **Improve mutual recognition of professional care and medical skills and qualifications** between EU and non-EU countries.
- Draw up a **precise description of the specific tasks and professionals** required for LTC in order to **design care services** that are adapted to **old people's care needs** in a person-centred and integrated way.
- In the recipient country, **employers** should provide a list of tasks, training and conditions and align training to recognised standards and ensure efficient recruitment and permit processing.
- **Labour representatives** should also be involved in the recruitment process and help ensure fair working conditions and protect migrant care workers' right; regulations for international recruitment agencies should be taken into account.
- **Consider the bureaucracy and funding** required to recruit international care staff beforehand, including agreeing how costs are divided up between the source and recipient country and the individuals concerned.
- Draw up a **contingency plan** in case students do not migrate as expected.
- **Establish early and close cooperation with all stakeholders from the different policy areas in recipient and source countries.** This should include cultural and linguistic preparation and **either integration** in the recipient country or **reintegration** into the source country at end of training.
- **The Triple Win project** offers a good example of how to set up **global training partnerships between source and recipient countries,** by training students in the source country before they go to the recipient country for work and further training.
- Promote more **gender balance in migrant LTC policies:** at present the majority of migrants are women, and this may put a strain on families and in the worst cases cause break-up of families and breakdowns of individuals.
- Set up a **stakeholder dialogue, including migrants' groups** in recipient and source countries, to learn the views of people in source countries and to offer support to migrants in recipient countries.
- Discuss and contribute to **WHO indicators** to identify vulnerable countries.

4. Contribution of the Peer Review to Europe 2020

Europe 2020 is the EU's strategy for smart, sustainable and inclusive growth. Bridging gaps in long-term care through systematic migration contribute to this strategy in the following ways:

EU 2020 targets

- Improving the status of the LTC sector encourages more people to enter the care profession, which will contribute to **the target of getting 75% of 20-64-year olds into employment by 2020**.
- Migration of LTC workers helps to ensure that old people receive physical and mental support and companionship, so are less at risk of social exclusion, thus helping meet the fifth EU 2020 target of **fighting poverty and social exclusion**.

- Using systematic migration to fill existing short-term staff shortages, gives EU countries the time to concentrate on **research and innovation to make more efficient use of resources and improve competitiveness**.
- Updating training in medical institutions to attract migrant labour will have a knock-on effect whereby hospitals **will improve their training programmes and create more jobs**.

Flagship initiatives

- Designing and upgrading LTC so it is better adapted to older people's needs will require developing ICT and e-health so people can continue to live longer in their own homes, and will raise the status of, and interest in, the profession. This contributes to **smart growth** and the flagship initiative of developing **the digital agenda.**
- The programme under review contributes to the flagship initiative of the **European Platform against poverty and social exclusion** by ensuring older people are not excluded, giving them effective social support and improving healthcare delivery.

Social Investment Package

The EU's Social Investment Package is based on the premise that providing social protection against LTC risks offers social and economic returns and improves older people's quality of life. In particular:

- Training migrants in LTC provides more professional health and social care at home and enables **older people to live independently** for longer.

- Plugging the LTC gap in this way and giving more support to older people **reduces the incidence and overall prevalence of frailty and disability and** r**educes their dependency**.

- This policy contributes to the **European Innovation Partnership Pilot of Active and Healthy Ageing,** by removing barriers to innovative health and long-term care delivery, and strengthening work between stakeholders to extend average healthy life years in the EU by two years by 2020.