MIGRANTS TAKE CARE

Enhancing the Employability Skills of Migrant Care Workers

Migrants take Care Project is coming to its end

After more than two years of collaboration between Italy, Greece, Germany, the Basque Country (Spain) and Northern Ireland (UK) our project is coming to its end date. However, all partners agree that this project is just another milestone on a longer road for achieving social and labor integration of migrant care workers in the care service sector. For the moment, let's have a look on the project's results:

Tailored training Toolkit

Migrants are often employed under semi-legal or even illegal conditions, partially because they are missing a formally recognized certificate in the host country or partially because they have never been formally trained for care work. Unfortunately, there doesn't exist any formally recognized training qualification on a very low training level (EQF Level 1) that (low-qualified) migrant care workers could access. This is why the MtC-project team decided to design such a qualification description, using the ECVET methodology which promotes transfer, recognition and accumulation of an individual's learning outcomes.

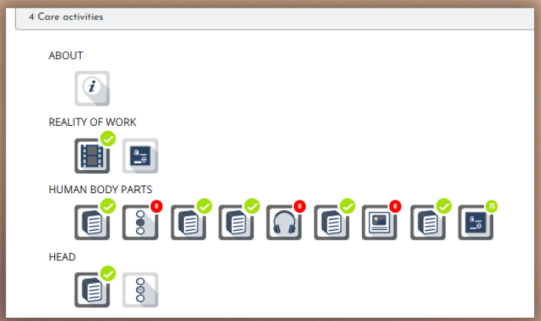
Unit	Title
U1	The National Care System and the Role of the Care Worker
U2	Principles of Personal and Professional Development in Care
U3	Principles of Communication in Adult Care Setting
U4	The Care Value base for Health and Social Care
U5	Awareness of Health and Safety in Health and Social Care
U6	Principles of Safeguarding in Health and Social Care

We defined 11 Units that display the competence areas of a care worker caring for elderly persons in residential care settings but moreover in home care settings. The MTC-qualification matrix especially addresses the needs of migrants by including the perspective on intercultural bias, employment rights, skills assessment tools and the aspiration of migrants to progress towards higher qualifications. Each Unit contains several Learning Outcomes (LOs), which are defined through a set of knowledge, skills and competence descriptions.

Finally, the team included in each unit a LO linked to "cultural bias". This MTC qualification version was shared with internal professionals and external experts. Project members gathered feedback and adjusted the matrix again.

Migrants take Care – U7 Body Systems and Common Conditions with Aging	Learning hours	Competence	
	6	Knowledge	Skills
7.1 Basic physical and psychosocial changes	4	follows clear instructions regarding the care provided for common conditions in elderly people	
		is able to explain the basic physical and psychosocial changes associated with aging	is able to identify basic physical and psychosocial changes associated with aging of an elderly person
		is able to explain difference between a healthy way of aging and an unhealthy aging	is able to adjust caregiving to address a range of physical and psychosocial changes that occur with the aging process
7.2 Process of ageing in different cultural contexts	2	reflects his/her own cultural perspective and experiences in comparison to the cultural elements of the client	
		is able to identify prejudices and stereotypes of ageing that may be different in another cultural setting	is able to reflect on his/her own cultural prejudices and stereotypes against elderly people
		understands different perspectives on aging according to different cultures	Shows respect to the experience and opinions of elderly people.

Finally, the project team designed for each Learning Outcome a training module that includes many interactive training tools that can be implemented in formal and non-formal training settings and be adapted to the specific training needs of each migrant target group and the context in each partner country. The interactive tools include skills assessment activities which are important in terms of personal empowerment of migrant care workers. Given the fact that many migrant care workers are working and have little free time, each module has a max. duration of 4 hours. Additionally, the toolkit can be completed by an Online Work-based Language Course, offered on a Moodle platform, that contains many activities to practice vocabulary, sentences for specific workplace situations and real-life work situations.



The Toolkit is available in all partner languages and can be downloaded from the MTC project webpage: www.migrantstakecare.eu

Unfortunately, due to the outbreak of the Pandemic, partners were not able to implement the training toolkit with a pilot group of migrants. However, the project team is looking forward to undertake case studies whenever the situation makes it possible again.

