"Long-term care in Europe – discussing trends and relevant issues"

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The role of migrant work in the LTC sector: opportunities & challenges

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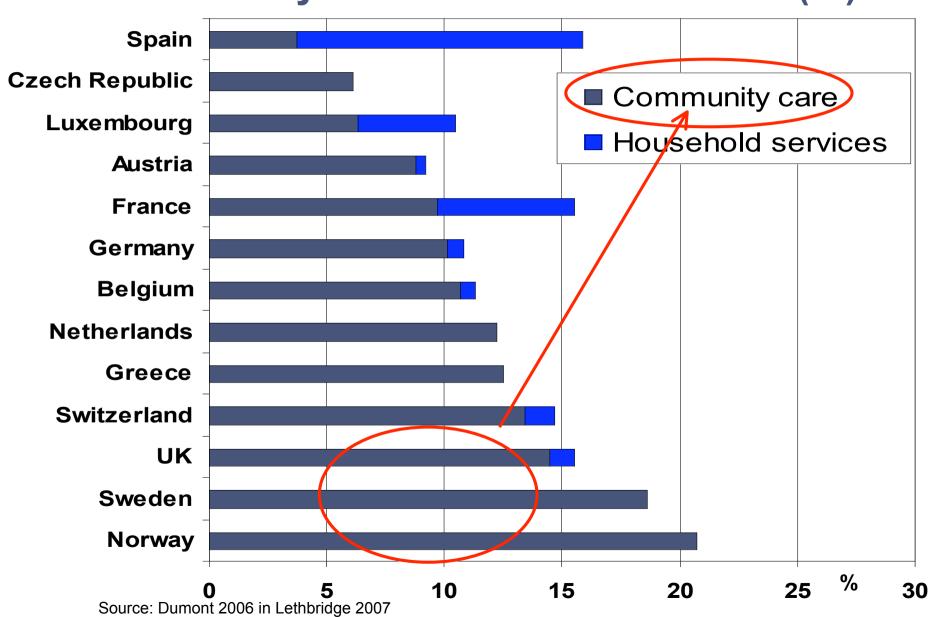
The migrant care workers' perspective

■ Inal remarks

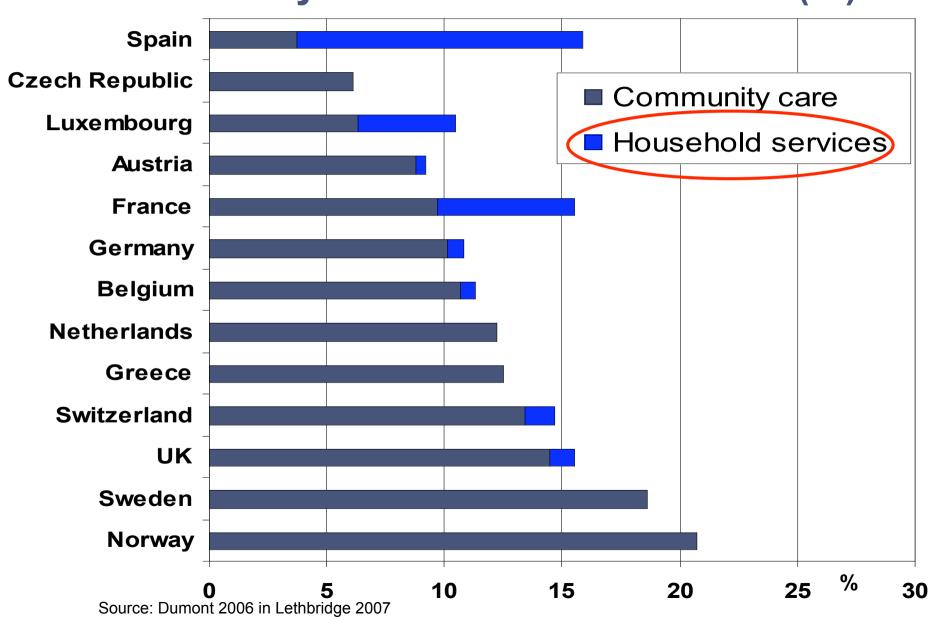
1. Employment of migrant care workers in LTC

- Italy: 13% of households caring for older people employ privately migrant care workers (Lamura et al. 2008);
- **Greece**: 26% of migrants (but 80% of women!) are employed in personal care/household services (2007);
- **Spain:** permits for domestic work to foreigners raised from 33.000 in 1999 to almost 230.000 in 2006;
- **Turkey**: "it has almost become normal to employ Moldovan [& Bulgarian] domestic workers in private households" (Kaska 2006 in Suter 2008);
- Israel: Currently about 1out of 3 frail elderly persons employ a migrant live-in homecare worker (lecovich 2009)
- Austria: over two thirds of home care workers have a migration background (Wiener Institut für Sozialpolitik, 2008)
- Germany: estimates speak of 100.000 care migrants (DIP 2009)
- **UK**: 16% of home carers are foreign-born (Rawles 2008);

Foreign-born workers in community and household services (%)



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2. Home care workers in Italy by nationality

