

ELDERLY CARE- GIVING SECTOR

India-Europe Labour Migration

January 2023



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A close-up photograph of an elderly person's hand, showing the texture of the skin and the veins. The hand is positioned on the left side of the page, with the fingers slightly curled. The background is a soft, out-of-focus green.

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Abbreviations

ADL	Activities of Daily Living
ADR	Age Dependency Ratio
CEB	Council of Europe Development Bank
ECR	Emigration Check Required
EEA	European Economic Area
EU	European Union
IADL	Instrumental Activities of Daily Living
ICM	India Center for Migration
ICWA	Indian Council of World Affairs
ILO	International Labour Organization
LTC	Long-Term Care
OECD	Organization for Economic Cooperation and Development
UNDP	United Nations Development Programme
WHO	World Health Organization

EXECUTIVE SUMMARY

This research was conducted as part of the IOM Development Fund (IDF) supported project titled 'Strengthening Data Informed and Migrant Centred Migration Management Frameworks in India'. It is a joint endeavour of IOM India with the erstwhile India Centre for Migration, now the Centre for Migration, Mobility and Diaspora Studies (CMMDS) of the Indian Council of World Affairs, Ministry of External Affairs, Government of India and the Global Migration Data Analysis Centre (GMDAC). The purpose of the research was to develop an understanding of emerging corridors for international labour migration from India, particularly in the countries of Europe. India Migration Now (a venture of the South East Migration Foundation) was contracted to undertake the relevant secondary research, conduct key informant stakeholder interviews, and develop the country and sector-specific reports.

This report serves as an in-depth study of the Elderly caregiving sector in Europe, exploring the labour market conditions, skill shortages, the impact of the COVID-19 pandemic and the existing policy ecosystem that governs the sector. Literature and policy review was conducted on a pan-European level, using information from international development organizations and multilateral agencies. Through the literature review, a general understanding of the Elderly sector was developed by looking at the labour market and sectoral conditions, migration trends, skills assessment and the practical and policy challenges of the sector. Following this, a more detailed policy review was conducted for the sector of Elderly caregiving, mainly focusing on policies and initiatives at the national level and the long term labour market impacts of COVID-19. A similar assessment was conducted from the Indian perspective, focusing on India's policy framework on care worker migration and international pathways for Indian migrant workers in the Elderly caregiving sector.

Furthermore, this report provides a qualitative understanding of the Elderly care giving sector in Europe by presenting perspectives and recommendations from sectoral stakeholders in India and Europe. These stakeholder consultations were conducted in India and Europe from November 2021 to March 2022. An initial stakeholder mapping was conducted to identify categories such as European Union agencies and government departments, multilateral agencies, employer associations, trade unions, research organizations and experts. The stakeholder consultations were used to obtain more insights into the Elderly caregiving sector and validate the literature and policy review findings. A total of 24 stakeholder consultations were completed, including interviews with Indian stakeholders whose insights were relevant to the Elderly caregiving sector.

Key Findings from the Stakeholder consultations

Characteristics of Elderly caregiving Sector in Poland

- The Elderly caregiving sector has been the fastest growing sector in Europe for the last 15 years, and there is an estimated need for 1 million workers in the care sector.
- The care sector in Europe is not homogenous, and care systems and policies differ across the Member States.

- The workforce is categorised as personal care workers, domestic workers, or more technically qualified workers such as nurses.
- Migrants are prevalent in the Elderly caregiving sector, both in hospital settings and with domestic care providers.
- The shortage of care workers in the EU has led to migration from within the European Union, mainly from Eastern European countries to Western European countries, creating a labour market shortage in the sending countries, where third-country nationals could fill the gap.

Recognition of Qualifications, Working Conditions, and Feminization

- The European Union has specific pathways for recruiting nurses and more technically qualified care workers. However, informal caregivers and domestic workers are often regarded as unskilled labour and receive limited social protection.
- Several stakeholders have pointed out that the Elderly caregiving sector has multiple challenges, one of them being the recognition of qualifications for third-country nationals.
- The Elderly caregiving sector is also viewed as a transitional occupation where care workers begin working in the sector only to gain more qualifications to become nurses in the healthcare sector.
- Other key challenges for the Elderly caregiving labour force include poor working conditions, heavy workload and language barriers that hamper the work of caregivers.
- The sector is also highly feminized since women can work part-time as care workers and continue participating in the labour force. However, this also leads to women workers being disproportionately impacted by the challenging working conditions of the sector.

Opportunities for India

- Multiple stakeholders identified India as a source for highly skilled migration to the EU, particularly healthcare workers. However, it is not a key country of origin for care workers but for qualified professionals like nurses and doctors.
- Indian migrants have an advantage in English language proficiency, leading to a rise in emigration from India, especially in nursing and medicine. Since the COVID-19 pandemic, European countries are also been facing a shortage of healthcare workers, including nurses, which is an opportunity for India.
- In pursuance of bilateral mobility agreements, the unconventional nature of the European care sector may require India to set up strong skill training programs, qualification recognition systems, language training and social protection.
- The Elderly caregiving sector has a high level of informality, and the personal care workforce may not be viable for Indian migrants.
- There is an opportunity for India to explore more technically qualified migration pathways, especially for nurses.
- To enter the care and larger healthcare sectors in Europe, India may also engage in state-level collaborations with states like Kerala, which have demonstrated experience in overseas recruitment of nurses to European countries.
- Efforts of bilateral cooperation between India and individual Member States may also be more fruitful since a pan-European approach to the sector may be too complex.

Policy Action in the Elderly Sector

- The Elderly caregiving sector is a relatively new policy area for the European Union. While there are EU-level initiatives for recruiting high skilled workers like nurses, a uniform recruitment program for low and medium skill care workers may not be feasible throughout the European Union.
- Several stakeholders across government, industry bodies and research experts have highlighted Germany as a key country of interest for India to pursue bilateral dialogue in the field of Elderly caregiving and healthcare migration.
- Germany is implementing its Triple-Win project and already has a Memorandum of Understanding with the state Government of Kerala to recruit nurses.
- Nurses recruited to Germany could work in hospitals and long term care homes. The German government would provide language training support and professional support to nurses emigrating from India.
- Research organizations have also initiated recruitment opportunities for medium skill migrants in the healthcare sector. These projects aim to develop a talent pool in source countries while also fulfilling the labour needs of destination countries.

1 | INTRODUCTION: ELDERLY CARE-GIVING SECTOR

Elderly or Geriatric caregiving comprises the unique health (and other) care needs required by individuals in their old age. It is a sector of growing importance globally, particularly for countries in the developed world with an ageing population and high life expectancies.

This review focuses on the Elderly caregiving sector prevailing in Europe. The sections of this review include the following:

- Key concepts in Elderly caregiving
- Growth of the sector across Europe (both from the demand and supply side), the composition, characteristics, and requirements of the Elderly labour force.
- The training of Elderly workers in India and the key policy challenges the sector faces.
- Findings from the key informant interviews conducted with stakeholders across Europe and India.

Key Concepts Related to Elderly caregiving

Typically, Elderly caregiving recipients are retired from the workforce and have specific routine care needs they cannot provide for themselves. Multiple ways of providing this care include family support, long term care, assisted living facilities, and hospice care.

Some key concepts related to Elderly caregiving are:

Long term Care: The provision of informal, formal and unregulated care assistance to older persons by family members, public, private and not-for-profit care services and migrant workers.

Informal Care: Care provided by informal workers or by family and friends.

Formal Care: This has evolved into state, private and not-for-profit agencies.

Carer Migration: Defined as the movement of care workers or immigrants involved in providing care assistance to older people.

Ageing in Place: The ability to live in one's own home and community safely, independently, and comfortably, regardless of age, income, or ability level.

Source: Anderson, A. (2012). *Europe's Care Regimes and the Role of Migrant Care Workers Within Them*. *Population Ageing*, 5(135–146). <https://doi.org/10.1007/s12062-012-9063-y> Center for Disease Control, United States of America. Retrieved from: <https://www.cdc.gov/healthyplaces/terminology.htm>

Multiple factors influence both the demand for and supply of Elderly services.

Demand for Elderly Services: Factors such as living alone, the decline of multigenerational households, risks of social isolation, emotional support, affordability, and public expenditure, among others, create demand for Elderly caregiving. Countries vary in the size of their ageing population, public expenditure on health and social services, the robustness of the existing caregiving sector, and the financial capabilities of elderly citizens.¹

Supply of Elderly Services: The increasing demand for long term care creates a shortage in the supply of carers nationally and internationally. 'Carer migration', the movement of care worker immigrants, has started to fill the labour gaps in many European countries. Within the formal care sector, migrant workers make up a substantial proportion of the workforce. Unregulated but less expensive private facilities and at-home care also employ migrant workers as care workers. A sizable proportion of the demand for care workers in the European Union (EU) private households is being met by non-EU workers, who comprise over 10 per cent of the workers in this sector. Since much of this work is unregulated and undocumented, its contribution to the European economy may be underreported.

¹ European Commission (2018), Challenges of Long-Term Care in Europe: A Study of National Policies, Retrieved from: <https://ec.europa.eu/social/main.jsp?langId=en&catId=89&newsId=9185>.

2 | GROWTH OF THE SECTOR IN EUROPE

2.1 The Role of Demographics

Growth in the Elderly caregiving sector is primarily led by the changing demographics in Europe. It impacts both the demand for Elderly services and the supply of the Elderly caregiving workforce. Since the 1960s, demographic profiles in the EU-28 have been characterized by increasing life expectancies and falling fertility rates (at 1.6 in 2019 compared to the 2.1 required for developed countries to maintain their population in the long term).² The working population (aged 15-64) in the EU-28 shrank for the first time in 2010 and is expected to decline annually until 2060. On the other hand, the proportion aged 80 and over is expected to more than double, reaching 11.4 per cent by 2050.³ According to the EU's 2021 Ageing Report, the working population numbering 265 million in 2019 is projected to fall to 217 million in 2070.⁴ In certain EU-28 countries (Germany, Estonia, Spain, Poland, Finland), immigration has kept population growth positive by counterbalancing negative natural population growth.⁵ It is also reflected in the growing age dependency ratio across the EU and individual countries.

Age Dependency Ratio (ADR) is the ratio of dependents – people younger than 15 or older than 64 – to the working-age population – those aged 15-64. Data are shown as the proportion of dependents per 100 working-age population.

(World Bank Glossary: Retrieved from: <https://databank.worldbank.org/metadataglossary/gender-statistics/series/SP.POP.DPND>)

According to data from the World Bank, in 2007, the EU's age dependency ratio (old) was 25.5 per cent – approximately 4 working-age people for every person aged 65+. It has now gone up to 32.4 per cent as of 2020 for the EU (3 working-age people for every elderly person). Countries such as Finland, Greece, Italy, and Portugal register 35 per cent and above ADRs. Steep increases can also be observed in Bulgaria, Croatia, the Czech Republic, Denmark, France, Hungary, Lithuania, Malta, Netherlands, Poland, Portugal, Romania, Slovenia, and Slovakia. With the sole exception of Luxembourg, all EU countries have registered an increase in the ADR (old) between 2007-2020. According to the EU's 2021 Ageing Report, the ADR is expected to rise to 59.2 per cent by 2070. Despite a projected rise in labour force participation, particularly among women and the elderly, demographic pressures are expected to lead to a fall in the overall labour supply, especially between 2030-2070.⁶

² European Commission, (2019), Demographic Outlook for the European Union, Retrieved from: [https://www.europarl.europa.eu/RegData/etudes/IDAN/2019/637955/EPRS_IDA\(2019\)637955_EN.pdf](https://www.europarl.europa.eu/RegData/etudes/IDAN/2019/637955/EPRS_IDA(2019)637955_EN.pdf).

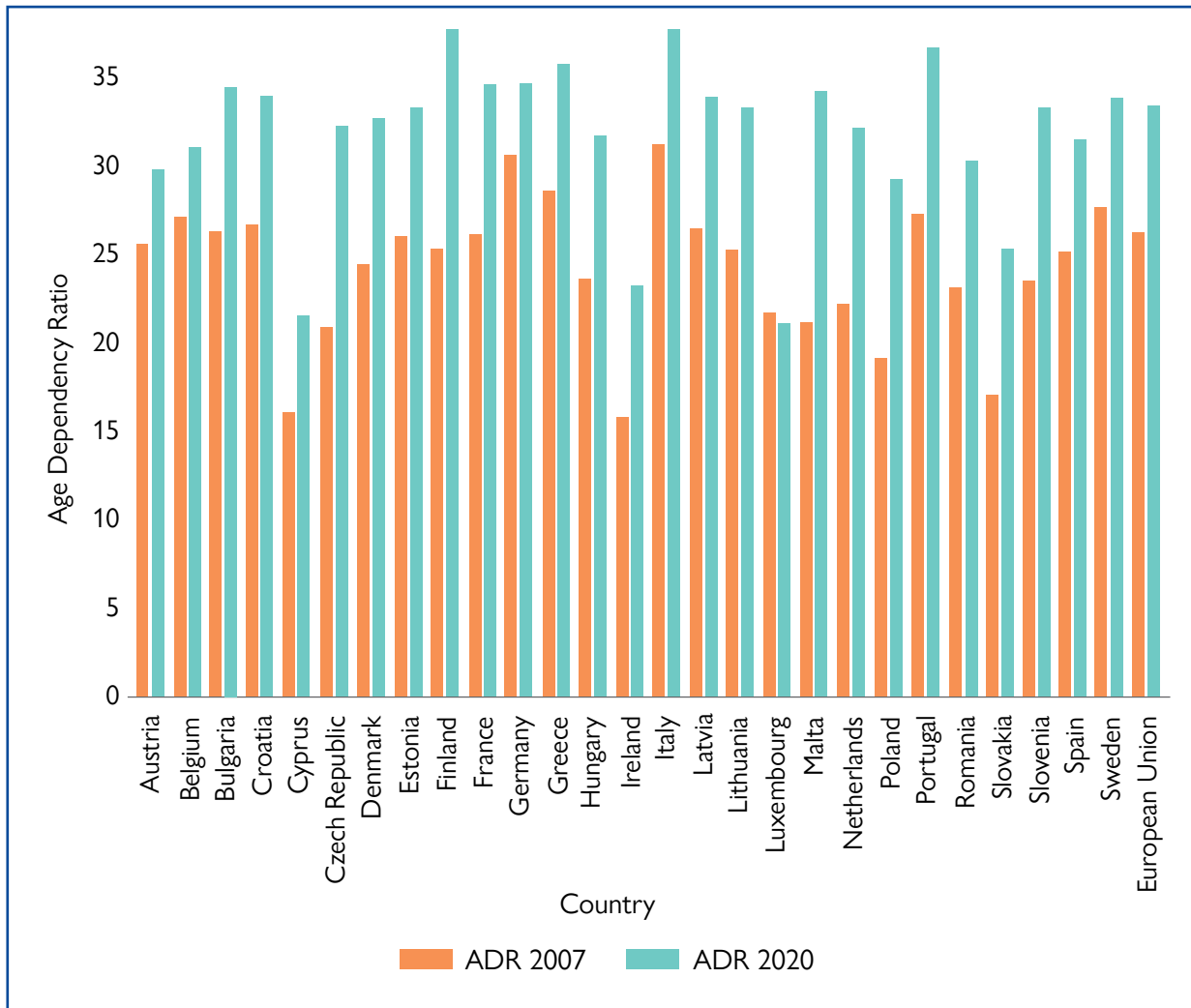
³ Ibid.