Co-funded by the Erasmus+ Programme of the European Union

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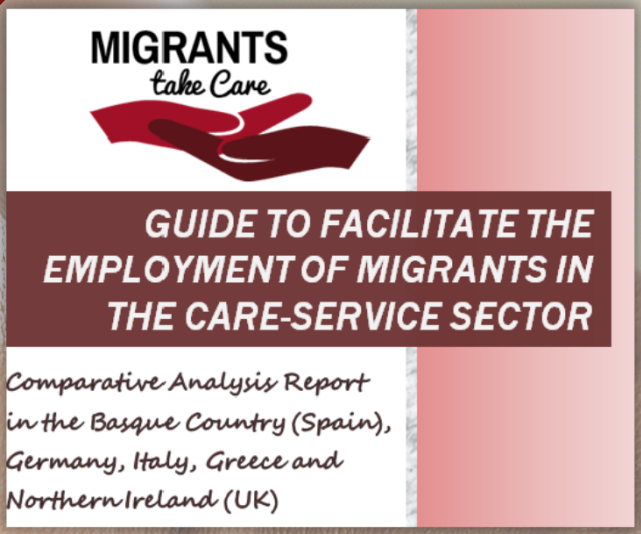
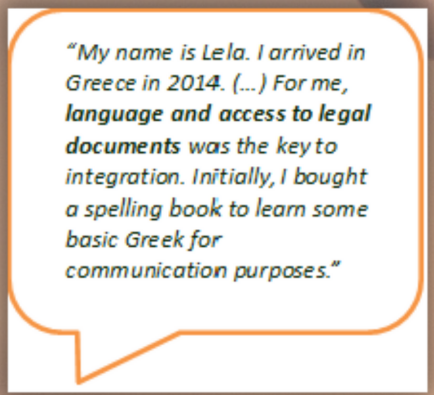
Online Handbook for Care Service Providers

By capturing the main results and experience of the project, the project team created an online and country-specific handbook for the care service providers and institutions in order to enhance job integration of migrants:



First, partners independently analyzed and brought together the information relevant to the structures of the public and private care sector as well as the existent services offered in residential and individual care, demonstrating the complexity and diversity observed in the care service sector on a European level. But there is one general similarity in all partner countries: The care model of "woman-in-the-family" has developed over the years to the "migrant-in-the-family".

Second, partners set up a country specific employment guide to facilitate the employment of migrants that explains the administrative procedures, documents to hand in and the process to follow for the migrant target group in each partner country. The guide is designed as an interactive online handbook with different questions and drop-down chapters to guide the care provider through each step in the recruitment process. The handbook is available in a full version in each partner language and in a reduced version in English on the project webpage.



Third, through interviews with migrant care workers, care and training providers and health care/social care organization, the partners gathered success stories and good practice examples that focus on different aspects such as training background of migrants, on handling discrimination at workplace and on resolving communication problems.

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HOW THE MIGRANT CARE WORKERS FACED ALL THE DIFFICULTIES DURING THE PANDEMIC

The COVID-19 crisis added a considerable burden on migrant care workers who are responsible for their employer's home and personal hygiene, running errands in the public sphere, and implementing national guidelines, while simultaneously safeguarding their own health. The COVID-19 pandemic and the measures put in place to curb the spread of the disease within and across countries have caused disruptions in labour markets and population mobility, which have harmed the health and livelihoods of many migrant care workers. According to the Migrant Rights Network the pandemic has worsened conditions for care workers, and that racism underpins much of the negative treatment, which includes increasing labour exploitation and unpaid wages. Taking account the described situation, what are the difficulties that migrants care workers face during the pandemic and how do they handle them in partners' countries?

Greece

Migrant care workers have faced and continue to face a number of difficulties during pandemic. Taking account that they typically come into contact with vulnerable groups, there is always a risk of transmitting the virus to and from beneficiaries. Another parameter that complicates the working status of migrant care worker is mobility's restrictions. After the adoption of new measures, in addition to the simple sending of a relevant message, the demonstration of relevant supporting documents by employees is required. A parameter that creates more difficulties for migrant care workers, especially those working informally and uninsured. Moreover, migrant care workers who are uninsured and working informally were excluded from government emergency benefits granted regarding the pandemic. These conditions have led many care workers to seek counseling options (using Skype) for vulnerable groups through relatives or to choose another form of work in order to be able to make a living in the midst of these difficult conditions.

Spain, the Basque Country

In the Basque Country and Spain, migrant care workers, who are living at the homes of the elderly as fulltime in house care workers, were less affected by the crisis than migrants who care for specific hours a person at home. In this case, employers or the elderly person were afraid that the care worker would bring the virus inside the house and fired the worker or obliged the care worker to confine themselves completely to the house where they work. This situation supposes an emotional, physical and mental overload by working practically 24 hours a day without being able to disconnect. Almost half of the migrant care workers in Spain got unemployed during the Pandemic or had to reduce the working hours. Although the Spanish government offered an extraordinary subsidy for people working as household employees, around 33% of migrant care workers in Spain work informally and therefore have no access to subsidies. Another problem is that informal care workers or caregivers employed as housekeepers are not considered as healthcare workers and therefore don't have direct access to PCR-tests. They are not taken into consideration for (early) vaccination neither.

Italy

AMSI estimates that about 77,500 foreign-born health professionals currently work in Italy, including 22,000 doctors, 38,000 nurses and other migrant health care workers, many of whom have been educated in Italy. Most are self-employed or employed in the private sector, often in less secure positions. Only 10% are employed in the public sector. Residential care and the traditional solution for home care, based on informal care and migrant care workers directly hired by households, seem to show all their limits to cope with needs in Italy during the pandemic. In Italy, migrant care workers are handling with a massive economical and professional pressure, taking account that Italy recording the second-highest death toll in Europe. The strictly measures taken by the Italian public authorities in order to cope with the pandemic crisis have created various obstacles to the migrant care workers' professional activities, especially to the self-employed. As a result, the majority is facing several economic difficulties.

