

Filling the gap in long-term professional care through systematic migration policies (Germany, 23-24 October 2013)¹

Pascal Meeus
INAMI

Olivier Grégoire
Federal Public Service – Health

Introduction

The general comments on filling the gap in long-term professional care through systematic migration policies from the Belgian panel of experts² are the following:

- The group of experts has carefully analysed the discussion paper on “Migrant long-term care work in the European Union: opportunities, challenges and main policy options” and is very pleased with the quality of the document. It gives a synthetic overview of the situation and the stakes of migration in long-term professional care in Europe;
- Most accepted opinion concerning systematic migration policies of health care workers is that migration cannot be the unique solution to the shortage of health care providers in Belgium. It is only one of the different alternatives to be considered to tackle this issue. Solution should be first found in the training of unemployed people, a better organization of the tasks (task shifting) between health care professions, improved data on health workforce planning, etc.
- Belgium is a pioneer in health workforce planning and has been leading some important projects to improve data on health workforce planning at national level, taking into account the migration of health care workers;
- One of these important projects is the Joint Action on Health Workforce Planning (<http://www.euhwforce.eu/>). The work package 4 “Data for health workforce planning” will pay special attention on migration and mobility data. It may be useful to link the different European initiatives on this subject.

What are the current situation and the recent trends concerning the lack of skilled workforce in long-term care and related migration policies in your country?

Trends in LTC demand

In Belgium older people (aged 65 and over) accounted for 17.16% of the population in 2010 (Bureau du Plan, 2011). In 2050, this group will represent

¹ Prepared for the Peer Review in Social Protection and Social Inclusion programme coordinated by ÖSB Consulting, the Institute for Employment Studies (IES) and Applica, and funded by the European Commission.
© ÖSB Consulting, 2013

² INAMI and Federal Public Service Health: LTC unit, Health professions supply planning unit.



24.50% of the population. The dependency ratio is currently 26.03% and is predicted to reach 41% in 2050. For a baseline of 100 in 2010, the number of 65+ and 85+ will reach respectively 173 and 292 in 2050 (Bureau du Plan, 2011). In other words, the number of 85+ will be nearly three times higher in 2050 than in 2010 and will represent nearly 6% of the population in 2050. This will certainly imply a higher demand in LTC. Moreover older people need more care. For example, the percentage of people 55+ using nursing home care is over 5%. This percentage reaches 21% for the 75+ (Institut scientifique de Santé Publique, 2008). We also know that currently +/- 125,000 older people (65+) live in an retirement home (*maison de repo/rusthuis*). Van den Bosch (2011) estimates that between 149,000 to 177,000 beds will be needed in 2025. This represents an increase of 1,600 to 3,500 beds per year. Finally, it seems that informal workers providing care in Belgium are not very common even if we lack data on this subject.

Trends in LTC staff provision

There are +/- 125,000 active nurses in Belgium. Among them +/- 105,000 work in the health sector: 70,000 in the hospitals, 18,000 in the retirement homes and 17,000 in the home care. In Belgium, the LTC staff can be divided in two main categories: health care professionals (doctors, nurses, nurse's assistants [*aides-soignants*]) and support workers (*aide-familiale*). The shortage mainly concerns health care professionals (general practitioners and nurses). The nursing profession is considered to be a "bottleneck profession" by the regional employment offices.

Three possible solutions are generally suggested as a means of filling the shortage of health care providers: (1) increasing the job appeal, (2) implementation of an active recruitment policy from the labour reservoir and (3) recruitment of personnel from abroad. Up to now, the current policy options in Belgium have mainly focused on the first two solutions (Wets, 2011). In order to respond to the shortage of nurses, the Minister of Health launched a National Plan in 2008 to make the nursing profession more attractive. This plan includes several actions that promote the profession of nurses in the country. No action has been contemplated at national level to specifically support migration of health care professionals and nurses in particular. It can be explained partially by the fact that the present immigration situation in Belgium is strongly regulated. Moreover migration policy is regulated by the federal level while the LTC is organised at the regional level.

The situation is slowly changing even if the proportion of migrant workers stays very low: some hospitals and nursing homes (mainly in Brussels) with staff shortages hire migrant staff through recruitment agencies or directly in the countries (mainly Tunisia, Lebanon, Romania, etc). Only few nurses are hired each year through this channel (usually max. 20 nurses per country). Hospitals reported positive experiences of hiring migrant staff but it requires additional attention for the integration of the candidate in Belgian society, in language learning, in administrative issue, etc.

EU-citizens can freely move to Belgium for labour purposes. It implies that hospitals and LTC organisations directly hire foreign workers to fill in their lack of qualified health workers. In the last years, the majority of migrant nurses have come from France, The Netherlands, Portugal, Romania, Poland and Spain. In 2007, the Ministry of Health delivered 208 rights to practice to EU citizens and 1,169 in 2012.



What should a comprehensive LTC staff recruitment strategy include, for example to prevent demographic impoverishment, "drain" or "cultural clash" effects etc.?

- The old age dependency ratio in some countries of origin indicates that the recruitment of care staff from these countries might entail (future) difficulties in meeting the requirements to care for their own ageing population. Does your country experience such a situation?
- How to improve the mutual recognition of professional LTC qualifications and, a closely related issue, the promotion of LTC training?

Belgium has no official and comprehensive LTC staff recruitment through migration policy. However Belgium has signed the WHO "Global Code of Practice on the International Recruitment of Health Personnel", but few controls have been organised to monitor the application of the Code of Practice.

Concerning the mutual recognition, Belgium does apply the European Laws. The mutual recognition of professional LTC qualifications should be done at European level.

In a medium-long term perspective, should the focus be on strategies to promote "integration" in destination countries, or rather on return in source countries? What are the socio-economic implications of the two options?

In Belgium, the option currently being used is the active promotion of the integration of health workers, except for a specific group of medical doctors who arrive in the country within the framework of development exchange programme (art 43 ter of the Royal Decree n°78).

In the workplace, there is no distinction between national and immigrated health workers. They have to work with the same quality standards and have also access to continuous training.

Which specific steps can be most effective in promoting gender balanced opportunities when implementing policies for migration in LTC?

In Belgium, the majority of LTC health workers are women. This is related to a larger problem of gender equality in society. Actions have been taken at federal level to promote gender balanced opportunities but none are directly related to migration in LTC.



Bibliography

Bureau fédéral du Plan, SPF Economie, PME, Classes moyennes et Energie. 2011. Perspectives de population 2010-2060, Bruxelles.

Compte rendu de la conférence : La migration: solution aux pénuries de personnel dans le secteur des soins de santé? Fondation Roi Baudouin, Bruxelles, 7 décembre 2011

Institut Scientifique de Santé Publique. 2008. Enquête de santé par interview, Belgique 2008, Bruxelles.

Van den Bosch K, et al. (2011), Soins résidentiels pour les personnes âgées en Belgique: projection 2011 – 2025, Bruxelles. KCE reports 167B.

Wets Johan & Tom De Bruyn (2011), La migration: la solution aux pénuries de personnel dans le secteur des soins et de la santé? Bruxelles: Fondation Roi Baudouin.

