



Social Services Europe

## Third-country Social and care service professionals: Unlocking the job creation potential of social services- a study realised for Social Services Europe

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## Executive summary

Social Services Europe (SSE) commissioned Istituto per la Ricerca Sociale (IRS) to produce a European study on national and/or local level interventions on ways to unlock the potential of third-country nationals<sup>1</sup> to address staff shortages and to meet the increasing demand of social services in Europe. Social services are one of the biggest job creators in Europe today, and play a key role in empowering all people to play an active role in society. Over recent years, there has been a growing interest in the role of migrants in the social care sector, making up a growing proportion of the social care workforce.

Social Services Europe (SSE) is a network of eight European umbrella organisations representing not-for-profit social service providers: Caritas Europa, the European Council for Non-Profit Organisations (CEDAG), the European Association of Service Providers for Persons with Disabilities (EASPD), the European Platform for Rehabilitation (EPR), Eurodiaconia, the European Federation of National Organisations Working with the Homeless (FEANTSA), the Red Cross EU Office and Solidar.

Social Services Europe's national members provide services to people with disabilities, those without homes, migrants, children, the elderly and people in vulnerable situations in general. The network aims to strengthen the profile and position of not-for-profit social service providers in Europe and promote the visibility, recognition and impact of the social sector. The contribution to the sector is huge with SSE combined membership representing over 100,000 service providers across Europe in all EU countries.

Social Services Europe plays a significant role in supporting refugees and migrants to start their integration into our societies and labour markets as well as supporting people with disabilities or other challenges to access employment and to participate in society. Furthermore, through its members SSE is an important actor in the quest for work-life balance, providing wraparound services that enable care, increase the likelihood of more equality between women and men in the workplace, and support early childhood education and care.

Social Services Europe advocates for the accessibility, affordability, availability and adequacy of social and health care services all across Europe, as a crucial element of the European social model, aimed at ensuring social rights to all. This requires ensuring the appropriate organisation, funding and delivery of these services, particularly in an improving yet uncertain economic and social context. Social Services Europe believes that investing in people is a long-term investment that yields both social and economic returns. People should be at the heart of all policies but SSE member organisations as providers need a supportive ecosystem to meet their needs.

Social services also play a crucial role in the continuous development of the European social model, as well as towards the EU's values, principles, rights and strategies. Investing in social services makes Europe's economy more stable, inclusive, productive and resilient.

Social Services Europe commissioned a research project in 2018 on the role of social services in improving work-life balance (WLB) in Europe. In particular, it covers two issues: to assess promising practices of social service provision and their WLB impact, and to provide an in-depth analysis of the environment that enables the development of such services. The study is supported by a document with specific recommendations to policymakers and social service providers. Another study on recruitment

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<sup>1</sup> Any person who is not a citizen of the European Union within the meaning of Article 20(1) of TFEU and who is not a person enjoying the European Union **right to free movement**, as defined in Article 2(5) of the [Regulation \(EU\) 2016/399 \(Schengen Borders Code\)](#). For the purpose of this study it includes non-EU migrants as well as asylum seekers and refugees.

and retention in social services – *Unlocking the Sector's Job Creation Potential* was also commissioned in 2017 to present the case for increasing investment in the social services sector so that new jobs can be created to meet the growing demand for social services<sup>2</sup>.

This study is based on an in-depth literature review at EU and national levels (for five selected countries: France, Germany, Ireland, Italy and Sweden), as well as research on recent studies and debates, together with interviews with a number of stakeholders in the five countries under review. The main objective of the study is to analyse existing and effective interventions made at national and local levels on ways to unlock the potential of third-country social and care service professionals to address staff shortages and meet the increasing demand of such services in Europe.

The study focuses on the following issues:

- Demographic changes and their impact on care needs;
- The role played by social services as a job creator in Europe;
- The role played by migrants in the care sector in Europe;
- Policy and good practices to support and enhance the job creation potential for migrants.

The study has identified main socio-demographic factors affecting the evolution of care needs in EU Member States, which can be summarised as follows.

**Demographic and social changes** are having a relevant impact on care and social services in Europe. During the last 50 years the composition of the EU-28 population has changed considerably due to several factors: declining fertility rates, population ageing, modification of family patterns and increasing involvement of women working full time in the labour market. Care needs are particularly associated with these demographic changes as well as to the diffused presence of disability and mental health issues in families. In addition, the European population has changed in recent years not only due to socio-demographic changes, i.e. decreased birth rates of native citizens, but also due to the number of migrants, asylum seekers and refugees arriving to settle in EU countries. From 2012 to 2016, net migration contributed more than 80 % to total population growth in the EU-28, compared with less than 20 % from natural population changes: the number of people residing in an EU Member State with citizenship of a non-EU Member State on 1 January 2018 was 22.3 million. The **inflows of migrants and asylum seekers to Europe** in the last years has become one of the hottest topics on the EU agenda in terms of Member State responsibility-sharing between and within EU countries. This situation evidences the need to shift from short-term, crisis management mode to a long-term, sustainable asylum and migration policy, enabling more safe and legal pathways, effective integration, inclusion processes, and access to the labour market.

The foreign component in the European labour market over the years has become increasingly more important for national economies. This is because **migrants are key players in the European labour market** and they perform multiple roles: they fill important niches both in fast-growing and declining sectors of the economy; contribute to labour market flexibility; boost the working-age population; contribute with their skills to the technological progress of receiving countries; and they play an important role by offsetting the effects of negative demographic trends, such as workforce ageing and general depopulation. **Employment** is often considered to be the single most important indicator for migrant integration, yet it remains an underdeveloped area for fostering migrants' full participation. The **employment rate** of non-EU immigrants has dropped by 3 percentage points over the past decade, while rising by 3 points among natives and EU-born migrants. Furthermore, there is a relevant **difference in working conditions, indicating much worse conditions** for migrant workers than for native-born workers.

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<sup>2</sup> Both reports are available at the following link: <https://www.socialserviceseurope.eu/reports>

Since 2001, **health and social care services have been one of the biggest contributors to the creation of jobs across the EU Member States**: from 2010 to 2018 in this sector 2,930,395 new jobs were created, in a period characterised by one of the most serious economic crises Europe has ever faced. According to Eurostat statistics, at the end of 2018 in all EU countries where data are available (so, all except for Italy, France, Denmark, Malta and Austria), there were **457,710 job vacancies in the area of human health and social work activities**. In the EU-28, in the fourth quarter of 2018 the **job vacancy rate** was 2.3 %, which has almost doubled in five years.

Another serious concern in Europe is related to **workforce imbalances and shortages in the social and health care sector**. The lack of professionals with specific skills is leading to internal migration and brain drain also within EU countries. This is both positive and negative. Mobility and migration are seen as one of the causes of staff shortages in countries of origin, but they can be at the same time a solution, by matching workers' need to be integrated in the labour market and residents' care and social needs.

Problems and obstacles hindering migrant workers' access to the labour market can be summarised in three main macro areas:

- a) The lack of language skills, knowledge of local culture and social capital;
- b) Skills mismatches and lack of recognised qualifications and administrative requirements;
- c) The discriminatory approach towards migrants hindering them from accessing the regular labour market, effectively resulting in many having no option other than to work in the grey/informal economy.

Overcoming these multiple changes is necessary as well as fostering inclusive social policies and **integration measures**. Since successful integration depends on the engagement of multiple actors, the study presents several different types of **integration measures** put in place by European institutions, civil society organisations, NGOs and employers. Their features are described in the study as well as a number of promising practices to address these obstacles and to support the access of migrants in the labour market **implemented in the five European countries** selected for the analysis.

**Under appropriate conditions, migration can contribute to reducing labour market bottlenecks.** What is key is to provide adequate policy initiatives to enhance opportunities and to reduce obstacles to the deployment of initiatives, able on the one hand to support the integration of migrants and on the other hand to reduce skill shortages. It is in this context that the EU needs to support the integration of migrants in the social and health care sector by putting in place adequate conditions for its development, and Social Services Europe can play a relevant role in this concern.

## Introduction

Social services are one of the biggest job creators in Europe today, and play a key role in empowering all people to play an active role in society. Over recent years there has been a growing interest in the role of migrants in the social care sector, making up a growing proportion of the social care workforce. Migrants with good chances to access the labour market may bring new skills and experiences, and contribute to smart, sustainable and inclusive growth. This perspective matches with an increasing demand of social and care service professionals in most of EU Member States related, among other factors, to the ageing population and the evolving family patterns and needs that are leading to growing pressure on social and care services.

Social Services Europe (SSE) commissioned Istituto per la Ricerca Sociale (IRS) to undertake a study at European level. The topic is interventions realised at national and/or local levels on ways to unlock the potential of third-country nationals to address staff shortages and meet the increasing demand of social services in Europe.

Social Services Europe is an umbrella organisation which brings together eight European networks representing not-for-profit organisations providing social and health care services (Caritas Europa, the European Council for Non Profit Organisations (CEDAG), The European Association of Service Providers for Persons with Disabilities (EASPD), the European Platform for Rehabilitation (EPR), Eurodiaconia, The European Federation of National Organisations Working with the Homeless (FEANTSA), the Red Cross EU Office and Solidar.

## Methodology

To achieve a sound and comprehensive understanding of the current situation and debate at EU level, and to gather information to be considered for the analysis, the study has been based on the use of different research tools to gather different types of evidence from different information sources. The triangulation is a research method aimed both at assuring the validity of a qualitative research through the use of a variety of methods to collect data on the same topic, and to capture different dimensions of the same phenomenon<sup>3</sup>.

The research conducted for the elaboration of this study is based on an in-depth literature review at EU level and national level (for the five selected countries), of the most recent studies and debate available regarding:

- demographic changes and their impact on care needs;
- the role played by social services as job creator in Europe;
- the role played by migrants in the care sector in Europe;
- policy and good practices to support and enhance the job creation potential for migrants.

The analysis is based on an extensive desk research and an in-depth analysis through interviews with stakeholders in five countries. The criterion for the selection of countries is explained in the following paragraph.

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<sup>3</sup> Guion, L., Diehl, D. and McDonald, D. (2011), *Triangulation: establishing the validity of qualitative studies*, Florida, CA: University of Florida Press.

**Desk research** has included an in-depth literature review at EU level: main studies consulted are available in the References section of the report.

**The quantitative analysis** has been completed through the analysis of the **European Union Statistics on Income and Living Conditions (EU-SILC)** and **Eurostat** statistics on the evolution of needs in relation to the socio-demographic and socio-economic evolution that occurred in Europe, and on migration trends at EU level and, in more detail, in the five selected countries. Statistics describe the composition and characteristics of migrants, and where possible their education, skills and involvement in the labour market.

Concerning interviews and the survey in each country, a total of 124 contacts have been taken from national stakeholders: 23 in Italy, 21 in France, 21 in Sweden, 25 in Germany and 34 in Ireland. Several names have been provided by SSE member organisations and others have been selected by IRS. The list of organisations contacted, previously validated by SSE, is in Annex 3.

Eleven stakeholders have been interviewed. The aim of the interviews and the web survey was to integrate the description of each country with more details, and to gather additional examples of good practices of policies intended to support and enhance job creation potential for migrants. Most of the information was already available through desk research, as it is a topic widely studied across Europe.

The grid used for the interviews and for the web survey is available in Annex 4.

### Selected countries

The five countries to be analysed have been selected according to certain characteristics: **their welfare models and socio-demographic and socio-economic contexts, their migration policies and inflows, and the attractiveness of their labour market, in particular in the social sector.** These countries can be considered as representative of different welfare models and socio-economic contexts. These countries are also characterised by different proximities to EU borders implying different migration paths: countries are differently affected by migration flows, also considering whether they are an entry point to the EU, a transit country or a destination country.

Among destination countries highly affected by migration flows we have selected for the analysis Sweden, Germany and France; among entry countries highly affected by migration flows we have selected Italy, and among destination countries moderately affected we have selected Ireland.

#### Italy

Italy is particularly interesting as an example of a **Mediterranean/‘familyist’ welfare regime** where, due to the difficulty to receive formal care, the family usually provides care and assistance to its members (Esping-Andersen, 1996)<sup>4</sup>. Most elderly and people with disabilities who need assistance, as well as children, are taken care of by informal carers such as family, friends, volunteers or private caregivers employed directly by the families. This situation is further motivated by the cultural specificities of Mediterranean countries where traditionally, the elderly (grandparents) take care of children and, when in need, they are supported by their children and other family members. This type of welfare, lacking well-developed formal services and where families are facing increasing demographic imbalances with a strong increase in elderly and disabled people, is particularly attractive to migrants seeking employment in the care labour market. Italy in fact is the country with the most rapid ageing in Europe, and one of the most relevant in the world. As a consequence, care services, when not available within the family, are normally provided thorough the involvement of third-country nationals.

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<sup>4</sup> Esping-Andersen, G. (Ed.). (1996). *Welfare states in transition: National adaptations in global economies*. London: Sage



Italy is an interesting example also for other reasons: 1) it is one of the countries most affected by migration flows as, until the recent political changes, it was the main entry point and transit country in Europe; 2) it is a country where the third sector and social enterprises play a prominent role in the welfare sector; 3) it is a country with increasing labour shortages specifically in the health and care sector, in particular concerning doctors, nurses and home care workers.

## Germany

Germany is an example of a **conservative/Bismarck welfare model** based on the principle of subsidiarity and the dominance of social insurance schemes (with obligatory health, accident, and old-age and disability insurance programmes).

From the demographic point of view the population of Germany is growing slightly and, at the same time, is rapidly ageing: between 2009 and 2018 while the population of working age has slightly reduced (-0.4 %), there has been an increase in the elderly population, in particular of people over 85. Population is also growing due to migration flows: in 2018, 5,462,268 third-country nationals were living in the country, equal to 6.6 % of the population, well above the EU average of 4.1 %.

The German economy has been growing for decades with improving labour market performance: low levels of unemployment have created favourable conditions for the labour market integration of migrants and refugees. According to data provided by Eurofound (2016) Germany is expected to have a reduction of six million members in its work force (due to labour force ageing and decline) despite the large number of asylum seekers that have arrived in Germany over the years, even if a strong reduction has been recently observed: in fact in respect to 2016 (the peak year for Germany when 745,155 asylum seekers registered<sup>5</sup>) in 2018 the number fell to 184,180. 'The corollary is that immigration is the only means to compensate for a large part of that decline in this short time frame'<sup>6</sup>. Germany has the largest number of non-nationals living in an EU Member State: according to Eurostat<sup>7</sup> on 1 January 2018 they totalled 9.7 million people.

Hence, labour market matching remains one of the major challenges of the German economy, having to fill the 1.6 million vacant positions in the labour market and, at the same time, to integrate the newly arrived migrant workers and its 1 million refugees.

This matching is particularly relevant in the nursing sector that, according to expert estimations<sup>8</sup>, will need 150,000 new nurses by 2025, and the situation will be exacerbated in the medium and long term. For this reason, Germany is the country with the highest attractiveness for migration flows and considered as a final destination country. The country is also particularly interesting as it has put in place specific policies to promote integration in the labour market specifically dedicated to the social sector.

## Sweden

Sweden is a country belonging to the **Nordic/Social Democratic welfare model**, based on the principle of universalism, and the access to benefits and services is based on citizenship. This system used to rely on public policies much more than on the market and the family, but since the 1990s, the country has been experiencing a new marketisation trend of welfare services. As emerges from a very recent study (EAPN 2019) services are still publicly funded but are, to an increasing extent, privately provided.

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<sup>5</sup> Eurostat, Asylum and first time asylum applicants – annual aggregated data

<sup>6</sup> Eurofound (2016)

<sup>7</sup> [https://ec.europa.eu/eurostat/statistics-explained/index.php/Migration\\_and\\_migrant\\_population\\_statistics](https://ec.europa.eu/eurostat/statistics-explained/index.php/Migration_and_migrant_population_statistics)

<sup>8</sup> Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH website  
<https://www.giz.de/en/worldwide/41533.html>

'Sweden has a higher proportion of private for-profit companies providing welfare services than any other country in Europe'<sup>9</sup>.

The population in Sweden is rapidly increasing: in the last decade the population has increased by 9.3 %, with a larger increase in children below the age of 15 (+ 16 %) and in the working-age population (+ 4 %). Elderly people have increased in numbers but to a much lesser extent than in most of the other EU countries (+ 22 %). This is particularly true for the over 85s that have increased in numbers by only 6 %, against an EU average of 38 %.

In the last few years Sweden has been at the centre of a large migrant influx, having among the highest numbers of asylum seekers and refugees in Europe, both in absolute terms and in relation to its population. According to Statistics Sweden<sup>10</sup>, on 1 January 2017 466,232 third-country nationals were living in Sweden. They represented 5 % of the total population. In 2015 the reception of asylum seekers and family reunification regulations tightened, due to the government's decision to introduce changes in the legislation: in 2016 the government introduced a temporary residence permit that limited the right to family member immigration and tightened maintenance requirements<sup>11</sup>.

Due to the large numbers of migrants living in the country, integration is high on the agenda and important policies have been implemented for the involvement of refugees, and more generally migrants, in the labour market. According to forecasts provided by Sweden's Public Employment Agency<sup>12</sup> Sweden needs immigration of 64,000 people per year on average to maintain the balance between those who are working and those who are drawing a pension.

According to Eurostat, Sweden has one of the highest employment rates in the EU at 87.6 % in 2018 against an EU average of 78.4 % (among 20-64 year olds). Even if there is an employment gap between the foreign-born and Swedish born, it is important to note that most immigrants work. The most common jobs for immigrant women and men are in the health care, elderly care, hotel, restaurant and cleaning sectors. The country is facing serious labour shortages in sectors such as construction, education, health, science, engineering and information, communication and technology. More people are therefore needed in the Swedish labour market.

## France

The **French welfare state**, based on the principle of solidarity, **is a mix combining elements of various models**: it combines both the Bismarck and the Beveridge models, with insurance funds and strong state intervention: anyone born or resident in France is entitled to social security benefits. The French welfare system offers a valid support to families with caring needs, but family care and informal care remain at the centre of the system. According to the 'Handicap-Health' (HSA) survey (Soullier, 2011), 48 % of the cared-for are supported by an informal carer only, 20 % by professionals only and 32 % by both professionals and informal carers. The possibility of outsourcing a share of caring activities has entailed the coordination of the different professionals and the development of informal carers as 'care managers' (Da Roit, Le Bihan, 2011)<sup>13</sup>.

In the last decade the population in France has grown by 4 %, but it is rapidly ageing according to Eurostat data: numbers of children have increased by 1.6 % while the elderly population (>65) has risen by 23.9 % (+ 2,536,688) and the over 85s by 41.9 %. The French economy is moderately growing and,

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<sup>9</sup> ESPN (2019), *No profit cap in the Swedish welfare sector*, Flash Report 2019/32

<sup>10</sup> <https://www.scb.se/en/finding-statistics/statistics-by-subject-area/population/population-composition/population-statistics/pong/tables-and-graphs/yearly-statistics--the-whole-country/summary-of-population-statistics/>

<sup>11</sup> The act entered into force on 20 July 2016. For official and updated information see

<http://www.government.se/government-policy/migration/>

<sup>12</sup> Reuters, Sweden needs more immigrants to counter ageing population: employment agency, 22 December 2016.

<https://www.reuters.com/article/us-sweden-immigration/sweden-needs-more-immigrants-to-counter-ageing-population-employment-agency-idUSKBN14B1OK>

<sup>13</sup> ESPN Thematic Report on Challenges in Long-term Care, February 2018.

[https://ec.europa.eu/social/main.jsp?pager.offset=10&advSearchKey=espnltc\\_2018&mode=advancedSubmit&catId=22&policyArea=0&policyAreaSub=0&country=0&year=0](https://ec.europa.eu/social/main.jsp?pager.offset=10&advSearchKey=espnltc_2018&mode=advancedSubmit&catId=22&policyArea=0&policyAreaSub=0&country=0&year=0)

as a consequence, the employment rate has progressively increased over the years. It reached 71.9 % in 2018, + 2.5 percentage points in comparison to 2008<sup>14</sup>. The unemployment rate continued to decline gradually after a peak of 10.4 % in 2015, reaching 9.1 % in 2018. However, it remains steady above the EU 28 average (6.8 %)<sup>15</sup>.

France is characterised by a relevant migration flow: in 2018 3,144,778 third-country nationals were living in the country, equal to 4.7 % of the population. In 2018 120,425 asylum applicants registered in France, with a significant increase compared to the previous years. The rise of asylum applicants is linked to the fact that all other ways of legally migrating have become difficult. Confronted with the migration crisis, France has worked to promote conditions of successful integration of foreigners particularly through access to employment. In July 2017 the French Presidency announced changes in integration policy: a road map on the integration of migrants was presented in June 2018, and a new law for controlled immigration, effective right of asylum and successful integration was approved in September 2018<sup>16</sup>. The Republican Integration Contract (Contrat d'intégration républicaine, CIR) was then introduced to promote a comprehensive integration pathway, considering the different needs and abilities of the individual.

## Ireland

Ireland belongs to the **liberal/Anglo-Saxon model** based on market dominance and private provision, but it is a hybrid welfare and social protection system administered mainly through financial benefits.

Ireland is still a much younger country in comparison to the other EU Member States, but nevertheless its population is rapidly ageing. Between 2009 and 2018 the population grew by 6.8 %, but while numbers of children have increased by 8 % the elderly (>65) have increased by 35.1 % and the over 85s by 37.1 %.