⁴ European Commission, (2021), 2021 Ageing Report, Retrieved from: https://ec.europa.eu/info/sites/default/files/economy-finance/ip148_en_0.pdf.

⁵ European Commission, (2019), Demographic Outlook for the European Union, Retrieved from: [https://www.europarl.europa.eu/RegData/etudes/IDAN/2019/637955/EPRS_IDA\(2019\)637955_EN.pdf](https://www.europarl.europa.eu/RegData/etudes/IDAN/2019/637955/EPRS_IDA(2019)637955_EN.pdf).

⁶ European Commission, (2021), 2021 Ageing Report, Retrieved from: https://ec.europa.eu/info/sites/default/files/economy-finance/ip148_en_0.pdf.

Figure 1: Age Dependency Ratio (Old) Across EU Countries (2007-2020)



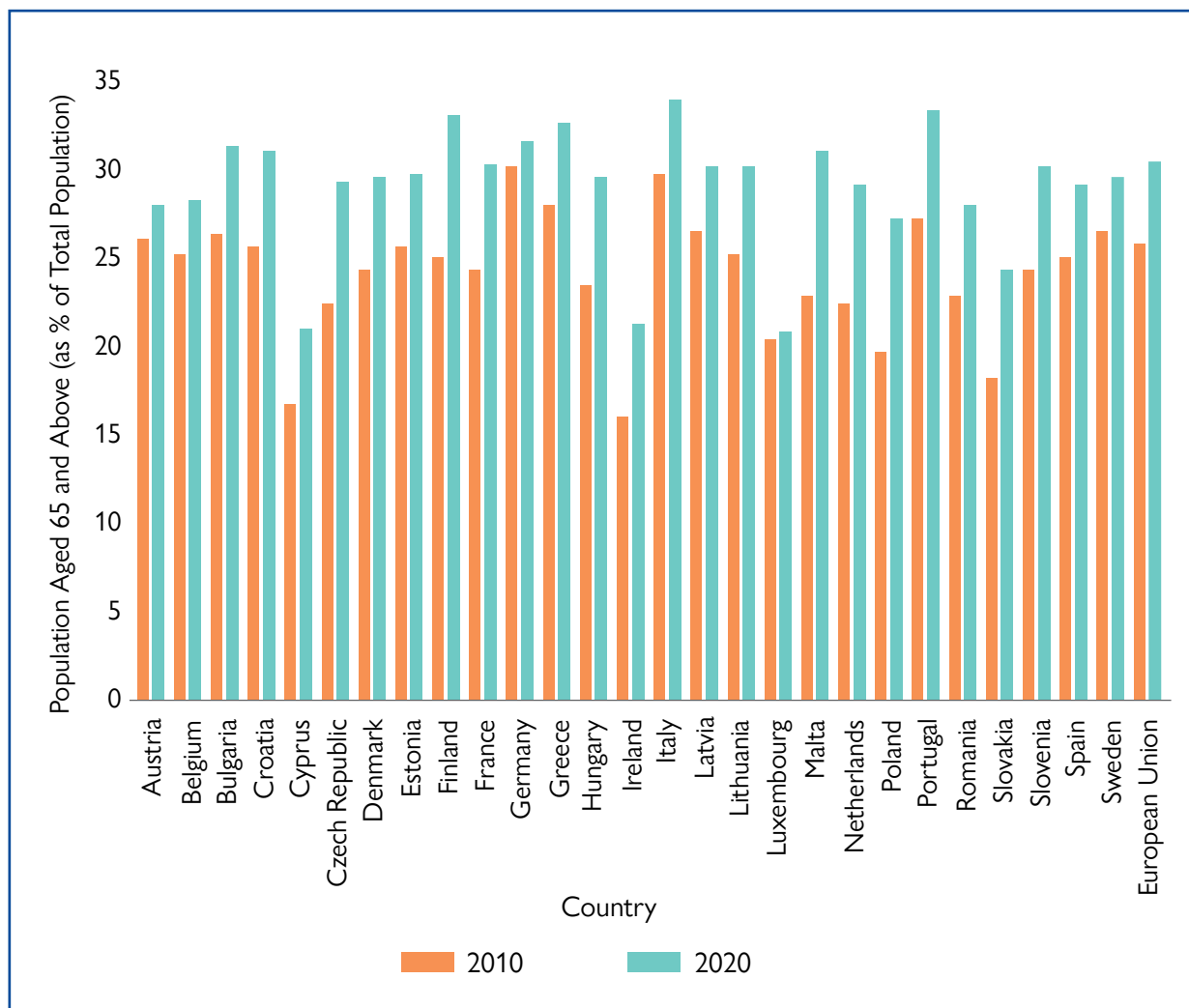
Over the last decade (2010-2020), the percentage of elderly (65+) has also increased in every EU country. Countries such as the Czech Republic, France, Hungary, Malta, Netherlands, Poland, and Portugal have registered the steepest increases. In 19 of the EU-27, the elderly comprise approximately 20 per cent of the population. In countries such as Italy (23.3%), Finland (22.6%), Portugal (22.8%), and Greece (22.3%), it is even higher. The highest share of young people in 2020 was reported in Ireland (20.3%), France (17.9%), Sweden (17.8%), and the lowest in Italy (13%), Malta (13.4%), and Portugal (13.6%).⁷ The median age in Europe is also on the rise. It stood at 43.9 in 2020, with Italy reporting the highest (47.2) and Cyprus the lowest (37.7).

Multiple reasons for these demographic changes have been proposed, for instance, increased longevity due to rising life expectancy and lower mortality rates, compounded by consistently lower fertility levels over the years and international outbound migration.⁸ As a result, these trends are expected to hold in the coming decades, leading to a further decline in the working-age population. It would lead to an increase not only in the elderly population but also in the proportion of the old (those aged 80 and above) who are more likely to require Elderly caregiving.

^{7,8} European Commission, (2021), Population Structure and Ageing Eurostat Statistics Explained, Retrieved from: https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Population_structure_and_ageing.

According to a 2014 Council of Europe Development Bank (CEB)⁹ assessment, the trend is also expected to shift eastwards gradually. The comparatively ‘younger’ countries of Eastern and South-eastern Europe are ageing in the medium term while the comparatively older countries of Western Europe may stabilize. Outside of caregiving, the challenges identified by the CEB in providing for this elderly population include adapting health infrastructure, adapting rural and urban housing facilities, and investing in education/life-long learning. The role of local and regional level stakeholders is particularly important, given their crucial role in service delivery and coordinating care for this population.¹⁰

Figure 2: Population Aged 65 and Above Across EU Countries (2007-2020)



Source: World Bank Indicators

2.2 Market Size and Characteristics of the Elderly care-giving Sector

Elderly or Elderly caregiving constitutes specialized care for the needs of senior citizens, encompassing products and services such as pharmaceuticals, healthcare equipment, assisted living, nursing, home care, and hospice care. With the rising Elderly population, Elderly caregiving services constitute a fast-growing market. The market size of Elderly caregiving products and services was USD 832.8 billion in 2019, growing at a CAGR of 3.9 per cent during 2020-25. In 2020, the global Elderly caregiving services market increased to USD 976.2 billion. It is expected to grow at a CAGR of over 10 per cent between 2021 and 2027.¹¹

^{9,10} Council of Europe Development Bank, (2014), Ageing Populations in Europe: Challenges and Opportunities for the CEB, Retrieved from: https://coebank.org/media/documents/Study_Ageing.pdf.

¹¹ Global Market Insights, (2020), Elderly care-giving Services Market Size by Service, Retrieved from: <https://www.gminsights.com/industry-analysis/Elderly-care-services-market-report>.

In terms of services, the Elderly caregiving market can be segmented into long term care, home care, institutional care, and adult day care. As of 2019, the demand for home care services has dominated the market share of Elderly caregiving services.¹² Adult day-care and non-medical care services are also expected to increase in demand. The growing demand for services overall is a major driver for the expanding Elderly caregiving market. The long term care sector encompasses institutional and home-based care outside of a hospital setting. Healthcare costs in the sector include medical costs as well as speciality care. There is, however, the challenge of prohibitive costs associated with Elderly caregiving services that can adversely affect the market performance of the sector. These costs could also affect markets in developing economies and significantly drive up the medical costs for ageing populations.¹³

According to the World Health Organization, the European region's future healthcare needs will require a greater focus on health workforces, vaccination and infectious disease prevention, and long term care, including home care for ageing populations. Across European countries, public spending on long term care has become a considerable proportion of the country's health and social care budgets.¹⁴ Estimates suggest the cost of long term care across Europe will rise from 1.8 per cent of GDP to between 3 per cent and 5 per cent in 2060.¹⁵ There is an increase in government funding and initiatives toward long term care. For instance, the Netherlands and Scandinavian countries allocate 3-4 per cent of their GDP to long term care facilities.¹⁶

While there are institutional and formal care facilities, 60 per cent of the European care market is informal. Several Western European countries rely on home care and informal care services. Some countries with strong public institutions still encourage formal care provisions, and in 2019, 49.2 per cent of the European Union's population aged 65+ received formal long term care.¹⁷ Some countries (Germany and the Netherlands) have a mixed system of formal and informal care.¹⁸ Often provided by family members, informal care is standard in Italy, Spain and France.¹⁹ 60-70 per cent of healthcare spending, especially hospital care, is under state control, but care homes are privately owned in many European countries. The homecare market in the region is highly fragmented, with regional players and international enterprises. Given the increasing pressure on public expenditure on long term care, the European homecare market is expected to see increasing privatization.²⁰ However, according to the European Commission, public spending on long term care is expected to rise to 3.4 per cent of the GDP by 2060.²¹

¹² Ibid.

¹³ Global Market Insights, (2020), Elderly care-giving Services Market Size by Service, Retrieved from: <https://www.gminsights.com/industry-analysis/Elderly-care-services-market-report>.

¹⁴ World Health Organization, Regional Office for Europe. Health and social care systems, Retrieved from: <https://www.euro.who.int/en/health-topics/Life-stages/healthy-ageing/data-and-statistics/health-and-social-care-systems>.

¹⁵ European Parliamentary Research Service, (2014), Older People in Europe: EU policies and programmes, Retrieved from: [https://www.europarl.europa.eu/RegData/bibliotheque/briefing/2014/140811/LDM_BRI\(2014\)140811_REV1_EN.pdf](https://www.europarl.europa.eu/RegData/bibliotheque/briefing/2014/140811/LDM_BRI(2014)140811_REV1_EN.pdf).

¹⁶ European Parliamentary Research Service, (2014), Older People in Europe: EU policies and programmes, Retrieved from: [https://www.europarl.europa.eu/RegData/bibliotheque/briefing/2014/140811/LDM_BRI\(2014\)140811_REV1_EN.pdf](https://www.europarl.europa.eu/RegData/bibliotheque/briefing/2014/140811/LDM_BRI(2014)140811_REV1_EN.pdf).

¹⁷ European Commission, (2021), Long-Term Care Report: Trends, challenges and opportunities in an ageing society, Retrieved from: <https://ec.europa.eu/social/BlobServlet?docId=24080&langId=en>.

¹⁸ Heger, D., & Korfhage, T., (2018), Care choices in Europe: To Each According to His or Her Needs? Inquiry : a journal of medical care organization, provision and financing, volume 55, Retrieved from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6024562/>.

¹⁹ Global Coalition on Aging, (2018), Relationship-based Home Care: A Sustainable Solution for Europe's Elder Care Crisis, Retrieved from: https://globalcoalitiononaging.com/wp-content/uploads/2018/06/RHBC_Report_DIGITAL.pdf.

²⁰ European Centre for Social Welfare Policy and Research, (2012), Facts and Figures on Healthy Ageing and Long-term Care, Retrieved from: <https://www.euro.centre.org/publications/detail/403>.

²¹ European Commission, (2015), Silver Economy, Retrieved from: <https://silvereconomyforum.eu/>.

Table 1: EU Countries with the greatest share of long-term care health expenditure as % of GDP (2010-2019)

Country	2010	2019
Netherlands	2.6	2.9
Norway	2.5	3.1
Denmark	2.5	2.5
Belgium	2.1	2.4
Finland	1.9	1.6
Germany	1.7	2.2

Source: OECD Statistics

The individual country markets have different models of care, maturity rates, and investment opportunities. Elderly caregiving is financed through public taxation, social insurance schemes or a combination. Institutional and geographic fragmentation of long-term care provisions is often carried out with the aim of financial sustainability, but it results in unstable funding and compromised quality of care.²²

In recent years, there has also been an increasing preference for home-based care, an underdeveloped sector and hence difficult to access.²³ Many countries traditionally focused on institutional care (the Nordic countries) now focus on home care and 'cash for care' schemes that aim to lower the costs of Elderly caregiving while letting the elderly population stay in their own homes if possible. While 'cash-for-care' models are heavily used in countries like Italy, Spain, Germany, and Austria, it has also resulted in greater informalization of the care workforce and reliance on migrants.²⁴

²² Spasova, et al., (2018), Challenges in long-term care in Europe. A study of national policies, European Social Policy Network (ESPN), Brussels: European Commission.

²³ Cangiano A., (2014), Elder Care and Migrant Labour in Europe: A Demographic Outlook, Population and Development Review 40(1).

²⁴ Van Hooren, F. (2020), Covid-19, migrant workers and the resilience of social care in Europe, Retrieved from: <https://cadmus.eui.eu/bitstream/handle/1814/70318/MigResHub%20think%20piece%20No%204.pdf?sequence=1&isAllowed=y>.

3 | ELDERLY CARE-GIVING LABOUR FORCE

3.1 Labour Force in Europe

Informal care work makes up most of the Elderly caregiving sector, and informal care workers provide an estimated 80 per cent of all long term care in Europe.²⁵ The labour force in the Elderly caregiving sector is categorized into formal caregivers (professionals hired under a legal contract to provide care at home or an institution) and informal caregivers (service providers outside a professional contractor such as family, friends, and migrant workers). The care workforce in European countries is complex due to the fragmentation of the sector between the government, private providers, and families. The level of state-led care provision depends on the kind of welfare state model prevalent in the EU.²⁶ In some countries, informal-carer-led care provisions prevail alongside service-led models.

3.1.1 Formal Care Workers

According to the OECD, formal care workers fall into two broad occupational categories: nurses and personal care workers. Personal care workers include formal workers who are not qualified as nurses but provide long term care services at home or in institutions other than hospitals. Personal care workers' educational and training requirements could be higher, with only minimal education levels and occasional training being a prerequisite.²⁷ The OECD divides the assisting functions of personal care workers into four categories²⁸:

- ADL: Activities of daily living such as positioning, lifting, turning the elderly, dressing, and transporting them in wheelchairs, mobile beds, and/or motor vehicles.
- IADL: Assisting with instrumental activities of daily living for older people, such as preparing and administering meals to meet nutritional needs and prescribed diets, maintaining hygienic standards of the environment such as changing bed linen, washing, cleaning, and accompanying them on errands.
- Communicating with care recipients, providing psychological support, and interacting with their families.
- Monitoring health status and medication by recording changes in condition and behaviour.

