Migrantization of long-term care provision in Europe

A comparative analysis of Germany, Italy, Sweden and Poland

INTERNATIONAL LONG-TERM CARE POLICY NETWORK

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- The presentation summarizes findings from the whole B07 project team, i.e.
  - Prof. Dr. Karin Gottschall (co-director)
  - Dr. Anna Safuta (postdoc researcher)
  - Kristin Noack, Marlene Seiffarth, and Greta-Marleen Storath (doctoral researchers.

- For more details see also:

Rothgang H, Gottschall K, Safuta A, Noack K, Seiffarth M, Storath G-M (2021): Migrantization of long-term care provision in Europe. A comparative analysis of Germany, Italy, Sweden, and Poland. SOCIUM SFB 1342 WorkingPapers, 11. Bremen: SOCIUM, SFB 1342.

Contents

- Since the 1990s, many countries in the world have been experiencing a process of migrantization of the long-term care workforce, defined as the increased incorporation of migrant workers into formal and/or family care.
- Previous research has identified two models of migrantization in particular
  - the migrant-in-the-family model and
  - the migrant-in-formal-care model.

– However, cross-country variations in the intensity of migrantization and in its loci, i.e. in the family, within formal provision, or both, need more thorough investigation.

The major objectives of this presentation are

a) to describe the migrantization of long-term care in four European countries that each represent a different welfare state type: Germany, Italy, Poland and Sweden, and

b) to explain the differences between these countries.

- The findings are based on
  - secondary literature,
  - document analysis,
  - secondary analysis of national statistics and
  - altogether 78 semi-structured expert interviews with representatives from care providers, care workers, unions, politicians and administrators, and care-dependent people in the four countries under consideration.

- Institutional background:
  - Mandatory LTCI for the whole population
  - Beneficiaries may choose between cash benefits, services in private households and nursing home care.
  - Only 20% of beneficiaries opt for nursing home care, about half of them choose cash benefits.
- Care Migrantization
  - No official figures about live-ins, but estimates are up to 700,000
  - Share of formal care-workers from abroad increased from 6.8% in 2013 to 13.6% in 2019.
  - Government is actively promoting care migration, particularly for qualified (geriatric) nurses.

- Institutional background
  - No comprehensive LTC system, but cash benefits as central benefit, representing about 2/3 of public spending on LTC.
  - Correspondingly, the formal sector is relatively small.
  - laissez-faire migration regime with ad-hoc measures (posthoc legalization of migration).
- Care Migrantization
  - Share of migrant workers in formal care is no higher than in other industries.
  - High numbers of women from Romania and other central and eastern European countries go to Italy for informal care-giving.
  - With far more than a million live-ins, the care-in-the-family model has been transformed into a migrant-in-the-family model.

- Institutional background
  - One of the most comprehensive LTC systems in the world with a large public sector.
  - Formal care is dominant, the nursing home sector comparably small.
- Care Migrantization
  - The overall share of migrants among formal care-givers increased from 16 % in 2005 to 19 % in 2010, 22 % in 2013, and 32 % in 2018. It is almost twice as high as in other industries (19.5% in 2018).
  - The share differs according to qualification: registered nurses: 16%; assistant nurses: 19%; care assistants: 40% (all in 2018).
    → Migrantization in the unqualified sector
  - Migrants often live in Sweden before they take up a job in care-giving. It is not care-migration, but rather refugees, asylum takers etc. who join the care-giving workforce.