	Total	with foreign nationality	%
1991	181.096	35.740	16,5
1995	/ 192.942	67.697	35,1
2000	256.803	136.619	53,2
2001	268.730	139.505	51,9
2002	541.098	409.307	75,6
2003	542.651	411.425	75,8
2004	502.547	371.830	74,0
2005	471.085	342.065	72.6
2007	774.000*	700.000*	90,4*

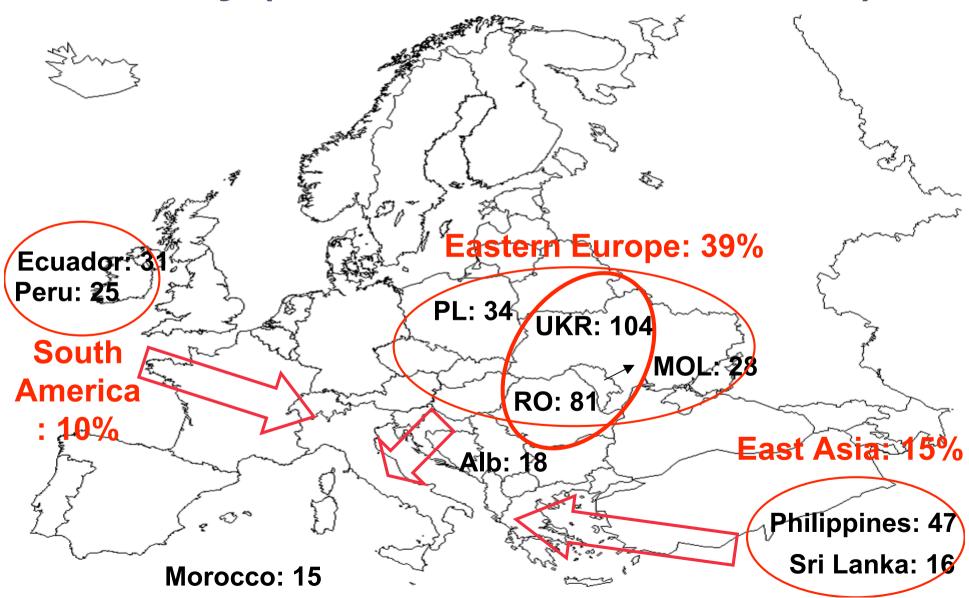
^{*:} estimates

Current trends in Italian elder care

- 1. high and further increasing demand of elder care
- 2. decreasing availability of <u>informal</u> care ...but still strong "familistic" orientation on elder care
- 3. insufficient/inadequate provision of <u>formal</u> care in-kind (residential care: 3% of over 65 population; home care: 4-5%)
- **Ecash" oriented welfare state:** cash-for-care benefits rather than inkind services. Dependent persons can receive **care allowances** from:
 - the State: disability pension (means tested: 238 € /month)
 - care allowance (universal: 450-700 €/month; received by 10% of 65+!)
 - many local authorities (usually means tested: 300-500 € / month)
 - → totally summing **up to 800-1.000** € / **month** (average income of older Italians living alone: 1070 € /month), whose use is fully free

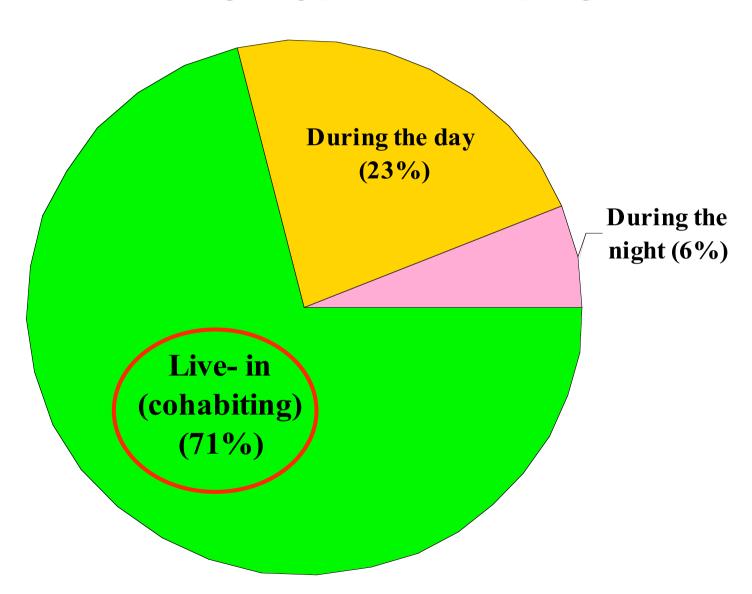
→ strong public, implicit incentive to privately employ migrant care workers, coming from all over the world:

Countries of origin of domestic workers in Italy (thousands: 2003; %: 2005)



