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SITUATION OF MIGRANTS IN THE CONTEXT OF OUR PROJECT "MIGRANTS TAKE CARE: Enhancing employability skills of Migrant care workers" (2018-2020)

The following observations had been made by the Project Partners from the Basque Country (Spain), Italy, Greece, Northern Ireland (UK) and Germany in order to identify the specific challenges of the target group that will be addressed throughout the lifetime of the project:

EU Statistics on migration

As current statics has shown (e.g. Eurostat), the percentage of young migrants neither without employment nor in education and training (NEET) has increased over the past years, with the highest share in Greece (43.8 %), Italy (35.7 %) and Spain (34%). Especially the **employment rates** for female migrants born outside the EU is significantly lower (33%) in contrast with EU-born female migrants (50%, Eurostat), the lowest employment rates for migrant females has been observed in Italy (26%) and Greece (22%). When looking at the **poverty rates for migrants**, one can realize that they are coinciding with the NEET statistics, as the highest poverty rates for migrants are observed in Greece (75%), Spain (54%) and Italy (50%). These figures show clearly the relation between employment and social inclusion and the needs to enhance access to employment especially for female migrants. In addition to that, especially young migrants and refugees with a low educational level are often exposed to worse working conditions and exploitation, partly forced into illegally work for the lack of adequate trainings or validation of previous work experience. As their socioeconomic situation is crucial for their social integration and essential for well-being, many citizens are in risk of social exclusion.

Labor market

Latest statistical data proves that the migrant labor demand is not only concentrated on the high-skilled workers, but that the demand for **low-skilled sectors** such as cleaning or caring jobs for women is becoming more and more important. Especially hiring migrants for domestic work has significantly increased in many European countries, among them specially Greece, Italy, Spain and France (Robert Schuman Centre for Advanced Studies, 2015). However, migrants are often employed on a semi-legal or even illegal condition, partially because they are missing a certificate of their knowledge or in many cases have not received any training to get prepared for their workplace.

Care Services Sector

According to a study published in 2008 by the World Health Organization about "Home Care in Europe", the **demand for home care services** will increase due to the ageing society, fragmentation of traditional families, and the trend to a more user oriented service. "However, there is a growing concern of global shortage in the supply of home care workers. Trends indicate that, (…) the crisis will increase in the future. Immigrants are seen as a plausible answer to this problem", (WHO: Home Care in Europe, p. 11). In fact, the proportion of workers employed in domestic position who are migrants has increased. However, most of the migrant caregivers "are not licensed and work outside the oversight of regulatory bodies, and concerns about the quality of care have thus been raised." (ibid.). Therefore, the WHO advices policy makers and care service providers to (better) qualify these migrants, in order to minimize the share of irregular workers and

compensate the educational and social disadvantages of migrants employed in the care sector.

Origins

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Migrant care workers come from many different countries of origin; however, there are some trends visible. In Northern Ireland, Italy, Greece and Germany there are many care workers from **Eastern European countries** such as Ukraine, Bulgaria, Poland, Albania. In Basque Country the migrant care workers originate predominantly from Latin American countries, such as Nicaragua, Colombia and Honduras. In Northern Ireland/UK there are also many migrant care workers from the Philippines, India and some African countries such as Nigeria and Somalia. Thus, we can recognize influences from the following general trends: regional migration within Europe from the East to the West on the one hand and migration from countries which share (through **colonial history**) the same language as the European host country on the other.

Language spoken

With regard to the language, we note that mostly in Germany the language forms a barrier, while in the other countries the migrant care workers either already have the required language knowledge or have the possibility to learn it fast, or can start working despite low language proficiency. However, in all countries there is a need for migrant care workers to acquire **technical** (work-specific) language.

Where do they mostly work and how do they find a job in this Sector? What are their qualifications?

Residential care

In the UK/Northern Ireland, Germany and to some extent Italy, it is more common to have residential care centres, which are **highly regulated**. Therefore, in general the migrant care workers are working in the formal (residential) sector. They find jobs through agencies, (online) vacancies and job centres. While many migrant care workers in Germany and Northern Ireland have enjoyed higher education (in other fields than care) or informal qualification or work experience, there are trainings available for them.

Domestic Care

In the Southern European countries; Greece, Italy and Basque Country, it is more common for the migrant care workers to work in domestic care, where there is often **less strict regulations** and less (governmental) oversight on whether the rules are followed in the workplace. They are quite often directly employed by the families.