Germany

Migrants working in live-in care arrangements in Germany are mostly from Eastern European countries. They work in rotation, coming and going back to their home countries. Germany allowed an exception for crossing the border for migrant care workers, but many live-in carers extended their rotas, facing worsened working and psychological conditions (stay at home during free times, no relieves, isolation etc.). Unofficially, several strategies were adopted to keep the rotation system working, e.g. no obligations of quarantine for migrant care workers, less border controls at Polish border etc. However, many migrants were not able to return to their workplace and did not receive any subsidies from the governments, as their work contracts are not German.

N. Ireland

The Coronavirus pandemic has undoubtedly placed a great strain on all care workers in the UK and perhaps even more so for migrant care workers who are often isolated and lacking support networks. In the UK migrant workers are registered legally to work in care settings and therefore have good employment rights, subsequently job losses have not been a problem. The greatest challenge faced by migrant workers as a result of COVID-19 has been the impact on their mental and social well being. There are varying degrees of employee wellbeing programmes available for care workers depending on the sector they work (public, private or voluntary). Working patterns such as care in the community versus working in a care home also impacts on social contacts and support. Informal carers are less regulated and certainly do not have income or employment rights however, such carers have played a significant role within the community care sector and often at great risks due to the pandemic (for example, no access to PCR tests and PPE).

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LABOUR SHORTAGE IN THE CARE SERVICE SECTOR

The EU and many other countries in the world are heavily affected by the Pandemic. One reason why the Covid-19 virus did cause so much harm to the European societies is the constant labour shortage in the care service sector. Indeed, it took a global lockdown to realize that care is embedded in every aspect of our life. Unlike the mainstream capitalism ideas, the functioning of social cohesion and of our economies is depending heavily on care. However, those who are working currently in the care sector have been among the lowest paid workers, and the majority of care workers in the care of elderly are migrants, often working informally and under precarious conditions. The EU published in 2020 "A caring society is the blueprint for ensuring our Union emerges from the current crisis stronger, more united and with greater solidarity than ever." So what? When looking at the partner countries of MTC-project, did governments adopted any measures to overcome the labour shortage in the future?

Greece

It is worth mentioning that in the context of Greek case, there is a labour shortage in the care service sector due to the constant economic crisis (since 2010). During the pandemic crisis, in many cases the shortage of staff and especially in public health agencies hampered the efforts to address the pandemic and to manage the proliferation of cases and deaths. The greek government was forced by to take urgent measures. An emergency recruitment was announced in order to deal with the pandemic crisis. However, these are recruitments for a specific period of time and did not take into account the thousands of migrant care workers already working informally in the care sector.

Spain, the Basque Country

Just before the Pandemic, the Spanish government discussed new structural reforms in the migration policy that should adjust the current legislation to the labour needs – but since the outbreak of Covid-19, the discussion on this issue stopped. When looking on the Basque Country, the new Strategic framework for 2021-2024 announces more investments in the healthcare sector by building a linkage to the concept of "silver economy" but without mentioning the "informal economy" of this sector. The most visible measure taken by the national and regional governments to face the care crisis has been the digitization of the healthcare services, e.g. by shifting face-to-face patient care to online or telematic care and monitoring. Unfortunately, until today no strategy has been adapted to improve the working conditions of migrant care workers.

Italy

Italy was hit hard by the first wave of the COVID-19 and the outbreak amplifying existing social problems and inequality, especially in the public health care sector. Years of budget cuts and an aging workforce have resulted in serious staff shortages at care service sector across the country. With battling a second COVID-19 wave, Italian hospitals were desperate for additional care staff. Some local health authorities opened up hiring practices to migrant workers in the care sector. In addition, the government passed a pandemic decree early in 2020 known as Cura Italia, which temporarily opened up public jobs to all foreign-born medical staff with a work permit. Furthermore, under article 38 of Italy's public sector employment legislation, which dates back to 2001, EU citizens, permanent residents and those living with refugee status or humanitarian protection have the right to work at public hospitals.

Germany

At the beginning of the outbreak of the Pandemic, care workers in Germany were applauded for sacrificing their health to take care of the elderly population, an additional one-time payment was paid to healthcare workers and the federal state created new jobs in the care sector. However, all measures that were taken were short-term solutions without improving the working conditions of both transnational migrant live-in care workers and nationals on a long term perspective. It was failed to recognize that fighting the labor shortage in the care sector through taking advantage of the differentials in wages between Germany and the Eastern European countries is a very fragile solutions that builds on inequalities and precariousness.

N. Ireland

Before the Coronavirus pandemic, there was already a labor shortage in the care sector. Recruitment and indeed retention of care staff had been an ongoing problem with Government and local regulatory organisations working to fill this skills gap. Undoubtedly COVID-19 has impacted on this recruitment drive as focus has been placed elsewhere. In addition, Brexit has also impacted on migrant workers either staying or coming to the UK to work in the care sector. The care sector has highlighted this as a great risk with local Governments and the situation is currently being looked at and strategies developed to help improve the labor shortages in the care sector.

Find more

Migrants Take Care migrants_take_care

www.migrantstakecare.eu

The Partnership

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