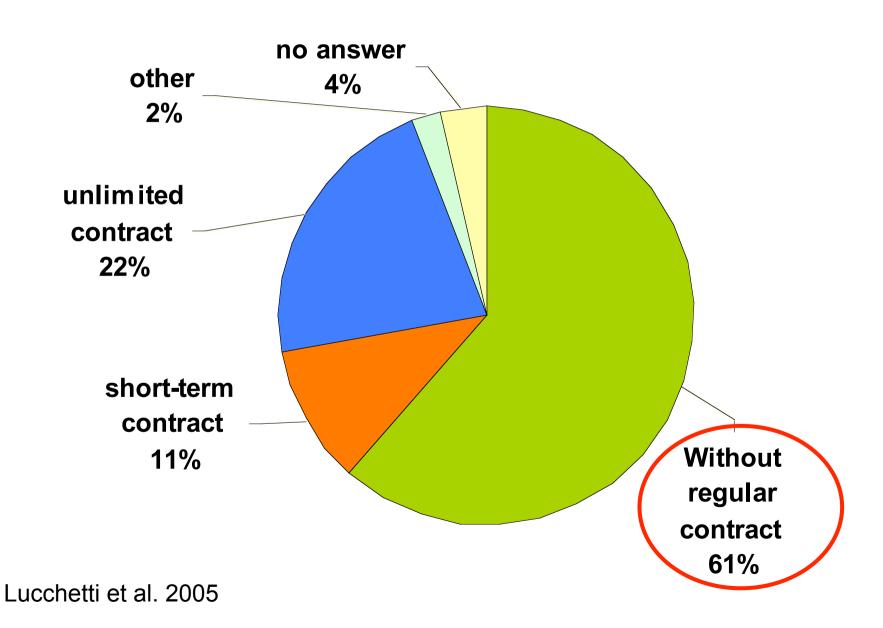
- → strong public, implicit incentive to privately employ migrant care workers:
- often **cohabiting** with the older person, to ensure a 24-hour/day, 7-day/week supervision;

Italian households with a migrant home care worker by "type" of employment



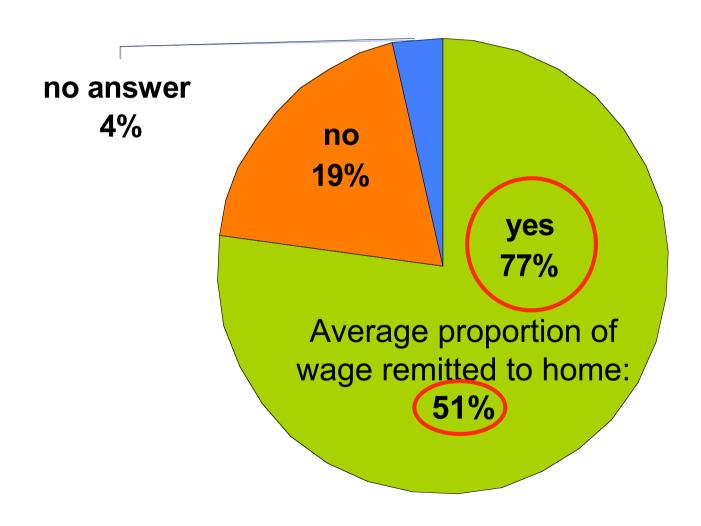
- → strong public, implicit incentive to privately employ migrant care workers:
- often **cohabiting** with older person to ensure 24-hoursupervision
- low costs, thanks to:
 - the undeclared basis of employment (illegal immigrants or legal ones without contract providing full time, live-in care earn 900-1000 €/month);

Migrant home carers by kind of employment contract



- → strong public, implicit incentive to privately employ migrant care workers:
- often cohabiting with older person to ensure 24hoursupervision
- this keeps costs low, also due to:
 - the undeclared basis of employment (illegal immigrants or legal ones without contract providing full time, live-in care earn 700-900 €/month);
 - wage differentials with migrants' home countries (e.g. less than 100 €/month for a nurse in Ukraine and Moldova);

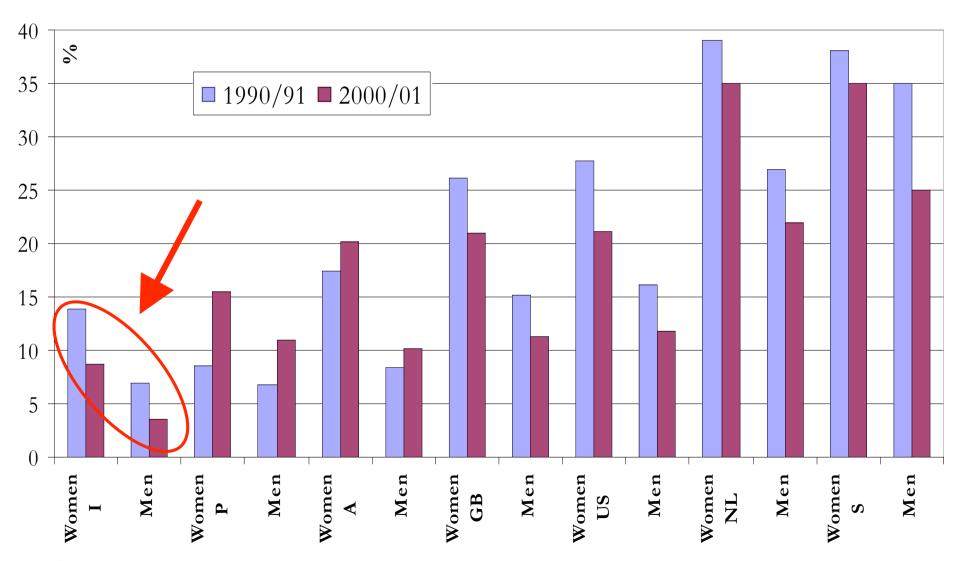
Remittances of migrant care workers' earnings to home country