Migration is a far less relevant phenomenon in comparison to most of the other EU Member States: at EU level on average in 2018, the presence of third-country nationals was equal to 4.4 % of the population, while in Ireland it was no more than 3.0 %. In the last decade the presence of migrants has progressively increased: Ireland has increasingly become a country of destination for migrants. Particularly relevant is the increasing number of people seeking asylum in Ireland in 2018<sup>17</sup>, even if numbers are still quite low in comparison to other EU countries. On 1 April 2017, around 139,600 third-country nationals were living in Ireland.

This has resulted in an increased focus on integration policies including in the area of labour market integration. To integrate or foster the social inclusion of the population with a migrant background, in 2017 Ireland set up its first four-year governmental Migrant Integration Strategy. The goal is to create an integrated society in which migrants are facilitated to play a full part in it. The policy document targets all migrants, including refugees. It plans to improve the quality of integration services. One of its main goals in terms of employment is to reach a rate of 1 % civil servants from minority ethnic communities<sup>18</sup>.

Before the transposition of the Reception Conditions Directive in July 2018, asylum seekers were not allowed to work in Ireland. Since then, asylum applicants can request a labour market access permission

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<sup>14</sup> Employment – annual data [lfsi\_emp\_a]

<sup>15</sup> Eurostat, Unemployment – annual average [une\_rt\_a]

<sup>16</sup> Law no 2018-778 of September 10, 2018 for a controlled immigration, an effective right of asylum and a successful integration. <https://www.legifrance.gouv.fr/eli/loi/2018/9/10/INTX1801788L/jo/texte>

<sup>17</sup> Conor Lally, (2 January 2019). 'Number of asylum claims reaches 10-year high'. *The Irish Times*. Available at: <https://www.irishtimes.com/news/social-affairs/number-of-asylum-claims-reaches-10-year-high-1.3745511>

<sup>18</sup> Ireland: 2017-2020 'Migrants integration strategy', February 2017. <https://ec.europa.eu/migrant-integration/librarydoc/ireland-2017-2020-migrant-integration-strategy>

under specific conditions. Some positive effects have already been observed, such as an increase in the number of asylum seekers looking for job or training opportunities<sup>19</sup>.

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<sup>19</sup>Irish Refugee Council (2016), *Transition from direct provision to life in the community*; Jesuit Refugee Service Ireland (2015), *Right to work – evaluating the case for extending the right to persons seeking protection in Ireland*.

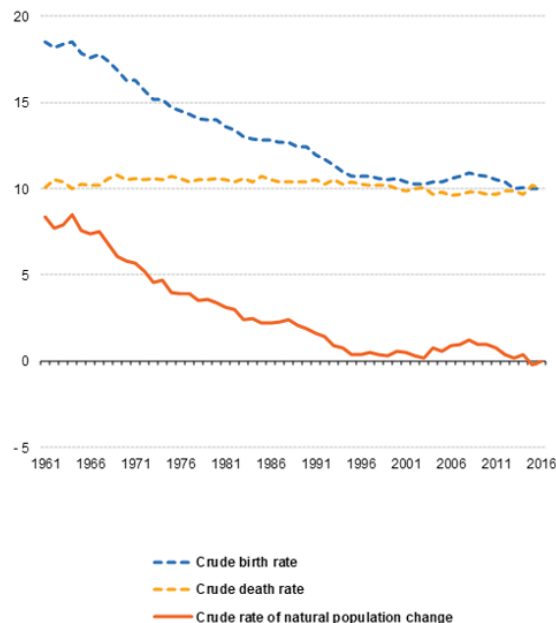
## Chapter 1: The socio-economic context and policy challenges

### 1.1 Socio-demographic overview of national and EU context

Demographic and social changes are having a relevant impact on care and social services in Europe. During the last 50 years the composition of the EU-28's population changed considerably due to several factors. The main dimensions relate to declining **fertility rates, population ageing, modification of family patterns and migration flows**, as well as the **population distribution within regions** in relation to the urban/rural dimension and the attracting role of metropolitan areas and capital cities.

As Eurostat statistics demonstrate, the strong decline in EU fertility rates has been attributed to couples choosing to have fewer children and to women postponing childbirth to a later age. Their choice is partially linked to increasing educational and labour market opportunities for women, but also in periods of crises, to the difficulty in having decent employment to be able to earn a living for a larger family. This is confirmed by the distribution of this phenomenon across Europe, being far less evident in richer countries. According to Eurostat, 'in 2016, **the highest crude birth rates were recorded in Ireland, Sweden, the United Kingdom and France**. By contrast, **the lowest birth rates** – no more than 10.0 live births per 1,000 inhabitants – were principally recorded in a number of **southern and eastern EU Member States**, as well as in Germany, Finland and Austria'<sup>20</sup>.

**Figure 1: Crude rates of population change, EU-28, 1961-2016 (per 1,000 inhabitants)**



Source: Eurostat ([demo\\_gind](#))

Population ageing in the EU is the result of two phenomena: the relative and the absolute increase in age, which have led to major changes in the EU-28 population structure. The fall of fertility rates has

<sup>20</sup> [https://ec.europa.eu/eurostat/statistics-explained/index.php/People\\_in\\_the\\_EU\\_statistics\\_on\\_demographic\\_changes#Population\\_change\\_in\\_the\\_EU](https://ec.europa.eu/eurostat/statistics-explained/index.php/People_in_the_EU_statistics_on_demographic_changes#Population_change_in_the_EU)

modified the **relative share of the elderly** in the overall EU population, and at the same time, due to increased longevity and higher life expectancy, there has been an increase in the absolute number of elderly people.

- **Life expectancy at birth** in the EU-28 was estimated at 80.6 years in 2015 (the latest available data) **83.3 years for women and 77.9 years for men**. For the EU-28 this indicator is available from 2002 and in 13 years it has already shown an **increase of 2.9 years**, with a gain of 2.4 years for women and 3.4 years for men. The significance of this indicator is that at the age of 65 in 2015 men could expect to live an additional 17.9 years on average, while for women it was an additional 21.2 years.
- The **overall population aged 85 and over** in Europe has increased by 38 % in the last nine years (2009-2018) (Annex 1), going from about 10 million to **13.8 million**. In particular Estonia, Slovenia and Poland are the countries where the population has increased the most (more than 70 %). In Sweden, on the contrary, the elderly population increased only by 6.6 %. In the other four countries selected for the analysis, Italy and France are above 40 % and Ireland just below (37.1 %) while Germany is at 25.7 %.
- The very old (those aged 85 years and over) accounted for around 3 % **of the population in Italy** (3.3 %) (the highest share in Europe), followed by Greece, France (both 3.0 %), Spain (2.9 %) and Germany (2.7 %). By contrast they accounted for less than 1.5 % of the total population in Ireland, Cyprus and Slovakia.
- The **elderly male population increased more than the female population** (+ 53 % vs. + 32 %) and in a significant way in four of the five countries. For males in Italy and Ireland the increase has been around 56 % and in France and Germany, around 52 %. Sweden shows once again a lower increase of + 14 %. The trend referring to the female population is different. The countries with a significant increase are France and Italy (37 %); Germany and Sweden are the countries with the smallest increase, respectively 16 % and 3 %.
- In this context, more important information derives from the **age dependency ratio (Annex 1)**: it is the ratio of older dependents (those aged 65 years and over) to those of working age; values are expressed in percentage terms and show how many elderly there are per 100 people of working age (15-64)<sup>21</sup>. Eurostat data show that in the last 10 years the percentage of older dependents has grown significantly in Europe: in 2008 the percentage was 25.5 % and it rose in 2018 to 30.5 %, with an increase of 5 % as well as in Italy and Sweden. The country with a small increase among the five is Germany (2.4 %).

The European Union is also facing a **huge young people de-population**. In the latest 10 years while the EU 28 population increased by almost 10 million people, numbers of young people 15-24 decreased by over 7.6 million. Countries most hit by the phenomenon, in terms of impact on the overall population living in the country, are the Czech Republic, Ireland, Spain and Slovakia. Poland is the country that, in absolute value, lost the largest number of young people.

Another important factor related to socio-demographic changes is the **modification of family patterns**: single parent families, new family configurations, families facing internal conflicts are exposed to new needs of support, and may be characterised by vulnerability for economic reasons, but also by additional caring overburden, in particular in the case of health difficulties or disability, school difficulties, etc.

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<sup>21</sup>FRED *Economic data-age dependency ratio: older dependents to working-age population*, May 2019.  
<https://fred.stlouisfed.org/series/SPPOPDPNDOLDEU>

## 1.2 Care needs associated with demographic changes

Care needs associated with demographic changes are on the one hand particularly related to ageing, as this is a key phenomenon in the EU, but are also related to additional needs associated with new family patterns, and the diffused presence in families of disability and mental health issues.

The European **ageing population** is characterised by an **extreme unevenness** due to different lifestyles, physical and mental capabilities, the context of residence, socio-economic conditions and relationships. All these dimensions have a **different impact on the quality of life and on the level of autonomy of the person**, and as a consequence in the need of support and services to live a decent life.

*The size of the age group 65+ is expected to increase from 96 million (2015) to 148 million (2060) while the population of working age (20–65) is projected to decrease from 306 million to 269 million ... this implies that the EU would move from having four working-age people for every person aged over 65 years to about two working-age people. This will pose substantial challenges to labour markets, the financial sustainability of welfare systems, health and elderly care, and pension systems<sup>22</sup>.*

- Elderly people can live in **single-person households with or without close family support** or in extended families while others, in general the most vulnerable, can live in institutional care. As a consequence of the changing family structures, many older people in the future will be more likely to live alone. **The ageing of the “aged” poses hard challenges to health and long-term care systems**, as older people often need not only more care, but also specific and constant types of care.
- This situation and the expected evolution imply an increasing **need of formal support in terms of different professional figures related to personal care, health-related care, physical and emotional support, housekeeping and all social and care figures** required to support elderly people both at home and in community-based settings. In particular, a growing and ageing population increases the demand for health services and **creates workforce shortages in the health service**, because an increase in age is associated with an increase in health conditions and disability, making the elderly high users of health services.
- As **elderly people may remain active for many years** after retirement, they can also have enough money to spend for **recreational activities. A healthy ageing means, if supported in remaining active and autonomous after retirement, a wide population contributing to EU wealth in tourism, entertainment, leisure and cultural activities.** Active ageing emerges as a key factor in the process of optimising opportunities for health, participation and security, and as a way to enhance the quality of life as people age. **Many professionals, more or less qualified, may be involved in the future at this concern in recreational activities, supported tourism facilities, etc.**
- Another consequence of demographic change is related to the **depopulation of rural peripheral areas** that will be more and more characterised by a concentration of old people who have **difficulties in mobility and who need support to move.** A key challenge is then to provide the **right combination of housing, accommodation, care, supported transport and home support** to older people and people with disabilities who are living alone, especially in peripheral areas and isolated communities.

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<sup>22</sup> European Commission, Commission Staff Working Document *Key economic, employment and social trends behind a European Pillar of Social Rights*, Strasbourg, 8.3.2016 SWD(2016) 51 final.

As said, women are more affected by ageing for two main reasons: on the one hand **they live longer than men** and as a consequence they **are likely to experience more years of poor health and loneliness**: in all the EU countries, the percentage of healthy life years without disability is lower for women than for men. On the other hand, this is due to their **traditional role in the household as care providers for children and the elderly**, frequently taken for granted and not as an individual choice. Demographic change, due to the current lack of care services, means that **citizens of working age** (whose numbers are constantly reducing in relation to the elderly) **are forced to shoulder the responsibility of one or more dependents, and this is particularly true for women; this is exacerbated by the increasing female participation in the labour market**. Eurofound (2017)<sup>23</sup> refers to them as the **sandwich generation, trapped between caring responsibilities for the children and for the older relatives**. Due to the high burden of responsibility experienced by women as workers, mothers and family caregivers, they 'experience tiredness due to work more than men ... Two-thirds of women under 34 claim to be too tired from work to do **household jobs** at least several times a month (up 15 percentage points compared to 51 % in 2007). With regard to difficulties in fulfilling family responsibilities because of time spent at work, 41 % of women under 34 claimed this in 2016 (up 11 percentage points compared to 30 % in 2007).'

According to Eurofound,

*the accessibility of formal care and affordable or subsidised care support services plays a major role in determining how many people have to provide care, while at the same time continue to work. By default, **families will organise care themselves, often by choosing or delegating care to the members with the least opportunity costs**. With the increasing participation in employment of men and women at older ages, **carers are more likely to be in paid work** ... Among workers providing care 'every day', however, 36 % of carers of children reported that combining paid work with care was 'rather' or 'very' difficult compared with 42 % of workers involved in the care of disabled or infirm people<sup>24</sup>.*

Not only elderly people need support. There are children and adults with **chronic illnesses**, or a **disability** or impairment that may have **complex needs to be tackled**. These needs can go back to birth, but they can also arrive suddenly after an illness or an injury. Also, people with **mental health issues** require specific support that is not always similar to care needs required by people with other types of disabilities. All these situations are increasing due to the **increase of life expectancy**, thanks to the access to health care by a wider part of the population.

All these different situations imply the involvement of specialised carers that have undergone specific training. **The need to develop tailored services is increasing, yet, this could be seen as an opportunity to boost job creation and as a means to meet the employment target of the Europe 2020 strategy: 75 % of the population aged between 20 and 64 should be employed by 2020.**

### 1.3 Main characteristics of migration flows

The European population has changed in recent years not only for socio-demographic reasons but also for the relevant **increase in the number of migrants, asylum seekers and refugees arriving to settle in EU countries**. From the 1990s the role of net migration became increasingly important as a driver of EU population change. From 2012 to 2016, net migration contributed more than 80 % to total population growth in the EU-28, compared with less than 20 % from natural population change.

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<sup>23</sup> [https://www.eurofound.europa.eu/sites/default/files/ef\\_publication/field\\_ef\\_document/ef1733en.pdf](https://www.eurofound.europa.eu/sites/default/files/ef_publication/field_ef_document/ef1733en.pdf)

<sup>24</sup> [https://www.eurofound.europa.eu/sites/default/files/ef\\_publication/field\\_ef\\_document/ef1733en.pdf](https://www.eurofound.europa.eu/sites/default/files/ef_publication/field_ef_document/ef1733en.pdf)

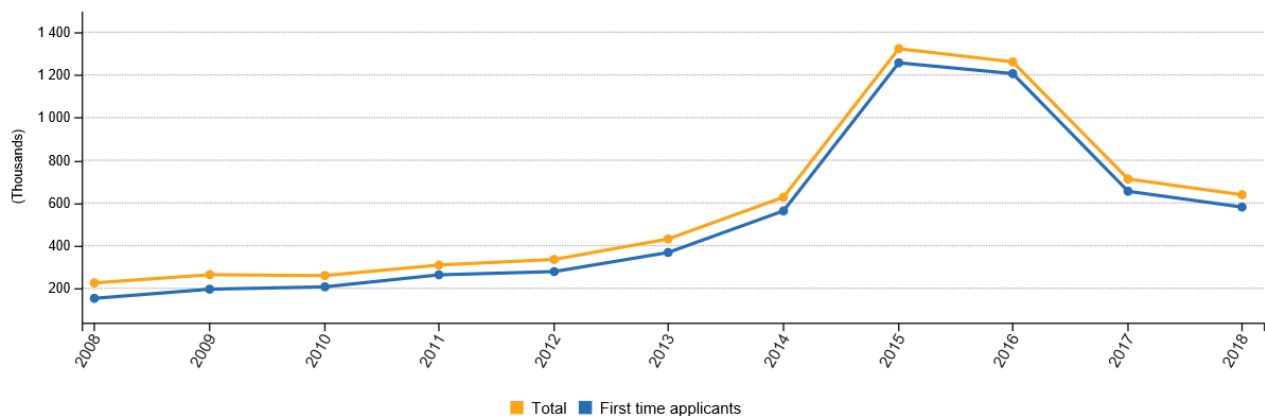


- As reported by Eurostat<sup>25</sup> in 2017, there were an estimated 2.4 million immigrants who arrived at EU-28 countries from non-EU countries. In addition, 1.9 million people previously residing in one EU Member State migrated to another Member State.
- The number of people residing in an EU Member State with citizenship of a non-member country on 1 January 2018 was 22.3 million, representing 4.4 % of the EU-28 population. In absolute terms, the largest number of non-nationals living in the EU Member States on 1 January 2018 was found in Germany (9.7 million people), followed by the United Kingdom (6.3 million), Italy (5.1 million), France (4.7 million) and Spain (4.6 million). In relative terms, the EU Member State with the highest share of non-nationals was Luxembourg, as non-nationals accounted for 48 % of its total population. A high proportion of foreign citizens (10 % or more of the resident population) was also observed in Cyprus, Austria, Estonia, Malta, Latvia, Belgium, Ireland and Germany. In contrast, non-nationals represented less than 1 % of the population in Poland and Romania (0.6 % in both countries) and in Lithuania (0.9 %). (See tables in Annex 1).

In addition to a population with a migrant background residing in Europe, in recent years the continent has faced a huge migration crisis with millions of asylum seekers reaching EU borders. **Asylum applications in the EU-28 Member States**, after a significant increase between 2014 and 2016, are dramatically reducing in absolute numbers: the peak was reached in 2015 with 1,323,000, and in **2018 it had reduced to 638,000**. Citizens of 147 countries sought asylum for the first time in the EU in the fourth quarter of 2018. Syrian, Afghan and Iraqi were the top three citizenships of asylum seekers, lodging 17,500, 12,200 and 9,700 applications respectively.

**Figure 2: Asylum applications**

*Asylum applications (non-EU) in the EU-28 Member States, 2008–2018*



Total: 2008 - 2014: Croatia not available.

First-time applicants: 2008: Bulgaria, Greece, Spain, France, Croatia, Lithuania, Luxembourg, Hungary, Austria, Romania, Slovakia and Finland not available. 2009: Bulgaria, Greece, Spain, Croatia, Luxembourg, Hungary, Austria, Romania, Slovakia and Finland not available. 2010: Bulgaria, Greece, Croatia, Luxembourg, Hungary, Austria, Romania and Finland not available.

2011: Croatia, Hungary, Austria and Finland not available. 2012: Croatia, Hungary and Austria not available. 2013: Austria not available.

2014: Croatia, Hungary and Austria not available. 2015: Austria not available.

According to Eurostat<sup>26</sup>,

<sup>25</sup> [https://ec.europa.eu/eurostat/statistics-explained/index.php/Migration\\_and\\_migrant\\_population\\_statistics#Migration\\_flows:\\_Immigration\\_to\\_the\\_EU\\_from\\_non-member\\_countries\\_was\\_2.4\\_million\\_in\\_2017](https://ec.europa.eu/eurostat/statistics-explained/index.php/Migration_and_migrant_population_statistics#Migration_flows:_Immigration_to_the_EU_from_non-member_countries_was_2.4_million_in_2017)

<sup>26</sup> [https://ec.europa.eu/eurostat/statistics-explained/index.php/Asylum\\_quarterly\\_report#Main\\_trends\\_in\\_the\\_numbers\\_of\\_asylum\\_applicants](https://ec.europa.eu/eurostat/statistics-explained/index.php/Asylum_quarterly_report#Main_trends_in_the_numbers_of_asylum_applicants)

the highest number of first-time asylum applicants in the fourth quarter of 2018 was registered in Germany (with 36,300 first-time applicants, or 24 % of all applicants in the EU Member States), followed by France (32,000, or 21 %), Greece (19,000, or 13 %), Spain (15,100, or 10 %), the United Kingdom (10,800, or 7 %) and Italy (8,800, or 6 %). These six Member States together account for 81 % of all first-time applicants in the EU-28 (see ANNEX 1).

European societies are facing increasing diversity, leading to new conditions for social cohesion and to **new and emerging needs and challenges**.

The rapid growth in inflows of migrants and asylum seekers towards Europe has been, in recent years, one of the hottest topics on the EU agenda in terms of their distribution between and within EU countries, the impact on socio-economic development as well as crisis management and integration. Beyond the immediate humanitarian urgency to provide migrants and asylum seekers with shelter, food and medical aid, the key challenge is to ensure the integration of the large number of people that intend to stay in the EU. **Well managed integration should be seen as an investment that will pay off in the long run**. Migrants with good chances to access the labour market may bring new skills and experiences, and contribute to smart, sustainable and inclusive growth.

The challenges migration poses in host countries are considerable when bearing in mind their **social and economic integration**, but also in terms of **effective protection by the welfare systems, impacting on the area of health, housing, education, social assistance, employment status, fair working conditions and access to the social protection system**<sup>27</sup>. Migration, successful integration and the future of sustainable social services and welfare are crucial issues for European societies and policymakers. EU Member States have traditionally been a **destination for migrants**, whether from within the EU or from elsewhere in the world. 'The integration of migrants has increasingly become a key area for policy focus, with measures to help immigrants and their descendants to overcome various integration barriers so they may be more active participants in society'<sup>28</sup>.

