

Central and Eastern European countries in the migrant care chain

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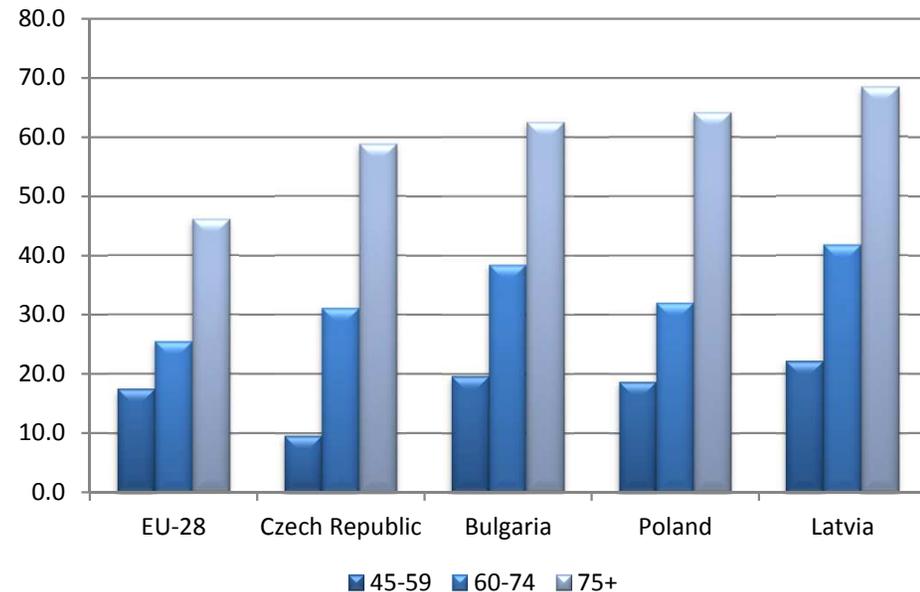
**Expert Group Meeting on “Care and Older Persons: Links to Decent
Work, Migration and Gender”**

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Ageing & care needs in CEEC

- Improvement in life expectancy, especially in CZ and PL between 1990-2017; lower improvements in BG, RO, HU & other countries
- Poor health status and chronic conditions: CVD, cancers, diabetes, muscoskeletal illnesses
- High levels of functional impairments and disability in older population
- With low TFR and increase in LE, CEEC are entering the ageing phase