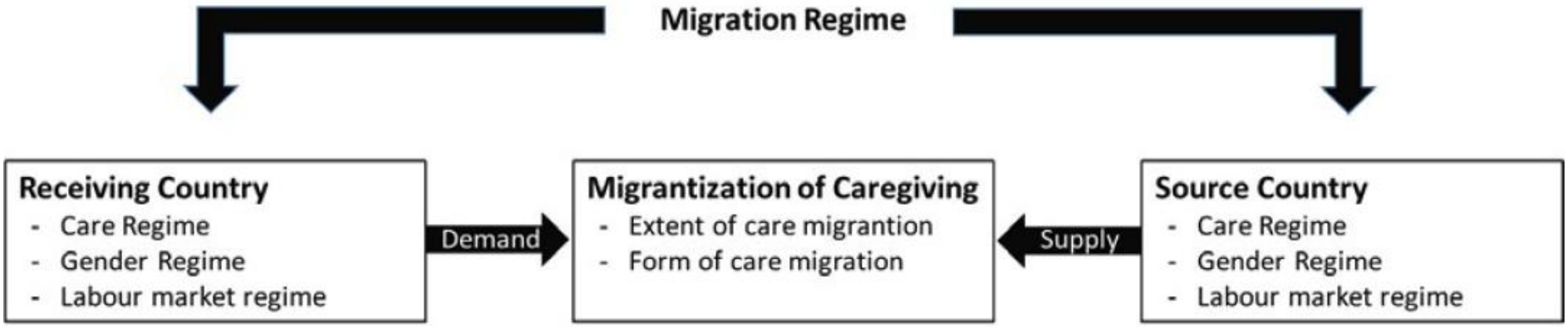
- Institutional background
  - Poland has no explicit, coherent long-term care policy.
  - There is financial support for family care-givers and an additional lump-sum care allowance for persons over 75 years of age.
  - LTC is provided by (mostly female) family members.
- Care Migrantization
  - Recently, informal or semi-formal employment of migrant women in higher income households in larger cities gains importance.
  - Among migrant workers in private households, women from Ukraine predominate; in particular, live-in care work has become an ethnic niche.
  - Emigration aggravates the care gap, as it reduces the number of physically present relatives who can provide care in Poland.

Care migration in the four countries under observation

Migrantization	Germany	Italy	Sweden	Poland
Model of migrantization	Migrant-in-the family (MiF) Migrant-in-formal-care (MiFC)	Migrant-in-the-family (MiF)	Migrant-in-formal-care (MiFC)	Migrant-in-the-family (MiF)
Predominant source countries	MiF: Poland MiFC: particularly Poland and Bosnia	Romania, Ukraine, Moldova	Diverse, mostly Non-EU countries	Ukraine
Level of migrantization*	MiF: high MiFC: medium	MiF: very high	MiFC: high	MiF: low
Care emigration Level Destination countries Migration model	not relevant[11]	not relevant[12]	not relevant[12]	relevant Germany, Western Europe MiF and MiFC:

Note: The level of migrant care work is coded as high/medium/low if the share of migrant care workers is above/about/below the level of migrant workers in the whole economy.

Explanatory model



V. Explanatory Findings

	Migrant-in-the-family Migrantization	Migrant-in-formal-care Migrantization
Demand side	*Necessary conditions:* » Informal care supply is insufficient and » formal care is not sufficiently available or too expensive and » cash benefits or high income/ wealth allow for private financing of live-ins *Supportive conditions* » cultural tradition of domestic servants	*Necessary conditions:* » Labour shortages in formal care workforce and » informal care cannot compensate for this and » there is sufficient private and/or public financing for formal care services *Supportive conditions* » Migration care workers are culturally accepted
Supply side	*Necessary conditions:* Economic hardship (high unemployment rates, low wages) and Perception of work opportunities in the destination country or » Availability of migrants who are already in the country and are willing to work as informal care-givers	*Necessary conditions:* » Economic hardship (high unemployment rates, low wages) and Perception of work opportunities in the destination country and High number of (qualified (geriatric)) nurses or » Availability of migrants who are already in the country and identify care as a job opportunity

V. Explanatory Findings

Migration and labour market regime	*Necessary conditions:* » Forms of semi-legal permanent or temporary residence permits *Supportive conditions* » Brokering agencies reduce transaction costs and facilitate the match of demand and supply	*Necessary conditions:* » Forms of legal permanent or temporary residence permits » Acknowledgement of foreign qualifications, if migrants are to be employed as qualified (geriatric) nurses *Supportive conditions* » Policies and programmes that support fast integration into labour market and vocational training of migrants as well as active recruitment by government and brokering agencies » Societal norm of active labour market participation for everyone

- We see a migrantization of care-giving in all four countries under observation, each of which represents a different welfare state types.
- The extent and the form of migrantization, however, differ.
- Each form of care migrantization rests on a specific constellation of factors on the demand and the supply side, accompanied by an enabling migration regime.
- Cultural factors may additionally foster care migrantization.

Thank you for your attention!