Training and Education

Most Migrant care workers have finished **Secondary Education** in their home countries, but it had been mentioned by the partners that there is an increasing amount of Migrant care workers coming, who have followed some form of higher education, but often not validated and very often not linked to the care sector. However, many of them have informal previous work experience. They find a job through informal contacts or job vacancies. There are also some agencies active which prepare or recruit workers in their home country and send them to an employer in the host country. These kind of agencies can play a supportive or exploitative role for the migrant care workers.

Reputation of Care work

Care work has a bad reputation in most countries due to the relatively **bad work conditions**. Performing the work of a caregiver is often seen not as the ideal vocation, but rather as the only option for these migrant women to make a living in the host country. Since there is an increasing demand for elderly care, there are relatively many job openings and few nationals who want to work in this sector.

Gender

We wanted to know a little more about the personal situation of the migrant target group and consulted Care Providers and Migrant Organizations. The overwhelming majority of migrant care workers in our project countries are **female** (at least 80% as found in our questionnaires). However, in Germany and the UK, the number of male (migrant) care workers is increasing.

Marital status

We learned that most of the Caregivers are married and have several **children**. Many of them don't have their children with them, but left them in their home country in order to support them financially with their income. This is often a temporary situation (during several years) until either the family moves to the host country or the migrant care worker moves back home.

Care chain

In interviews with migrant organizations they emphasized that the situation of living separated from their family, financially supporting them combined with the intense, challenging work (especially in home care), creates a lot of pressure on migrant care workers.

This reflects exactly the results of other researches on the topic: migrant caregivers resolving the need of EU care while at the same time creating a new need of care in their home country: thereby creating a global care chain.

Prejudices

We also wanted to know more about the situation of **social exclusion and discrimination** the migrant caregivers are suffering from in the host countries.

In interviews with migrant organisations the following came to the fore, regarding bias or stereotypes migrant care workers face **in their job search**:

There exist several prejudices about what type of person

would be inherently suited to take care of elderly people. There exists a huge bias against **men** and in favor of women, who are perceived as by their nature more caring, and therefore better suited to take care of elderly people. Furthermore, there also is discrimination towards certain nationalities. For example, migrant organizations in the Basque country told us that employers prefer women from Latin American countries, as they think that the Latin culture is more soft and caring (towards elderly). Especially people from African countries are discriminated against. In many of the partner countries women who wear a hijab also have more difficulty to find a job, often it is assumed that they will not be willing to carry out tasks which require physical contact.

Discrimination

Also **while carrying out their jobs** migrant care workers may face discrimination and social exclusion. This is especially the case in irregular work situations, where the migrant care worker is not protected by a legal contract or is too dependent on the employer due to her/his insecure legal status. Work conditions in the health sector in general can be difficult (such as in Germany, there is often no paid overtime for residential care workers) or exploitative (such as in Basque country where especially live-in care workers have very long workweeks under legal contracts, yet still often get exploited beyond those limits: for example they may be denied free days). This can also lead to social isolation of the migrant care workers. There are also cases of racist behaviour of the employers, especially when the migrant care worker is in a dependent/illegal work situation.

Training programs

With regards to the multiple **challenges for integration** in the host country for the migrant target groups, we noticed, that in some countries, such as Germany, UK or Italy, there are public programs to prepare and assess migrants for a job in the care sector but mostly available only for migrants in a regular situation. This is very different to the situation in Greece, where training migrants is very often perceived as to give them an unfair advantage on the job market compared to the local population.

Validation

One major challenge for migrant care workers is to pass the bureaucratic process of **validating the previous work experience**, qualifications and education from their home country.
Since it is so difficult to obtain validation of previous qualifications and work experience, it is also difficult for migrant care workers to **access health care education and training**. Especially since for many of these studies or trainings it is obligatory to prove previous qualification. Other reasons why access to education or training is difficult for migrant care workers working in the informal sector are their legal status, especially if they do not have a visa with work/study rights. Secondly, especially the live-in migrant care workers have such long workweeks that it is impossible to follow any classes which need regular attendance (besides that they only have very little free time).

Understanding the **cultural differences** especially in relation to work culture and specifically health care are another challenge for migrant care workers, and this is one of the reasons why we will integrate this topic into our training toolkit. The topic is often overlooked, however proofs very important for successfully fulfilling the role of care worker.

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ABOUT Find more information on our project under
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