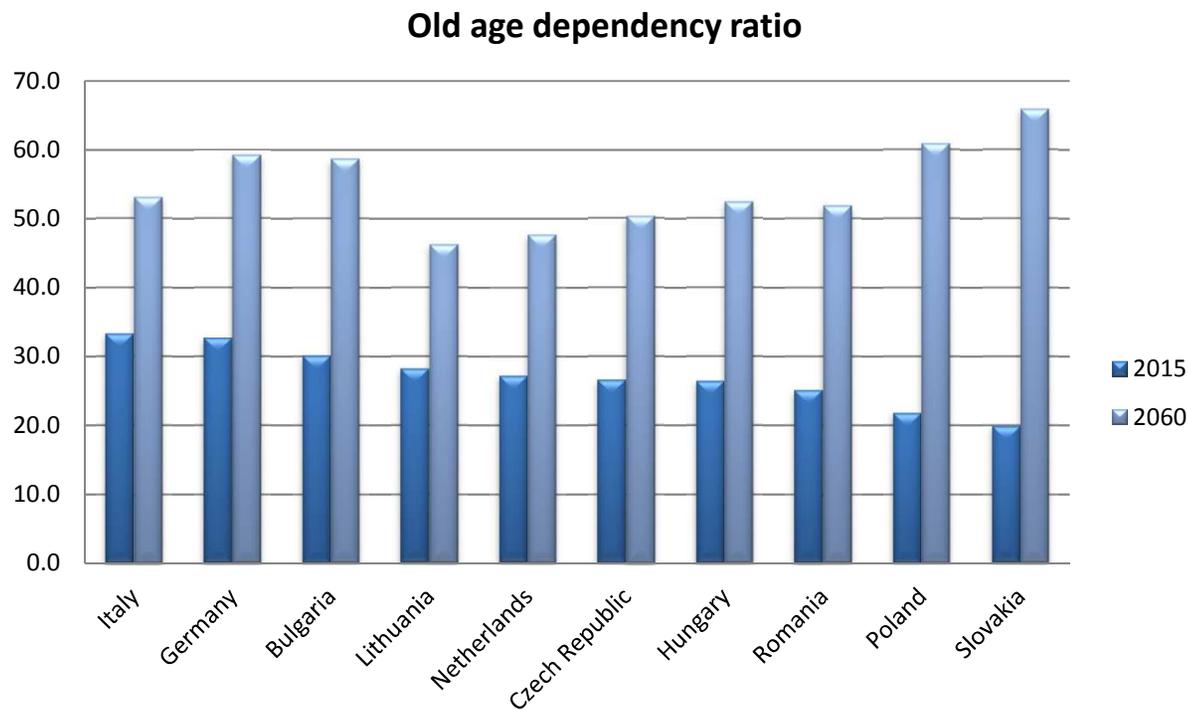
Disability in older adult population



Source: European health and social integration survey, 2012

Old age dependency ratio

Today still „young” populations will be among the „oldest” Europeans in 40 years



Source: Eurostat, population projections

Migration from the CEEC

- CEEC - poorer countries under many economic and political pressures have been „sending” countries for many decades (XIX century, post IIWW, communist period)
- Due to historical and ethnic reasons stronger migration in some regions (i.e. South-West Poland, East Romania – German minority)
- Entering EU in 2004 and freedom of labour movement stimulated the last wave of economic migration

Reasons for care migration

- Demand factors:
 - Demographic change in Western European countries
 - Shortages in care employment
 - Changing family roles
 - Stimulation by social transfers
- Supply factors:
 - High poverty during the transformation period
 - High unemployment (young people, women 50+)
 - Low salaries and poor working conditions in nursing & care professions

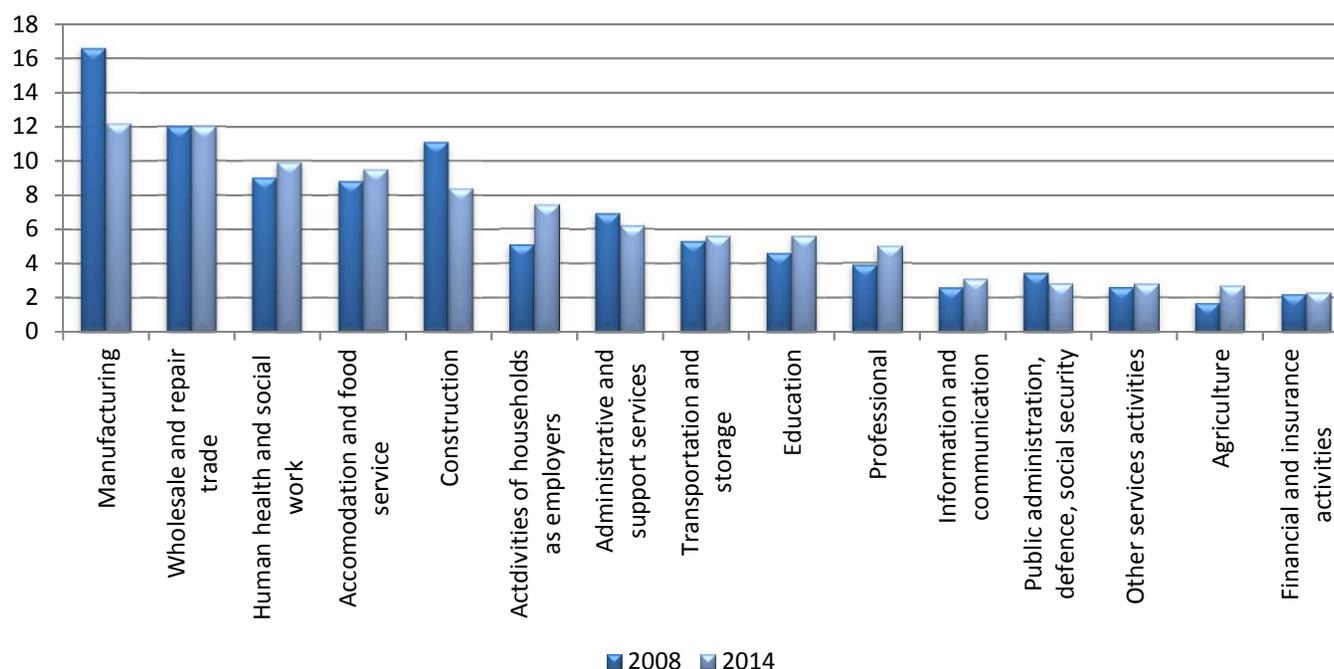
Migration and care regimes

- Traditional perception of care duties and availability of unconditional care-related cash transfers (e.g. Germany, Italy, Austria) stimulates employment of low-salaried informal carers (Simonazzi 2009, Fedjuk et al. 2014) → semi-regulated but politically and socially accepted segment of care
- Developed formal care and marked care-related cash transfers stimulates migrants' employment in formal care settings (e.g. France, UK, Sweden)