²⁵ European Commission (2018), *Informal Care in Europe: Exploring Formalisation, Availability and Quality*, Retrieved from: <https://ec.europa.eu/social/BlobServlet?docId=19681&langId=en>.

²⁶ (2007) Timonen V, Doyle M, *Home care for ageing population: A comparative analysis of domiciliary care in Denmark, the United States and Germany*, Cheltenham: Edward Elgar.

²⁷ OECD, (2020), *Who Cares? Attracting and Retaining Care Workers for the Elderly*, OECD Health Policy Studies. Paris: OECD Publishing, p. 68, doi:<https://doi.org/10.1787/92c0ef68-en>.

²⁸ Ibid., pp.68-69.

On average, 30 per cent of formal care workers in the OECD countries are nurses, while 70 per cent are personal care providers.²⁹ The formal care workforce in the EU countries also includes a proportion of migrant workers, and such jobs are dominated by female migrants and make up a part of the formal care workforce in Italy, the Netherlands, Spain, Switzerland, and England.³⁰ In several Southern European countries, female migrant care workers seek to provide informal Elderly caregiving and address the inadequacy of formal care provisions.³¹ In the case of Western and Northern European countries, migrant workers are increasingly in demand due to labour shortages in the formal care sector.

3.1.2 Informal Care Workers

Informal caregivers care for elderly individuals outside a professional institution or formal framework. Recruitment of informal migrant caregivers is prevalent in countries without strong formal long term care systems and have a tradition of family-based care. The informal care sector tends to be dominated by women and migrant workers.³² For example, in Greece, unskilled female migrant carers are hired in large numbers to care for the elderly, while migrant carers in Spain and Cyprus often also must engage in domestic work. In Austria, migrant workers from Slovakia and Romania often provide “24-hour care” at home.³³ In Southern European countries, such as Italy and Spain, this has led to a “migrant in the family” model. The demand for migrant caregivers, however, is lower in countries where the care workforce accounts for a greater proportion of the country’s total employment.³⁴

The informal care sector in the EU countries recruits migrant workers through various channels. Some European countries, especially Western ones, have witnessed trends of carer migration from other EU countries, particularly Central and Eastern European countries like Slovakia and Poland.³⁵ For instance, Germany has had significant migration from Poland into its health and social care sector, with 100,000 to 200,000 carers in Germany, originally from Poland.³⁶ Reasons for recruiting intra-EU migrants include geographical proximity, EU immigration and labour policies prioritizing EU and European Economic Area (EEA) nationals, the Schengen agreement, which facilitates intra-EU mobility and the social and cultural integration of workers from Eastern Europe into Germany.³⁷ Non-EU nationals are also recruited as private care providers in households. The widespread employment of migrant workers in care roles that require no training or qualifications also means an overrepresentation of migrants in low-paying, unregulated jobs with little social protection.³⁸ The challenges of recruitment in this sector are explored further in the following section.

²⁹ Rodrigues, Huber and Lamura (eds), *Facts and Figures on Healthy Aging and Long-Term Care: Europe and North America*, p. 76.

³⁰ Francesca Bettio and Alina Verashchagina, (2010), *Long-Term Care for the elderly: Provisions and providers in 33 European countries*, European Commission.

³¹ Lamura et al., (2012), *The Impact of migrant work in the elder care sector: Recent trends and empirical evidence from Italy*, *European Journal of Social Work* 15(1) pp. 9-27.

³² Spasova, et al., (2018), *Challenges in long-term care in Europe. A study of national policies*, European Social Policy Network (ESPN), Brussels: European Commission.

³³ Spasova, et al., 2018, *op.cit.*, p. 33.

³⁴ Cangiano A., (2014), *Elder Care and Migrant Labour in Europe: A Demographic Outlook*, *Population and Development Review* 40(1).

³⁵ (2012). Anderson, A. *Europe’s Care Regimes and the Role of Migrant Care Workers Within Them*, *Journal of Population Ageing* 5(2), Retrieved from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3356516/>.

³⁶ World Health Organization, (2019). *Long-term care work and migrant work: Addressing workforce shortages while raising questions for European Countries*, *EuroHealth Observer*, 25(4).

³⁷ Observatory for Sociopolitical Developments in Europe, (2016), *Migration of healthcare workers from the new EU Member States to Germany*, Retrieved from: http://www.sociopolitical-observatory.eu/uploads/tx_aebgppublications/2016_WP14_Migration_Healthcare_EN.PDF.

³⁸ Anderson, A., (2012), *Europe’s Care Regimes and the Role of Migrant Care Workers Within Them*, *Journal of Population Ageing* 5(2). Retrieved from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3356516/>.

3.2 Skills in Elderly caregiving

3.2.1 Functions Performed by Long Term Care Workers

In most European countries, the education and training requirements to become a long term care (LTC) worker are low, but the tasks the workers must perform are often more complex than basic care functions.³⁹ Although the tasks performed by informal carers are not so different from those performed by formal carers, the frequency of these tasks varies between diverse types of care. The main care activities reported as being provided by family carers can be classified into the following categories:⁴⁰

- a. Support with activities of daily living (ADL) such as bathing, eating, dressing
- b. Support with instrumental activities (IADL) such as cooking, cleaning, laundry, shopping
- c. Providing emotional support and companionship or assistance with administrative activities such as paying bills, contacting authorities, etc.

Although the key role of carers is to provide basic care, the tasks expected to be performed by personal care workers may differ across countries. In Bulgaria, Estonia, Lithuania, and Norway, carers only provide basic care and communication services and cannot monitor medical reports and medication. In contrast, personal care workers in Belgium, Sweden, and the Czech Republic perform various tasks.⁴¹ As for nursing professionals, the most common tasks in LTC are providing health care, monitoring health status, and administering medication. Nurses also coordinate and supervise the care provided by other staff members.⁴² They also form a bridge of communication between the doctor and patients and family members.⁴³ The frequency of tasks performed by nurses may also differ as per national regulations. For example, medical treatments such as wound care and surgical dressings are common tasks for nurses in Bulgaria and Lithuania, this is not the case in Slovenia. Nurses do not provide support for care coordination in Bulgaria. They do not get involved in referral care recipients in Hungary, Lithuania, or Romania, nor do they participate in developing care plans in the Czech Republic, Latvia, or Slovenia.⁴⁴

The role of soft skills such as teamwork and interpersonal traits are critical in this sector. In addition to the relevant social and interpersonal skills, top knowledge requirements for personal carers include language, psychology, customer service, comprehension, and communication abilities.⁴⁵ Long term carers must have technical skills to use equipment like blood pressure cuff kits, electronic medical thermometers, glucose monitors or meters, hearing aids, and walkers.⁴⁶

³⁹ OECD, (2020), *Who Cares? Attracting and Retaining Care Workers for the Elderly*, OECD Health Policy Studies, Paris: OECD Publishing, doi:<https://doi.org/10.1787/92c0ef68-en>.

⁴⁰ OECD, (2020), *Who Cares? Attracting and Retaining Care Workers for the Elderly*, OECD Health Policy Studies, Paris: OECD Publishing, doi:<https://doi.org/10.1787/92c0ef68-en>; UNECE, (2019), *The Challenging Roles of Informal Carers*, UNECE Policy Brief on Ageing No. 22, Retrieved on 2 September 2021 from, https://unece.org/DAM/pau/age/Policy_briefs/ECE_WG1_31.pdf; Triantafillou et al., (2010), *Interlinks - Informal care in the long-term care system: European Overview Paper*, European Centre for Social Welfare and Policy Research, Athens, Vienna, <https://www.euro.centre.org/downloads/detail/768>, p. 14

⁴¹ OECD, (2020), *Who Cares? Attracting and Retaining Care Workers for the Elderly*, OECD Health Policy Studies, Paris: OECD Publishing, pp. 69-71, doi:<https://doi.org/10.1787/92c0ef68-en>.

⁴² *Ibid.*, p. 73

⁴³ Whitson, H. E., Hastings, S. N., Lekan, D. A., Sloane, R., White, H. K., & McConnell, E. S., (2008), *A Quality Improvement Programmes to Enhance After-Hours Telephone Communication Between Nurses and Physicians in a Long-Term Care Facility*, *Journal of the American Elderly Society*, 56(6), 1080-1086, doi:<http://dx.doi.org/10.1111/j.1532-5415.2008.01714.x>.

⁴⁴ OECD, (2020), *Who Cares? Attracting and Retaining Care Workers for the Elderly*, OECD Health Policy Studies, Paris: OECD Publishing, doi:<https://doi.org/10.1787/92c0ef68-en>.

⁴⁵ *Ibid.*, p. 79-82

⁴⁶ *Ibid.*, p. 83

3.2.2 Qualifications in Elderly caregiving

Although the demand for Elderly caregiving workers is expected to increase over the next few decades, there are still many barriers to recruiting and retaining appropriately skilled staff.⁴⁷ Since the traditional concept of Elderly caregiving is expected to be provided by the family, it is often assumed that care work is unskilled.⁴⁸ However, research has shown that this sector requires diverse basic skills that are not always easy to learn, including soft skills like patience, empathy and emotional intelligence.⁴⁹ Workers also require a wide range of skills and tasks, from highly specialized nursing care to personal care and housekeeping.⁵⁰

According to data collected by OECD, most LTC workers across different countries of Europe held a medium level of education and vocational degrees, except for Portugal and Malta, where most of the workers had lower secondary education qualifications.⁵¹ Compared to personal care workers, nurses have higher levels of education. There is a significant difference in educational qualifications between nurses and care assistants in Sweden and Belgium. More than 80 per cent of the nurses employed in the LTC workforce in these two countries have a high level of education, while only 20 per cent of the personal care workers have a high level.⁵² Moreover, the educational levels of nurses in the LTC sector are the same as those of nurses working outside the sector.⁵³ In many countries, no minimum level of education is required to become a personal care worker. In Sweden, for instance, personal care workers can attend a three-year, publicly financed vocational programme at high school. Very few countries require specific skills such as 40 hours of training in Lithuania, basic knowledge of the Greek language in Cyprus and a care worker course/training in Croatia. In Iceland, personal care workers can get special LTC training.⁵⁴

3.2.3 Upskilling & Skills Mismatch

The skills of workers developed through education and training do not always match the tasks of the long term care sector, which affects efficiency and productivity. Furthermore, many countries need comprehensive strategies regarding the professionalization of such workers.⁵⁵ The quality and qualification requirements for carers vary depending on the type of care. In the informal home care sector, quality control is mostly unregulated, while in residential care, the requirements are more stringent. In the informal sector, care providers include those who have become carers not by choice but by legal or moral obligation or simply because there are no affordable formal care arrangements or they are unaware of such public provisions.⁵⁶

⁴⁷ OECD, (n.d.), Long-term care workforce: caring for the ageing population with dignity, Retrieved August 22, 2021, from OECD.org:<https://www.oecd.org/health/health-systems/long-term-care-workforce.htm>.

⁴⁸ Anderson, A. (2012). Europe's Care Regimes and the Role of Migrant Care Workers Within Them. *Population Ageing* (5), 135-146. doi: <https://doi.org/10.1007/s12062-012-9063-y>, p. 141

⁴⁹ Lutz, H., & Palenga-Mollenbeck, E., (2010). Care work migration in Germany: Semi-compliance and complicity, *Social Policy & Society*, 9(3), 419-430, doi: 10.1017 / S1474746410000138.

⁵⁰ Cangiano, A. (2014), Elder Care and Migrant Labour in Europe: A Demographic Outlook, *Population and Development Review*, 40(1), 131-154, p. 150, Retrieved August 8, 2021, from www.jstor.org/stable/23655361.

⁵¹ Cangiano, A. (2014), Elder Care and Migrant Labour in Europe: A Demographic Outlook, *Population and Development Review*, 40(1), 131-154, p. 150, Retrieved August 8, 2021, from www.jstor.org/stable/23655361.

⁵² Ibid.

⁵³ OECD, (2016), *Health Workforce Policies in OECD Countries: Right Jobs, Right Skills, Right Places*. OECD Health Policy Studies, Paris: OECD Publishing, doi:<https://dx.doi.org/10.1787/9789264239517-en>.

⁵⁴ OECD, (2020), *Who Cares? Attracting and Retaining Care Workers for the Elderly*, OECD Health Policy Studies. Paris: OECD Publishing. doi:<https://doi.org/10.1787/92c0ef68-en>.

⁵⁵ Ibid.

⁵⁶ UNECE, (2019), *The Challenging Roles of Informal Carers*, UNECE Policy Brief on Ageing No. 22, p. 6, Retrieved on 2 September 2021 from, https://unece.org/DAM/pau/age/Policy_briefs/ECE_WG1_31.pdf.

There is no national framework for training informal carers in most European countries, so non-profit organizations in Austria, France, Germany, and Spain offer training programmes.⁵⁷ Although some countries, such as Greece and Spain, report a need for more training development, others, such as Portugal and the region of Macedonia, have started to develop specific programmes for care workers. Some countries even face the problem of overqualified carers in the sector. For example, 64 per cent of home care workers in Lithuania have university degrees.⁵⁸

A European Social Policy Network report highlights various measures taken across Europe to qualify, upskill or validate the skills of informal learners to help them become long term care professionals.⁵⁹ In Portugal, the training and empowerment of informal carers are included in the National Programme for Health, Literacy, and Personal Care, launched by the Ministry of Health in March 2016. Although there are no dedicated strategies in Norway, the labour market service (NAV) can help provide formal training to all job seekers seeking the relevant qualifications. The Social Welfare Institute (SPIRS) organizes free courses for informal carers in Slovenia. Non-governmental organizations and nurses in Cyprus working in-home care services and hospitals are responsible for training informal carers to help them acquire the necessary skills and competencies.⁶⁰ Since 2014, Portugal has introduced various training measures for informal carers and is currently examining the possibility of creating a legal status for informal carers. In 2012, Romania adopted a law regulating the quality of social services and established minimum standards for providers of residential and non-residential care services for elderly and disabled people in 2015.⁶¹

Several countries are rethinking qualifications and allocating additional funds to develop the LTC sector. Germany has abolished tuition fees in nursing education and introduced scholarships for LTC studies. Sweden has also developed internship opportunities and mentoring programmes for nursing students.⁶² The Netherlands is working on the development of dual-track programmes which enable prospective workers to better understand the difference between the work of a general nurse and an Elderly nurse and allow them to acquire specific skills. A report by the French Ministry of Solidarity and Health advocated establishing a separate profession of personal care for the elderly, with screening for frailty in initial training programmes.⁶³ Developing a Common European Quality Framework for carers in Europe can also help to skill LTC workers.⁶⁴ One such initiative is the European Care Certificate, developed by 17 European countries to cover a core set of knowledge that every worker needs for the care sector.⁶⁵

⁵⁷ Ibid., p.15

⁵⁸ Spasova, S. et al., (2018), Challenges in long-term care in Europe. A study of national policies, European Social Policy Network (ESPN), Brussels: European Commission, p. 30.