Lucchetti et al. 2005

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- economically convenient compared to residential care (1.500-2.000 € / month) → further decrease in already low use of residential care

Over 85 year old persons in residential care (1990-91 vs 2000-2001)



Source: Tomassini et al. 2004

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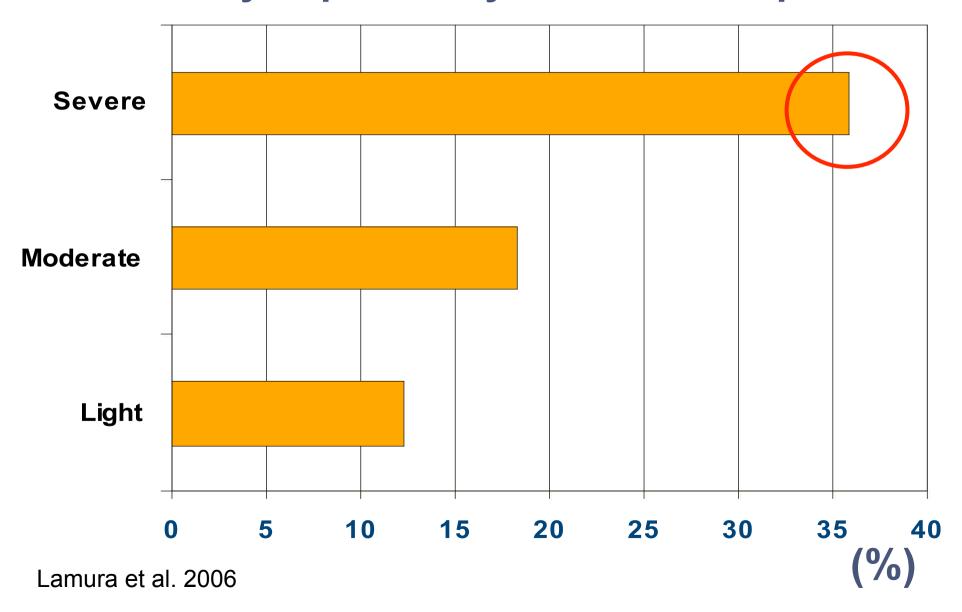
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 - training and accreditation of migrant workers in combination to local care allowances

3. The perspective of family carers:

why do families employ migrant care workers?

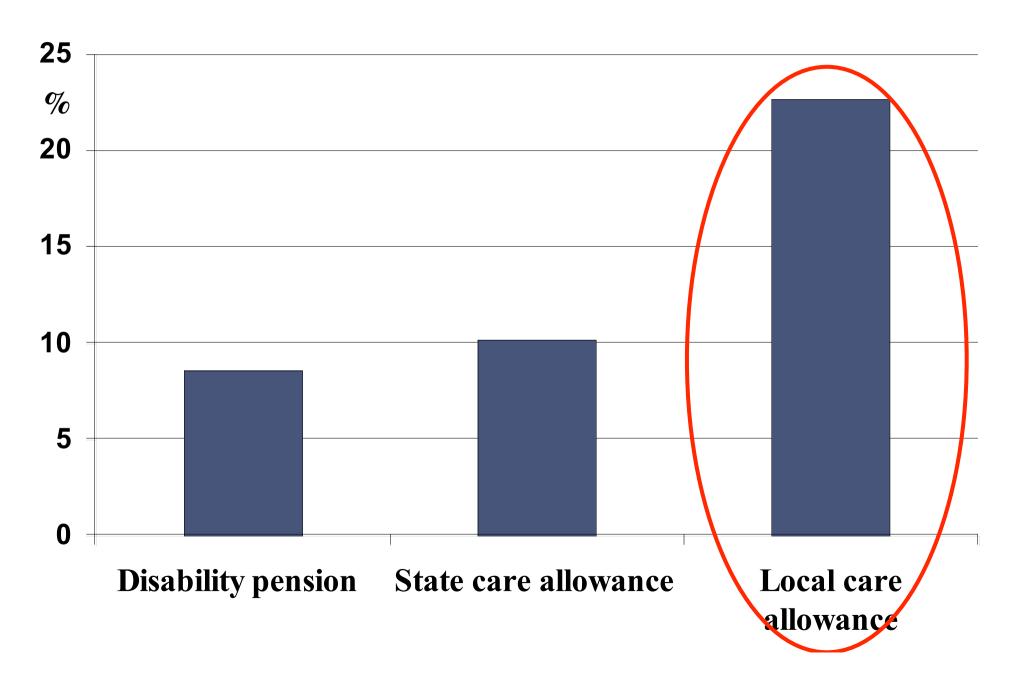
Italian households employing migrant care workers by dependency level of older person



Families employing migrant workers, by income level of older person and of family carer