## 1.4 Socio-economic and employment situation of migrants, refugees and asylum seekers

**Migrant workers from third countries in general experience greater risks of social exclusion and poverty than the resident population**, in particular as far as employment is concerned. First of all, **employment rates** are less favourable for third-country nationals than for natives, while **unemployment rates** remain much higher for third-country nationals than for EU citizens, although there are great variations across Member States. In addition, third-country nationals are often **more exposed to employment in precarious work** or even **undeclared work**<sup>29</sup>, jobs of lower quality or jobs for which they are overqualified.

### 1.4.1 Education level

The educational attainment of migrants is an important driver of the integration process. According to Eurostat<sup>30</sup> in 2018, among people aged 25-54 (the core working-age population), numbers of those who were non-EU-born, with at most a lower secondary level of educational attainment, were twice as high as the share observed among the native-born people. The gap was 13.0 percentage points in 2018 and

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<sup>27</sup> European Parliament (2017) *Integration of refugees in Austria, Germany and Sweden: comparative analysis*; European Parliament (2017), *Integration of refugees in Greece, Hungary and Italy: comparative analysis*.

<sup>28</sup> Eurostat, *Migrants in Europe*, 2011 <https://ec.europa.eu/eurostat/documents/3217494/5727749/KS-31-10-539-EN.PDF>.

<sup>29</sup> According to Frouws & Buiskool almost a quarter of the non-EU-born employees are on temporary contracts, as opposed to 14 % of the EU-born – Frouws, B., and Buiskool, B. J., (2010), *Migrants to work – Innovative approaches towards successful integration of third-country migrants into the labour market*, European Commission, DG Employment, Social Affairs and Equal Opportunities.

<sup>30</sup> [https://ec.europa.eu/eurostat/statistics-explained/index.php/Migrant\\_integration\\_statistics\\_-\\_education#Educational\\_attainment](https://ec.europa.eu/eurostat/statistics-explained/index.php/Migrant_integration_statistics_-_education#Educational_attainment)

this is the case in 17 of the 24 EU Member States for which data are available<sup>31</sup>. In a number of countries, the share of the foreign-born population having at most a lower secondary level of educational attainment is over 20 points higher than the share for the native-born population. Italy (48.7 %), Spain (39.7 %) and Greece (39.1 %) had the highest proportions of foreign-born people with low educational attainment. This is also the case of France, Sweden and Germany. Seven Member States on the contrary have a higher share of the native-born population with at most a lower secondary level of educational attainment: these are Lithuania, UK, Latvia, Estonia, Ireland, Malta and Portugal.

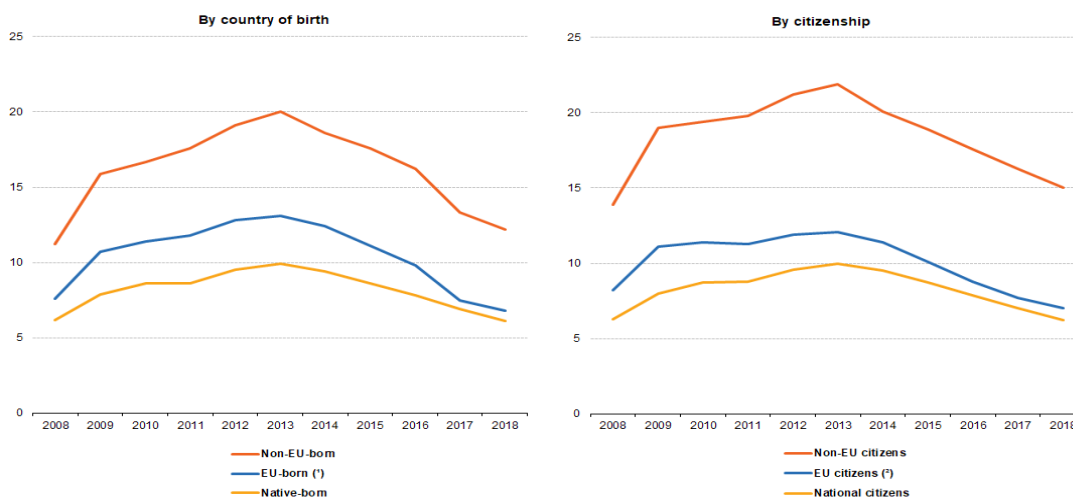
#### 1.4.2 Inclusion in the labour market

According to Eurostat data, non-EU immigrants show both **higher employment and unemployment rates compared to natives**.

- In 2018, the EU-28 activity rate of the native-born population of working age was 78.7 % compared to 73.4 % for those born outside the EU. In four EU Member States the population born outside the EU recorded higher activity rates than for either the native-born population or the population born in a different EU Member State: Slovakia (87.1 %), Czech Republic (86 %), Romania (82.6 %) and Greece (76.7 %).
- Activity rates for women are always lower than the corresponding rates recorded for men in 2018, and the gender gap is systematically greater among migrant women, in particular when born outside the EU.
- Despite the decreasing trend registered in the last five years, **the EU-28 unemployment rate for people born outside the EU remained 6.1 percentage points higher** than the rate for the native-born population in 2018.

**Figure 3: Unemployment rates**

Development of unemployment rates for the population aged 20-64 years, EU-28, 2008-2018 (%)



(\*) Other than in the reporting Member State.

(\*) Other than national citizens.

Source: Eurostat (online data codes: ifsa\_urgacob and ifsa\_urgan)

Source: Eurostat [Link](#)

<sup>31</sup> Data are incomplete for Bulgaria, Poland, Romania and Slovakia.

**Table 1: Unemployment rates by citizenship (%) [lfsa\_urgan] - Population aged 20 to 64 years**

GEO/TIME	Country of birth		CITIZEN	Non-EU28 countries	
	2009	2018		2009	2018
EU 28	8.0	6.2	EU 28	19.0	15.0
Belgium	6.9	5.0	Belgium	29.3	23.0
Bulgaria	6.6	5.1	Bulgaria	:	:
Czech Republic	6.5	2.2	Czech Republic	6.7	2.1
Denmark	5.2	4.0	Denmark	13.3	10.7
Germany	7.0	2.8	Germany	18.9	10.3
Estonia	11.2	4.4	Estonia	22.1	9.8
Ireland	11.2	5.1	Ireland	14.4	8.6
Greece	9.5	18.8	Greece	10.1	26.9
Spain	15.4	14.0	Spain	29.0	23.8
France	7.8	8.2	France	22.6	21.1
Croatia	8.8	8.1	Croatia	:	:
Italy	7.2	10.1	Italy	10.9	14.0
Cyprus	4.8	8.4	Cyprus	7.1	6.8
Latvia	15.9	7.0	Latvia	24.7	11.3
Lithuania	13.6	6.3	Lithuania	:	:
Luxembourg	2.7	4.0	Luxembourg	16.9	17.0
Hungary	9.9	3.6	Hungary	:	:
Malta	5.6	2.9	Malta	12.8	6.4
Netherlands	3.6	3.2	Netherlands	10.8	9.8
Austria	4.3	3.7	Austria	13.6	14.0
Poland	8.1	3.8	Poland	:	:
Portugal	9.4	6.8	Portugal	17.2	12.0
Romania	6.7	4.0	Romania	:	:
Slovenia	5.7	5.0	Slovenia	16.4	8.4
Slovakia	11.7	6.4	Slovakia	:	:
Finland	7.2	6.5	Finland	18.9	20.0
Sweden	6.8	4.1	Sweden	25.6	31.1
United Kingdom	6.4	3.5	United Kingdom	10.6	6.8

### 1.4.3 The integration of migrant citizens and workers

The European Union affirms that as migrants actively contribute to the economic, social and cultural development of European societies, their successful integration into the host country is the key to maximising these opportunities and making the most of the contributions that immigration can make to EU development.

The competence of integration is primarily a responsibility of Member States, but the EU is supporting national and local policies with policy coordination, exchange of knowledge and financial resources.

On 7 June 2016 the European Commission adopted an **Action plan on the integration of third-country nationals** ([Link](#)) which provides a comprehensive framework to support Member States' efforts for the development of their integration policies. The strategy also describes the concrete measures the Commission will implement in this regard. The action plan targets all third-country nationals in the EU but it also includes actions targeted to refugees. Together with other actions, the plan tackles employment and vocational training, including actions to promote early integration into the labour market and migrants' entrepreneurship. The key message is that finding a job is fundamental to becoming part of the host country's economic and social life.

To assess the level of integration of migrants in 2010, EU Ministers responsible for integration approved the so-called [Zaragoza Declaration](#). Eurostat data support the monitoring of the situation of immigrants in order to enhance comparability between the EU Member States.

**EU ‘Zaragoza’ Integration Indicators** ([Link](#)) include four areas of integration, identified as priority areas:

- **Employment**, key in the integration process;
- **Education**, essential in helping immigrants to become successful and more active participants in society;
- **Social inclusion**, as it is important to be part of the society and to access the labour market;
- The **participation of immigrants in the democratic process**, as to be active citizens enhances integration and a sense of belonging.

The indicators compare specific age groups of the general and immigrant population; they are in line with the Europe 2020 headline indicators that aim for smart, sustainable and inclusive growth.

The following graphs<sup>32</sup> present data related to these indicators and compare the level of integration in the five countries analysed. They are quite old but are the most recent available.

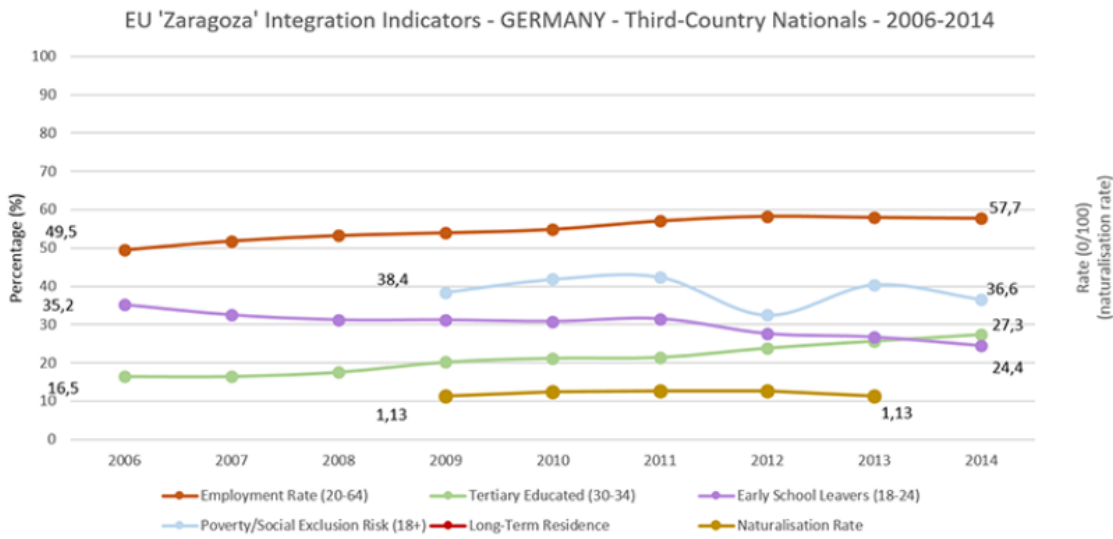
- The **employment rate of third-country nationals** (number of people aged 20 to 64 in employment divided by total population of the same age group) shows that in 2014 the highest employment rate among third-country nationals was found in Italy at 60.6 %, followed by Germany (57.7 %), Ireland (54.7 %), Sweden (42.5 %) and France (47.3 %). The employment rate is the headline indicator to monitor the EU 2020 Strategy employment target.
- **Early leaver from education and training among third-country nationals.** (The early school leaver generally refers to a person aged 18 to 24 who has finished no more than a lower secondary education and is not involved in further education or training; their number can be expressed as a percentage of the total population aged 18 to 24). In 2014 the most positive situation was found in Sweden (18.9 %) followed by France (19.7 %), Germany (24.4 %) and Italy (37.1 %). No data are available for Ireland. Early school leaving is one of the two headline indicators to monitor the EU2020 Strategy education target.
- **Tertiary education** (provided by universities and other higher education institutions). The most positive situation is by far found in Ireland with 62 %, followed by Sweden (42 %), France (36 %) and Italy 10 %. Tertiary education is one of the two headline indicators to monitor the EU2020 Strategy education target.
- **At risk of poverty or social exclusion** (AROPE, refers to the situation of people either at risk of poverty, or severely materially deprived or living in a household with a very low work intensity). It is the share of the total population which is at risk of poverty or social exclusion. The best situation is in Germany with 36.6 %, followed by Ireland (41.4 %), Italy and France (50.5 %) and Sweden (53.1 %). It is the headline indicator to monitor the EU 2020 Strategy poverty target.
- **Naturalisation rate** (this is the ratio of the number of people who acquired the citizenship of a country during a calendar year to the stock of non-EU citizen residents in the same country at the beginning of the year). The rate is presented as the number of citizenship acquisitions per 1,000 people. The highest naturalisation rate is found in Sweden with 5.73 per 1,000 people on 100, followed by Ireland (4.14), Italy (2.13), France (2.09) and Germany (1.13).

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<sup>32</sup> Source <https://ec.europa.eu/migrant-integration/librarydoc/eu-zaragoza-integration-indicators-...> country

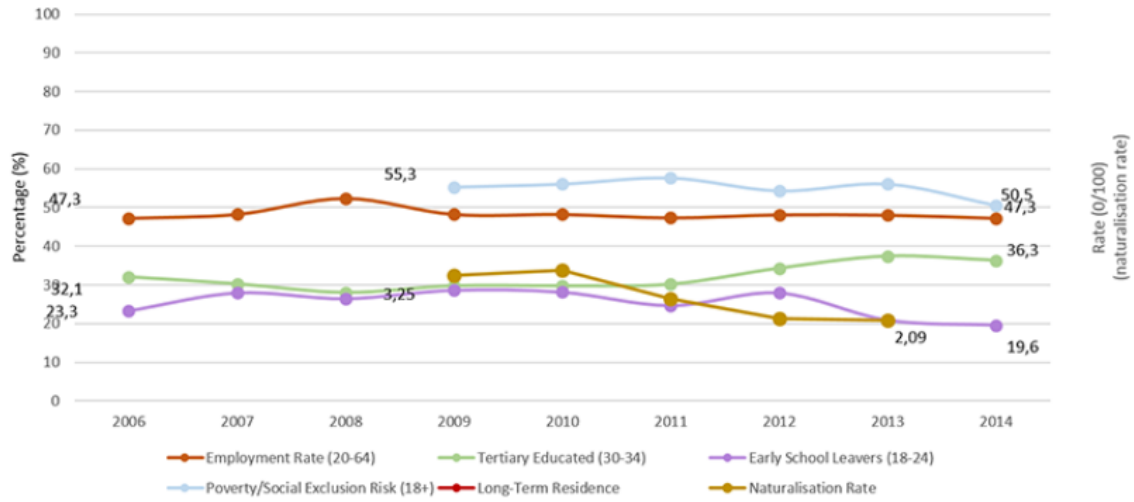
- **Long-term residence** (The share of third-country nationals residing in each EU Member State on the grounds of a valid national or EU long-term legal residence permit. The numerator includes EU long-term residence permits; the denominator is the total number of valid permissions to stay, held by third-country nationals). Not all countries have this information.

**Figure 4: EU Zaragoza Integration indicators**

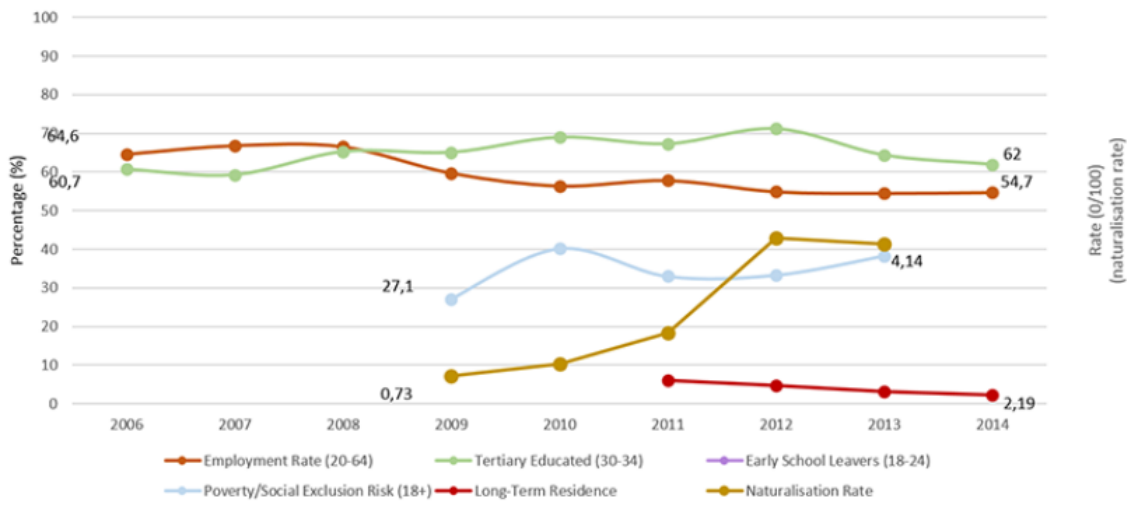




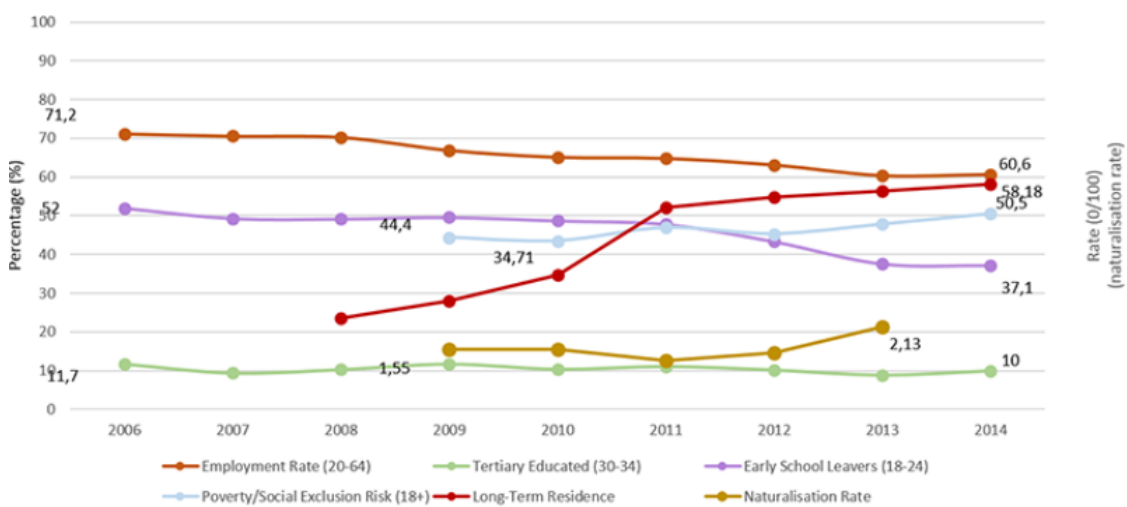
EU 'Zaragoza' Integration Indicators - FRANCE - Third-Country Nationals - 2006-2014

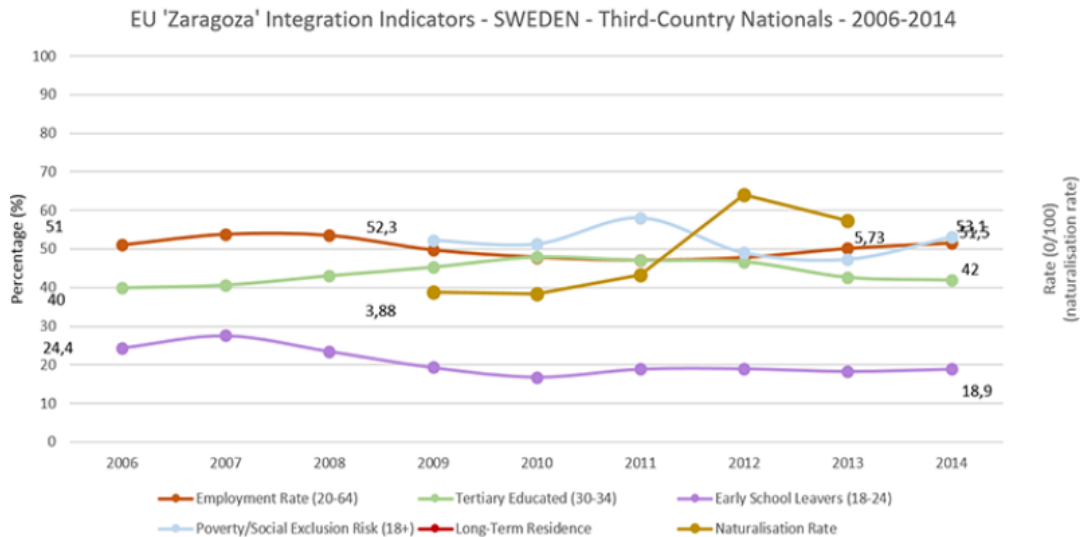


EU 'Zaragoza' Integration Indicators - IRELAND - Third-Country Nationals - 2006-2014



EU 'Zaragoza' Integration Indicators - ITALY - Third-Country Nationals - 2006-2014





Source <https://ec.europa.eu/migrant-integration/librarydoc/eu-zaragoza-integration-indicators-...> country

**Employment** is often considered to be the single most important indicator of integration, but it remains a serious concern in most European countries. The OECD/EU study on *Indicators of Immigrant Integration* (2018) describes quite effectively the situation of integration through employment across Europe:

- In the EU, the **employment rate** of non-EU immigrants has dropped by 3 percentage points over the past decade, while rising by 3 points among both natives and EU-born migrants.
- **Education** improves the employment prospects of workers but far less for immigrants than for the native-born ones. The employment rate of the highly educated foreign-born is 79 %, against 84 % among the native-born.
- In the EU, the employment rate of non-EU migrants with **foreign qualifications** is 14 percentage points lower than that of immigrants with host-country qualifications.
- Over 3.7 million immigrants are **unemployed** in the EU: the immigrant unemployment rate is 11.5 % while it is 7.5 % for the native-born.
- Also, **working conditions** are much worse for immigrant workers than for the native-born: in most European countries immigrants are more likely to work on temporary contracts; over one in four low-skilled jobs is held by an immigrant in the EU (and over 40 % in Austria, Germany and Sweden; over 60 % in Luxembourg).
- The share of immigrants **employed in highly skilled jobs** has risen by over 2 percentage points in the EU in the last decade, but in most countries the gap between the share of immigrants and the native-born in highly skilled jobs widened.
- Among **highly educated immigrants** in the EU almost 5.5 million are either not in employment or are in jobs for which they are **overqualified**. Over one-third of highly educated immigrants in employment are overqualified for their jobs across the EU. Overqualification affects 42 % of foreign-educated immigrants in EU, but it drops to 28 % for those who graduated in the host country.