⁵⁹ Ibid.

⁶⁰ Ibid., p. 34

⁶¹ Spasova, S. et al., (2018), Challenges in long-term care in Europe: A study of national policies, European Social Policy Network (ESPN), Brussels: European Commission, pp. 38-39.

⁶² Ibid., p. 85

⁶³ Libault, D., (2019), Concertation: Grand âge et autonomie, Paris: Ministère de Solidarité et de la Santé, Retrieved August 27, 2021, from https://solidarites-sante.gouv.fr/IMG/pdf/rapport_grand_age_autonomie.pdf.

⁶⁴ WeDO, (2010-2012), European Quality Framework for Long Term Care Services : Principles and guidelines for the wellbeing and dignity of older people in need of care and assistance, WeDo partnership, Retrieved August 28, 2021, from https://www.age-platform.eu/sites/default/files/EU_Quality_Framework_for_LTC-EN.pdf.

⁶⁵ ECC, (2021), The European Care Certificate in Brief, Retrieved from [eccertificate.eu: https://www.eccertificate.eu/choose-a-country/about](https://www.eccertificate.eu/choose-a-country/about).

3.3 India as a Source

3.3.1 Elderly caregiving as a Profession in India

Caregiving for the ageing population is also a concern in India, particularly in the ageing states of the south, such as Kerala.⁶⁶ However, caregivers tend to belong to the informal section of the workforce, and in some cases, their duties overlap with the duties of domestic workers. The Government of India's National Policy on Older Persons (1999)⁶⁷ and the Maintenance and Welfare of Parents and Citizens Act 2007⁶⁸ were direct policy attempts to address concerns in this sector. One of the main strategies to be deployed was the comprehensive development of human resources for Elderly services.

In 2010-11, the National Programme for the Healthcare of the Elderly⁶⁹ (NPHCE) was launched by the Ministry of Health and Family Welfare, with a supplementary objective of re-orienting medical care to focus on Elderly care-giving. The NPHCE has also developed training modules for Elderly caregiving nurses, medical officers, and community-based workers to provide both at-home and hospice care and post-graduate courses in Elderly medicine at the Regional Elderly Centres across India.⁷⁰ Elderly caregiving in India also comes under the aegis of the Ministry of Social Justice and Empowerment (MSJE), which launched the National Action Plan for the Welfare of Senior Citizens in 2020 (also known as the Atal Vayo Abhyuday Yojana).⁷¹ The MSJE's National Institute of Social Defence is actively involved in training for Elderly caregiving through a series of certifications offered together with 8 Regional Resource Training Centres (RRTC). These include PG Diploma in Integrated Elderly caregiving, Certificate courses for Caregivers/Bed Assistants, Elderly Counselling, and One-Day Training Programmes.⁷² The NSDC has also spearheaded progress on this front.⁷³

The National Skill Development Corporation, a Public-Private-Partnership incorporated in 2008 under the Ministry of Skill Development and Entrepreneurship, created the sector-specific Sector Skill Councils (SSC) in 2015 (Skill India Mission). The primary role of SSCs was to bridge the industry-skilling gap, map industry demands, support training and skilling initiatives, and standardize training parameters in different sectors. The Domestic Work Skill Sector Council (DWSSC) deals directly with Elderly caregiving and offers multiple programmes and degree opportunities for workers in the sector. These include:

1. Recognition of Prior Learning
2. Short term Training
3. Bachelor of Vocation (3 years) – with multiple exit points for a certificate (6 months), Diploma (1 year), and Advanced Diploma (2 years).
4. National Apprenticeship Promotional Scheme (NAPS) – including programmes for the Elderly caregiving (non-clinical), household multipurpose executive, and general housekeeper.

⁶⁶ Rajan, I & Balagopal, G (eds.), (2017), *Elderly care-giving in India: Societal and State Responses*, Springer Singapore.

⁶⁷ Press Information Bureau, India, (2014), National Policy for Older Persons, Retrieved from: <https://pib.gov.in/newsite/PrintRelease.aspx?relid=108092>.

⁶⁸ Ministry of Law and Justice, India, The Maintenance and Welfare of Parents and Citizens Act, 2007, Retrieved from: <https://legislative.gov.in/sites/default/files/A2007-56.pdf>.

⁶⁹ Ministry of Health and Family Welfare, National Programme for Health Care of the Elderly (NPHCE), Retrieved from: <https://nphce.nhp.gov.in/>.

⁷⁰ National Programme for the Healthcare of the Elderly Training Guidelines, Retrieved from: <https://nphce.nhp.gov.in/wp-content/uploads/2019/06/Training-Guidelines-for-ModularTraining-2019.pdf>.

⁷¹ National Action Plan for Welfare of Senior Citizens, (2020), Ministry of Social Justice and Empowerment, Retrieved from: <https://socialjustice.nic.in/writereaddata/UploadFile/NAPSRc.pdf>.

⁷² Old Age Care, National Institute of Social Defence, Ministry of Social Justice and Empowerment, Retrieved from: http://www.nisd.gov.in/old_age_training.htm.

⁷³ Sector Skill Councils, National Skill Development Corporation, Retrieved from: <https://www.nsdindia.org/sector-skill-councils>.

The DWSSC's global partners include the United Nations Development Programme (UNDP), the United Nations Entity for Gender Equality, and the Empowerment of Women (UN Women), and it has strong domestic ties to the industry.

Nursing is another important skilling category relevant to Elderly caregiving. In India, nursing education is regulated by the Indian Nursing Council under the Ministry of Health and Family Welfare, which certifies a range of training programmes, including General Nursing and Midwifery (GNM), Auxiliary Nursing and Midwifery (ANM), Bachelors-PhD programmes, and Post Graduate Diplomas in multiple specializations such as Operation Room, Thoracic, Neurology, Psychiatric, Critical Care, Oncology, and Elderly caregiving.⁷⁴ Liberalization post-1991 has significantly expanded the scope of nursing education in India and brought new private players into the space.⁷⁵

3.3.2 International Pathways for Elderly caregiving Workers

Emigration Policy in India

As per the Emigration Act 1983,⁷⁶ India's regulatory regime for emigration depends on the prospective migrant's 'Emigration Check Required (ECR) status. For those without a matriculation education (Class X), clearance needs to be granted by the Indian government before they can migrate for work to an MEA-mandated list of 18 countries (including all 6 GCC ones). Two additional restrictions apply for aspiring women emigrants belonging to the ECR category. Firstly, they must be 30 or older and can only be recruited via the 12 public, state-run recruitment agencies, including Uttar Pradesh Financial Corporation, Rajasthan Skill and Livelihoods Development Corporation, Telangana Overseas Manpower Company Ltd., Overseas Manpower Corporation Ltd., Overseas Development and Employment Promotion Consultation, NORKA Roots, PAN IIT Alumni, Punjab Ghar Ghar Rozgar and Karobar Mission, Karnataka Vocation and Training & Skill Development, Karnataka State Unorganized Worker Social Security Board, Bihar State Overseas Employment Bureau. Foreign Employers (FE) recruiting women workers of the ECR category through the MEA's e-Migrate Portal are also expected to provide a 2500 USD bank guarantee against each recruited worker.⁷⁷ As of 2015, the emigration of nurses to the 18 ECR countries also requires clearance but does not carry an age restriction.

Existing Patterns of Migration related to Elderly caregiving work

The conversation around Elderly caregiving work and international migration from India has tended to be dominated by healthcare professionals, including doctors and nurses.⁷⁸ However, as the 2020 EU Skill Shortages and Surpluses Report⁷⁹ highlights, shortages in healthcare occupations range across different job roles, including nursing professionals, generalist medical practitioners, healthcare assistants, and nursing associate professionals. At the same time, the category of personal home-based care workers was reported as a surplus occupation in 5 EU countries. Data from the Bureau of Labour Statistics⁸⁰ in the USA and media reports highlight key job profiles in demand – nurse practitioners, occupational therapy assistants, physical therapy assistants, home health and personal care aides, massage therapists, and physician assistants.

⁷⁴ Nursing Programmes, Indian Nursing Council, Retrieved from: <https://indiannursingcouncil.org/nursingprograms>.

⁷⁵ Nair, S & Rajan, I, (2017), Nursing Education in India: Changing Facets and Emerging Trends, *Economic and Political Weekly*: 52(24), Retrieved from: <https://www.epw.in/journal/2017/24/perspectives/nursing-education-india.html>.

⁷⁶ Ministry of Law and Justice, India, The Emigration Act, 1983, Retrieved from: <https://legislative.gov.in/sites/default/files/A1983-31.pdf>.

⁷⁷ Order, (2016), Ministry of External Affairs, Retrieved from: <https://emigrate.gov.in/ext/static/OfficeOrder16Sept16.pdf>.

⁷⁸ Exporting Indian Healthcare Workers to the World, (2021), Observer Research Foundation, Retrieved from: <https://www.orfonline.org/expert-speak/exporting-indian-healthcare-workers-world/>.

⁷⁹ European Commission, Directorate-General for Employment, Social Affairs and Inclusion, (2020), Analysis of shortage and surplus occupations, Retrieved from: <https://op.europa.eu/en/publication-detail/-/publication/22189434-395d-11eb-b27b-01aa75ed71a1/language-en>.

⁸⁰ U.S. Bureau of Labour Statistics, (2020), Occupational Outlook Handbook, Retrieved from: <https://www.bls.gov/ooh/>.

India has been one of the countries at the forefront of skilling and deployment of health professionals (doctors and nurses) for Elderly caregiving and otherwise. According to the 2008-12 Mobility of Health Professionals Project, funded by the European Commission,⁸¹ it was one of the top countries sending doctors to the EU. A 2015 study estimated that 100,000 Indian-trained doctors worked in foreign countries, including but not limited to the EU.⁸² Data from the OECD shows that in 2016, 33,147 Indian nurses were working overseas. As far back as 2010, IOM Research Reports pointed out that large shares of the Elderly caregiving population in the UK and Ireland came from India, partly because of specific bilateral agreements initiated in 2005 and 2006 by the Dublin Academic Teaching Hospital.⁸³

Kerala is one of the most prominent sources for nursing professionals. Data from the Indian Nursing Council shows that most nursing schools were concentrated in the four southern states of Kerala, Tamil Nadu, Andhra Pradesh, and Karnataka. Data from the Kerala Migration Survey 2011-2016 shows that although nurse migration dropped (from 32.8% of the nursing force to 23.2%), migration to European countries (Germany, Italy, and Ireland) increased.⁸⁴

Academic literature connects this to the growing diversification of destinations for emigrants from Kerala (shifts from the Gulf to Europe and other destinations) and church networks that facilitated migration for nurses.⁸⁵ In countries like Ireland, programmes and active recruiting strategies were a catalyst. For example, the Dublin Academic Teaching Hospitals (DATH) Recruitment Project and the HSE Nursing/Midwifery Recruitment and Retention National Project of 2005. However, the migration of nurses from Kerala continues to be concentrated in the USA/UK (30%), Australia (15%), and the Gulf countries (12%).⁸⁶ During the COVID-19 pandemic, an OECD study examined the contribution of migrant doctors and nurses in the COVID-19 response in OECD countries and reported that India is the top origin country for foreign-trained or foreign-born doctors in the OECD area. The study also highlighted India as the second largest country of origin for foreign-trained or foreign-born nurses working in the OECD region, the top country of origin being the Philippines.⁸⁷ A news report on the need for healthcare workers during COVID-19 mentioned a sharp increase in demand for Indian nurses in countries such as the United Arab Emirates, Saudi Arabia, Ireland, the Netherlands, Belgium, and Malta. Further, the Kerala state government's Overseas Development and Employment Promotion Consultants reported sending 253 nurses abroad in February 2021. They stated that nurses' salary offers in Dubai doubled during the pandemic.⁸⁸

⁸¹ IOM, (2014), Mobility of Health Professionals to, from, and within the European Union, Retrieved from: https://publications.iom.int/system/files/pdf/mrs48_web_27march2014.pdf.

⁸² 13 from WB Report

⁸³ IOM, (2010), The Role of Migrant Care Workers in Ageing Societies: Report on Research Findings in the United Kingdom, Ireland, Canada and the United States, Research Series 41, Retrieved from: <https://publications.iom.int/system/files/pdf/mrs41.pdf>.

⁸⁴ Rajan, I., Zachariah K., (2018), Kerala Migration Survey 2016, Retrieved from: <https://www.taylorfrancis.com/chapters/edit/10.4324/97811351188753-18/kerala-migration-survey-2016-irudaya-rajan-zachariah>.

⁸⁵ Kodoth, P. & Jacob, T., (2013), International Mobility of Nurses from Kerala (India) to the EU: Prospects and Challenges with Special Reference to the Netherlands and Denmark, European University Institute, CARIM-India Research Report, Retrieved from: <https://www.me.gov.in/images/pdf/InternationalMobilityofNursesfromIndia.pdf>

⁸⁶ Ibid.

⁸⁷ OECD, (2020), Contribution of migrant doctors and nurses to tackling COVID-19 crisis in OECD countries, Retrieved from: <https://www.oecd.org/coronavirus/policy-responses/contribution-of-migrant-doctors-and-nurses-to-tackling-covid-19-crisis-in-oecd-countries-2f7bace2/#figure-d1e1810>.

⁸⁸ Chandna, Himani, (2021), Ireland to Malta, UAE to Belgium- all want Indian nurses, offer better pay and perks, The Print, Retrieved from: <https://theprint.in/health/ireland-to-malta-uae-to-belgium-all-want-indian-nurses-offer-better-pay-and-perks/612606/>.

Another crucial component of care work is the migration of domestic workers. Along with childcare, household management, and cleaning, Elderly caregiving is one of the duties associated with domestic workers.⁸⁹ However, the sector tends to be female-dominated and strictly regulated, because of which informal, exploitative pathways have emerged for aspiring workers who may be unable to fulfil the regular emigration pathway.⁹⁰ India is an important country of origin for domestic workers, particularly for the countries of the Gulf Cooperation Council.⁹¹ In Europe, domestic work is also a significant sector, particularly relevant for irregular immigrant workers. While the availability of data varies due to the informal nature of work in the sector, some relevant countries of origin include Ecuador, Colombia, and Romania (for Spain), the Philippines, China, Ukraine, Brazil, and India (for Ireland and UK), and Albania (for Greece).⁹²

⁸⁹ Towards Safe Migration for Aspiring Women Domestic Workers (2018), India Centre for Migration and UN Women, Retrieved from: <https://asiapacific.unwomen.org/-/media/field%20office%20eseasia/docs/publications/2018/01/towards-safe-migration-for-aspiring-women-domestic-workers.pdf?la=en&vs=3533>.

⁹⁰ Kodoth, P & Varghese, VJ, (2011), Emigration of Women Domestic Workers from Kerala: Gender, State Policy, and the Politics of Movement, Centre for Development Studies Working Paper 445, Retrieved from: <http://14.139.171.199:8080/xmlui/bitstream/handle/123456789/39/wp445.pdf?sequence=1&isAllowed=y>.