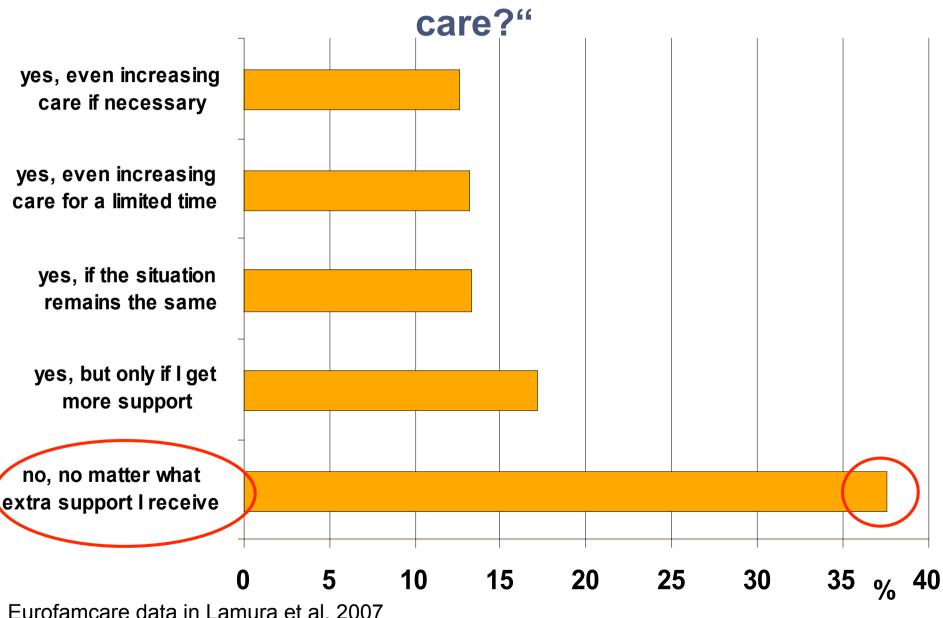
Families with migrant carers, by types of received allowances



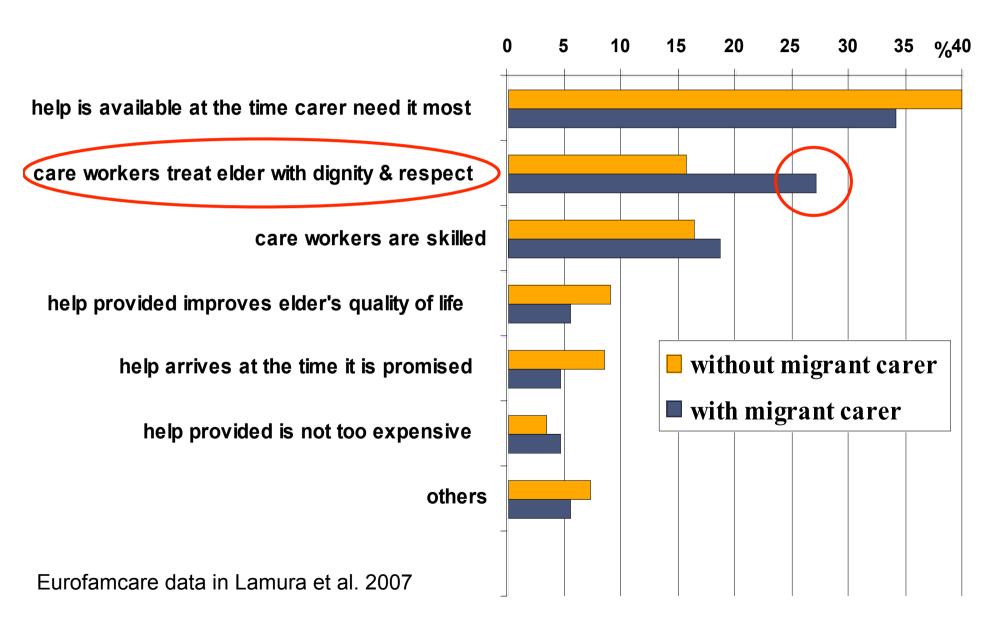
Carers employing migrant workers, by relationship and working status



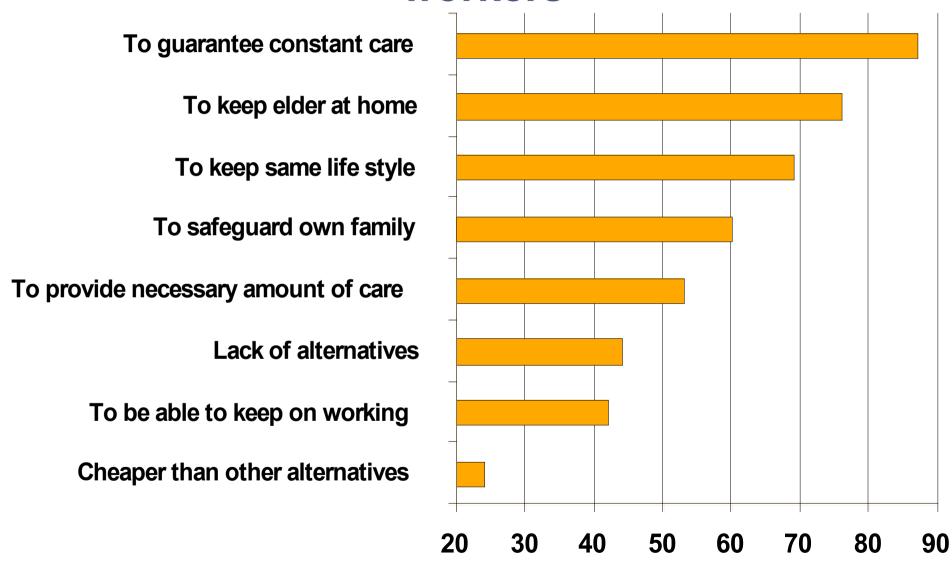
Carers employing migrant workers by answer to question: "Are you willingly to continue providing