The situation is even worse for asylum seekers and refugees. A major obstacle to the labour market integration of asylum seekers and migrants is the length of time required for the asylum and work permit procedures. According to a recent study of the European Parliament<sup>33</sup> 'On EU average, it took **between five and six years to integrate more than 50 % of humanitarian migrants** into the

<sup>33</sup> European Parliament (2017), *Integration of refugees in Greece, Hungary and Italy: comparative analysis*



workplace and as many as 15 years to reach a 70 % employment rate converging towards the outcomes for labour migrants. Employed migrants and refugees, and particularly migrant women, are also more likely than the native-born to have low pay and irregular jobs.

In May 2015, the European Commission presented a comprehensive **European Agenda on Migration**<sup>34</sup>: the aim was to address challenges posed by huge migration flows by developing tools to better manage migration towards the EU in the medium and long term, concerning both irregular and regular migration. Concerning integration policies through employment, the agenda focuses in particular on **'highly qualified third-country nationals'** and the need to **'identify those economic sectors and occupations that face ... recruitment difficulties or skills gaps'**. To address this concern back in 2009, the EU adopted the so-called **Blue Card Directive**, intended to regulate the conditions for entry and residence of highly qualified third-country workers, establishing an EU-wide permit for them. Unfortunately, this scheme has proved insufficient and unattractive and as a consequence, it has been widely underused. In April 2014, former President Juncker presented a five-point plan on migration, announcing his intention to promote a new legal migration policy able to address skills shortages and attract talent, including a review of the EU Blue Card. On June 2016 the European Commission presented an action plan to support Member States in the integration of third-country nationals which included a legislative proposal to reform the Blue Card scheme for highly skilled workers coming to the EU to work.

In its communication of 4 December 2018 related to the progress of the European Agenda on Migration, the Commission reiterated the importance of the revision of the Blue Card Directive. In his *State of the Union Address 2018*, President Juncker called on the Member States to work on the legal migration proposals because the EU needs skilled migrants. According to the progress report on the Implementation of the European Agenda on Migration presented in March 2019 ([Link](#)) 'a revision of the Blue Card Directive, **is currently in a deadlock**'.

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<sup>34</sup> EC (2015) *A European agenda on migration*. Brussels: COM (2015) 240 final

## Chapter 2: The job creation potential of social and care services for third-country workers

### 2.1 The role played by social services as a job creator in Europe

Across Europe, the **different architecture of the welfare systems, market regulations and labour policies** have a differentiated impact on care burden, in particular of women. The **Scandinavian design of the welfare system**, focusing on individual rather than family entitlements, provides good quality and affordable public services and citizenship rights available to all. As such, it appears to better support a care burden associated with the presence of vulnerabilities, such as non-self-sufficient members of the families, people with illnesses or children to be cared for. Conversely, **the male breadwinner model of continental and Mediterranean countries** increases the care burden on women significantly. At the same time, it risks women's economic and social exclusion, as women are still the 'secondary' earners in most working-age couples, and access to social protection is largely dependent on the continuity of employment. In continental and Mediterranean countries, as well as in the Anglo-Saxon countries, the employment of private formal or informal providers of care services is relevant.

**Changes in demographic and family patterns** and in the **increasing involvement of women in full-time employment** result in greater demands for formal care services to satisfy needs previously met by families, all of which puts huge pressure on basic and more specialised services.

An interesting example of how socio-demographic change impacts on the need for more or less qualified health workforce comes from a recent study<sup>35</sup> published by the NHS in England.

#### Box 1 : Workforce shortages in health and social care in England

Across NHS trusts there is a shortage of more than 100,000 staff. Based on current trends, we project that the gap between staff needed and the number available could reach almost 250,000 by 2030. If the emerging trend of staff leaving the workforce early continues and the pipeline of newly trained staff and international recruits does not rise sufficiently, this number could be more than 350,000 by 2030.

The current shortages are due to a number of factors, including the fragmentation of responsibility for workforce issues at a national level; poor workforce planning; cuts in funding for training places; restrictive immigration policies exacerbated by Brexit; and worryingly high numbers of doctors and nurses leaving their jobs early.

If substantial staff shortages continue, they could lead to growing waiting lists, deteriorating care quality and the risk that some of the £20.5bn secured for NHS front-line services will go unspent: even if commissioners have the resources to commission additional activity, health care providers may not have the staff to deliver it.

Given the scale of the challenge and emerging global shortages of health professionals, a credible workforce strategy will need to plan for a degree of oversupply of NHS staff.

Many of the same issues are affecting the social care workforce: for example, vacancies in adult social care are rising, currently totalling 110,000, with around 1 in 10 social worker and 1 in 11 care worker roles unfilled. Any strategy for shoring up the NHS workforce cannot be viewed in isolation from the need to invest in and support the social care workforce.

Source: Kingsfund (2018)

Studies undertaken by WHO evidence similar dynamics and trend at EU and global levels for the health sector in particular:

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<sup>35</sup> King's Fund (2018), <https://www.kingsfund.org.uk/publications/health-care-workforce-england>

### Box 2: OECD data on health care worker shortages

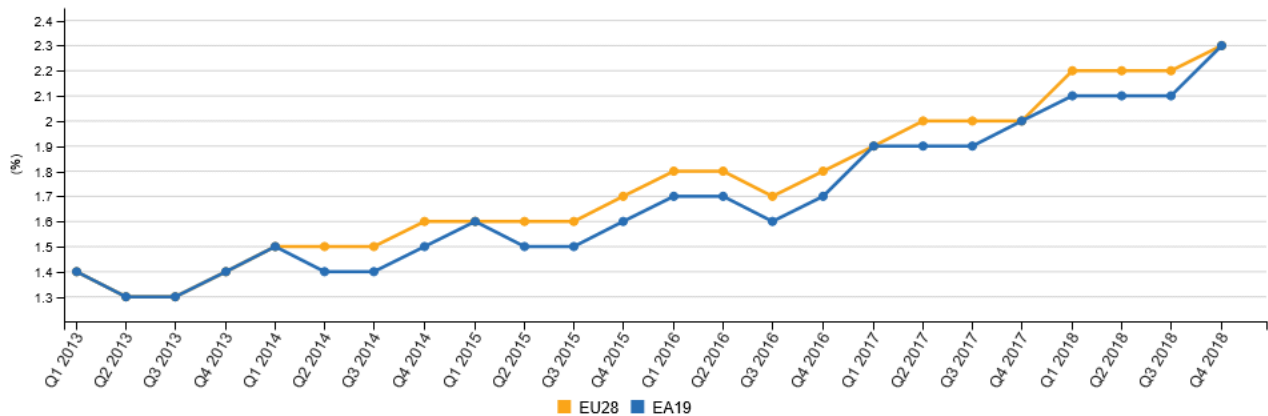
The global economy is projected to create around 40 million new health sector jobs by 2030, mostly in middle- and high-income countries. But despite the anticipated growth, there will be a projected shortage of 18 million health workers needed to achieve the UN Sustainable Development Goals (SDGs) in low- and lower-middle-income countries, fuelled in part by labour mobility, both within and between nations ... More specifically the Global Strategy on Human Resources for Health: Workforce 2030 reports that shortages can mount up in Europe to 9.9 million physicians, nurses and midwives globally by 2030. This reinforces the findings of the WHO/Europe core health indicators suggesting that the number of health workers in the region may not be sufficient to cover the future health needs of an ageing population, despite an increase of health workers in the past decade.

Health workforce imbalances and shortages are a major concern in the European region. Although the number of physicians and nurses has increased in general in the region by approximately 10 % over the past 10 years, it is unlikely that this increase will be stable and sufficient to cover the needs of ageing populations. Simultaneously, inequalities in the availability of physicians and nurses between countries are large: there are five times more doctors in some countries than in others. The situation with regard to nurses is of even greater concern, as nurses play a significant role in the care of the elderly; however, the data show that some countries have nine times fewer nurses than others.

Source: WHO Website<sup>36</sup>

In the EU-28, in the fourth quarter of 2018 the **job vacancy rate** was 2.3 % and it has almost doubled in five years (job vacancy is a paid post that is newly created, unoccupied or about to become vacant).

Figure 5: Quarterly job vacancy rates, not seasonally adjusted, 2013-2018 Q4



Source: Eurostat (online data code: jvs\_q\_nace2) data for NACE Rev. 2 Sections B to S.

There are considerable differences across Europe as it is possible to see in the following table:

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<sup>36</sup> <http://www.euro.who.int/en/health-topics/Health-systems/health-workforce/policy>

**Table 2: Job vacancy rate**

Quarterly job vacancy rates not seasonally adjusted, Q4-2017 - Q4-2018

						Changes between
	Q4-2017	Q1-2018	Q2-2018	Q3-2018	Q4-2018	Q4-2017 and Q4-2018 (percentage points)
<b>EU-28</b>	2.0	2.2	2.2	2.2	2.3	0.3
<b>EA-19 <sup>(1)</sup></b>	2.0	2.1	2.1	2.1	2.3	0.3
<b>Belgium</b>	3.4	3.5	3.5	3.6	3.4	0.0
<b>Bulgaria <sup>(2)</sup></b>	0.8	1.0	0.9	0.9	0.9	0.1
<b>Czechia</b>	4.4	4.8	5.4	5.9	6.0	1.6
<b>Denmark <sup>(2)(3)</sup></b>	1.8	1.9	2.0	2.0	1.9	0.1
<b>Germany</b>	2.8	2.9	2.9	3.0	3.4	0.6
<b>Estonia</b>	1.9	1.8	1.9	1.9	1.8	-0.1
<b>Ireland <sup>(4)</sup></b>	1.0	1.0	1.2	1.0	0.9	-0.1
<b>Greece</b>	0.1	0.7	0.7	0.6	0.4	0.3
<b>Spain <sup>(4)</sup></b>	0.7	0.9	0.9	0.8	0.9	0.2
<b>France <sup>(2)</sup></b>	1.2	1.2	1.2	1.1	1.4	0.2
<b>Croatia</b>	1.5	2.1	1.9	1.5	1.4	-0.1
<b>Italy <sup>(2)(3)</sup></b>	0.8	1.2	1.2	1.0	1.0	0.2
<b>Cyprus</b>	1.0	1.2	1.4	2.1	1.0	0.0
<b>Latvia</b>	1.9	2.4	2.7	2.5	2.3	0.4
<b>Lithuania</b>	1.5	1.6	1.5	1.5	1.3	-0.2
<b>Luxembourg</b>	1.4	1.5	1.7	1.8	1.7	0.3
<b>Hungary <sup>(4)</sup></b>	2.4	2.5	2.7	2.8	2.7	0.3
<b>Malta <sup>(2)(4)</sup></b>	1.1	1.9	2.2	1.7	1.8	0.7
<b>Netherlands <sup>(3)</sup></b>	2.6	2.8	3.1	3.0	2.9	0.3
<b>Austria</b>	2.3	2.8	2.7	3.0	3.1	0.8
<b>Poland</b>	1.0	1.2	1.3	1.2	1.1	0.1
<b>Portugal</b>	0.8	0.9	0.9	1.0	0.9	0.1
<b>Romania</b>	1.1	1.2	1.3	1.3	1.2	0.1
<b>Slovenia</b>	2.0	2.6	2.6	2.6	2.2	0.2
<b>Slovakia</b>	1.2	1.2	1.2	1.2	1.3	0.1
<b>Finland</b>	1.8	2.7	2.1	2.1	1.8	0.0
<b>Sweden</b>	2.1	2.9	2.7	2.1	2.1	0.0
<b>United Kingdom <sup>(4)</sup></b>	2.6	2.6	2.7	2.8	2.8	0.2
<b>Norway</b>	2.0	2.4	2.6	2.3	2.1	0.1
<b>Switzerland</b>	1.2	1.4	1.4	1.4	1.4	0.2
<b>North Macedonia</b>	1.3	1.7	1.4	1.7	1.6	0.3

Note: unadjusted data (neither seasonally adjusted nor calendar adjusted) for NACE Rev. 2 Sections B to S.

(1) Estimate.

(2) NACE Rev. 2 Sections B to N.

(3) Units with 10 or more employees.

(4) Break in series.

(5) Provisional.

(6) Q4-2018: provisional.

Source: Eurostat (online data code: jvs\_q\_nace2)

The tables in Annex 1 provided by Eurostat show the **number of occupied jobs and job vacancies in the area of human health and social work activities**. These include a wide range of activities, from health care provided by trained medical professionals in hospitals and other facilities, in residential care

activities that still involve a degree of health care activities, and in social work activities (without any involvement of health care professionals)<sup>37</sup>.

Not all countries register these vacancies but where data are available, it is possible to see a clear increasing trend.

- In **Germany** from 2009 to 2018 **the number of job vacancies increased from 90,751 to 199,974** in a country with 5,755,440 occupied in this sector.
- In **Sweden** from 2009 to 2018 the number of vacancies increased **from 3,666 to 18,323** within 1,130,317 occupied in the sector.
- In **Ireland** the increase since 2009 is much less significant, from 1,200 to 1,400 in 2018 within 248,300 occupied in the sector.
- For **Italy** and **France** data are not available.

Summing up the figures for all EU countries where data are available (so except Italy, France, Denmark, Malta and Austria), according to Eurostat statistics at the end of 2018 there were **457,710 job vacancies in this sector**, with the main opportunities to be found in **Germany, the UK, the Netherlands and Sweden**.

Since 2001 health and social care services have been one of the biggest contributors to the creation of jobs across the EU Member States. The Social Services Europe report on *Recruitment & Retention in Social Services* evidences that with the growing demand for social services, 'this sector has become one of the most rapidly growing economic sectors, generating 7 % of total economic output in EU28'. This rate has continued over the years with an increase of 1.7 million jobs between 2008 and 2015. As a consequence of the crisis between 2008 and 2013, while total employment in the EU fell by 2.9 % with a loss of 6.3 million jobs, in the human health and social work sector it increased by 1.3 million<sup>38</sup>. **'The broad care sector is the biggest source of job creation in Europe in recent years, with health and social care services being a "particularly dynamic sub-sector" which contributed to the creation of 3.3 million new jobs between 2000 and 2007, i.e. one-sixth of the jobs created in the services sector as a whole'**<sup>39</sup>. In the following period, from Q4 2010 to Q4 2018, the sector (human health and social work activities) in the countries with available data (except Italy, France, Denmark, Malta and Austria, but also Croatia as no data was available for 2010) **2,930,395 new jobs have been created**, in a period characterised by one of the most serious economic crises Europe has ever faced.

**Mobility and migration are seen as a cause of, and a solution to, staff shortages.** On the one hand mobility within the EU has caused serious problems over the years of workforce drain from eastern Europe countries to central and northern Europe ones. It has created staff shortages in the countries of origin, in addition to deteriorating social and family structures: children and elderly people in particular in rural areas have been left without support when adult family members have moved to richer countries to find a job, in particular in the care sector.

According to recent data, for example, the Czech Republic has lost great numbers of care workers who moved to Germany, and to close this gap they are recruiting care workers in Slovakia and Ukraine. 'The same challenges can be detected on a global scale, since the **EU welcomes many health and social care professionals from outside its boundaries**. This can cause great tensions in developing countries that already struggle to provide health and social care services to their communities, and so it becomes both important and urgent to address this situation in order to avoid unnecessary brain drain in countries of

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<sup>37</sup> <https://ec.europa.eu/eurostat/documents/3859598/5902521/KS-RA-07-015-EN.PDF>

<sup>38</sup> Among working age groups 15-64

<sup>39</sup> European Commission, *Biennial report on social services of general interest*, Brussels, European Communities 2008

origin, while respecting the right of individuals to migrate and seek better working or life opportunities<sup>40</sup>.

## 2.2 Key obstacles hindering the access of migrants in the labour market, key policies addressing them and examples of good practices

According to the literature review and the interviews conducted<sup>41</sup> the main problems and obstacles hindering the access of migrant workers in the labour market can be summarised in three main macro areas:

- The lack of language and cultural skills in a context where workers are characterised by widespread social and individual vulnerability;
- The difficulties in being involved in the labour market due to the lack of experience and qualifications in sectors where qualifications are highly formalised;
- The discriminatory approach towards third-country nationals and the widespread tendency to involve migrants in an illegal form or in the grey/informal economy.

Removing the above-mentioned obstacles is a challenge for Member States, public and private organisations and in general the overall communities have to fight to support the integration for migrants. To remove these obstacles is also key to creating the appropriate conditions to hire the needed workforce, essential to the development of countries having to face socio-economic imbalances, identified in the first chapter of the study.

As emerges from the ENM study Labour Market Integration of Third-Country Nationals<sup>42</sup> '**public sector integration measures focus primarily on the phase prior to accessing employment, including preparing for and finding a job:** these relate most often to the **development of (soft) skills, vocational training and qualification and career counselling**'. **Private sector measures** aim more specifically at integrating (migrant) workers into the workplace providing training and qualification, counselling and enhancing intercultural relations in the workplace.

Analysing the available literature (and in particular European Migration Network (2019a), Eurofound (2019), European Commission (2019a)) integration measures can be categorised in seven main areas. They are common for most professions, but with specific issues when looking at social and care services:

1. **Enhancement of soft skills;**
2. **Training and qualification;**
3. Provision of **information and counselling;**
4. Enhancement of **intercultural/religious/civic relations;**
5. **Supporting measures targeted to employers and migrant workers;**
6. Supporting initiatives for **self-employment;**
7. Integration and training activities specifically targeted to **refugees and asylum seekers.**

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<sup>40</sup> EASPD

[https://www.easpd.eu/sites/default/files/sites/default/files/Policy/easpd\\_employment\\_in\\_the\\_care\\_sector\\_in\\_europe.pdf](https://www.easpd.eu/sites/default/files/sites/default/files/Policy/easpd_employment_in_the_care_sector_in_europe.pdf)

<sup>41</sup> See Annex 3 for the list of people and organisations contacted

<sup>42</sup> European Migration Network, Synthesis Report *Labour market integration of third-country nationals in EU Member States*, February 2019

The following sections consider how the policies can address these obstacles and support the access of migrants in the labour market, also through a few examples of good practices implemented in the five countries analysed. **In Annex 2, a fiche for each good practice presents their main features.**

### 2.2.1 The lack of language skills, knowledge of local culture and social capital

Migrant workers are more frequently characterised by personal and social vulnerability in comparison to national workers. This is due to the fact that they frequently lack social and personal networks, and social capital; they may have arrived recently and alone, without a fixed address and a family network for support.

When employing a migrant worker, knowledge of the language is important in general to enter the labour market and to have the preconditions for integration. It is absolutely key when working in the area of health and social care, and more generally when dealing with vulnerable people in need of support. Migrant workers who are not able to speak the language may only have the opportunity to be involved in non-qualified jobs, such as cleaning.

In addition, these are areas where a specific language is required and where workers have to deal with highly specialised health care professionals. Workers involved in this sector must be able to correctly administer medicine and therapies, and to refer emerging needs and health problems. A specialised language in addition to the common knowledge of the host-country language may be requested.

Migrant workers in comparison to national workers also have additional difficulties and barriers in accessing the labour market: **cultural barriers**, which are much more relevant in the social and health sectors than in any other work sector, as the worker is working closely with vulnerable people, and **lack of knowledge of the socio-economic and institutional/service context** where they work.

Finally, a migrant worker, in comparison to a national worker, much more frequently **lacks social networks and a place to stay**. In particular, workers arriving in Europe to work in the social/domestic sector expect accommodation and subsistence that nationals might not need. At the same time this can also be a strength as in southern countries the availability of workers to live with the person they have to care for 24/7 is a determining factor in finding a job.

Among the policies implemented to tackle these difficulties, the following appear to be particularly promising:

a) **Enhancement of soft skills:** these can include

- Courses teaching **host-country language**, and **professional language**; in some countries it is compulsory to have an A or B level to have a long-term/permanent residence permit;
- **Civic orientation courses** – these are key for professions dealing with individual rights and access to social and health services.

b) Provision of **information** and **counselling**, with the aim, for example, of facilitating networking and increasing understanding of procedures and available opportunities. This can be done in one-stop shops and information centres, but also in seminars or through more innovative delivery tools, such as dedicated apps<sup>43</sup>.