⁹¹ Kodoth, P., (2020), In the Shadow of the State: Recruitment and Migration of South Indian Women as Domestic Workers to the Middle East. International Labour Organization, Retrieved from: https://www.ilo.org/wcmsp5/groups/public/---arabstates/---ro-beirut/documents/publication/wcms_751402.pdf.

⁹² Schwenken, H. & Heimeschoff, L., (2011), Domestic Workers Count: Global Data on an Often Invisible Sector, Kassel University Press. Retrieved from: <https://www.uni-kassel.de/upress/online/frei/978-3-86219-050-8.volltext.frei.pdf>.

4 | KEY POLICY CHALLENGES IN THE ELDERLY CAREGIVING SECTOR

4.1 Recruitment Challenges in Elderly caregiving

Recruitment of skilled and qualified workers is a key challenge for the Elderly caregiving sector. Countries often find it difficult to recruit new people because candidates often lack basic qualifications, skills, and experience. This problem has been reported by municipalities and institutions in the Netherlands⁹³ and France.⁹⁴ The long term care sector is not particularly lucrative due to lower pay, poor working conditions, and the undervalued nature of care work as a 'low-status migrant job'.⁹⁵

Three main recruiting strategies for the sector emerge from an analysis of the literature.

- **Targeting the Traditional Pool:** Several European countries have targeted the recruitment of workers from the traditional pool of health or social care students or former LTC workers. These countries try to retain young, qualified students during the placement process, offering them more experience and training programmes. Some examples of such initiatives include Estonia's Return of Nurses to Health Care Programme and Germany's Concerted Action on Nursing.⁹⁶
- **Advertising Campaigns:** Some countries use advertising campaigns to improve the image of the sector, highlighting the ability of workers to make a difference, to attract more nursing or social care students (CNSA in France, Normale Helden and Proud to Care in Belgium, Caregiver of the Year Award in the Czech Republic, Ambassadors, Care Xperience and Open Days in the Netherlands).⁹⁷

⁹³ Muller M., (2017), L'accueil des personnes âgées en établissement : entre progression et diversification de l'offre, Les Dossiers de la DREES, Vol. 20, Retrieved on 8 September 2021 from https://drees.solidarites-sante.gouv.fr/sites/default/files/2020-08/dd20_resultats_ehpa_2015.pdf.

⁹⁴ Bazin M. and Muller M., (2018), « Le personnel et les difficultés de recrutement dans les Ehpad », DREES Études et Résultats, Vol. 1067, <https://drees.solidarites-sante.gouv.fr/etudes-et-statistiques/publications/etudes-et-resultats/article/le-personnel-et-les-difficultes-derecrutement-dans-les-ehpad>, Retrieved on 08-09-202

⁹⁵ Cangiano A., (2014), Elder Care and Migrant Labour in Europe: A Demographic Outlook, Population and Development Review 40(1).

⁹⁶ OECD, (2020), Who Cares? Attracting and Retaining Care Workers for the Elderly, OECD Health Policy Studies. Paris: OECD Publishing, pp. 47-54, doi:<https://doi.org/10.1787/92c0ef68-en>.

⁹⁷ Ibid.

- **Foreign Workers:** Increasing the recruitment of foreign workers is another strategy to fill the shortage of staff in many countries⁹⁸ (Concerted Action and programmes under Deutsche Gesellschaft für Internationale Zusammenarbeit in Germany).⁹⁹ One out of five LTC workers is reported to be foreign-born in the OECD.¹⁰⁰ In the formal sector, the share of foreign-born workers in the LTC workforce is highest in Ireland (48%) and Switzerland (31%).¹⁰¹ Foreign-born workers (whether born in another European country or outside of Europe) are important contributors because they have better retention rates and work more hours than the native-born.¹⁰² In several countries, notably Italy, Poland and Germany, migrants can be legally employed by households.¹⁰³ At the same time, there exists a grey market for home-based caregivers with significant participation of foreign-born workers in several southern European countries and the Netherlands.¹⁰⁴

4.2 Integration Challenges for Immigrant Workers

The friction caused by integration and mobility challenges is a key barrier for the sector. In addition to the need for a sufficient supply of skilled workers to meet demand, one of the most common problems discouraging the retention of foreign workers is the procedure and processing time for visas and work permits.¹⁰⁵ Elderly caregiving recipients may also be unwilling to receive care from foreign workers who do not share their culture, language, or ethnicity, and workers may encounter prejudices.¹⁰⁶ Migrant personal care workers are likely to be at higher risk of illegal employment, which can lead to poor working conditions and other challenges. There is a need to implement strategies that educate clients about diverse cultures, make foreign workers aware of their legal rights, promote zero tolerance of racism, and provide training to improve the communication skills of migrant workers.¹⁰⁷

The government of Spain promulgated Royal Decree 1620 in 2011, recognizing labour relationships such as temporary workers and care providers, which are otherwise excluded from labour regulations. The Decree states that employment contracts assumed at the start of domestic work are to be indefinite to protect workers from temporary, irregular contracts.¹⁰⁸ Training is essential to avoid cultural conflicts on both sides to tackle labour shortages in LTC and the retention of LTC workers, whether from other EU countries or third countries.¹⁰⁹ Sweden has met the demand for LTC staff through migrants and adopted an open and flexible labour migration strategy.¹¹⁰ Most migrants initially come to Sweden for reasons other

⁹⁸ Colombo F. and Muir T., (2015), "Developing a skilled long-term care workforce", in Cristiano Gori, Jose-Luis Fernandez, A. (ed.), Long-Term Care Reforms in OECD Countries, Policy Press, London, <http://dx.doi.org/DOI:10.1332/policypress/9781447305057.003.0009>; Fujisawa R. and Colombo F., (2009), "The Long-Term Care Workforce: Overview and Strategies to Adapt Supply to a Growing Demand", OECD Health Working Papers, No. 44, OECD Publishing, Paris, <https://dx.doi.org/10.1787/225350638472>.

⁹⁹ OECD, (2020), Who Cares? Attracting and Retaining Care Workers for the Elderly, OECD Health Policy Studies, Paris: OECD Publishing, p. 52, doi:<https://doi.org/10.1787/92c0ef68-en>.

¹⁰⁰ Ibid.

¹⁰¹ OECD, (2020), Who Cares? Attracting and Retaining Care Workers for the Elderly, OECD Health Policy Studies, Paris: OECD Publishing, doi:<https://doi.org/10.1787/92c0ef68-en>.

¹⁰² Ibid., p. 34

¹⁰³ ISSA, (2021), Long-term care in ageing societies: issues and strategies, Retrieved on 7 September 2021 from <https://ww1.issa.int/analysis/long-term-care-ageing-societies-issues-and-strategies>.

¹⁰⁴ Da Roit B & Van Bochove M., (2015), "Migrant care work going Dutch? The emergence of a live-in migrant care market and the restructuring", Social Policy and Administration, Retrieved on 6 September 2021 from <https://sci-hub.st/https://doi.org/10.1111/spol.12174>.

¹⁰⁵ OECD, (2020), Who Cares? Attracting and Retaining Care Workers for the Elderly, OECD Health Policy Studies, Paris: OECD Publishing, p. 53, doi:<https://doi.org/10.1787/92c0ef68-en>.

¹⁰⁶ Ibid.

¹⁰⁷ OECD. (2020). Who Cares? Attracting and Retaining Care Workers for the Elderly. OECD Health Policy Studies. Paris: OECD Publishing. doi:<https://doi.org/10.1787/92c0ef68-en>, p.53

¹⁰⁸ International Labour Organization (2012). Developments in Law and Practice: Spain approves new regulations for domestic employees. Retrieved from: http://www.ilo.ch/wcmsp5/groups/public/@ed_protect/@protrav/@travail/documents/publication/wcms_173686.pdf

¹⁰⁹ Ibid., p. 19

¹¹⁰ OECD (2011), Recruiting Immigrant Workers: Sweden 2011, Recruiting Immigrant Workers, OECD Publishing, Paris, <https://doi.org/10.1787/9789264167216-en>, Retrieved on 8-09-2021

than work such as asylum, family reunification, or training. The EC has urged Sweden to step up efforts to increase the labour market integration of low skilled young people and people with a migrant background by providing them with LTC education and Swedish language skills.¹¹¹ Policies have been implemented to promote integration, allowing migrants working legally for four years in Sweden to apply for a permanent residence permit. Similarly, related policies aim to ensure the inclusion of migrant workers in the labour market and society.¹¹² Although the recruitment of migrant workers can be seen as a way of addressing LTC labour shortages, countries have still not taken any steps to develop a model for the integration of Elderly caregiving workers.¹¹³

4.3 Skills and Language Training

One of the most common tasks reported by personal care workers and nurses is to provide psychological support through interaction with care recipients. Hence LTC workers need effective communication and soft skills.¹¹⁴ Communication and soft skills are rarely taught in general education, but proficiency in these skills by Elderly workers improves the quality of person-centred care. For example, the Norwegian government has introduced new guidelines redefining health and social education, increasing competencies in soft skills such as identifying people's needs and case management.¹¹⁵ On occasion, foreign-born workers who are highly skilled individuals and have migrated because of the geographical proximity, language, culture, and wealth of the host country may work at a lower level than they are qualified for.¹¹⁶ The share of migrants reporting being overqualified for the work they do is higher in the LTC sector than in any other in most European countries.¹¹⁷

One of the biggest challenges that migrant workers face is related to the language skills required in the host country. Comprehension and verbal communication between the carer and patient are key requirements for understanding the client's habits and expectations and for providing psychological support and counselling to avoid social isolation that threatens the client's well-being.¹¹⁸ The language skills required comprise oral skills, reading comprehension, writing skills for communicating with family members and other care providers, and helping the person in need to manage medical reports and appointments.¹¹⁹

In order to motivate migrants to work abroad, host countries have tried to remove language barriers by offering language training programmes to Elderly caregiving workers in their home country. Programmes for migrant social workers in countries such as Germany and Sweden offer language courses to potential care workers or create partnerships to recruit and train workers from specific foreign countries of origin.¹²⁰

¹¹¹ OECD (2011), *Recruiting Immigrant Workers: Sweden 2011, Recruiting Immigrant Workers*, OECD Publishing, Paris, <https://doi.org/10.1787/9789264167216-en>, Retrieved on 8-09-2021

¹¹² *Ibid.*

¹¹³ *Ibid.*

¹¹⁴ OECD. (2020). *Who Cares? Attracting and Retaining Care Workers for the Elderly*. OECD Health Policy Studies. Paris: OECD Publishing. doi:<https://doi.org/10.1787/92c0ef68-en>.

¹¹⁵ *Ibid.*

¹¹⁶ Colombo F. et al., (2011), *Help Wanted? Providing and Paying for Long-Term Care*, OECD Health Policy Studies, OECD Publishing, Paris, <http://dx.doi.org/10.1787/9789264097759-en>, Retrieved on 07-09-2021

¹¹⁷ OECD. (2020). *Who Cares? Attracting and Retaining Care Workers for the Elderly*. OECD Health Policy Studies. Paris: OECD Publishing. doi:<https://doi.org/10.1787/92c0ef68-en>

¹¹⁸ OECD, (2020), *Who Cares? Attracting and Retaining Care Workers for the Elderly*, OECD Health Policy Studies. Paris: OECD Publishing, doi:<https://doi.org/10.1787/92c0ef68-en>; Lamura et. al, (2012), *The Impact of migrant work in the elder care sector: Recent trends and empirical evidence from Italy*, *European Journal of Social Work* 15(1), p 13.

¹¹⁹ OECD, (2020), *Who Cares? Attracting and Retaining Care Workers for the Elderly*, OECD Health Policy Studies. Paris: OECD Publishing, doi:<https://doi.org/10.1787/92c0ef68-en>; Lamura et. al, (2012), *The Impact of migrant work in the elder care sector: Recent trends and empirical evidence from Italy*, *European Journal of Social Work* 15(1), p 13.

¹²⁰ EIT Health, *Rising Need for Elder Care in Europe Necessitates New Paradigm for Elder Caregiving Training: A Landscape Analysis*, European Institute of Innovation and Technology, Retrieved on 7 September 2021 from https://globalcoalitiononaging.com/wp-content/uploads/2018/09/CARE-Trend-Report_Final-Version.pdf.

4.4 Exploitation of Workers

The most common reason for low retention of Elderly caregiving workers is difficult working conditions such as low pay, precarious employment status, demanding jobs with high exposure to physical and mental health risk factors, and low job satisfaction.¹²¹ A report by the Norwegian Nurses' Organization indicates that one in five nurses leave the general healthcare sector within the first five years due to working conditions affecting their health and work-life balance.¹²² According to a 2020 OECD report, the average tenure is two years lower in this sector compared to the overall workforce.¹²³ As a result, very few workers consider a long term career in Elderly caregiving and prefer better remunerated and regulated sectors such as hospital work. Although countries like Estonia, Germany, Finland, and Denmark have a larger supply of care workers, the average years spent with employers is low.¹²⁴ Although countries like Estonia, Germany, Finland, and Denmark have a larger supply of care workers, the average years spent with employers is low. Netherlands and Norway constitute the exception due to implementing a new comprehensive strategy to improve LTC sector policies in 2011. The average tenure rates of the workforce became one year higher than in the overall labour force.¹²⁵ In these countries, as well as in Luxembourg and Sweden, where worker tenure is five years or more due to the high supply of workers, recruitment and retention rates are extremely high.

In many countries, the salary of personal care workers is equivalent to the minimum wage and is often lower than that of nurses. For example, in Portugal, the average salary for general healthcare nurses is EUR 900, while it is EUR 600 per month for personal care workers, which is the minimum wage of 10.40 per hour in the private long term care sector. It is 23 per cent less than in the public long term care sector and 6 per cent more than the minimum wage.¹²⁶ According to a 2020 OECD report, in 11 EU countries, the median wage for care workers was EUR 9 per hour, while it was EUR 14 for hospital workers.¹²⁷

The lack of adequate regulations in some countries also allows the employment of low paid workers¹²⁸. In France, for home-based care workers, wage agreements established in 2010 set a gross minimum wage of EUR 1,452.6 per month, which is below the national minimum wage of EUR 1,521.22 per month.¹²⁹ Downward pressure on wages may also result from cost-cutting measures in countries facing constraints in financing the long-term care system. For example, in the Netherlands, due to a budget cut, a 2015 reform transferred the management of the LTC insurance budget to municipalities, which now pay lower wages to care workers.¹³⁰ In Northern and Central European countries, more than half of all long term care workers were employed part-time due to the reduced service hours required of LTC workers. It was reported in many countries, like France and Norway, that working part-time can also affect net pay, especially if no full compensation is provided for travel time.¹³¹ In Scandinavian and Central European countries, more than

¹²¹ OECD, (2019), OECD Employment Outlook 2019: The Future of Work, OECD Publishing, Paris, <https://dx.doi.org/10.1787/9ee00155-en>.; Osterman, P. (2017), Who Will Care for Us? Long-term Care and the Long-term Workforce, Russell Sage Foundation, New York, <http://www.jstor.org/stable/10.7758/9781610448673>.

¹²² OECD, (2020), Who Cares? Attracting and Retaining Care Workers for the Elderly, OECD Health Policy Studies, Paris: OECD Publishing, p. 95, doi:<https://doi.org/10.1787/92c0ef68-en>.