Carers employing migrant workers, by service characteristics considered most relevant



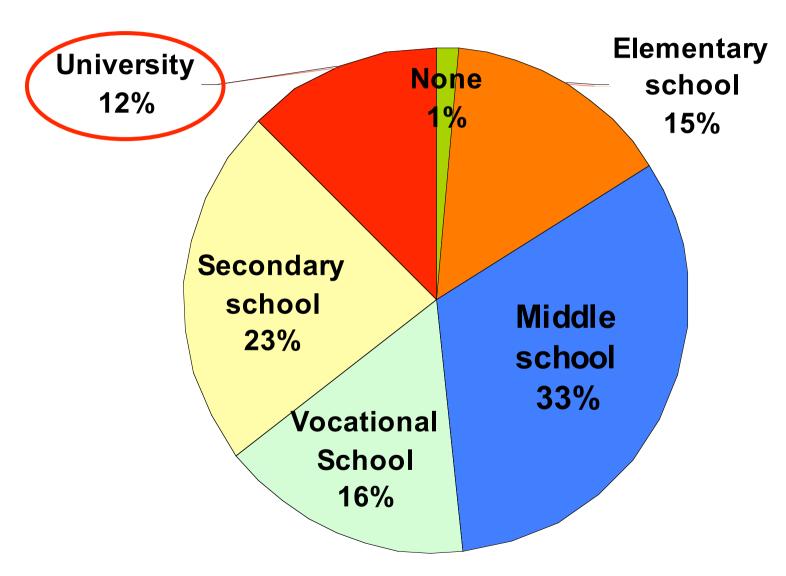
Families' motivations to employ migrant workers