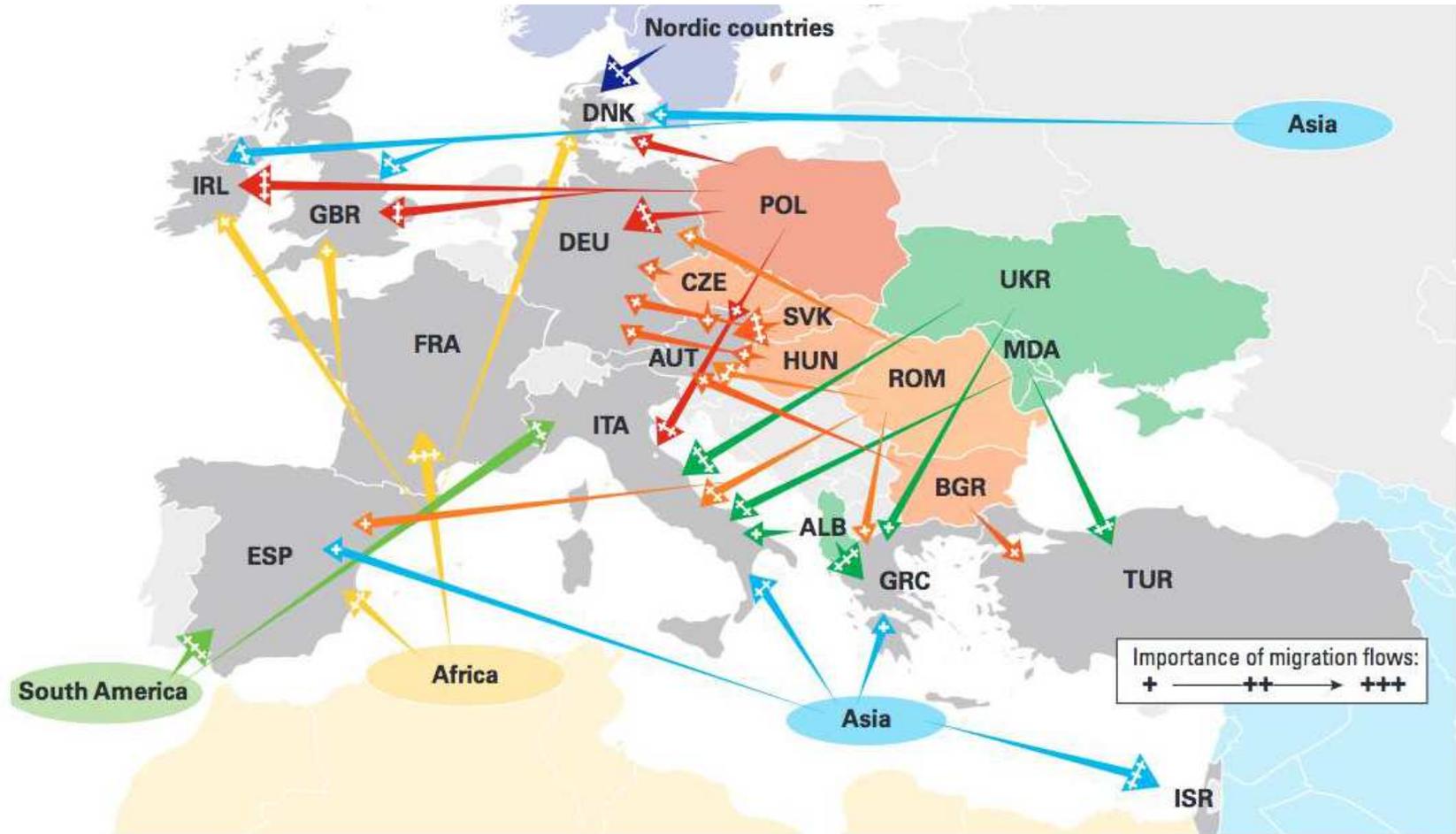
Employment of first-generation migrants in the EU