¹²³ Ibid.

¹²⁴ Ibid.

¹²⁵ Ibid.

¹²⁶ Ibid. p. 101

¹²⁷ Ibid., pp.101-102

¹²⁸ Ibid. p. 103

¹²⁹ El Khomri, M. (2019), Plan national en faveur de l'attractivité des métiers du grand-âge 2020- 2024, Ministère des Solidarités et de la Santé, Paris, https://solidaritesante.gouv.fr/IMG/pdf/rapport_el_khomri_-_plan_metiers_du_grand_age.pdf., Retrieved on 25-09-2021

¹³⁰ OECD, (2020), Who Cares? Attracting and Retaining Care Workers for the Elderly, OECD Health Policy Studies, Paris: OECD Publishing, p. 103, doi:<https://doi.org/10.1787/92c0ef68-en>.

¹³¹ Ibid.

70 per cent of care workers work in shifts, and 2018 OECD reports suggest that this sort of shift work is associated with a wide range of health risks, such as anxiety, burnout, and depressive syndromes.¹³² In addition, compared to other medical professions, LTC workers are also more likely to work weekends.¹³³

The high prevalence of temporary employment is a major concern due to lower job security and career prospects among care workers. A 2020 OECD report found the prevalence of temporary contracts for care work in Poland, Spain, Belgium, the Slovak Republic, and Ireland. Temporary workers often face a wage penalty and cannot obtain permanent employment after their contract ends.¹³⁴ Emerging forms of employment such as zero-hour contracts¹³⁵ and temporary agency work further exacerbates this.¹³⁶ Studies show that one-third and just under half of the care workers in Scandinavian countries feel physically exhausted after a day.¹³⁷ In Austria, 41 per cent of home care workers and 68 per cent of residential care workers reported similar effects.¹³⁸

High accident rates are also associated with high rates of health complications in many countries.¹³⁹ For example, France and Finland have the highest proportions of care workers reporting accidents at work or while working at home and work-related health problems. Similar physical health problems were reported by 80 per cent of workers in Spain, Italy, and Portugal, and 50 per cent in Norway and Denmark.¹⁴⁰ A survey in France found that nurses and care workers were more likely to suffer sleep deprivation, with more than 11 per cent taking pills to manage it.¹⁴¹ It is also found that in some countries such as Norway, France, and the Netherlands, health care workers represent one of the largest groups of sick leave users.

In European countries, almost 64 per cent of care workers experience problems such as back ache, and body aches due to daily tasks that often require physical effort, such as lifting patients and bending over a bed to provide care.¹⁴² In addition to physical factors, LTC workers are also exposed to risk factors for mental well-being, such as work time pressure or overload, violence, or the threat of violence, harassment, or bullying.¹⁴³ Care workers also complained of feeling frustrated because of less autonomy in making decisions about care delivery, lack of management support, and limited time spent with care recipients.¹⁴⁴

¹³² Saint-Martin, A., H. Inanc and C. Prinz, (2018), "Job Quality, Health and Productivity: An evidence-based framework for analysis", OECD Social, Employment and Migration Working Papers, No. 221, OECD Publishing, Paris, Retrieved on 26 September 2021 from <https://dx.doi.org/10.1787/a8c84d91-en>.

¹³³ OECD, (2020), *Who Cares? Attracting and Retaining Care Workers for the Elderly*, OECD Health Policy Studies, Paris: OECD Publishing, p. 105, doi:<https://doi.org/10.1787/92c0ef68-en>.

¹³⁴ OECD, (2015), *In It Together: Why Less Inequality Benefits All*, OECD Publishing, Paris, Retrieved on 28 September 2021 from <https://dx.doi.org/10.1787/9789264235120-en>.

¹³⁵ A form of labour contract with no specified minimum working hours per week, commonly found in sectors such as retail, fast-food, care work, and tourism according to the European Foundation for the Improvement of Living and Working Conditions.

¹³⁶ OECD, (2020), *Who Cares? Attracting and Retaining Care Workers for the Elderly*, OECD Health Policy Studies, Paris: OECD Publishing, p. 105, doi:<https://doi.org/10.1787/92c0ef68-en>.

¹³⁷ Rostgaard, T. et al., (2019), *Changes in Nordic care work and their effects on work related problems for workers in long-term care*, The Danish Center for Social Science Research, Copenhagen, <http://www.transforming-care.net/wp-content/uploads/2019/06/Tine-Rostgaard-Work-tasks-and-problems-TCC-June-24-26th-2019.pdf>,

¹³⁸ Bauer, G., R. Rodrigues and K. Leichsenring, (2018), *Working Conditions in Long-term Care in Austria: The Perspective of Care Professionals*, Vienna: European Centre, <https://www.euro.centre.org/publications/detail/3283>.

¹³⁹ *Ibid.*, p. 107.

¹⁴⁰ OECD, (2020), *Who Cares? Attracting and Retaining Care Workers for the Elderly*, OECD Health Policy Studies, Paris: OECD Publishing, p. 113, doi:<https://doi.org/10.1787/92c0ef68-en>.

¹⁴¹ Truchot, 2018 cited in OECD, (2020), *Who Cares? Attracting and Retaining Care Workers for the Elderly*, OECD Health Policy Studies, Paris: OECD Publishing, doi:<https://doi.org/10.1787/92c0ef68-en>.

¹⁴² Kromark, K. et al., (2009), "Back disorders and lumbar load in nursing staff in Elderly care-giving: a comparison of home-based care and nursing homes", *Journal of Occupational Medicine and Toxicology*, Vol. 4/1, p. 33, <http://dx.doi.org/10.1186/1745-6673-4-33>. Retrieved on 27-09-2021; Dulon, M. et al. (2007), "Prevalence of skin and back diseases in Elderly care-giving nurses", *International Archives of Occupational and Environmental Health*, Vol. 81/8, pp. 983-992, <http://dx.doi.org/10.1007/s00420-007-0292-y>. Retrieved on 27-06-2021.

¹⁴³ Eurofound, (2020), *Long-term care workforce: Employment and working conditions*, Retrieved from: <https://www.eurofound.europa.eu/publications/customised-report/2020/long-term-care-workforce-employment-and-working-conditions>.

¹⁴⁴ *Ibid.*, p. 113.

Care workers in Scandinavian countries are more willing to continue working in the sector and less likely to quit if they have more autonomy, greater support from their managers, and an adequate workload¹⁴⁵ where they do not spend long hours working on administrative tasks instead of caring for patients.¹⁴⁶

During the COVID-19 pandemic, effective health service delivery in Europe has been majorly impacted, with negative consequences for frontline nurses. COVID-19 infection rates among nurses have been high, and the European Federation of Nurses Association¹⁴⁷ reported that their members in most countries reported that COVID-19 is legally recognized as an occupational injury. Other challenges faced by nurses include uncertainty regarding the steady availability of testing and personal protective equipment, long working hours in settings outside their expertise and burnout.¹⁴⁸ Members of the European Federation of Nurses Association also reported experiencing negative consequences such as violence, stigmatization, exclusion from rented accommodation and verbal assault.¹⁴⁹ In the case of care workers, the COVID-19 pandemic has made it visible that health labour market policies and migrant care policies driven by national interests alone can be problematic. Poor working conditions for migrant carers also increase public health risks.¹⁵⁰

According to a report by the European Foundation for the Improvement of Living and Working Conditions, around 80 per cent of the EU's long term care workforce in 2019 was female. The gender imbalance is stark in the case of residential long term care, where women make up 83 per cent of the workforce,¹⁵¹ indicating women bear the associated occupational risks disproportionately. Additional concerns include those of sexual harassment and assault of women workers. Research in Germany¹⁵² found that nurses from minority/migrant backgrounds faced prejudice and verbal and sexual harassment, which they often did not officially report. In contrast, a 2021 survey in Finland (with 90% of respondents being women) found that 30 per cent had experienced sexual harassment and 6 per cent had experienced sexual violence.¹⁵³

¹⁴⁵ Trydegard, G. (2012), "Care work in changing welfare states: Nordic car workers' experiences", *European Journal of Ageing*, Vol. 9, pp. 119-129.

¹⁴⁶ OECD, (2020), *Who Cares? Attracting and Retaining Care Workers for the Elderly*, OECD Health Policy Studies, Paris: OECD Publishing, p. 113, doi:<https://doi.org/10.1787/92c0ef68-en>.

¹⁴⁷ European Federation of Nurses' Association, (2020), *COVID-19 Impact on nurses and nursing: a perspective of crisis management at national level*, Retrieved from: <https://online.anyflip.com/eumpx/qycl/mobile/index.html>.

¹⁴⁸ De Raeve, P., Adams, E., & Xyrichis, A. (2021), *The impact of the COVID-19 pandemic on nurses in Europe: A critical discussion of policy failures and opportunities for future preparedness*, *International journal of nursing studies advances*, 3, 100032, <https://doi.org/10.1016/j.ijnsa.2021.100032>.

¹⁴⁹ European Federation of Nurses' Association, (2020), *COVID-19 Impact on nurses and nursing: a perspective of crisis management at national level*, Retrieved from: <https://online.anyflip.com/eumpx/qycl/mobile/index.html>.

¹⁵⁰ Kuhlmann, E., Falkenbach, M., Klasa, K., Pavolini, E., & Ungureanu, M., (2022), *Migrant carers in Europe in times of COVID-19: a call to action for European health workforce governance and a public health approach*, Retrieved from: <https://doi.org/10.1093/eurpub/ckaa126>.

¹⁵¹ Eurofound, (2020), *Long-term care workforce: Employment and working conditions*, Retrieved from: <https://www.eurofound.europa.eu/publications/customised-report/2020/long-term-care-workforce-employment-and-working-conditions>.

¹⁵² Schilgen, B., Handtke, O., Nienhaus, A. & Möske, M. (2019), *Work-related barriers and resources of migrant and autochthonous homecare nurses in Germany: A qualitative comparative study*, *Applied Nursing Research* (46), <https://doi.org/10.1016/j.apnr.2019.02.008>.

¹⁵³ Sequiera, T., (2021), *Survey: Nearly 1 in 3 healthcare workers has experienced sexual harassment*, *Helsinki Times*, Retrieved from: <https://www.helsinkitimes.fi/finland/news-in-brief/19764-survey-nearly-1-in-3-healthcare-workers-have-experienced-sexual-harassment.html>

5 | Methodology

The methodology of this report relies on an initial secondary review of data, studies, reports and policy documents about the Elderly caregiving sector in Europe. The sectoral realities, skills assessment, and policy frameworks of the Elderly caregiving sector are understood through an in-depth literature review. This report also utilizes stakeholder consultations in Key Informant Interviews to explore key labour migration issues from various perspectives, fill gaps in knowledge, and generate a qualitative understanding of the Elderly caregiving sector in Europe. The questionnaires for various stakeholders have been drafted based on the preliminary findings of the literature review, including the skill shortages, labour market conditions, institutional frameworks and migrant-specific policies relevant to the sector. The next section of the report details the findings from the stakeholder consultations conducted for the Elderly caregiving sector.

6 FINDINGS: ELDERLY CAREGIVING SECTOR KEY INFORMANT INTERVIEWS

The following section presents findings from interviews conducted with stakeholders across the categories of EU-level and governmental agencies, employer associations, multilateral organizations, research organizations, and experts in the field of Elderly caregiving. The findings are presented thematically, focusing on **characteristics of the care sector in Europe and its associated labour force, the potential of India as a source country, and the role of policy action** in the Elderly caregiving sector on a national or multilateral level in Europe.

6.1 Characteristics of the Sector and Labour Force

In this section, we present respondents' views on the characteristics of the Elderly caregiving sector in Europe, the labour force in the sector, job roles, working conditions, and the role of immigrant workers.

6.1.1 Growing Sector with Differential Systems Across Europe

Respondents were asked about the Elderly caregiving sector in Europe and its place in the economy. All stakeholders agreed that the Elderly caregiving sector had been the fastest-growing sector in Europe for the last 15 years. A representative of an EU-level employer association¹⁵⁴ estimated that Europe has a workforce of 11 million people in the social healthcare sector and needs 1 million workers in the care sector, especially registered nurses and low skill caregivers.

The key informants were asked about the different caregiving models prevalent in the European Union. Research experts and representatives from employer associations highlighted that different caregiving systems and welfare models are prevalent in various EU member states, leading to a different Elderly caregiving system in each country. Western European countries tend to have state funding for health and social care, although, in some countries, care for the elderly is viewed as a familial responsibility. On the other hand, Southern and Eastern European countries have developed day-care services, or home care services for the elderly, which experts pointed out¹⁵⁵ are preferred over institutionalized care. A representative from an EU-level association of national care providers¹⁵⁶ also felt that the difference in demand for Elderly caregiving services is based on the preference for community-based or residential services. This preference also interacts with the country's social policies; the employment association representative¹⁵⁷ explained that Nordic Countries have residential capacities and public care services, reducing reliance on informal

¹⁵⁴ Interview Code IOM/5

¹⁵⁵ Interview Code IOM/14

¹⁵⁶ Interview Code IOM/5

¹⁵⁷ Interview Code IOM/5

care providers. A national employer association representative¹⁵⁸ stated that the professional structures of care systems in Scandinavian countries are associated with prohibitive costs. The national employer association representative¹⁵⁹ added that Mediterranean countries rely heavily on family caregivers, but this will face problems due to demographic development causing a shortage of family members.

A key categorization pointed out by respondents was the division of the larger care system in Europe into health care and social care. Elderly caregiving (long term care for the elderly) is considered social care. A research organization representative¹⁶⁰ emphasized that while public expenditure on Elderly caregiving is often part of the country's health expenditure, there is a dichotomy in employment in health care and social care work. According to a research expert,¹⁶¹ while nursing professionals are typically employed in the healthcare sector, the demand for social care services has also created the need for nurses and other care workers outside a traditional hospital setting. Those working in the social care sector provide personal care and support, while the healthcare sector provides primary care, hospital care, and public health services. A national employer association representative¹⁶² summarized as follows: the distinction in care systems is based on the degree of professional services, proportion, type of care provided by relatives, financing by private or public funds of institutional systems and family care work.

A growing concern pointed out by respondents was the financial sustainability of public spending on Elderly caregiving, given the rapidly ageing population in Europe. An employment association representative¹⁶³ mentioned that increasing discussion on closing some long term care institutions in the Netherlands and replacing them with homecare services. According to an expert respondent,¹⁶⁴ European countries are increasingly placing Elderly caregiving in the hands of the private sector, with multinational companies providing care services for the elderly. Emphasizing the privatization in the sector, a representative from employer associations¹⁶⁵ pointed out that the biggest care facilities in Europe now are privately owned and have nursing homes in most European countries. A representative of the European Commission¹⁶⁶ added that even in high-income areas, people could not sustain long term residential, or home care without public welfare support.