Source: Spano 2006

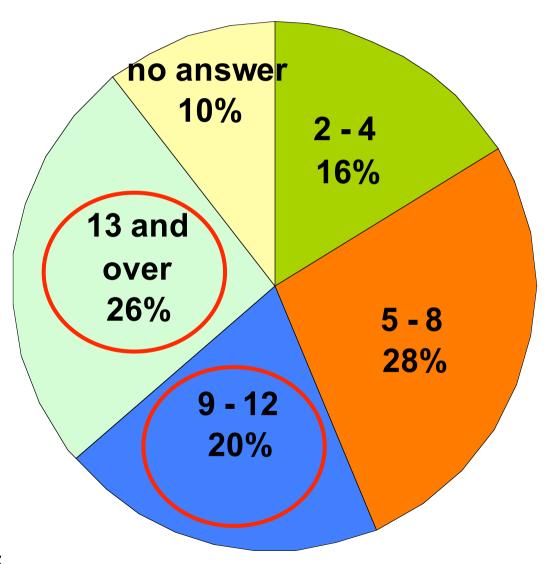


Migrant home carers by educational level



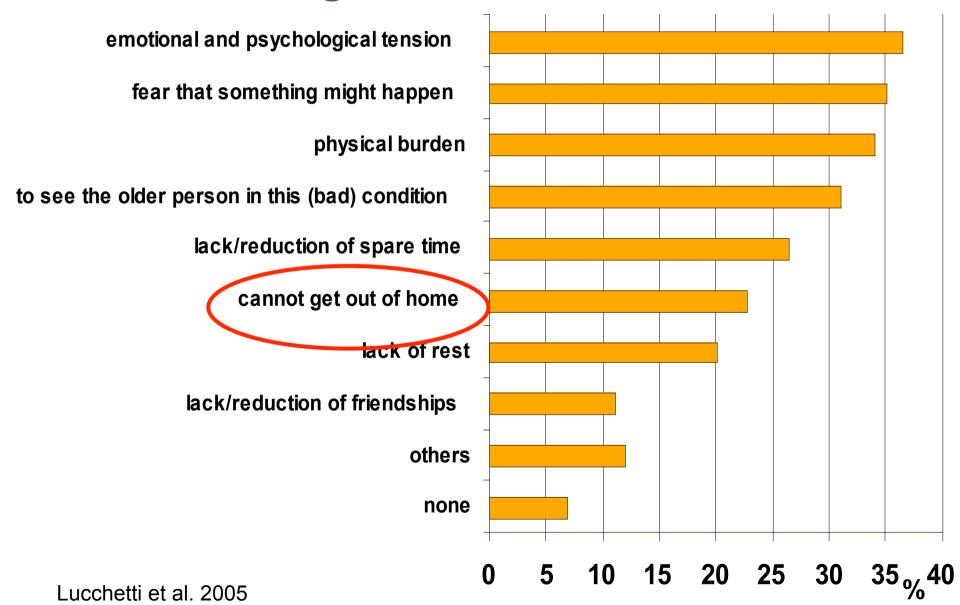
Lucchetti et al. 2005

Average hours of work per day

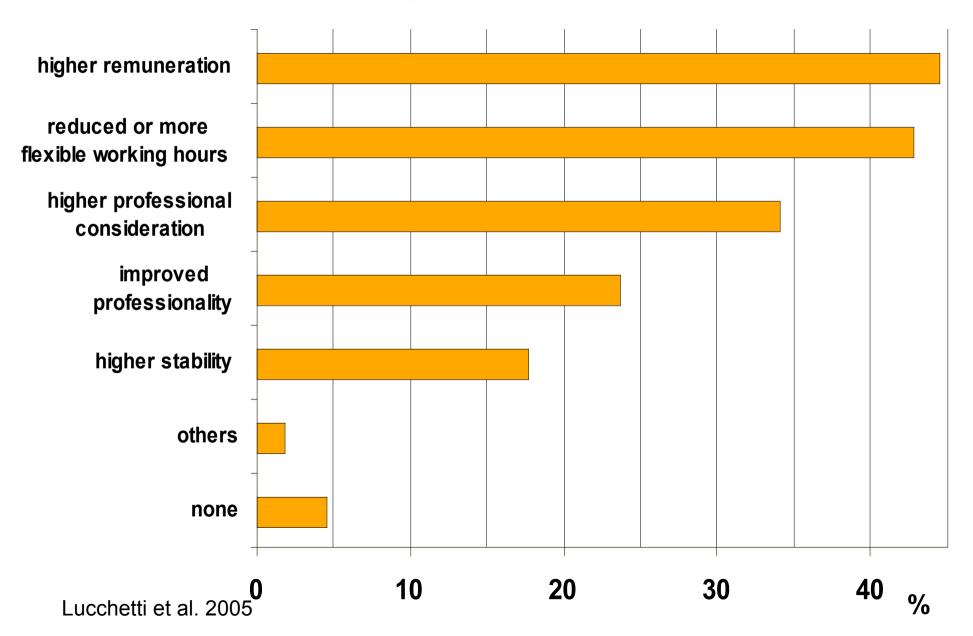


Lucchetti et al. 2005

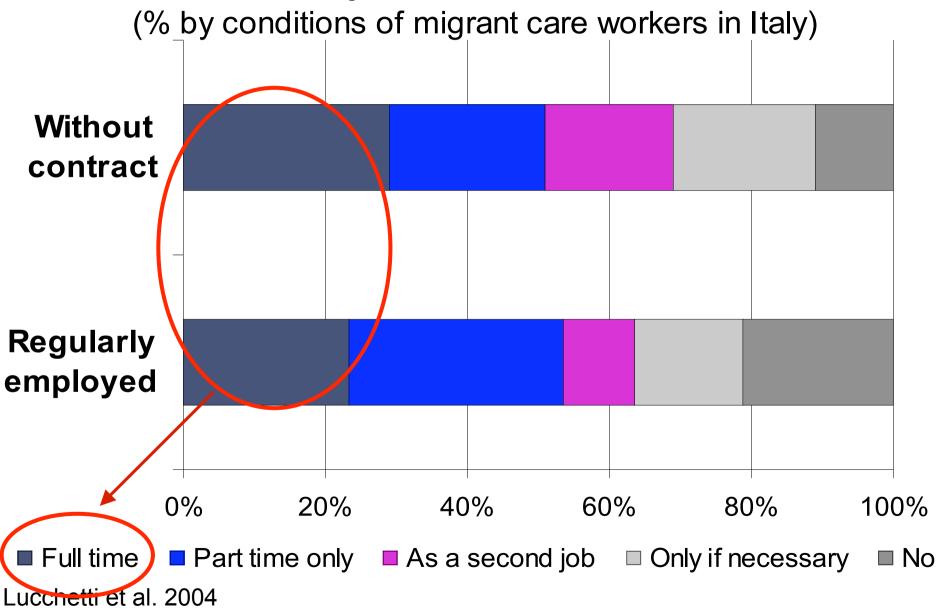
Most burdening difficulties experienced by migrant care workers



How can these problems be improved?