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<sup>43</sup> European Migration Network, Synthesis Report *Labour market integration of third-country nationals in EU Member States*, February 2019

c) Enhancement of **intercultural/religious/civic relations**: sociocultural orientation is a key skill for workers operating with people in a vulnerable condition. This is achieved by engaging migrants and host communities in initiatives that involve well integrated migrants (as mediators) to promote intergenerational and intercommunity exchanges.

Before analysing practices dealing with one or more of the above-mentioned policies, two deserve specific attention as they aim to prepare and support migrant workers to live and work in Germany. This uses an overall approach by promoting a number of different activities ranging from recruiting to general language courses and specialist courses in nursing.

**PRACTICE No 1 *Triple Win nurses – sustainable recruitment of nurses from four countries*** was launched in 2013 by the International Placement Services of the Federal Employment Agency and the German Society for International Cooperation (Deutsche Gesellschaft für Internationale Zusammenarbeit, GIZ). The goal is to recruit foreign qualified workers for the German labour market in particular for hospitals and care institutions, organisations that are allowed to recruit qualified staff to fill vacancies. The project cooperates with the employment agencies in the partner countries as well as with International Placement Services (ZAV), to select and assess nurses, provide them with preparatory language and professional courses, and then place them in work. Workers are supported in their country of origin, upon arrival in Germany and during their stay there. GIZ promotes courses addressing the nurses' German language skills, their professional preparation for the placement, and encouraging their integration after their arrival in Germany. This agency also coordinates the recognition process for the qualifications acquired abroad. The other contributor to the project, ZAV, is responsible for placing the candidates. Since the launch of the programme, more than 160 health care organisations have taken advantage of the service.

**PRACTICE No 2 *Welcome Centres Sozialwirtschaft, Diakonisches Werk Württemberg*** (proposed by Eurodiaconia – Social Services Europe), also helps to respond better to labour market needs by supporting migrants to enter the labour market within the social economy at a level that corresponds to their qualifications. The centre informs migrant workers about necessary administrative steps, directs them towards language classes and vocational training opportunities, raises awareness about work routines in Germany and informs about costs and funding opportunities. Companies also receive support and advice on administrative and legal questions, as well as support for integration activities. Whenever necessary, the Welcome Centre redirects beneficiaries to other existing services. Migrant workers are supported in the period of arrival to facilitate their integration into the labour market. As far as the social service sector is concerned, migrant workers attend language and technical language classes, and courses intended to inform them about the care system; they have to interface with hospitals. In the last six years it has been possible to integrate a considerable number of foreign nurses and doctors thanks to the provision of courses.

Concerning activities related to **professional language** German **PRACTICE No 11 *Individual learning of teachers' language***, implemented by the State Institute for Teacher Training and School Development in Hamburg, this focuses on the importance of having teachers able to adequately manage the 'teachers' language'. Through a diagnostic tool called 'Potential analysis', professional language competences of foreign teachers are assessed, to define the development needs for each participant.

Similar initiatives are part of more complex projects, for example in **PRACTICE No 6**, again from Germany, on health care professions: The ***Trainee programme for health care professional recognition*** implemented by UKE Academy for Education and Careers is aimed at health care professionals (nursing specialists, physiotherapists, dieticians and midwives) for the full recognition of international professional qualifications in Germany. It includes both specialist language courses and clinical instructions with a personalised support by health care trainers. The specialist language is taught through the direct interaction with clinical practice.

There are also some learning apps such as **PRACTICE No 3, *One day German – in nursing*** for nursing professionals, implemented by Passage gGmbH. The app does not only cover linguistic and technical knowledge: it is also a valuable support for intercultural learning. The innovative aspect is that the



learners immerse themselves into an entire working day with typical communicative actions and situations.

**PRACTICE No 4 EiKu – culturally sensitive initial training in geriatric care** has been developed by IQ Network Bavaria – MigraNet, with the active involvement of employees of geriatric care organisations as experts to develop a culturally sensitive concept focused on what the new colleagues should know and be able to do in order to do their job well. The same can be said for **PRACTICE No 6**, which includes both specialist language courses and clinical instructions with personalised support by health care trainers.

Similarly, **PRACTICE No 5 Blended-Learning-Format APO-Online – A training activity to prepare pharmacists for the technical language**, implemented by Knoten Weimar GmbH, consists of virtual classrooms, tutorials and self-study phases with face-to-face sessions with the aim to provide the basis for granting the licence to work in a pharmacy, which is necessary in Germany in order to be allowed to work in the profession.

In Sweden the **Fast Track** programme (**PRACTICE No 16**) permits refugees to be involved in a bridging programme specifically related to their occupations in their native language. At the same time, they are also involved in Swedish language courses. The objective is to allow them to strengthen their occupational skills from the very beginning without waiting to have reached a sufficient level of knowledge of the Swedish language.

Concerning the area of **information and counselling** sometimes families do not know where to find the appropriate professional worker they need to hire. In Italy we present the example of **Family Care Agency (PRACTICE No 8)** and in Ireland the **Migrant Family Support Service (PRACTICE No 9)**. Expert consultants elaborate a personalised assistance protocol depending on the support need. More specifically for the second case, the service offers practical advice and support to migrant families, foster families and social workers. Another Irish programme, **Migrant Teacher Project (PRACTICE No 10)**, has been developed to tackle the lack of social capital of teachers with a migrant background.

### 2.2.2 Skills mismatches, and lack of recognised qualifications and administrative requirements

In most health and social work, a formal qualification is required, both for highly qualified jobs (such as pharmacists, nurses, etc.) and for less qualified ones. An interesting study was undertaken in 2016 by Eurodiaconia<sup>44</sup> (a member organisation of Social Services Europe) that considers the example of one low-qualified professional role requiring a legal recognition: the health care assistant (HCA). The study describes this role considering those working in hospitals and in geriatric and gerontological psychiatry wards. The same professional role is described differently in various EU Member States and requires different types and levels of qualification. Considering the four countries included in this study<sup>45</sup> the profile is described as follows:

- In **France** the official title *aide soignant(e)* is given for a caregiver. A specific vocational training as aide soignant(e) is required and is subject to common regulations nationwide.
- In **Germany** the definition of the profile is differentiated geographically: in North Rhine-Westphalia for example the official title is *geriatric health care assistant*, in Lower Saxony it is *certified care assistant* while in Brandenburg, it is *health care assistant*. Although a compulsory curriculum does not exist, training and examination regulation do exist. The training of geriatric

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<sup>44</sup> Eurodiaconia (2016), *The education, training and qualifications of nursing and care assistants across Europe*, <https://www.eurodiaconia.org/wordpress/wp-content/uploads/2016/08/The-education-training-and-qualifications-of-nursing-and-care-assistants-across-Europe-Final.pdf>

<sup>45</sup> Ireland is not present in the study.

care assistants is regulated by the Federal Law of Execution of the Act for Geriatric Care and Education in Geriatric Care Assistance.

- In **Italy** the official title for the care support staff is *operatore socio-sanitario* (OSS). Health care assistants are known as *auxiliary staff*. In Italy compulsory educational preparation as well as compulsory registration is required. Licensing is regulated by regional authorities.
- In **Sweden** the official title relating to health care assistant (HCA) is *undersköterska*. One qualification level below HCA is *vardbiträde*. Qualification as an undersköterska can be achieved by different means: a vocationally oriented programme, vocational education or in-service training for adults. In Sweden there is a lack of junior health professionals and this affects undersköterskas and vardbiträdes: for this reason, Sweden is eager to employ an increasing number of migrant health care workers.

Most migrant workers arriving in EU Member States lack professional skills in relation to the labour market needs, and lack of work experience. Even when they have acquired specific competences and skills in native countries, they have difficulties in using them when they arrive in the EU. In particular, migrants have difficulties in accessing regular employment in the social and health care services, as the labour market is strongly regulated. They require formalised qualifications that are different from those acquired in their native countries and, as just said, these may be different from those acquired in other Member States. ‘The most common obstacles encountered by Member States in supporting third-country nationals relate to the accreditation of job qualifications / assessment of skills of those arriving from outside the EU. These difficulties are more pronounced when dealing with migrant women or vulnerable groups’<sup>46</sup>.

Key policies that are implemented across Europe to overcome these obstacles concern **training and qualification**: social and care services need specific skills, and even when they have been acquired in the native country, they may need to be integrated to be accepted in the host country. Specific courses are promoted to support the recognition of skills and qualifications of third-country nationals. Some measures offer the opportunity to workers to gain work experience on the job or through traineeship/internship.

Several practices have been found that aim to respond to difficulties in the recognition of professional qualifications in sectors where qualifications are highly formalised. These are in addition to the already mentioned **PRACTICES No 1 and 2**, where the agencies also coordinate the recognition process for the qualifications acquired abroad.

In the current severe nationwide skill shortage in the fields of health care and geriatric care there is a desperate need of qualified staff, but workers with the appropriate qualifications are lacking. In Germany there are 2,000 international nurses applying each year for recognition of their foreign degrees, but their request is often not acknowledged. In order to obtain professional licensing these workers have to meet requirements concerning professional, practice or language skills. **Vide terra (PRACTICE No 7)**, implemented by **Diakonische Werke Baden und Württemberg**, is a good practice presented by Eurodiaconia -Social Services Europe. It provides support for both third-country national nursing specialists who are looking for qualified work, and for hospitals that need trained staff: hospital managers compensate the nursing staff during their clinical internship, and the job matching of participants and hospitals is individually supported by Vide terra. The innovative aspect of the project is the tailor-made coordinated support to both the nursing staff and the hospital.

In Italy, the care market sector is becoming increasingly relevant for the labour market integration of migrants, especially men, in the 20-30 age group from sub-Saharan Africa. Health and social workers are those most required. They are mainly involved in **nursing homes and hospitals** for which it is necessary to have the health and social worker professional title (OSS). They are also involved in the

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<sup>46</sup> European Migration Network, Synthesis Report *labour market integration of third-country nationals in EU Member States*, February 2019

health care and the domestic sector, a more informal sector for which there is no need for specific certifications. **Casa del Lavoro (PRACTICE No 17)**, promoted by Diaconia Valdese in collaboration with Patchanka, is a good practice presented by Eurodiaconia - Social Services Europe. It is a labour agency (accredited by the Piedmont region, founded by the Social Cooperative Patchanka, in collaboration with Coldiretti Torino, Diaconia Valdese and EU.coop) with the aim to support refugees and migrants in obtaining the professional title of health and social care worker. During this training period, they are involved in a training activity in which each person is assessed to identify their abilities in order to develop and strengthen their skills. People who are particularly interested and appropriate for the personal care sector are selected for internships and are supported to apply for the OSS certification.

**PRACTICE No 6 Trainee programme for health care professional recognition**, promoted in Germany by the UKE Academy for Education and Careers, provides a trainee programme for health care professional recognition. The goal of this bridge training project in Hamburg is to promote the recognition of foreign professional qualifications by compensating the differences in qualifications in order to achieve recognition and/or professional licensing. The trainee programme for health care professionals (nursing specialists, physiotherapists, dieticians, and midwives) is a six-month trainee programme for the full recognition of international professional qualifications in Germany. It includes both specialist language courses and clinical instructions with a personalised support by healthcare trainers. The training activities are realised within a network of clinics of the university hospital and also in external health care facilities as work locations for the practical application and for the development of the required professional job skills.

Another aspect hindering the access of migrant workers in the labour market are the difficulties in accessing it, in identifying the adequate channels to enter it and be accepted as reliable workers. Several agencies, in addition to the ones already mentioned, support the access of workers also those with a lower level of qualification and for home care activities.

An example is a **one-stop shop to hire care workers (PRACTICE No 8)**: In Italy, as health and social care facilities are too expensive for most families, they are forced to choose home care for their relatives' support. Two main problems emerge: on the one hand most of these care workers are involved irregularly by families, without a recognised regular contract. On the other hand, families do not know where to go to ask for information and where to find the appropriate professional worker they need to hire. Several projects are being implemented to answer the double need of workers to be involved regularly on the labour market and for families to hire a qualified professional care worker. To reduce the presence of the grey economy, some regional governments have regulated the home care market with specific laws, by organising local registries of home care workers which include specific regulations on the daily working hours, skills and training required<sup>47</sup>. A recent example is a new care worker agency funded by a bank foundation (Fondazione Cariplo). It is intended to implement different one-stop shops spread around the local area of Cinisello Balsamo and near municipalities, with the aim to offer answers to families in need of qualified care workers. The project name is Agenzia Badanti di Cinisello Balsamo-Family Care. It offers qualified home care support to families and qualified professional care workers to hospitals, who are experienced in taking care of elderly and disabled people. The agency deals with all the bureaucratic and administrative obligations, including the supply of all the documents necessary for tax deductions and the request for economic contributions by the local government. The care service also provides for the replacement of caregivers during holidays or illnesses.

A different example is **Migr'Action (PRACTICE No 18)**: This practice has been implemented by Caritas Biella and has been presented by a Caritas Europa - **Social Services Europe**. It is a voluntary association of migrants for migrants and the objective is to prepare them for professional roles involving the care

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<sup>47</sup> An example is the *Regional Law (Lombardia) no 15 del 19 maggio 2015 – Interventi a favore del lavoro di assistenza e cura degli assistenti familiari*.

of people in their apartments. The courses are aimed at the acquisition of basic skills with respect to personal care and intercultural dialogue, which go beyond the skills of OSS.

In Ireland, the project ***Building Better Futures – Building Social Enterprise with Migrant Women Entrepreneurs (PRACTICE No 14)*** intends to realise the potential offered by migrant women who, before coming to Ireland, were already entrepreneurs and active in business, but as a consequence of many obstacles have given up. Migrant women, who have previous business experience and a start-up idea, are offered specific training activities. The aim is to increase the entrepreneurial activity of migrant women, as this is expected to have positive social and economic impacts.

A more general European project, the European Refugees Integration Action Scheme (**ERIAS – PRACTICE No 12**) directly addresses skills mismatches, compounded by low levels of labour mobility between regions and Member States: ERIAS is the **European Chambers response to the labour market integration** of third-country nationals, including refugees. It proposes a methodology for their integration in the labour market based on the principles of comprehensiveness (from skills assessment to employment) and a multistakeholder approach. Partners from Spain, Italy, Greece and Bulgaria test the ERIAS approach on the ground, offering integration pathways to migrant workers while considering the employment needs of enterprises.

### 2.2.3 The discriminatory approach towards third-country nationals and the widespread tendency to involve migrants in an illegal form or in the grey/informal economy

Skilled migrants are often involved in the labour market in jobs that are of poorer quality, or less well paid. It is also common to have third-country nationals (TCN) migrant workers that are overqualified for the activities proposed. As emerges from the German Caritas report *Migration and Development*:

*Discriminatory practices further make it difficult for migrants to access the labour market even when they are qualified and have the certificates needed to prove it. [...] Qualifications/certificates are often not recognised, and non-formalised knowledge and skills remain often unused. For example, a lawyer or a medical doctor often works in less qualified positions<sup>48</sup>*

An important issue related to the involvement of migrant workers concerns their illegal involvement in the labour market. As emerges in the *European Migration Network (2017)*, illegal employment is a hidden phenomenon linked to the 'grey' or informal economy, with significant differences across Member States in terms of the number of migrant workers identified as illegally employed, and also the number of convictions and sanctions for employers.

The informal care sector in many countries, in particular in southern Europe, is characterised by a generalised presence of informal work. The sectors and professional activities considered at high risk of illegal employment are those labour-intensive and low-skilled roles, as in the case of those with a high turnover of staff and low wages<sup>49</sup>. In Italy and France, two of the countries analysed in this study, this is particularly evident.

**Fighting illegal employment** is a challenge and a policy objective for the EU Member States and also for the EU as a whole. It is also a serious concern for all those organisations (social employers, civil society organisations, third-sector organisations) willing to work within a legal framework, and to offer to the workers they involve a legal and appropriate contract. At EU level an important initiative has been adopted to prevent and tackle illegal employment of migrant workers: the Employers' Sanctions Directive 2009/52/EC. The majority of Member States are working on the adoption of similar initiatives to adopt national policies to fight illegal employment and the grey economy.

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<sup>48</sup> Caritas, *Migration and Development in Germany, Common Home Series*, May 2019 <https://www.caritas.eu/wordpress/wp-content/uploads/2019/05/CommonHomeBavariaEN.pdf>

<sup>49</sup> European Migration Network, *Synthesis Report – Illegal employment of TCNs in the European Union*, August 2017

What emerges from the interviews, is this is a key issue in the area of homecare services: migrant care workers are involved by families to support vulnerable family members (due to old age or disability) in most of the cases without a regular contract.

Trade unions play a key role in this area. The above-mentioned study<sup>50</sup> in **Germany** shows several trade union initiatives that offer counselling and legal support for TCNs working illegally: for example, one called 'migration and work' is promoted by the German Trade Union Confederation (DGB), and also anticipates the establishment of direct contact with the employers and the labour court. In **Sweden**, the 'Swedish Trade Union Centre for Undocumented Migrants' was established in 2008 to support irregularly staying migrant workers exploited on the Swedish labour market. Several policy initiatives have also been implemented as a result of this concern in Italy and France, where trade unions also play a relevant role in elaborating measures to support the integration of migrants in the care labour market, as two good practices presented in the following section evidence. The same happens in France, Italy and Ireland.

Key policies that are implemented across Europe to overcome these obstacles concern:

- **Measures targeted to employers and migrant workers**, intended to enhance opportunities for hiring qualified workers abroad, but also employers' awareness and capacity to manage diversity;
- Initiatives to enhance **self-employment**.

The already mentioned practices *Triple Win nurses – Sustainable recruitment of nurses from four countries* (PRACTICE No 1) and *The Welcome Centres* (PRACTICE No 2) have been created in Germany to promote the involvement of qualified workers in the German labour market, while at the same time observing a culture of welcome. They aim to help respond better to labour market needs by supporting migrants **to enter the regular labour market** at a level that corresponds to their qualifications.

The Italian *Family Care Agency* (PRACTICE No 8) supports families to hire reliable homecare workers and giving support in dealing with all the bureaucratic and administrative obligations, including the supply of all documents necessary for the tax deductions and the request for economic contributions by the local government.

A key strategy to avoid the **exploitation of irregular migrant workers** while promoting their integration in the labour market, also passes through their **qualification as self-employed**. A few examples have been found concerning this: the most relevant are **PRACTICES No 13 and 14**.

**PRACTICE No 13** refers to the French *Government Skills Investment Plan*. A public action has recently been developed at national level to support professional integration of beneficiaries of international protection facing difficulties in access to the labour market and in the assessment and recognition of their skill. It is not specifically targeted to the care sector, but it can be expected to have a high impact on it, as in France refugee women are mostly involved in the care sector, particularly in-home care and personal assistance. The *Office of the High Commissioner for Skills and Inclusion through Employment* launched a call for projects for the professional integration of refugees as part of the *Skills Investment Plan (ICP)*. The call for projects, with a budget of EUR 15 million, aims to contribute to their professional integration through the deployment of support programmes in employment or business creation.

The Irish project *Building Better Futures – Building Social Enterprise with Migrant Women Entrepreneurs* (PRACTICE No 14) intends to build on the potential offered by migrant women who, before coming to Ireland, were already entrepreneurs and active in business, but as a consequence of

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<sup>50</sup> Caritas, *Migration and Development in Germany, Common Home Series*, May 2019 <https://www.caritas.eu/wordpress/wp-content/uploads/2019/05/CommonHomeBavariaEN.pdf>

many obstacles, have given up. Main reasons for giving up are discrimination, language barriers, cultural issues, poor networks and a lack of understanding about Irish systems and legislation. Migrant women and women with a background as an immigrant and an entrepreneur who have previous business experience and a start-up idea, are offered specific training activities. A second strand of the project seeks to support the development of a new model of homecare, through an initial pilot of a worker-owned social enterprise that can deliver quality care and quality jobs. The aim of the project is to work with migrant women to support them in 'establishing a social enterprise in-home care that can deliver quality accessible care services along with decent jobs that allow homecare workers themselves to live with dignity and have a decent quality of life'.

Finally, we have selected two interesting initiatives intended to promote integration in the labour market and in training activities, in particular for **refugees and asylum seekers**.

In France, asylum seekers and refugees have very limited access to the labour market, due to a number of administrative constraints. They have to be able to work and they need a temporary work permit, and to obtain it, they have to provide proof of a job offer or an employment contract. To grant or deny a work permit the prefecture considers the current and future employment situation in the profession required and the geographical area where they intend to reside (**PRACTICE No 15 on *the integration of refugees in sectors under tension***). In the context of the reform of the public employment service, a decree (18 January 2008 with the latest version updated to 2016) described the fields of work presenting labour shortages and recruitment difficulties which justify the involvement of third-country nationals to work. These sectors are called 'under tension': the decree draws up a list of 30 sectors suffering from a labour force shortage, then extended to 150 occupations. For men, they are mainly industry-related jobs. Women, on the contrary, are mainly involved in the care sector, that is to say, in-home care, personal assistance, babysitting and cleaning. They access these jobs through companies specialised in these specific sectors.