6.1.2 Overrepresentation of Immigrants in the Workforce

An EU agency representative¹⁶⁷ explained that workers in the Elderly sector could provide care either in a professional setting, such as hospitals and institutions or in domestic settings, such as home nurses and personal carers, with most care sector statistics including both nurses and personal care workers. Multiple stakeholders pointed out that the shortage of social care workers has led to the prevalence of immigrant workers. According to many research experts, it has prompted most European countries to focus on policies for such workers. However, they also noted a long way to go on the policy front. A research expert¹⁶⁸ highlighted that the current highly politicized debate on migration in Europe means that even short term policies regarding migrant caregivers may not be implemented soon. A representative of an employer association¹⁶⁹ pointed out that in countries where informal care is the norm, migrant workers tend to live with their families and provide care. One example provided by a multilateral organization representative¹⁷⁰ was that of Italy, which has a deeply irregular and informal care sector and follows the 'migrant in the family' model of care service.

¹⁵⁸ Interview Code IOM/8

¹⁵⁹ Interview Code IOM/8

¹⁶⁰ Interview Code IOM/14

¹⁶¹ Interview Code IOM/17

¹⁶² Interview Code IOM/8

¹⁶³ Interview Code IOM/23

¹⁶⁴ Interview Code IOM/14

¹⁶⁵ Interview Code IOM/5

¹⁶⁶ Interview Code IOM/2

¹⁶⁷ Interview Code IOM/2

¹⁶⁸ Interview Code IOM/14

¹⁶⁹ Interview Code IOM/9

¹⁷⁰ Interview Code IOM/11

An EU agency representative¹⁷¹ noted that the **prevalence of Eastern European immigrants in the care sector of Western Europe** was generating a “care drain” back home. The respondent highlighted that it leads to East European countries experiencing labour market gaps and thus needing immigration from third-country nationals to fulfil the gaps. A national employer association representative¹⁷² gave the example of Austria, where foreign workers from the Czech Republic, Slovakia, and Romania play a significant role in the care sector. An employer association representative¹⁷³ mentioned that while there is a shortage of care workers in the Netherlands, only roughly 800 third-country nationals are working in the care sector. The representative¹⁷⁴ pointed out that the Netherlands has a department which reviews if the labour force needed in the care sector can be recruited locally or from within Europe. Care home organizations can only employ third-country nationals when the department ratifies no other workers who can fix the labour shortage.

6.1.3 Complex Categorization of Job Roles

Key informants were asked about categorizing job roles in the Elderly caregiving sector. An employer association representative¹⁷⁵ shared that workers in the long term care sector can be categorized as informal carers (who work in-home care), caregivers, healthcare workers, and technical and administrative staff. An EU agency representative¹⁷⁶ added that the informal sector is divided into residential and homecare, with migrant caregivers primarily involved in home care. The representative¹⁷⁷ added that 65 per cent of all care workers are in the residential sector, and 90 per cent of the workers in the informal sector are women. An expert¹⁷⁸ also commented on the bifurcation of the Elderly caregiving migration system in Europe, which categorizes care workers as either domestic or technically qualified. The former category is typically regarded as unskilled labour. It receives contract-based jobs, no social protection, no citizenship or family reunification rights, or permanent residence, although the work performed is like those with more technical qualifications. Multiple research experts highlighted that more technically qualified workers like nurses are typically brought into European countries through specific pathways, including healthcare worker migration corridors and are also provided more support and sometimes even citizenship in the destination countries. A representative of an EU agency¹⁷⁹ highlighted that although the EU regulates professions like nursing, which has standardized qualifications and skill recognition and allows such workers to move within the EU freely, personal care workers do not have the same regulation, skill recognition, and freedoms.

An employer association representative pointed out that the professions that work with the elderly are different across Europe. In some cases, trained Elderly nurses are used, while caregivers, nursing assistants, and even home/household helpers are used in others. In the Scandinavian countries, the facilities have multi-professional teams with caregivers, daily companions, therapists, and doctors. According to a research expert,¹⁸⁰ Germany is one of the few countries with training for nurses specializing in elder care, adult care, or paediatric care. An employer association representative¹⁸¹ shared that care workers are categorized on six levels in the Netherlands. The first three levels- household assistant, caregiver and nursing assistant, do not require high-level qualifications or training. Levels 4 to 6 are nursing professionals, categorized based on their highest technical qualifications, such as a bachelor’s degree in Nursing or a Master’s degree in Nursing.

¹⁷¹ Interview Code IOM/14

¹⁷² Interview Code IOM/8

¹⁷³ Interview Code IOM/23

¹⁷⁴ Interview Code IOM/23

¹⁷⁵ Interview Code IOM/5

¹⁷⁶ Interview Code IOM/2

¹⁷⁷ Interview Code IOM/2

¹⁷⁸ Interview Code IOM/16

¹⁷⁹ Interview Code IOM/1

¹⁸⁰ Interview Code IOM/18

¹⁸¹ Interview Code IOM/23

6.1.4 Challenges Include Recognition of Qualifications, Working Conditions, and Feminization

Key informants also highlighted the challenges faced by workers in the care sector and immigrant workers. According to a research expert,¹⁸² at-home care providers and other informal workers do not have social protection, and the protections given to healthcare workers are not always applicable to social care workers. According to a research expert,¹⁸³ social care workers do not have a separate qualification compared to health care workers. It allows migrants, especially female workers, to gain employment without high-level qualifications. There is also an overlap of duties between nurses and care workers in medical fields and sometimes with domestic workers. A representative from an employer association¹⁸⁴ pointed out that low skilled residential care workers do not have a qualification threshold. In contrast, a multilateral organization representative¹⁸⁵ highlighted that qualification recognition is a major challenge in the Elderly caregiving labour force.

A research expert¹⁸⁶ shared that as per an OECD study,¹⁸⁷ migrant workers in the sector were found to be overqualified compared to their local counterparts in the care sector. Evidence also suggests that in countries like Japan, some migrants may deliberately choose to work in the care profession or even in domestic work because it provides flexibility in terms of working hours and housing or accommodation facilities with the families. Hence, even skilled people with higher qualifications may choose to work as Elderly caregiving workers. However, some migrants prefer to work at higher qualification levels. A representative of an EU agency¹⁸⁸ also emphasized the problem of qualification recognition for third-country nationals working in Europe's care sector.

Some countries may also maintain certain skill requisites for care workers as pointed out by an employer association representative.¹⁸⁹ The Czech Republic requires migrants to complete a 150-hour course within 18 months upon entry, and the Netherlands requires 2-3 years of professional education/training before working in long term care. According to a national employer association representative,¹⁹⁰ to work in Austrian Elderly caregiving, appropriate training is needed. Home help has the lowest qualification level, and nursing assistants require a 1-year training, nursing associates need a two-year training and diploma, and nursing staff need training of 3.5 years. Foreign nurses must prove they have completed one of these training courses and have it recognized in Austria. For workers in 24-hour care, training equivalent to home help is required. A national employer association representative¹⁹¹ shared that in France, their association provides training for directors of care workers and training for basic care workers. However, this is occupational training, and the association does not award diplomas to workers who complete the training. The representative¹⁹² also suggested that workers would have to learn French and the culture, followed by occupational training, after which they could join the care workforce. A national nursing association representative¹⁹³ pointed out that in Germany, qualifications for workers in the care sector may be scrutinized less; however, the government evaluates the differences in qualifications between international nurses and German nurses.

¹⁸² Interview Code IOM/14

¹⁸³ Interview Code IOM/14

¹⁸⁴ Interview Code IOM/5

¹⁸⁵ Interview Code IOM/11

¹⁸⁶ Interview Code IOM/16

¹⁸⁷ OECD, (2020), *Who Cares? Attracting and Retaining Care Workers for the Elderly*, OECD Health Policy Studies. Paris: OECD Publishing, doi:<https://doi.org/10.1787/92c0ef68-en>.

¹⁸⁸ Interview Code IOM/2

¹⁸⁹ Interview Code IOM/5

¹⁹⁰ Interview Code IOM/8

¹⁹¹ Interview Code IOM/9

¹⁹² Interview Code IOM/9

¹⁹³ Interview Code IOM/24

According to a research expert,¹⁹⁴ however, there is also a trend of upward mobility – social care workers rise through the ranks, complete training and become nurses in the healthcare sector. According to an EU agency representative,¹⁹⁵ the social care sector itself is seen as a transitional occupation, thus creating a medium-term shortage of workers. The phenomenon of the Elderly caregiving sector as a stepping-stone to gaining more qualifications also comes from the qualification recognition problem in the healthcare sector, as it encourages workers to seek higher qualifications and associated jobs. It was further emphasized by a research expert¹⁹⁶ who stated that the healthcare sector is very resistant to accepting overseas qualifications, which often results in foreign and highly qualified nurses not getting jobs in healthcare and having to work in the Elderly caregiving sector. Language skills are a critical barrier for migrant care workers pointed out by key informants across stakeholder categories. For countries like Finland and other Nordic countries, language becomes the major barrier in healthcare, with most patients not speaking English. An expert¹⁹⁷ pointed out that migrants who fail their language tests may also work in the care sector even if they are technically qualified for occupations like nursing. Another expert highlighted that older people in Europe are a generation that prefers to use their native language or may not know any foreign languages, including English.¹⁹⁸ An employer association representative¹⁹⁹ stated that there is a need for a systematic organization of language training for care workers on a bilateral level. The representative²⁰⁰ also shared examples of migrants being provided language training while in the source country before migrating to the destination countries of Austria and the Czech Republic. Another national employer association representative²⁰¹ highlighted that in France, a lot of care workers are from French-speaking African countries which eases the language barrier.

An expert²⁰² highlighted that the working conditions of migrant caregivers are poor and there is inequality in the income levels of people in the sector. The public sentiment towards immigrants in most European countries also presents a challenge. A representative from an EU agency²⁰³ pointed out that with a highly feminized care workforce, women disproportionately suffer the poor working conditions of the care sector such as long working hours, low pay, physical and mental health issues, and violence. Further, the representative²⁰⁴ shared that the gender ratio in the informal care sector can be seen positively as a way of allowing women to work part-time and continue participating in the labour market. However, the negative aspect of this is that not all women in the sector are working part-time by choice – many do not get full-time jobs and have no option. An expert²⁰⁵ pointed out that many women join the care sector since higher qualifications are not needed. However, the wages and social security benefits they receive are extremely poor. Highlighting the prevalence of part-time work in the care sector, a research expert²⁰⁶ added that there are tax flexibilities for part-time care work for women employed in care homes in Germany. A national employer association representative²⁰⁷ gave the example of France, where the government raised wages for healthcare and long term care sector workers during the pandemic to assuage the pressures of the working conditions. Several representatives added that burnout among care workers and nurses was rampant, causing more shortages in the care sector.

¹⁹⁴ Interview Code IOM/16

¹⁹⁵ Interview Code IOM/2

¹⁹⁶ Interview Code IOM/16

¹⁹⁷ Interview Code IOM/16

¹⁹⁸ Interview Code IOM/18

¹⁹⁹ Interview Code IOM/5

²⁰⁰ Interview Code IOM/5

²⁰¹ Interview Code IOM/14

²⁰² Interview Code IOM/5

²⁰³ Interview Code IOM/2

²⁰⁴ Interview Code IOM/2

²⁰⁵ Interview Code IOM/14

²⁰⁶ Interview Code IOM/18

²⁰⁷ Interview Code IOM/9

A multilateral nursing association representative²⁰⁸ shared that they received reports of heavy workload and poor conditions among nurses and nursing assistants employed at long term care facilities in Europe. The representative²⁰⁹ also shared that many nurses felt they did not have continuous professional development, which was extremely relevant during the pandemic when they needed knowledge of infectious disease management, patient safety, and Elderly caregiving. Pre-COVID, there was a global shortage of nurses. The pandemic and the rapidly ageing populations in Europe have exacerbated the shortage and the demand for nurses.²¹⁰ Interestingly, according to a National Nursing Association representative,²¹¹ Italian nurses were facing unemployment before the pandemic. With the increased demand, foreign nurses are still part of the workforce, but Italy is not a preferred destination due to low wages, long hours, and the language barrier. An employer association representative²¹² in the Netherlands also expressed concern that the working conditions, cultural and linguistic differences and the tasks required of care workers may make the sector less lucrative. The representative²¹³ also pointed out that the COVID-19 pandemic further exacerbated burnout and increased workload due to an ageing population.

6.2 Opportunities for India

In this section, the views of key informants are presented on the opportunities for India as a source for care workers, concerns regarding brain drain, other source countries that can take advantage of this sector, and future options for bilateral dialogue on carer migration.

6.2.1 Shortage of Social Care Workers an Opportunity for India

Respondents pointed out that several EU countries were already struggling with ageing populations and were specifically looking for health workers, with COVID-19 adding another layer of complexity to the situation. According to a representative of a multilateral organization,²¹⁴ the demand for health workers rapidly increased during the crisis, and most destination countries have reviewed their internal needs. The multilateral organization representative²¹⁵ added that India had been one of the world's largest sources of health workers, the largest source country for dentists, and the second-largest source for nurses, the first being the Philippines. However, according to a recent WHO study,²¹⁶ the production of health workers in India is much less than in OECD countries, with an active healthcare workforce of 3.04 million in 2017-18. India's need for health workers internally is tremendous as well. Research experts highlighted the special relationship countries like India and the Philippines have with the United Kingdom, as they are the source for most of the extremely high skilled healthcare workers emigrating to the UK. A representative of the European Commission²¹⁷ agreed and identified India as an important source country for highly skilled migration to the EU.

The representative of a multilateral nursing association²¹⁸ recommended the development of adequate monitoring systems and evaluation of migrant nurses and care workers that can provide data for making effective policies for the care workforce. The representative²¹⁹ also recommended government-to-government initiatives with mutual benefits to ensure the ethical recruitment of nurses. Since many nurses in high-income and middle-income countries are facing burnout and leaving their jobs, a gap is created. According to the representative,²²⁰ Indian nurses will be sought for not just healthcare but long term care work as well.

²⁰⁸ Interview Code IOM/13

²⁰⁹ Interview Code IOM/13

²¹⁰ Interview Code IOM/13

²¹¹ Interview Code IOM/10

²¹² Interview Code IOM/23

²¹³ Interview Code IOM/23

²¹⁴ Interview Code IOM/12

²¹⁵ Interview Code IOM/13

²¹⁶ World Health Organization, (2021), Health Care Workforce in India: Why, Where and How to Invest? <https://images.hindustantimes.com/images/app-images/2021/9/health-workforce.pdf>.

²¹⁷ Interview Code IOM/1

²¹⁸ Interview Code IOM/13

²¹⁹ Interview Code IOM/13

²²⁰ Interview Code IOM/13

According to an Indian research expert,²²¹ the Elderly caregiving sector opens two opportunities. Firstly, the jobs left behind by the ageing population and the jobs to care for the people who grow old. An Indian industry body representative²²² pointed out that Indian nurses who complete general nursing programmes successfully migrate to other countries to work in the Elderly caregiving sector, often in government hospitals or major facilities. The representative also believed that with an increasing aged population, Elderly hospitals, like paediatric hospitals, may soon develop and become a speciality basis.