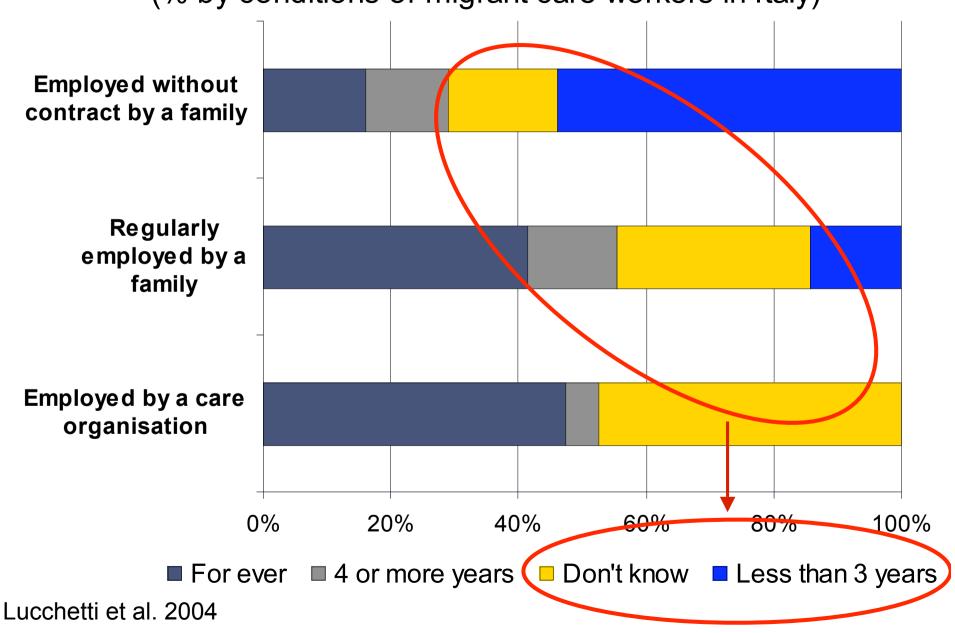


"Are you going to keep on working as carer of older persons in the future?"

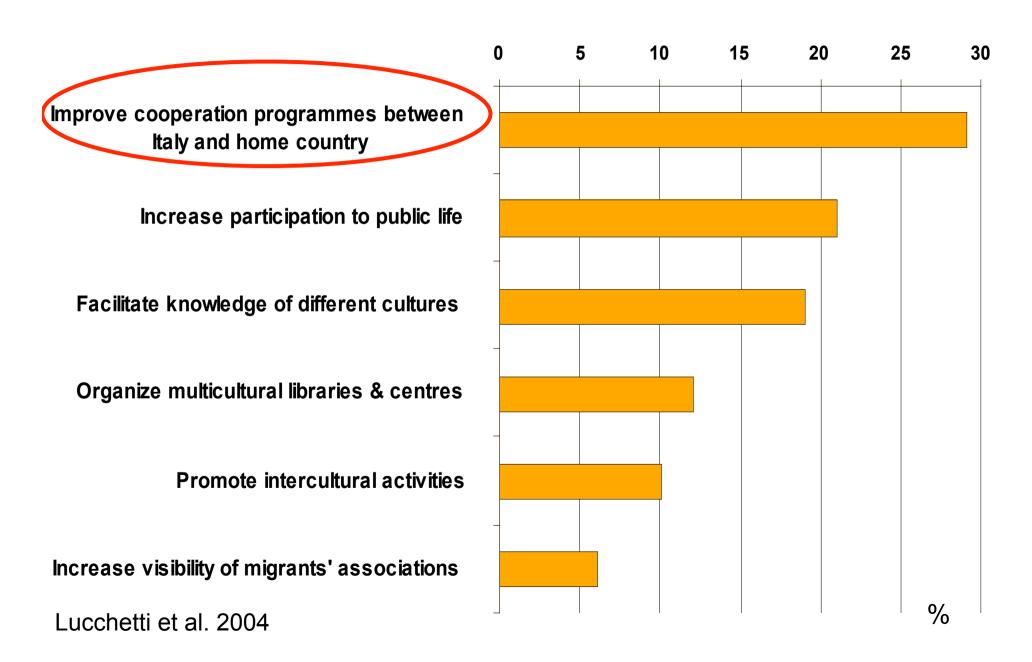


"How long do you plan to stay here?"

(% by conditions of migrant care workers in Italy)



What can facilitate the integration of migrants?



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- Mental illnesses of migrant women returning home after long years of isolated care work
- educational & training costs saved by "destination" countries and borne by "sending" countries
- sending countries are themselves becoming receiving countries of migrants from poorer/closer regions to fill the new care gaps

5. Final remarks

Opportunities deriving from migrant work in elder care:

- tailored care: personalised response to elders and carers
- delayed or lower institutionalisation rates
- economic convenience: for both recipients and migrants (low housing costs, wage differentials & "black market") as well as in terms of public resources
- more "focused" home care services: centred on most severe cases.

5. Final remarks

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Policy challenges:

- quality of care: through qualification of migrant care workers
- labour market: control of undeclared work via accreditation & care allowances
- exploitation of migrant care workers: ethnic-gender overlap
- "care drain" in sending countries: who provides care "there"?

The role of international policy

A comprehensive approach to tackle both long term care and migration challenges at international level should consider that:

•in receiving countries:

- the legal position of migrant care workers affects their probability of being exposed to exploitation: more efforts are need to ensure the respect of migrants' rights to dignity and adequate economic recognition;
- "interaction" policies (between sending and receiving countries, and between migrants and "nationals") might be more culturally sensitive than "integration" policies (based on receiving societies' ethnocentric values);
- •in sending countries: international cooperation programs, by improving living conditions there, can reduce the impact of "brain and care drain";
- •in both: quality of care work should be improved by increasing investments in care work, to attract more national candidates and prevent attempts to reduce current staff shortages by "plundering the future of resource-poor nations" (Anonymous 2008).

Thank you!