- health and social services are the main field of economic activity for almost 10% of first generation migrant workers
- 7.4% of first generation migrants work in households and this share has strongly increased between 2008 and 2014

First generation migrant care workers in the EU-28 by sector of employment



Origin and destination countries in Europe



Care migration from CEEC to Western Europe

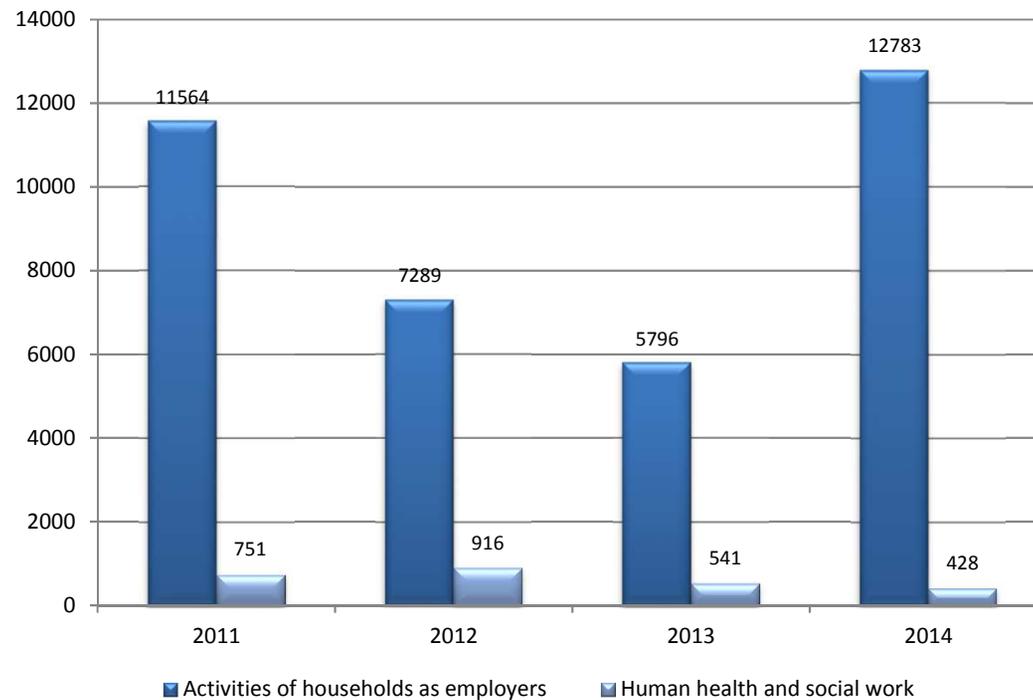
- Employment in care remains an area un- or underreported in public statistics either of destination or in source countries (temporary work, cross-border on circulatory basis, often non-registered)
- But:
 - 316 thousand care workers in Italy (2002),
 - 187.5 thousand care workers in Spain (2005),
 - 60.6 thousand care workers in Austria (2017): 56% Slovaks, 30% Romanians
 - Estimations show from 100 thousand CEEC care workers to over 200 thousand Polish care workers in Germany

CEEC - new destination countries

- In Poland, Czech Republic increasing migration of informal care workers from Ukraine (especially after the war in Eastern Ukraine) – up to 600 thousand migrants seasonally, every 5th working in households' & care
- Romania a host country for care migrants from Moldova – 94 thousand migrants between 1991 and 2014
- Hungary a host country for care migrants of Hungarian ethnicity living in other CEEC
- Slovenia a host country for care migrants from former Yugoslavia territory (Voivodina)

Registered care migrants in Poland

Number of registered statements of migrant employment in households' activities and in human health and social work sector of economy in Poland