In response to the large number of newly arrived refugees, Sweden introduced a **Fast Track** initiative (**PRACTICE No 16**) to speed up the labour market integration of refugees with work experience in occupations with shortages of employees, such as health care professionals and teachers. The fast track programme provides a comprehensive integration package for around 20 different occupations, including licensed professions, such as teachers and physicians as well as less-qualified occupations, e.g. painters and professional drivers. The fast track programme has been developed in close cooperation with trade unions and employer associations. After an initial mapping and validation of skills, refugees are involved in a bridging programme specifically related to their occupations in their native language. They are also involved in Swedish language courses. The objective is to allow them to strengthen their occupational skills from the very beginning without waiting to reach a sufficient level of knowledge of the Swedish language. The goal of the fast track initiative, introduced in 2015 by the Swedish government, is to coordinate existing measures into a streamlined package, to speed up the labour market entry into occupations with labour shortages for skilled immigrants who have been granted a residency permit.

### 2.3 Opportunities to support a more effective engagement of migrant staff in the sector as an additional strategy to drive the integration of migrants in Europe

In most of the EU labour markets over the years, the foreign component of the labour market has become increasingly key in national economies. According to Caritas Italiana (2019)<sup>51</sup> and OECD (2014) migrants are key players of the European labour markets as they perform several roles:

- filling important niches in both fast-growing and declining sectors of the economy;

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<sup>51</sup> Caritas Italiana (2019), *Common home – migration and development in Italy*

- contributing to labour market flexibility;
- boosting the working-age population;
- contributing with their skills to technological progress of the receiving countries;
- playing an important role by offsetting the effects of negative demographic trends such as workforce ageing and general depopulation.

**Under appropriate conditions, immigration can contribute to reducing labour market bottlenecks.** What is key is to provide the appropriate policy initiatives to enhance opportunities and to reduce obstacles to the deployment of initiatives able on the one hand to support the integration of migrants and on the other hand to reduce skill shortages.

Concerning skill shortages in the care sector, they can be addressed by several different perspectives, as the previous section has already highlighted.

**Employers can respond to skill shortages** by activating several measures including training, recruitment abroad and improved working conditions to attract qualified applicants. Recruitment efforts outside the country are particularly frequent in the health sector (European Parliament, 2015).

As described by European Investment Bank (2019) persistent skill shortages that are not solved by market mechanisms **can be addressed by government policies.** Policies addressing skill shortages and mismatch are implemented at both national and European levels. **National measures** are aimed to facilitate the transition from school to work, increase labour market transparency, attract individuals in specific educational choices, provide incentives to train in 'bottleneck' occupations and favour geographical mobility. In the care and health sector they can aim to encourage adult training to develop for example the required skills which need formal recognition at national level, but also by co-financing training programmes targeted at firms and/or co-financing programmes targeted at individuals, as for example vouchers for individual training activities.

### 2.3.1 The role of EU policies and EU funding

While integration policy is under the competence of the Member States, EU institutions support national governments, local authorities and civil society to promote and implement social inclusion and social cohesion initiatives (Following Bevelander, 2019).

- The ***Common Agenda for Integration***, adopted by the European Commission in 2005, provided a framework for the implementation of inclusion policies across the EU and instruments at EU level to promote integration and facilitate exchanges between the main actors involved.
- In 2015 the European Commission presented its ***European Agenda on Migration***, a comprehensive and cross-cutting policy response to tackle the challenges posed by migration while reaping its benefits, as well as providing answers to address the challenges specifically arising from the refugee crisis.
- In 2016 the European Commission adopted the ***Action plan on the integration of third-country nationals*** ([Link](#)) (already described in Section 1.1.3). It provides a comprehensive framework to support Member States' efforts for the development of their integration policies. The strategy also describes the concrete measures the Commission will implement in this regard. Together with other actions, the plan tackles employment and vocational training, including actions to promote early integration into the labour market and migrants' entrepreneurship. The action plan acknowledges that inclusion requires a cross-cutting approach and must encompass a wide range of areas such as education, skills, employment, housing, health care, childcare, schooling and psychological support.
- The mainstreaming approach is also at the centre of the ***European Pillar of Social Rights***, which introduces broad policies that help vulnerable groups, including migrants, to access employment, to have adequate income support and to have access to high-quality social services.

The other key policy is the *New Skills Agenda for Europe* ([Link](#)), adopted by the Commission on 10 June 2016. It launched ten actions to promote training, skills and support available to people in the EU. Among the ten actions – that are all underway – the following are particularly relevant for this study:

- *European Qualifications Framework*: The Council adopted the revised European Qualifications Framework and the related annexes in May 2017. The Commission is now working with EU countries and other interested parties to implement the new recommendation to support better understanding of qualifications and make better use of all available skills in the European labour market.
- *EU Skills Profile Tool for Third-Country Nationals*: An EU Skills Profile Tool for Third-Country Nationals to support early identification of skills of asylum seekers, refugees and other migrants was launched at a stakeholders' conference in June 2017. The tool is now available in all EU languages (except Irish) and in Arabic, Farsi, Pashto, Sorani, Somali, Tigrinya and Turkish. The EU Skills Profile Tool for Third Country Nationals is intended for use by any services that may be helping citizens of non-EU countries and should be used in an interview situation to get to know the individual, their skills, qualifications and experience.
- *Analysing and sharing of best practice on brain flows*: Work on analysing and sharing best practice to manage the movement of highly skilled or qualified people between countries ('brain flow') is in progress to identify policies and measures to better manage this phenomenon.

**EU Funds are an important opportunity** to promote the integration of migrants and at the same time to support activities intended to respond to skill shortages. The labour market and social inclusion are supported by the EU through several funding instruments, such as the European Social Fund (ESF), the Fund for European Aid to the most Deprived (FEAD) and by investing in several innovative projects to support fast track inclusion of refugees and their families through the Employment and Social Innovation (EaSI) programme.

This is an important phase to determine its relevance and it is the phase where the design of new funds is under elaboration. The Commission's proposal on the future **Multiannual Financial Framework (MFF) 2021-2027** intends to simplify access to EU funds in the area of inclusion and to allow better synergies at the national level with the aim to ease the pooling of funds and to reduce the administrative burden on beneficiaries. In particular **supporting the integration of legally residing third-country nationals and people with a migrant background is a focal point of the proposed Multiannual Financial Framework** for 2021-2027<sup>45</sup>. Main funds that will be redesigned are:

- AMIF will be transformed in the Asylum and Migration Fund (AMF) and will focus on early inclusion measures; programmes to be mostly implemented in the first years after settlement in the EU.
- Apart from early integration measures, it has been suggested that support for integration which is currently part of AMIF is transferred to ESF+, with a **reinforced complementarity with AMF for all measures related to the employment and labour market integration of migrants and TCNs**.
- Other thematic interventions in the areas of housing, culture and health are aimed to be financed by specific funds, such as ERDF, ERASMUS+ and EARDF.

Whether ESF+ should be used to support labour integration measures for migrants – provided that they have legal status – is under discussion. ESF+ in any case should maintain the mainstreaming approach of its predecessor towards migrant inclusion, to avoid the creation of a separate track for labour market inclusion which might not be effective and sustainable in the long run (Bevelander, 2019). The next Multiannual Financial Framework will increase funds for Member States to target migrants: for instance, the AMF proposal for 2021-2027 is to triple its original allocation up to 10,415 billion, while 25 % of ESF+ resources are to be allocated to foster social inclusion.



To promote the inclusion of refugees and other migrants into the labour market on December 2017, the European Commission and the EU Social and Economic partners (the European Centre of Employers and Enterprises providing Public Services and Services of general interest), the European Association of Craft, Small and Medium-sized Enterprises (UEAPME), the European Trade Union Confederation, BusinessEurope and Eurochambres signed a **European Partnership for Integration**. The aim of the partnership is to offer opportunities to migrants and refugees legally residing in the EU to integrate into the labour market. To be more effective, ‘this innovative partnership might be strengthened in Member States by involving the private sector further, which is a crucial multiplier needed to obtain successful outcomes related to labour market integration’ (Bevelander, 2019).

## Conclusions and recommendations

The study has identified the main socio-demographic factors affecting of the evolution of care needs in EU Member States, which can be summarised as follows.

**Demographic and social changes** are having a relevant impact on care and social services in Europe. During the last 50 years the composition of the EU-28 population has changed considerably due to several factors: declining fertility rates, population ageing, modification of family patterns and increasing involvement of women working full time in the labour market. Care needs are particularly associated with these demographic changes as well as to the diffused presence of disability and mental health problems in families. In this context, the **accessibility of formal care provided by the institutions and informal and more affordable care support services** in general plays a major role in the daily life of European residents. With the increasing participation in employment of men and women at older ages, potential carers are more likely to be in paid work, and as such, are not available to deliver care support to their own family members.

In addition, the European population has changed in recent years not only due to socio-demographic changes, i.e. decreased birth rates of native citizens, but also due to **the number of migrants, asylum seekers and refugees arriving to settle in EU countries**. From 2012 to 2016, net migration contributed more than 80 % to total population growth in the EU-28, compared with less than 20 % from natural population changes<sup>52</sup>: the number of people residing in an EU Member State with citizenship of a non-EU Member State on 1 January 2018 was 22.3 million. **The inflows of migrants and asylum seekers to Europe** in the last few years has become one of the hottest topics on the EU agenda in terms of Member State responsibility-sharing between and within EU countries. This situation evidences the need to shift from short-term, crisis management mode to a long-term, sustainable asylum and migration policy, enabling more safe and legal channels, effective integration and inclusion processes, and access to the labour market. It is necessary therefore for policymakers to move beyond immediate humanitarian concerns (ensuring shelter, food and medical aid), to instead provide migrants and asylum seekers opportunities to participate fully in European society and to be recognised for the many contributions they make to Europe.

The foreign component in the European labour market over the years has become increasingly important for national economies and societies. Migrants offer much to societies and communities around Europe culturally, socially and economically. Research has shown that integration and inclusion can be achieved through access to the labour market. When it comes to the **European labour market** migrants perform multiple roles: they fill important niches both in fast-growing and declining sectors of the economy; they contribute to labour market flexibility; they boost the working-age population; they contribute with their skills to the technological progress of receiving countries; and they play an important role by offsetting the effects of negative demographic trends, such as workforce ageing and general depopulation. Yet despite this, the EU and its Member States have been relatively reluctant to enhance more legal pathways for migrants to take up employment in Europe. **Employment** is often considered to be the single most important indicator for migrant integration, yet it remains an underdeveloped area for fostering migrants' full participation. The **employment rate** of non-EU immigrants has dropped by 3 percentage points over the past decade, while rising by 3 points among natives and EU-born migrants. The employment rate of the highly educated, foreign-born is much lower than among the native-born. Over 3.7 million immigrants are **unemployed** in the EU: the immigrant unemployment rate is at 11.5 %, while it is only 7.5 % for native-born. The employment rate of non-EU migrants with **foreign qualifications** is much lower than that of immigrants with host-country qualifications.

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<sup>52</sup> Natural population change is the difference between the number of live births and deaths during a given time period (usually one year). It can be either positive or negative (Eurostat).

Furthermore, there is a relevant **difference in working conditions, indicating much worse conditions** for migrant workers than for native-born workers. In most European countries, immigrants are more likely to work on the basis of temporary contracts, typically earning less, with over one-third of highly educated migrants overqualified for the jobs they have, across the EU.

Since 2001, **health and social care services have been one of the biggest contributors to the creation of jobs across the EU Member States**: from 2010 to 2018 in this sector, 2,930,395 new jobs were created, in a period characterised by one of the most serious economic crises Europe has ever faced.

According to Eurostat statistics, at the end of 2018 in all EU countries where data are available (i.e. except Italy, France, Denmark, Malta and Austria), there were **457,710 job vacancies in the area of human health and social work activities**. The main employment opportunities were to be found in Germany, the UK, the Netherlands and Sweden. These include a wide range of activities, ranging from health care provided by trained medical professionals in hospitals and other facilities, to residential care activities still involving a degree of health care activities, to social work activities without any involvement of health care professionals<sup>53</sup>. In the EU-28, in the fourth quarter of 2018 the **job vacancy rate** was 2.3 %, which has almost doubled in five years (the job vacancy rate refers to a paid post that is newly created, unoccupied or about to become vacant).

Another serious concern in Europe is related to **workforce imbalances and shortages in the social and health care sector**. The lack of professionals with specific skills is leading to internal migration and brain drain also within EU countries. This is both positive and negative. Mobility and migration are seen as one of the causes of staff shortages in countries of origin, but they can be at the same time a solution, by matching workers' need to be integrated in the labour market and residents' care and social needs.

**Migrant workers arriving from non-EU countries** have supported the care sector in Europe for many years, but there are problems and obstacles hindering migrant workers' already residing in Europe from accessing the labour market. This can be summarised in three main macro-areas: a) the lack of language skills, knowledge of local culture and social capital; b) skills mismatches and lack of recognised qualifications and administrative requirements; c) the discriminatory approach towards migrants, hindering them from accessing the regular labour market, effectively resulting in many having no option other than working in the grey/informal economy.

Overcoming these multiple changes is necessary as well as fostering inclusive social policies and **integration measures**. Since successful integration depends on the engagement of multiple actors, not just policymakers and the migrants themselves, European institutions, civil society actors, NGOs and employers play a pivotal role in creating welcoming environments for migrants. While common for most professions, when looking at the involvement of migrants in the social and care service sector specific issues have to be considered. Among integration measures to be developed with a specialised attention to the care and health sector seven main areas need attention for achieving inclusive policies, namely: the enhancement of soft skills; training and qualifications; provision of information and counselling; enhancement of intercultural/religious/civic relations; supporting measures targeting employers and migrant workers; supporting initiatives for self-employment. In addition to the economic contributions they make, migrants also contribute culturally, socially and politically in many important ways.

Overall, **under appropriate conditions immigration can contribute to reducing labour market bottlenecks**, among other things. It is key to provide adequate policy initiatives to enhance

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<sup>53</sup> <https://ec.europa.eu/eurostat/documents/3859598/5902521/KS-RA-07-015-EN.PDF>

opportunities and to reduce obstacles to the deployment of initiatives able, on the one hand, to support the integration of migrants and on the other hand, to reduce skill shortages.

For this reason, **national measures** are needed to facilitate the transition from school to work, increase labour market transparency, attract individuals in specific educational choices, provide training incentives for 'bottleneck' occupations and favour geographical mobility. **EU institutions should continue to support** national governments, local authorities and civil society to promote and implement inclusion and social cohesion initiatives that foster migrants' active participation in society.

**EU funds are also important** for promoting migrant integration and at the same time supporting activities that respond to skills shortages and mismatches. Labour market and social inclusion are supported by the EU through several funding instruments, such as the European Social Fund (ESF), the Fund for European Aid to the most Deprived (FEAD) and by investing in several innovative projects to support fast track inclusion of refugees and their families through the Employment and Social Innovation (EaSI) programme. The European Fund for Strategic Investments (EFSI) is also important, which provides an EU guarantee to mobilise private investment to make smarter use of financial resources, also in the social and health sector. Resources can also be found to foster ethnic entrepreneurship in the social and health sector. This is an important phase as the design of new funds is under elaboration: The Commission's proposal on the future Multiannual Financial Framework (MFF) 2021-2027 in fact intends to support the integration of legally residing third-country nationals and people with a migrant background<sup>45</sup>.

It is in this context that the EU needs to support the integration of migrants in the social and health care sector by putting in place appropriate conditions for its development, and Social Services Europe can play a relevant role in this regard.

### Recommendations for future action to be promoted by Social Services Europe (SSE)

1. In the current situation of labour shortages, particularly worrying for the care and health sector, SSE should act to urge EU and national action to promote access to the labour market by migrant workers. SSE could back the effective adoption of a **revised Blue Card Directive**, intended to regulate the conditions for entry and residence of highly qualified third-country workers in particular in the area of social and health care, establishing specific EU-wide permits and fast tracks.
2. **This is a key political phase when** the design of new European Funds is under elaboration. The Commission's proposal on the future **Multiannual Financial Framework (MFF) 2021-2027** is under discussion, and SSE could act in a prominent role by stimulating the debate on the use of EU funds to tackle labour shortages in the social and health care sector, in particular in elaborating tools intended to **support the integration of migrant workers in these sectors**. SSE could propose to promote specific funding streams intended to support the active and effective involvement of migrant workers in the social and care sector through training and qualification actions, dedicated recognition activities, and collection and mapping of labour shortages in these sectors.
3. The same can be said in terms of relaunching attention and funding relative to **Social Services of General Interest (SSGI)**, putting a specific focus on services provided directly to the person, such as social assistance services, childcare, social housing or long-term care for the elderly and for persons with disabilities.
4. **SSE could launch an EU campaign addressing the issue of the mutual positive interlinkages** between investing in the future wellbeing for European residents by promoting integration policies that address migrants' arriving at European borders: investing in future wellbeing for European citizens allows the promotion of integration policy addressing migrant workers and residents able to provide positive benefits for:

- vulnerable EU residents and their families, thanks to a more skilled, competent, and available social and healthcare workforce;
- migrant workers, able to enter and reside in the EU legally;
- the European economy, which needs investments to regain a positive growth trend;
- employers, who need a qualified, regularly residing workforce in their premises.

The same campaign could be relaunched by SSE member organisations in their respective countries.

5. SSE could also promote an action at EU level for **the recognition of specific professional care** roles and qualifications valid across Europe, by promoting common training paths through EU funds. This could be linked in particular to the **recognition of specialised certificates** and skills gained abroad by migrants arriving in Europe to work in the care sector.
6. SSE member organisations could experiment within their national and local organisations with the **modellisation of one-stop shops for families and care workers** supporting families looking for a qualified and reliable care worker and supporting workers to avoid their exploitation and to enhance their professional qualifications.
7. SSE should continue to support the work done by the Federation of European Social Employers and EPSU to set-up social dialogue structures for social services at EU level. SSE should also actively encourage the Social Employers and EPSU to negotiate jointly a transposition of the Code of Conduct on Ethical Recruitment, that was agreed in the hospital sectoral social dialogue committee at EU level. SSE should also encourage the development of social dialogue structures in social services at national level, which respond to the organisational capabilities in each country in view of facilitating the integration of migrants into the workforce.

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## ANNEX 1 – Statistical Annex

### Population on 1 January by age group and sex [demo\_pjangroup] AGE: 85 years or over

	2018	Increase 2009-2018
Estonia	33.544	75,2
Slovenia	50.395	72,4
Poland	767.963	71,0
Greece	349.783	68,5
Luxembourg	11.754	68,2
Latvia	46.171	61,1
Croatia	85.604	60,9
Malta	8.691	60,3
Lithuania	70.165	58,4
Spain	1.465.474	53,0
Portugal	297.538	51,4
Czechia	200.834	47,9
Slovakia	79.065	44,8
Bulgaria	136.204	44,5
Belgium	320.800	44,3
Romania	373.991	43,5
Italy	2.098.165	42,9
France	2.142.251	41,9
Finland	146.165	40,8
<b>European Union - 28</b>	<b>13.809.802</b>	<b>38,0</b>
Ireland	73.097	37,1
Cyprus	12.824	32,0
Austria	224.853	30,0
Netherlands	370.659	29,9
Germany	2.265.474	25,7
Hungary	193.635	24,2
United Kingdom	1.603.386	21,1
Denmark	120.768	11,4
Sweden	260.549	6,6

### Old age dependency ratio

	2008	2018
<b>European Union - 28</b>	25,5	30,5
Germany	30,4	32,8
Ireland	15,6	21,2
France	25,2	31,6
Italy	30,7	35,2
Sweden	26,7	31,7

(Source: Eurostat...)