6.2.2 Other Source Countries (Vietnam, Philippines) Also of Interest

Outside of India, European nations are looking at multiple other source countries. An employer association representative²²³ stated that Europe is exploring “import programmes” to bring in migrant care workers from outside Europe, with Vietnam and the Philippines being identified as the primary focus. The representative²²⁴ also highlighted the importance of the relationship between the source and destination countries for successful mobility agreements. A similar point was made by a research expert who said that individual European countries are initiating labour mobility programmes, specifically for nursing professionals. Multiple representatives of research organizations, and EU agency representatives, asserted that Germany is especially proactive in recruiting migrant nurses from the Philippines and Vietnam, citing the Triple Win Project.²²⁵

India’s emigration numbers are rising, especially in nursing and medicine, which one research expert²²⁶ identified as a key competition for the Philippines. Research experts attributed India’s better performance to Indian migrants performing better on English-language testing. It was also emphasized by a representative of a multilateral organization,²²⁷ who stated that English language proficiency was a huge advantage for India. The representative of a multilateral nursing association²²⁸ reported an increasing trend of nurses from the Philippines to Europe and the UK. The Philippines government tried to cap the number of nurses migrating to the UK during the first wave of the pandemic. The representative shared that some national nursing associations reported governments in source countries holding off on approving nurses to migrate to other countries.

Source countries are also less involved in discussions regarding health and care workers’ general mobility and migration, according to representatives of multilateral institutions and research experts. One multilateral organization representative²²⁹ highlighted that India must focus on quality assurance in its education system to facilitate care sector migration. An Indian research expert pointed out that other countries, including the Philippines and Sri Lanka, are already moving into the care sector, with Nepal and Indonesia following too. The expert also pointed out that COVID-19 will generate more opportunities globally, and India needs the right skills to participate.

²²¹ Interview Code IOM/20

²²² Interview Code IOM/21

²²³ Interview Code IOM/5

²²⁴ Interview Code IOM/5

²²⁵ Federal Employment Agency, Germany, Program Triple Win, <https://www.arbeitsagentur.de/vor-ort/zav/Triple-Win-Pflegekraefte>, Retrieved on: 23 March 2022

²²⁶ Interview Code IOM/16

²²⁷ Interview Code IOM/11

²²⁸ Interview Code IOM/13

²²⁹ Interview Code IOM/11

6.2.3 Room for Bilateral Dialogue with EU Countries

According to an employer association representative,²³⁰ European countries recruit via agencies, and bilateral agreements for certain sectors also facilitate the recruitment of migrant workers. For exploring the care sector in Europe, India will have to analyze what kind of workers and skill sets it wants to facilitate migration for. A multilateral organization representative²³¹ stated that if India wishes to pursue bilateral mobility agreements, the unconventional nature of the care sector means the need for a strong skills training and recognition system. India must then consider if such training and certification schemes need to be built into mobility agreements, whether there is demand for such training and whether the source or the destination country will bear the cost of training.

Representatives from employer associations and multilateral organizations also highlighted private sector recruitment for nurses and health workers outside of bilateral skill and mobility agreements. Private sector recruitment happens in large numbers, while government pathways recruit relatively lesser nurses and health workers. One employer association representative²³² stated that recruitment patterns of private-sector care facilities need to be studied to gain an understanding of hiring many migrant workers. According to representatives from multilateral organizations, the differential recruitment in the public and private sector needs to be focused on by source countries. One research expert²³³ shared that the World Health Organization is working to advise destination and origin countries looking to create bilateral mobility agreements facilitating healthcare worker migration. It aims to promote conducting recruitment under the framework of the agreement without private recruiter involvement. An Indian state government representative shared that many aspiring migrants in Kerala are willing to work in the care sector overseas. If there is bilateral dialogue and partnerships between India and destination countries, the state government is willing to facilitate recruitment for the care sector in Europe.

6.3 Policy Action in the Elderly Sector

In this section, we present respondents' views and inputs on policy developments in the care sector, including initiatives by the EU, individual member states, and other programmes.

6.3.1 Developing Policy Mechanisms for the Care Sector and Labour Migration

A representative from an EU agency²³⁴ stated that long term care is a new policy area. Previously, the policy landscape was focused on creating coordination, knowledge sharing, and working conditions directives for the entire labour market, including long term care workers. In recent years, the policy dialogue has shifted towards developing the European Pillar of Social Rights – a framework of 20 principles agreed upon by the member states, highlighting some principles that can be turned into social rights. The representative²³⁵ also stated that an EU policy on long term care is expected to be ready by 2022. According to a representative of an EU agency,²³⁶ there are two upcoming initiatives of the EU to boost labour migration. One is the EU Talent Pool, a digital platform for international recruitment to help match the skills of migrant workers and the needs of employers. Another is a country-specific initiative called the Talent Partnerships Initiative, where migrant workers will be provided funding for a specific labour migration project. The representative²³⁷ also stated that a 2022 Skills and Talents Package, a revision of the Long term Residents Directive, and a revision of the EU single permit directive would soon begin. There is also a discussion on improving legal pathways for care workers. While there is a discussion on implementing a single scheme

²³⁰ Interview Code IOM/5

²³¹ Interview Code IOM/11

²³² Interview Code IOM/5

²³³ Interview Code IOM/16

²³⁴ Interview Code IOM/2

²³⁵ Interview Code IOM/2

²³⁶ Interview Code IOM/1

²³⁷ Interview Code IOM/1

for recruiting low and medium-skill workers, implementing a uniform programme may not be feasible. It is because of qualification standards, varied country-level needs, skill mismatch, and the fact that the Member States execute regulations for low and medium-skill workers at the national level.

6.3.2 Initiatives by the Individual Member States:

According to government stakeholders²³⁸ and employee association representatives,²³⁹ Finland's Ministry of Family Affairs launched a programme in November 2021 to improve the availability of sufficient numbers of personnel in social services and health (SSH).²⁴⁰ The appointed Work Group draws from Ministries and other organizations and shall work until the end of the current election term (until spring 2023). The group has a broad mandate of identifying all parameters, such as numbers in training, organizational management, salaries, and foreign recruitment, and looking into the issue of adapting training systems for foreign SSH workers. According to a government representative,²⁴¹ **Germany has undertaken its 'Triple-Win' project²⁴² to promote long term social integration of nursing staff in Germany** as a basis for remigrating. It is an initiative by the Federal Employment Agency (Bundesagentur für Arbeit) in Germany and the labour authorities of partner countries. The government representative stated that Germany wishes to explore a Triple Win project with India – Germany would select skilled workers in surplus professions from India for recruitment.

Under the project, workers will be provided language training in the source country and continue their studies upon arrival. In the case of India, already registered or certified nurses can apply for German programmes to work in hospitals, and long term care homes. Multiple research experts, government representatives, and European Commission representatives also highlighted a recent MoU, which would provide the foundation for developing an India-Germany Triple Win project.²⁴³

6.3.3 Research Organizations Also Creating Initiatives in the Care Sector:

A research expert²⁴⁴ shared the Global Skills Partnership, an initiative by the Centre for Global Development, headquartered in Washington D.C., aiming to help medium skill migrants, particularly in the healthcare sector. The Global Skill Partnership's main motivation is how the country of destination could train and invest in building the stock of skills in the country of origin before migrants depart, with the idea that some may choose to stay back while others migrate. The expert²⁴⁵ highlighted that the programme aims to build a global stock of skill and talent within a certain area where there is a shortage and, at the same time, be a tool for destination countries to compensate the countries of origin for the labour force it is taking. Four pilots of the Global Skills Partnership are underway and are modelled especially for the healthcare sector.

GERMANY AND KERALA MoU FOR NURSE RECRUITMENT

A government stakeholder shared that under the recent MoU between the government of Germany and the state government of Kerala, nurses would be recruited for work in Germany at hospitals and long term care facilities. It was also mentioned by an Indian state recruitment agency representative who felt that the UK market for care work is almost saturated. However, Germany presents an opportunity for 5 lakh nurses by the end of 2030. The aim was to send at least 500 nurses to Germany in 2022, and under the project, prospective candidates will receive language training in India before migrating. After migrating, they may complete their language training and matching process, which the German government will bear.

²³⁸ Interview Code IOM/4

²³⁹ Interview Code IOM/6

²⁴⁰ Ministerial Working Groups of Marin's Government, (2019), Retrieved from: <https://valtioneuvosto.fi/en/marin/ministerial-working-groups>.

²⁴¹ Interview Code IOM/3

²⁴² Federal Employment Agency, Germany, Program Triple Win, <https://www.arbeitsagentur.de/vor-ort/zav/Triple-Win-Pflegekraefte>. Retrieved on: 23 March 2022.

²⁴³ Interview Code IOM/3

²⁴⁴ Interview Code IOM/16

²⁴⁵ Interview Code IOM/16

7 | Conclusion

7.1 Key Takeaways

- The Elderly caregiving sector has been the **fastest-growing sector in Europe for the last 15 years**, and there is an estimated need for 1 million workers in the care sector. However, the care sector in Europe is not homogenous, and **care systems and policies differ across the Member States**. The workforce is also categorized as personal care or domestic workers or more technically qualified workers such as nurses.
- Migrants are prevalent in the Elderly caregiving sector, in hospital settings and domestic care providers. The shortage of care workers in the EU has led to **migration from within the European Union**, particularly from Eastern European countries to Western European countries. It has created labour market shortages in the sending countries, where third-country nationals could fill the gap. Care professions also have **complex job categorizations that** change across the Member States along with their duties. The European Union has **specific pathways for recruiting nurses** and more technically qualified care workers. However, informal caregivers and domestic workers are often regarded as unskilled labour and receive limited social protection.
- Several stakeholders have pointed out that the Elderly caregiving sector has multiple challenges, one of them being the **recognition of qualifications for third-country nationals**. The Elderly caregiving sector is also viewed as a **transitional occupation** where care workers begin working in the sector only to gain more qualifications to become nurses in the healthcare sector. Other key challenges for the Elderly caregiving labour force include **poor working conditions, heavy workload and language barriers that hamper the work of caregivers**. The sector is also highly feminized since women can work part-time as care workers and continue participating in the labour force. However, this also leads **to women workers being disproportionately impacted by the challenging working conditions of the sector**.
- Multiple stakeholders identified India **as a source for highly skilled migration to the EU**, particularly healthcare workers. However, it is not a key country of origin for care workers, but more technically qualified professionals like nurses and doctors. Indian migrants have an **advantage in English language proficiency**, leading to a rise in emigration from India, especially in nursing and medicine. Since the COVID-19 pandemic, European countries are also facing a shortage of healthcare workers, including nurses, which is an opportunity for India.

- Several stakeholders highlighted the special relationship between India and the United Kingdom and the historical prevalence of Indian healthcare professionals and nurses there and in Ireland. However, European countries are exploring partnerships **with other source countries like the Philippines and Vietnam** to bring in migrant nurses and care workers. In pursuance of bilateral mobility agreements, the unconventional nature of the European care sector may require India to set up **strong skill training programmes, qualification recognition systems, language training and social protection**.
- The Elderly caregiving sector is a relatively **new policy area for the European Union**. While there are EU-level initiatives for recruiting high skilled workers like nurses, a **uniform recruitment programme for low and medium skill care workers may not be feasible** throughout the European Union. Several stakeholders across government, industry bodies and research experts have highlighted **Germany as a key country of interest** for India to pursue bilateral dialogue in the field of Elderly caregiving and healthcare migration. Germany is implementing its **Triple-Win project** and already has a **Memorandum of Understanding with the state Government of Kerala to recruit nurses**. Nurses recruited to Germany could work in hospitals, and long term care homes. The German government would provide language training support and professional support to nurses emigrating from India. Research organizations have also undertaken initiatives to **provide recruitment opportunities to medium-skill migrants** in the healthcare sector. These projects aim to develop a **talent pool in source countries** while also fulfilling the labour needs of destination countries.
- The Elderly caregiving sector has a high level of informality and the **personal care workforce may not be viable** for Indian migrants. There is an opportunity for India to **explore more technically qualified migration pathways**, especially for nurses. To enter the care sector and larger healthcare sector in Europe, India may also **engage in state-level collaborations** with states like Kerala, which have demonstrated experience in overseas recruitment of nurses to European countries. Efforts of bilateral cooperation between India and individual Member States may also be more fruitful since a pan-European approach to the sector may be too complex.

7.2 Limitations

- Key limitation of this report is the lack of representation of Indian workers in European Elderly caregiving, which is also largely consistent with our findings about the role of Indians in the sector. After reviewing the literature and stakeholder consultations, our findings highlight that Indians are not a notable section of the Elderly caregiving labour force in Europe. The project team also tried contacting Indian nurses as a substitute by seeking the support of recruitment agencies and other stakeholders. However, they could have been more responsive to telephone and email communication.
- This report uses a pan-European approach to understand the Elderly caregiving sector. However, our findings reveal that care systems differ across the Member States based on their welfare policies. In this context, the report has limited insights into country-specific frameworks of the Elderly caregiving sector in each European country.

7 | ANNEX

These findings are drawn from 24 KIIs (10 female, 14 male). These include 17 stakeholder interviews specifically for Elderly caregiving. Marked in blue are 3 stakeholders interviewed in Finland for the Finland-specific report, whose insights were relevant to the Elderly sector and whose views were included. Additionally, insights from 4 Indian stakeholder interviews relevant to Elderly caregiving have also been included.

	Stakeholder	Interview Code	Stakeholder Category
1.	Directorate-General Home (Legal Migration & Integration Unit) of the European Union	IOM/1	
2.	Directorate-General Employment, Social Affairs & Inclusion of the European Union	IOM/2	
3.	Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ), Government of Germany	IOM/3	EU/Government Agencies
4.	Ministry of Economic Affairs and Employment, Government of Finland	IOM/4	
5.	European Ageing Network	IOM/5	
6.	Trade Union for Social and Health Services, Finland	IOM/6	
7.	Finnish Confederation of Professionals	IOM/7	
8.	Lebenswelt Heim – Bundesverband, Austria	IOM/8	
9.	Fédération Nationale Avenir et Qualité de Vie des Personnes Agées (FNAQPA), France	IOM/9	Employer Associations/Trade Unions
10.	CNAI-Italian Nurses Association	IOM/10	
12.	ActiZ, the Netherlands	IOM/23	
13.	Deutscher Berufsverband für Pflegeberufe (German Organisation of Nursing Professionals)	IOM/24	

	Stakeholder	Interview Code	Stakeholder Category
14.	OECD Directorate for Employment, Labour & Social Affairs	IOM/11	
15.	World Health Organization, South-East Asia Region (SEARO)	IOM/12	Multilateral Organizations
16.	International Council of Nurses	IOM/13	
17.	AGE Platform Europe (IOM/14)	IOM/14	
18.	Migration Policy Institute, Europe (IOM/15)	IOM/15	
19.	Center for Global Development (IOM/16)	IOM/16	Research Organizations & Experts
20.	University of Melbourne (IOM/17)	IOM/17	
21.	Care Research Network, Germany (IOM/18)	IOM/18	
Indian Stakeholders			
22.	NORKA Roots, Government of Kerala (IOM/19)	IOM/19	Recruitment Agency
23.	The International Institute of Migration and Development (IOM/20)	IOM/20	Research Expert
24.	Federation of Indian Chambers of Commerce & Industry (FICCI) (IOM/21)	IOM/21	Industry Body
25.	Indian Personnel Export Promotion Council (IPEPCIL) (IOM/22)	IOM/22	Industry Body

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