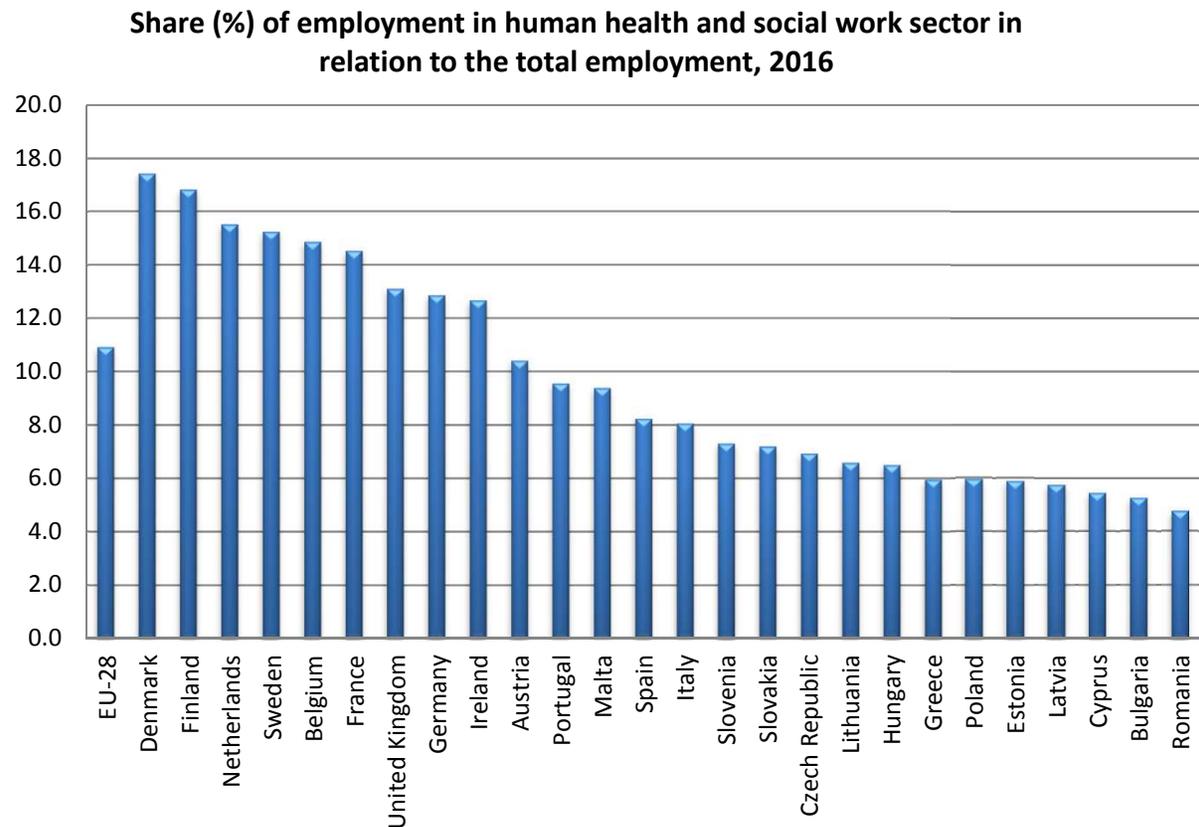
Source: Sobiesiak-Penszko 2015 after the Ministry of Family Labour and Social Policy

Tensions in sending countries

- Risk of workforce drain in the source countries, especially in nursing and social care sector
 - e.g. Poland: 19.9 thousand professional certificates for nurses issued between 2004 and 2016
- Inability to assure adequate care in CEEC in times of rising care needs (high dependency & ageing) with underdeveloped formal LTC services, migration and family changes
- Whilst in Poland, Romania or the Czech Republic migration might be mitigated by inflow of workers from other countries, this is not the case in poorer CEEC: Ukraine, Moldova

Problems with domestic nursing and care work in CEEC

- Low density of nursing and social care workers in the population,
- Low share of workers in total employment
- Ageing of workers in nursing and care sector



Gender, family and the risk of exclusion

- Care is a female work, either as migrants or demestically
 - Redefinition of female role within family, women as breadwinners,
- Families better-off, but often socially deprived, a risk of family deconstruction
- High cost of emotional distress, social isolation, deprivation of own needs related to care work
- Financial independence of women sometimes allows them to build self-esteem, rebuilt their lives and revise life goals (Wiatr 2017)

Social protection of migrant care workers

Care migrants work in different work arrangements:

- (1) Formal care settings → covered with social protection (UK, Sweden)
- (2) Semi-formal arrangements (self-employment, cross-border temporary contracts) → labour below statutory minimum wage in destination country, poor social protection, lack of labour stability (Austria, Germany)
- (3) Informal care → lack of any social protection (Spain, Italy, Poland, Czech Rep.), typically workers from non-EU countries working in the EU

Main policy issues

- Drawing attention to the problem of migrant care work (e.g. CEQUA LTC Network)
- Changing role of the CEEC countries needs discussion on the impact of migrant care work on supply of care domestically (formal and informal), family relations & female roles
- A need to formally recognize care migrant work in most of the European countries (e.g. Austria), including CEEC
- A need for equal treatment of migrants care workers compared to domestic worker & social protection of care workers