### Immigration by citizenship, 2017

	Total immigrants		Nationals		Non-nationals							
					Total		Citizens of other EU Member States		Citizens of non-member countries		Stateless	
	(thousand)	(thousand)	(%)	(thousand)	(%)	(thousand)	(%)	(thousand)	(%)	(thousand)	(%)	
Belgium	126.7	17.5	13.8	108.5	85.6	60.2	47.5	48.3	38.1	0.0	0.0	
Bulgaria	25.6	13.1	51.0	12.5	48.9	0.6	2.5	11.8	46.2	0.0	0.2	
Czechia	51.8	4.5	8.7	47.3	91.3	16.6	32.0	30.7	59.3	0.0	0.0	
Denmark	68.6	19.5	28.5	49.0	71.5	25.6	37.3	23.1	33.6	0.4	0.6	
Germany <sup>(1)</sup> ( <sup>2</sup> )	917.1	124.4	13.6	788.9	86.0	395.0	43.1	391.5	42.7	2.4	0.3	
Estonia	17.6	8.5	48.5	9.1	51.4	4.6	25.9	4.5	25.5	0.0	0.0	
Ireland	78.5	26.4	33.7	51.2	65.2	28.5	36.3	22.7	28.9	0.0	0.0	
Greece	112.2	31.7	28.3	80.5	71.7	17.2	15.3	63.3	56.4	0.0	0.0	
Spain	532.1	78.2	14.7	454.0	85.3	139.4	26.2	314.2	59.1	0.3	0.1	
France	370.0	128.0	34.6	242.0	65.4	74.5	20.1	167.5	45.3	0.0	0.0	
Croatia	15.6	7.9	50.9	7.6	49.1	2.2	14.1	5.4	35.0	0.0	0.0	
Italy	343.4	42.4	12.3	301.1	87.7	61.1	17.8	240.0	69.9	0.0	0.0	
Cyprus	21.3	4.0	18.6	17.4	81.4	9.3	43.7	8.0	37.7	0.0	0.0	
Latvia	9.9	4.8	48.2	5.1	51.7	0.7	7.5	4.4	44.1	0.0	0.1	
Lithuania	20.4	10.2	49.9	10.2	50.1	0.7	3.4	9.5	46.5	0.0	0.2	
Luxembourg	24.4	1.2	4.9	23.2	95.0	16.7	68.3	6.5	26.6	0.0	0.0	
Hungary	68.1	31.6	46.4	36.4	53.5	11.2	16.4	25.3	37.1	0.0	0.0	
Malta	21.7	1.5	6.8	20.2	93.2	11.7	54.2	8.5	39.0	0.0	0.0	
Netherlands	189.6	44.6	23.5	143.7	75.8	72.6	38.3	68.6	36.2	2.5	1.3	
Austria	111.8	9.7	8.7	102.0	91.2	64.4	57.6	37.4	33.4	0.3	0.3	
Poland <sup>(2)</sup> ( <sup>3</sup> )	209.4	132.8	63.4	76.6	36.6	22.7	10.8	53.8	25.7	0.1	0.0	
Portugal <sup>(2)</sup>	36.6	20.2	55.3	16.4	44.7	7.6	20.8	8.8	24.0	0.0	0.0	
Romania <sup>(2)</sup>	177.4	146.3	82.5	26.8	15.1	9.2	5.2	17.5	9.9	0.1	0.1	
Slovenia	18.8	3.3	17.5	15.5	82.5	3.3	17.6	12.2	64.9	0.0	0.0	
Slovakia	7.2	4.3	59.5	2.9	40.5	2.3	32.4	0.6	8.1	0.0	0.0	
Finland	31.8	8.1	25.4	23.1	72.6	6.5	20.3	16.5	51.8	0.2	0.5	
Sweden	144.5	19.5	13.5	124.4	86.1	30.0	20.7	90.0	62.3	4.5	3.1	
United Kingdom	644.2	80.9	12.6	563.4	87.4	242.7	37.7	320.7	49.8	0.0	0.0	
Iceland	12.1	2.5	20.3	9.7	79.7	8.4	69.3	1.3	10.4	0.0	0.0	
Liechtenstein	0.6	0.2	25.9	0.5	74.1	0.2	38.1	0.2	36.0	0.0	0.0	
Norway	53.4	6.8	12.7	46.6	87.3	20.0	37.4	26.0	48.8	0.6	1.1	
Switzerland	143.4	23.8	16.6	119.5	83.4	82.5	57.6	37.0	25.8	0.0	0.0	

Note: The individual values do not add up to the total due to rounding and the exclusion of the 'unknown' citizenship group from the table.

(<sup>1</sup>) Break in series.

(<sup>2</sup>) Estimate.

(<sup>3</sup>) Provisional.

Source: Eurostat (online data code: migr\_imm1ctz)

### Foreign-born population by country of birth, 1 January 2018

	Total		Born in another EU Member State		Born in a non-member country	
	(thousand)	(% of the population)	(thousand)	(% of the population)	(thousand)	(% of the population)
Belgium	1 916.3	16.8	886.6	7.8	1 029.7	9.0
Bulgaria	156.5	2.2	56.6	0.8	99.9	1.4
Czechia	467.6	4.4	189.0	1.8	278.6	2.6
Denmark	690.5	11.9	238.3	4.1	452.3	7.8
Germany	13 745.8	16.6	5 951.2	7.2	7 794.6	9.4
Estonia	196.2	14.9	23.9	1.8	172.3	13.1
Ireland	811.2	16.8	609.5	12.6	201.8	4.2
Greece	1 277.9	11.9	344.1	3.2	933.8	8.7
Spain	6 198.8	13.3	1 925.4	4.1	4 273.4	9.2
France (*)	8 177.3	12.2	2 142.3	3.2	6 035.0	9.0
Croatia	529.0	12.9	67.8	1.7	461.2	11.2
Italy	6 175.3	10.2	1 832.5	3.0	4 342.9	7.2
Cyprus	181.4	21.0	121.8	14.1	59.6	6.9
Latvia	246.0	12.7	27.6	1.4	218.4	11.3
Lithuania	131.0	4.7	21.2	0.8	109.7	3.9
Luxembourg	280.2	46.5	210.3	34.9	69.9	11.6
Hungary	536.2	5.5	327.2	3.3	209.0	2.1
Malta	83.4	17.5	41.8	8.8	41.6	8.7
Netherlands	2 215.8	12.9	611.8	3.6	1 604.1	9.3
Austria	1 690.6	19.2	762.0	8.6	928.7	10.5
Poland (*)	695.9	1.8	247.2	0.7	448.7	1.2
Portugal	909.6	8.8	267.2	2.6	642.3	6.2
Romania	508.6	2.6	210.5	1.1	298.1	1.5
Slovenia	250.2	12.1	65.8	3.2	184.4	8.9
Slovakia	190.3	3.5	156.4	2.9	33.9	0.6
Finland	363.7	6.6	124.4	2.3	239.3	4.3
Sweden	1 875.6	18.5	550.6	5.4	1 325.0	13.1
United Kingdom	9 512.5	14.4	3 768.8	5.7	5 743.6	8.7
Iceland	53.5	15.4	37.5	10.8	16.0	4.6
Liechtenstein	25.1	65.8	8.3	21.8	16.8	44.0
Norway	822.4	15.5	353.7	6.7	468.6	8.8
Switzerland	2 432.5	28.7	1 425.2	16.8	1 007.3	11.9

Note: The values for the different categories of country of birth may not sum to the totals due to rounding.

(\*) Provisional.

(†) Estimate.

Source: Eurostat (online data code: migr\_pop3ctb)

### Asylum applicants, Q4 2017 – Q4 2018

	Q4 2017		Q1 2018		Q2 2018		Q3 2018		Q4 2018		Share of first-time asylum applicants (%)	First-time asylum applicants					
	First-time asylum applicants	Total asylum applicants	First-time asylum applicants	Total asylum applicants	First-time asylum applicants	Total asylum applicants	First-time asylum applicants	Total asylum applicants	First-time asylum applicants	Total asylum applicants		absolute change between Q3 2018 and Q4 2018	absolute change between Q4 2017 and Q4 2018	change in % between Q3 2018 and Q4 2018	change in % between Q4 2017 and Q4 2018	per million population (*) Q4 2018	last 12 months
EU-28	154 400	168 230	141 760	155 940	141 445	155 920	146 945	161 585	150 690	164 800	91	3 740	-3 715	3	-2	294	580 845
Belgium	3 660	4 830	4 000	5 260	3 610	4 855	5 565	6 635	4 950	5 780	86	-610	1 290	-11	35	434	18 130
Bulgaria	665	690	295	310	260	280	800	820	1 105	1 125	98	305	440	38	66	157	2 465
Czechia	280	365	300	385	295	385	360	430	400	490	82	40	120	11	42	38	1 350
Denmark	740	760	800	835	765	785	1 085	1 105	815	845	96	-270	75	-25	10	141	3 465
Germany	45 920	52 245	44 910	50 705	38 680	43 855	42 005	47 820	36 290	41 795	87	-5 710	-9 630	-14	-21	438	161 885
Estonia	25	25	10	10	15	15	50	50	20	20	100	-30	-10	-63	-31	14	90
Ireland	905	920	970	975	670	675	990	995	1 025	1 030	100	40	120	4	13	212	3 655
Greece	15 280	15 770	12 945	13 345	16 330	16 835	16 670	17 200	19 030	19 580	97	2 360	3 750	14	25	1 772	64 975
Spain	8 000	8 155	8 755	8 965	16 175	16 565	12 670	12 970	15 125	15 550	97	2 455	7 125	19	89	324	52 730
France	25 745	27 700	25 255	27 195	26 080	28 790	27 210	29 245	31 940	33 960	94	4 735	6 195	17	24	475	110 485
Croatia	255	280	215	245	140	165	185	215	135	170	79	-50	-120	-26	-47	33	675
Italy	22 990	23 615	17 690	18 755	13 640	15 005	9 075	10 060	8 750	9 875	89	-325	-14 235	-4	-62	145	49 165
Cyprus	1 285	1 320	1 325	1 385	1 430	1 455	2 145	2 175	2 705	2 745	99	560	1 420	26	110	3 131	7 610
Latvia	35	35	50	50	30	30	55	55	40	45	89	-10	5	-22	20	22	175
Lithuania	110	120	40	50	90	95	140	145	115	120	96	-30	0	-20	1	40	385
Luxembourg	585	605	445	465	425	455	660	690	700	730	96	40	110	6	19	1 159	2 225
Hungary	660	665	280	290	145	160	105	105	100	110	91	-10	-565	-8	-85	10	635
Malta	395	445	395	410	425	475	545	560	670	685	98	125	275	22	70	1 408	2 035
Netherlands	3 945	4 500	4 145	4 830	4 310	4 980	6 185	7 415	5 825	6 800	86	-360	1 880	-6	48	339	20 465
Austria	4 855	5 335	3 420	3 980	2 645	3 105	2 765	3 310	2 560	2 985	86	-210	-2 300	-8	-47	290	11 390
Poland	485	890	585	1 045	625	1 065	585	970	615	1 030	60	30	130	5	26	16	2 405
Portugal	270	315	245	270	215	220	375	395	405	405	100	30	135	8	51	39	1 240
Romania	900	945	355	415	450	480	570	635	575	605	95	5	-325	1	-36	29	1 945
Slovenia	435	455	510	525	895	905	905	925	490	520	94	-410	55	-46	13	238	2 800
Slovakia	45	50	45	50	45	55	30	30	35	40	88	5	-10	13	-21	6	155
Finland	925	1 135	765	1 000	710	900	770	1 235	700	1 370	51	-70	-220	-9	-24	127	2 945
Sweden	5 815	6 780	4 440	5 510	3 995	4 890	4 860	5 685	4 775	5 480	87	-85	-1 040	-2	-18	472	18 075
United Kingdom	9 175	9 285	8 575	8 675	8 345	8 435	9 585	9 710	10 785	10 910	99	1 200	1 610	13	18	163	37 290
Iceland	200	210	130	135	160	180	190	200	245	260	94	55	45	28	22	706	730
Liechtenstein	30	30	50	60	45	55	35	35	15	15	100	-20	-15	-60	-50	367	145
Norway	445	490	430	455	625	675	920	950	550	585	94	-365	105	-40	23	104	2 530
Switzerland	3 760	4 150	3 615	4 020	3 310	3 740	3 230	3 650	3 310	3 745	88	80	-450	3	-12	390	13 465

Note: total asylum applicants include first-time asylum applicants and repeat applicants.

(\*) Relative to population as of 1st of January 2018

Source: Eurostat (online data code: migr\_asyappctzm)

**Job vacancy statistics by NACE Rev. 2 activity - quarterly data (from 2001 onwards) [jvs\_q\_nace2] Unadjusted data (i.e. neither seasonally adjusted nor calendar adjusted data)**

NACE_R2	Human health and social work activities										
INDIC_EM	Number of job vacancies										
GEO/TIME	2008Q4	2009Q4	2010Q4	2011Q4	2012Q4	2013Q4	2014Q4	2015Q4	2016Q4	2017Q4	2018Q4
Belgium	:	:	:	:	:	:	5.674	6.996	9.820	10.273	12.080
Bulgaria	:	2.994	3.164	3.192	3.442	3.388	3.586	3.649	3.886	3.994	4.393
Czechia	3.371	2.333	1.645	1.468	1.207	1.228	1.879	3.891	6.036	8.258	9.708
Denmark	:	:	:	:	:	:	:	:	:	:	:
Germany (u	:	:	90.751	83.729	108.098	98.088	118.233	133.338	134.626	154.431	199.974
Estonia	652	211	275	335	363	299	433	442	464	477	893
Ireland	1.200	600	600	700	1.100	1.800	1.300	2.400	3.100	2.900	1.400
Greece	:	82	286	2	46	41	4	54	88	119	2.000
Spain	:	9.759	11.682	6.478	6.596	6.224	7.192	7.609	6.787	8.690	9.858
France	:	:	:	:	:	:	:	:	:	:	:
Croatia	:	:	:	:	:	:	:	717	1.680	1.571	1.936
Italy	:	:	:	:	:	:	:	:	:	:	:
Cyprus	:	85	40	49	63	0	66	28	40	163	77
Latvia	1.006	358	337	371	420	389	466	926	1.372	1.453	1.857
Lithuania	1.125	513	508	506	540	786	566	820	1.160	1.339	1.321
Luxembourg	115	174	217	224	189	258	320	266	374	506	594
Hungary	5.065	4.429	4.184	4.755	4.382	4.574	5.440	6.761	6.828	7.823	8.605
Malta	:	:	:	:	:	:	:	:	:	:	:
Netherlands	26.400	20.100	17.800	17.500	14.500	10.700	13.342	16.528	23.919	28.442	34.275
Austria	:	:	:	:	:	:	:	:	:	:	:
Poland	:	:	2.350	2.087	1.675	1.789	1.765	2.455	3.056	4.960	6.775
Portugal	190	524	288	158	212	442	568	478	486	446	748
Romania	19.381	4.403	3.275	2.708	4.673	3.431	5.387	7.629	9.780	7.957	6.758
Slovenia	195	163	241	212	181	229	304	389	483	643	881
Slovakia	1.116	1.162	1.013	1.014	721	616	388	845	594	612	682
Finland	:	4.993	4.925	5.472	8.188	2.897	2.411	2.026	2.693	4.697	5.572
Sweden	:	3.666	6.023	6.713	8.796	9.953	13.441	16.666	18.033	17.506	18.323
United Kingd	67.000	59.000	55.000	55.000	63.000	79.000	105.000	120.000	118.000	126.000	129.000
NACE_R2	Human health and social work activities										
INDIC_EM	Number of occupied jobs										
GEO/TIME	2008Q4	2009Q4	2010Q4	2011Q4	2012Q4	2013Q4	2014Q4	2015Q4	2016Q4	2017Q4	2018Q4
Belgium	:	:	:	:	:	:	541.624	564.213	610.040	614.317	611.770
Bulgaria	:	132.340	131.288	135.577	136.318	138.813	139.528	139.006	142.632	139.056	142.156
Czechia	303.976	316.720	312.080	302.365	309.562	314.941	332.562	335.401	351.183	357.284	347.861
Denmark	:	:	:	:	:	:	:	:	:	:	:
Germany (u	:	:	4.682.432	4.862.520	4.950.709	5.037.970	5.186.938	5.270.686	5.468.521	5.555.520	5.755.440
Estonia	33.649	33.754	33.011	33.289	33.535	33.808	34.753	35.610	37.331	36.871	42.011
Ireland	210.200	212.000	215.700	218.600	219.300	226.000	225.100	232.800	237.400	240.500	248.300
Greece	:	250.938	251.695	242.278	233.144	211.852	207.398	214.065	210.897	244.441	238.483
Spain	:	1.262.535	1.294.397	1.292.133	1.274.971	1.201.857	1.257.022	1.279.911	1.316.548	1.380.330	1.434.665
France	:	:	:	:	:	:	:	:	:	:	:
Croatia	:	:	:	:	78.707	82.491	87.830	84.142	86.759	86.681	89.631
Italy	:	:	:	:	:	:	:	:	:	:	:
Cyprus	:	13.382	13.233	13.651	14.588	13.843	17.627	17.075	17.759	18.006	18.892
Latvia	59.942	51.366	53.627	54.401	55.482	58.475	62.364	64.641	65.269	66.544	68.814
Lithuania	97.505	96.266	96.059	98.033	99.822	101.129	102.349	103.938	105.878	105.657	107.236
Luxembourg	24.568	25.830	27.309	28.986	31.289	32.564	34.006	34.703	35.638	37.790	39.502
Hungary	:	:	:	:	:	:	:	:	:	:	:
Malta	:	:	:	:	:	:	:	:	:	:	:
Netherlands	1.230.200	1.284.800	1.331.900	1.351.400	1.362.600	1.328.200	1.272.386	1.246.244	1.252.843	1.284.100	1.324.000
Austria	:	:	:	:	:	:	:	:	:	:	:
Poland	:	:	726.449	706.020	719.240	867.806	740.474	771.828	786.203	817.641	888.592
Portugal	147.425	147.747	246.680	245.526	246.690	318.089	315.109	326.868	332.898	335.830	340.682
Romania	289.243	292.403	292.477	284.829	284.538	285.749	290.169	298.247	311.949	323.219	330.699
Slovenia	47.823	48.579	50.069	51.074	51.968	51.006	51.734	53.056	55.368	56.535	57.757

## ANNEX 2 – Examples of existing practices to promote the integration of migrants

Several examples have been gathered from the literature, from promising practises provided by SSE members and from experts and stakeholders contacted by phone and through web survey<sup>54</sup>.

Analysing the available literature (and in particular European Migration Network (2019a), Eurofound (2019), European Commission (2019a)) integration measures can be categorised in seven main areas. They are common for most professions, but with specific issues when looking at social and care services:

1. **Enhancement of soft skills;**
2. **Training and qualification;**
3. Provision of **information and counselling;**
4. Enhancement of **intercultural/religious/civic relations;**
5. **Supporting measures targeted to employers and migrant workers;**
6. Supporting initiatives for **self-employment;**
7. Integration and training activities specifically targeted to **refugees and asylum seekers.**

They have been aggregated on the basis of one of these areas, apart from the first two, that involve almost all the areas mentioned above:

### **PRACTICE No 1 - GERMANY**

#### **1 – 2 – 3 – 4 - 5 Project ‘Triple Win nurses – Sustainable recruitment of nurses from four countries’**

*Source: European Migration Network, German Report Labour Market Integration of Third-Country Nationals in EU Member States, February 2019; and Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) website Link <https://www.giz.de/en/worldwide/41533.html>*

In Germany the nursing sector is experiencing a significant shortage of nurses, and vacancies are much more than the number of qualified job seekers available on the job market. At the same time in non-EU countries, there is a surplus of qualified workers that cannot be absorbed by the local labour markets. This is the case for example of Bosnia and Herzegovina, Serbia and the Philippines, and in the future also of Tunisia, where there’s a high level of unemployment among nurses and a standard of training nearly the same as in Germany.

The project so is intended to tackle a triple objective (‘triple win’): alleviating the nursing shortage in Germany and reducing unemployment in the nurses’ countries of origin. At the same time, migrants’ remittances and the transfer of knowledge will contribute to development of the countries of origin.

The project was launched in 2013 by the International Placement Services of the Federal Employment Agency and the German Society for International Cooperation (Deutsche Gesellschaft für Internationale Zusammenarbeit, GIZ), with the goal to recruit foreign qualified workers for the German labour market in particular for hospitals and care institutions, organisations that are allowed to recruit qualified staff to fill vacancies.

“The International Placement Services (ZAV) and GIZ have established a joint project for the placement of qualified nurses with German companies. Migrating healthcare personnel have to demonstrate a suitably high standard of training... The project cooperates with the employment agencies in the partner countries as well as with ZAV, to select and assess nurses, provide them with preparatory language and professional courses, and then place them in work. It provides them with support in their country of origin, upon arrival in Germany and during their stay there”<sup>55</sup>.

<sup>54</sup> See in Annex 1 the list of persons and organisations contacted

<sup>55</sup> GIZ website

GIZ supports the process by promoting courses addressing the nurses' German language skills, their professional preparation for the placement, and encouraging their integration after their arrival in Germany. This agency also coordinates the recognition process for the qualifications acquired abroad. The other contributor to the project, ZAV, is responsible for placing the candidates. ZAV and the employment agencies in the partner countries have signed placement agreements so that, when their foreign credentials are recognised in Germany, the nurses can be employed with a level commensurate to their qualifications. In the medium term, they are also entitled to a settlement permit.

Once applicants are accepted for the project, when they are still in their native countries, they are supported by GIZ in the preparation for living and working in Germany. This includes language courses up to an advanced level and specialist courses in nursing. They are also supported in the recognition procedure for professional qualifications obtained in the country of origin.

After their arrival in Germany workers are supported in their integration process also through integration workshops at care institutions and hospitals in order to prepare the staff for the arrival of the new colleagues.

Employers too are supported in this process: during the first year, both employers and nurses can call a special telephone number in case of problems.

Participation in the programme for those workers that have the conditions for access to the labour market, is free of charge. Employers pay EUR 4,000 per recruited nurse plus travel expenses and, if necessary, expenses for having the qualifications recognised.

#### *Innovative aspects*

To prevent brain drain, GIZ has selected partner countries considering those having surplus of well trained nurses, avoiding to create a shortage of nurses in the countries of origin.

The project promotes development and labour policy objectives, while at the same time observing a culture of welcome and appreciation.

#### *Results*

"From the beginning of the project in 2012 until October 2018, more than 2,000 nurses have been placed with German employers, in clinics, geriatric care homes and out-patient services. Of these, 620 have already started working in Germany, while 290 are still undergoing their preparations in their home countries. Another 284 Triple-Win positions have yet to be filled. The demand continues to grow, both among the nursing staff and on the part of the employers. Project monitoring has verified that the selected nurses possess a high level of professional qualification. The employers were highly satisfied with the international nurses"<sup>56</sup>.

Since the launch of the programme, more than 160 healthcare organisations have taken advantage of the service.

This second German practice is quite similar to the first one:

### **PRACTICE No 2 - GERMANY**

#### **1 - 2 - 3 - 5 - 7 Welcome Centre Sozialwirtschaft, Diakonisches Werk Württemberg**

Source: Interview to Olivia Brohl Diakonisches Werk Württemberg ad the organisation website <https://www.eurodiaconia.org/wordpress/wp-content/uploads/2017/05/Report-Migration-Network-Meeting.pdf>

The Welcome Centres have been created in Germany to help to respond better to labour market needs by supporting migrants to enter the labour market at a level that corresponds to their qualifications. They offer consulting service for international skilled professionals.

These Centres support Third-Country-Nationals (TCN), as well as companies who want to hire TCNs. The Centre Sozialwirtschaft is specialised in the social economy as there is a high demand for skilled

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<sup>56</sup> GIZ website

professionals in this sector. The Centre informs TCNs about necessary administrative steps, directs them towards language classes and vocational training opportunities, raises awareness about work routines in Germany and informs about costs and funding opportunities. Companies also receive support and advice on administrative and legal questions, as well as support for integration activities. Whenever necessary, the Welcome Centre redirects beneficiaries to other existing services.

In Germany, and in particular in the Welcome Centres, there are many welcome services for the social service sector and they have the main objective of allowing those who use them to support and develop their skills, orienting them to the needs in the new country of arrival.

There are several courses for migrants to allow people to develop skills, on the basis of personal predispositions. Among the information provided there is also information on how to obtain documents (e.g. Visa).

In general, the practices put in place for migrants involve supporting them in the period of arrival, and to facilitate their integration in the labour market. The main sectors in which migrants are placed are industry, trade and social services. In the last six years it has been possible to integrate a considerable number of foreign nurses and doctors thanks to the provision of courses.

As far as the social service sector is concerned, the main obstacle to labour market integration is the language. It is necessary to know German in order to work at certain levels and, above all, to be able to know in depth the care system. They have to prepare for a job interview, also through the mastery of a technical language: migrants working as nurses for the elderly in fact have to continuously interface with hospitals.

Specific geriatric care projects involve refugees. Since 2015 the Welcome Centre has set up three projects to train refugees for geriatric care. The projects are structured into three phases. In the first phase (3 months) volunteers help identify motivated candidates, who are then informed about the work and follow language classes (level A1/A2) while going through the selection process. In phase two of the project (6 months), they follow language classes at level A2/B1, do some work-shadowing and an internship. After successful participation in these two phases, the refugees can enrol in a special vocational training programme for migrants which lasts two years and includes language classes bringing them to level B1/B2. Following this, they can access the transition into a shortened mainstream vocational training. In 2015, 15 refugees have started the programme and, so far, no one has dropped out. In Germany apprentices are paid by the company that is training them, which allows the refugees to be financially independent during their apprenticeship. However, the interest of companies in these projects is decreasing, as they realise that to train these young people requires a lot of work and they generally don't have enough staff and resources; they would prefer receiving already trained persons who need minimal support.

The following projects tackle in general more than one area, but to ease the reading the most relevant has been put in evidence.

### **PRACTICE No 3 GERMANY**

#### **1 – (4) Language learning app "One day German – in nursing"**

Source: IQ Network of good practices

[https://www.netzwerk-iq.de/fileadmin/Redaktion/Downloads/EN\\_website/GoodPractice/IQ\\_GP\\_2018\\_31\\_Learning\\_App.pdf](https://www.netzwerk-iq.de/fileadmin/Redaktion/Downloads/EN_website/GoodPractice/IQ_GP_2018_31_Learning_App.pdf)

Implementing Organisation: passage gGmbH Project contact: Karin Ransberger

Immigrant health professionals, to have their professional qualifications recognised in Germany and to prepare for everyday working life, need a good knowledge of specialised German language to be able to communicate in nursing activities and in hospital life. Learning apps such as "One day German – in nursing" offer nursing professionals a highly flexible possibility for individual and interactive learning. The project was developed by Network IQ Niedersachsen in cooperation with the nursing school Klinikum Braunschweig. After a comprehensive language assessment among foreign nursing staff, German and specialist teachers, lecturers and speakers in recruitment agencies and ward management were involved in the project to elaborate scenarios for typical communication skills in nursing.

The app allows learners to read and listen to the dialogues as many times as they need; they learn how the impact of the language they use on their counterparts through the feedback they receive directly

from the reaction of the patient or colleague. “According to the individual answer of the learners, the scene unfolds differently. After each dialogue, there are different exercises covering communication, grammar, vocabulary and pronunciation, including various exercise and review formats such as gap fill or multiple choice. An evaluation system at the end of each sequence gives the learner an acknowledgement or critical constructive feedback for his or her results”<sup>57</sup>.

The app does not only cover linguistic and technical knowledge: it is also a valuable support for intercultural learning. The learner receives a feedback also concerning their behaviour and provides key information on communication in the area of nursing and care in Germany.

It has been available for download since the end of October 2017 and has been used over 8,000 times in Germany as well as in southeastern Europe and countries outside of Europe, such as the Philippines (as of April 2018).

The innovative aspect is that the learners immerse themselves into an entire working day with typical communicative actions and situations. “The app broadens the competencies of the learners technically, linguistically as well as intercultural at the same time... Another innovative feature is that the digital communicative trial actions through game elements has a very motivating effect.”<sup>58</sup>

#### **PRACTICE No 4 GERMANY**

##### **1 – (4) Initial training as a culturally sensitive learning process in geriatric care**

Source: IQ Network of good practices: [https://www.netzwerk-](https://www.netzwerk-iq.de/fileadmin/Redaktion/Downloads/EN_website/GoodPractice/IQ_GP_2018_38_Toolbox_initial_training.pdf)

[iq.de/fileadmin/Redaktion/Downloads/EN\\_website/GoodPractice/IQ\\_GP\\_2018\\_38\\_Toolbox\\_initial\\_training.pdf](https://www.netzwerk-iq.de/fileadmin/Redaktion/Downloads/EN_website/GoodPractice/IQ_GP_2018_38_Toolbox_initial_training.pdf)

Project contact: Elisa Hartmann

In order to integrate new skilled workers into a company in a quick way it is necessary to train them, regardless of age, gender or cultural background.

The project “EiKu - culturally sensitive initial training in geriatric care” has been developed by the IQ Network Bavaria - MigraNet, the sponsor GAB Munich, in cooperation with MÜNCHENSTIFT GmbH. The aim of the project was to design an innovative training concept: to elaborate it, employees of the company have been actively involved as experts to develop a culturally sensitive concept focused on what the new colleagues should know and be able to do in order to do their job well.

Once elaborated, the concept has been prepared for the transfer to other companies. Two resources were developed: a publication “Toolboxes: Tailor-Made Initial Training” and the accompanying comic “getting to know each other and learning effectively during initial training”, which illustrates numerous learning paths and conversation situations using the example of a care facility. It focuses on care work tasks using learning exercises and goal-oriented questions followed by a discussion with mentors. Checklists, information sheets and reflection sheets are also provided as examples.

#### **PRACTICE No 5 GERMANY**

##### **1 - Blended-Learning-Format APO-Online – A training activity to prepare pharmacists for the technical language**

Source: IQ Network of good practices [https://www.netzwerk-iq.de/fileadmin/Redaktion/Downloads/EN\\_website/GoodPractice/IQ\\_GP\\_2018\\_24\\_APO-Online.pdf](https://www.netzwerk-iq.de/fileadmin/Redaktion/Downloads/EN_website/GoodPractice/IQ_GP_2018_24_APO-Online.pdf)

Implementing organisation: Knoten Weimar GmbH

Pharmacists with a migrant background are increasingly requiring support by information and advice centres (IBAT) for the recognition of foreign qualifications, but only a very small proportion of them

<sup>57</sup> IQ Network of good practices

<sup>58</sup> IQ Network of good practices

have been able to pass the knowledge test. The reason is the lack, at national level, of job training schemes for the acquisition of the necessary technical language and specialist skills.

In Thuringia the organisation Knoten Weimar GmbH, developed a model project called APO-Online within the Network IQ Thuringia, together with the Thuringian Chamber of Pharmacists. The 12-month training consists of virtual classrooms, tutorials and self-study phases with face-to-face sessions. 416 teaching units lasting 45 minutes each allow completing the knowledge of required competences and of technical language. This is the basis for granting the license to practice pharmacy, which is necessary in Germany in order to be allowed to work in the profession. Technical and customer conversations, as well as the examination tests are simulated.

This format allows reaching participants nationwide and qualifications can be completed from the respective participant's place of residence. At the time of the elaboration of the IQ best practice the project had already involved a total of 72 participants with a success rate of 90 percent. Two participants are already licensed pharmacists.

The innovative aspect lies in its target group-oriented design and in the fact that it is a tailor-made combination of various ways of teaching and learning for this professional group.

## **PRACTICE No 6 GERMANY**

### **2 – (4) Trainee programme for health care professional recognition**

Source: IQ Network of good practices

<https://www.netzwerk->

[iq.de/fileadmin/Redaktion/Downloads/EN\\_website/GoodPractice/IQ\\_GP\\_2017\\_18\\_trainee\\_programme\\_professional\\_recognition.pdf](https://www.netzwerk-iq.de/fileadmin/Redaktion/Downloads/EN_website/GoodPractice/IQ_GP_2017_18_trainee_programme_professional_recognition.pdf)

The organisation implementing the project is UKE Academy for Education and Career. Project contact: Doris Thömen-Suhr

The goal of this bridge training project in Hamburg is to promote the recognition of foreign professional qualifications by compensating the differences in qualifications in order to achieve recognition and/ or professional licensing.

The competent authority is the Hamburg Health Department of the Authority for Health and Consumer Protection, charged of the assessment of the professional qualification provided by the country of origin of professionals. The training centre, the Academy for Education and Career (UKE) of the University Hospital Hamburg Eppendorf is charged to train the participants and to contribute to their integration into the labour market.

The trainee programme for health care professionals (nursing specialists, physiotherapists, dieticians, and midwives) is a six-month trainee programme for the full recognition of international professional qualifications in Germany. It includes both specialist language courses and clinical instructions with a personalised support by healthcare trainers.

The training activities are realised within a network of clinics of the university hospital and in external health care facilities as work locations for the practical application and for the development of the required professional job skills.

The participants are trained by interdisciplinary experts and by language and intercultural specialists. The innovative aspect of the project is "its competence-oriented concept, which does not assume a deficit perspective, but is based on the professional identity of the participants and their valuable experiences"<sup>59</sup>. The specialist language is taught through the direct interaction with clinical practice. "We are responsible for the project in Hamburg, but we receive inquiries from all over Germany, even from the scientific community"<sup>60</sup>.

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<sup>59</sup> IQ Network of good practices

<sup>60</sup> IQ Network of good practices



## **PRACTICE No 7 GERMANY**

### **2 – (1) Vide terra Individual support for full professional recognition for health care and nursing**

Source: IQ Network of good practices <https://www.netzwerk-iq.de>

Implementing organisation: Social welfare organisation: Diakonische Werke Baden und Württemberg  
Project Management: Christine Böhmig (Karlsruhe/Pforzheim); Gunther Müller (Tübingen/Reutlingen)

In the current severe nationwide skill shortage in the fields of health care and geriatric care there's a desperate need of qualified staff. At the same time, there are 2,000 international nurses applying each year for recognition of their foreign degrees, but their request is often not acknowledged. In order to obtain professional licensing these workers have to meet requirements concerning professional practice or language skills. The "Health care bridge training" programme focuses on main difficulties these workers have at this concern. The "vide terra" project provides support for both third country national nursing specialists who are looking for qualified work and for hospitals that need trained staff: hospital managers compensate the nursing staff during their clinical internship, and the job matching of participants and hospitals is individually supported by "vide terra". Trainees attend language courses at the B2 qualification level, professional training courses, and internships are completed in hospitals. The innovative aspect of the project is the added value of the coordinated support to the nursing staff and to the hospital through a tailor-made support. Hospitals participating in the project receive counselling and support.

## **PRACTICE No 8 ITALY**

### **3 – (5 – 6) One Stop Shop To Hire Care Workers**

Source: interview to Giuseppe Imbrogno Acli Lombardia

Link: <https://familycarebadanti.it/agenzia-familycare/agenzia-badanti-cinisello-balsamo>

In Italy migrant workers are mainly involved in the care sector. As health and social care facilities are too expensive for most families, they are forced to choose home care for their relatives' support. This is in particular the case of elderly and disabled people and for housekeeping. Most of these care workers are involved irregularly by families, without a recognised regular contract. This is less frequent when considering highly qualified workers for persons with particular health care needs or for children.

In addition families do not know where to go to ask for information and where to find the appropriate professional worker they need to hire. Several projects are being implemented to answer the double need of workers to be involved regularly on the labour market and for families to hire a qualified professional care worker. To reduce the presence of the grey economy some regional governments have regulated the home care market with specific laws, by organising local registries of homecare workers which include specific regulations on the daily working hours, skills and training required. An example is the Regional Law (Lombardia) n.15 del 19 maggio 2015 – *Interventi a favore del lavoro di assistenza e cura degli assistenti familiari*.

A recent example is a new born care worker agency funded by a bank foundation (Fondazione Cariplo). It is intended to implement different one-stop shops spread around the local area of Cinisello Balsamo and near municipalities, with the aim to offer answers to families in need of qualified care workers. The project name is Agenzia Badanti di Cinisello Balsamo-Family care. It offers qualified home care support to families and qualified professional care workers to hospitals, who are experienced in taking care of elderly and disabled people.

The Family Care Agency provides a free feasibility analysis of home care with expert consultants able to elaborate a personalised assistance protocol depending on the support need. The agency deals with all the bureaucratic and administrative obligations, including the supply of all the documents necessary for tax deductions and the request for economic contributions by the local government. The care service also provides for the replacement of caregivers during holidays or illnesses.

Other initiatives similar to this one are organised by trade unions and related patronage organisations (as for example Acli colf e badanti link: <https://www.patronato.acli.it/soluzioni-per-te/colf-e-badanti/>)

**PRACTICE No 9 IRELAND****3 - (1 - 2) The Migrant family Support Service**

Source: Interview to Raymond Muwaniri - Muirrann Niragallaigh New communities Partnership (NCP), umbrella network for migrant-led organisations.

The main obstacle for the integration of refugees and asylum seekers is the knowledge of the language: many migrants arrive in Ireland and do not know English, they may even know another alphabet and this increases their difficulties to learn the language of the host country.

In addition migrant women who have dependent children face an additional barrier in accessing the labour market. For these women English courses are seen as a waste of time. But knowledge of English is key also to access other supports, as for example flexible childcare.

The New Community Partnership is an umbrella organisation that connects many organisations for migrants delivering several different services for refugees, migrant young people attending school, working women, families.

Concerning young people, the mission is to work towards an intercultural and inclusive Irish society, where migrant students are achieving their full potential in schools and have the same opportunities as their Irish peers. They collaborate with other youth organisations in Ireland and in Europe to influence the policies regarding migrant children so they can better integrate into the school system, prevent early school leaving and also assist their parents with the language challenges they face on daily bases.

The Migrant Family Support Service (MFSS), established in January 2014 and supported by Tusla Child and Family Agency, delivers culturally sensitive supports and advocacy services to migrant families who are experiencing child protection interventions. The service offers practical advice and support to migrant families, foster families and social workers. The Migrant family Support Service also works with existing child protective services, and child support services, to promote the common goal of positive outcomes for migrant families.

All MFSS supports are for free and confidential. The service is available nationwide.

MFSS provides: a) information and advocacy for migrant families with children in care or who are currently experiencing child protection interventions; b) awareness raising about Child Protection practices in Ireland for migrant and religious community leaders and migrant NGOs; c) cultural support for frontline professionals (such as TUSLA Staff, composed also of migrant mediators) and others, including foster parents.

They also support migrant people involved in the care sector: in Ireland it is the sector, together with housecleaning, where migrants and asylum seekers are most commonly involved. Migrants who arrive in Ireland are sometimes certified because they have studied in their country or in other EU countries, but are not allowed to work in a professionalised field, which requires a special certification that generally does not correspond to that of other countries, especially non EU-countries. The organisation provides courses to fill these gaps and to support migrants to be familiar with the system.

**PRACTICE No 10 IRELAND****4 - Migrant Teacher Project, Ireland**

Source: *ESRI, Policy and Practice Targeting The Labour Market Integration of Non-Eu Nationals In Ireland, June 2019*

The Migrant Teacher Project has been developed to tackle the lack of social capital of teachers with a migrant background. What they lack in particular is contacts in schools with students, colleagues and

school principals. For this reason, a 'school experience' element was incorporated into the Bridging Programme.

The Marino Institute of Education's Migrant Teacher Project aims to increase the participation of immigrant, internationally educated teachers in the Irish primary and post-primary education sectors. The project provides information, advice and training through its Bridging Programme to teachers who have qualified outside of Ireland, to help them seek employment in Irish primary and post-primary schools.

A total of 140 applications were received for 40 places on the Bridging Programme. In April 2019, the Migrant Teacher Project reported that nearly 20 per cent of Bridging Programme participants had taken up employment.

#### **PRACTICE No 11 GERMANY**

##### **4 - Individual learning of "teachers' language"**

Source: IQ Network of good practices [https://www.netzwerk-iq.de/fileadmin/Redaktion/Downloads/EN\\_website/GoodPractice/IQ\\_GP\\_2017\\_17\\_teachers\\_language.pdf](https://www.netzwerk-iq.de/fileadmin/Redaktion/Downloads/EN_website/GoodPractice/IQ_GP_2017_17_teachers_language.pdf)

Implementing organisation: State Institute for Teacher Training and School Development in Hamburg  
Project contact: Christiane Eiberger

Immigrant teachers with recognised teaching degrees are expected to complete a bridge training (APQ) or an aptitude test at the Hamburg State Institute for Teacher Training and School Development in order to achieve the full recognition of their professional qualification.

It is important to have teachers able to adequately manage the "teacher's language". Through a diagnostic tool called "Potential analysis" the occupational language competence of foreign teachers is assessed and the development needs of the participants is defined.

The bridge training gives the participants several tasks concerning different communicative situations from the area of teaching and school, such as presenting themselves at the parent-teacher conference, presenting an explanation for a process or telling a story. These exercises are recorded and the video and audio recordings are then analysed and evaluated by the language trainers. Each participant receives a personal feedback and an individualised training plan is then elaborated.

This project has been carried out since 2015 and shows very promising results in the evaluation.

#### **PRACTICE No 12 EUROPE**

##### **5 - ERIAS: the European Chambers response to the labour market integration question of third country nationals and refugees**

Source: Interview to Sylvain Renouvel (Federation of European Social Employers) and ERIAS website <https://www.erias.org/erias/>

ERIAS is a project funded by the European Union's Asylum, Migration and Integration Fund intended to tackle the double challenge of the impact of the inflow of refugees into Europe on Europe's society and business community and of the opportunity that this influx offers to demographic change and discrepancies between the supply and demand of labour.

The project addresses directly skills mismatches, compounded by low levels of labour mobility between regions and Member States: ERIAS is the European Chambers response to the labour market integration of third country nationals (TCN), including refugees. It proposes "a methodology for the integration of TCN in the labour market based on the principles of comprehensiveness (from skills assessment to employment) and multi-stakeholder approach. Partners from Spain, Italy, Greece and Bulgaria test the ERIAS approach on the ground, offering integration pathways to TCN while considering the employment needs of enterprises. The French partner contributes with the creation of an Integration Check List for enterprises that will help to overcome potential integration hurdles by offering information and

guidance. The project will furthermore see the development of a Vademecum of positive integration examples, as a concrete step for changing mind-sets when addressing the integration question"<sup>61</sup>. The project partners are 13 and they will reach out to their respective networks at European, national and regional level to well over 1500 stakeholders. TCN will benefit from a series of activities: skills assessments, trainings, counselling and guidance activities. Over 500 enterprises will be informed and invited to contribute to the activities, via workshops, surveys, meetings, and a matchmaking session.

## **PRACTICE No 13 FRANCE**

### **6 – (7) Government's Skills Investment Plan**

Source: [Appel à projets pour l'intégration professionnelle des réfugiés](http://paca.directe.gouv.fr/Appel-a-projets-pour-l-integration-professionnelle-des-refugies)  
<http://paca.directe.gouv.fr/Appel-a-projets-pour-l-integration-professionnelle-des-refugies>

A public action has recently been developed at national level to support professional integration of beneficiaries of international protection facing difficulties in access to the labour market and in the assessment and recognition of their skill. It is not specifically targeted to the care sector, but it can be expected a high impact on it as in France refugee women are mostly involved in the care sector in particular inhome care and personal assistance.

The Office of the High Commissioner for Skills and Inclusion through Employment launched a call for projects for the professional integration of refugees<sup>62</sup> as part of the Skills Investment Plan (ICP). As the first wave has been successful, a second wave was launched at the beginning of April 2019.

The objective of the Government's Skills Investment Plan is dual: training one million young people and one million low-skilled jobseekers, and accelerating the transformation of vocational training.

The call for projects, with a budget of EUR 15 million, aims to contribute to their professional integration through the deployment of support programmes in employment or business creation. The call for projects is aimed at all types of actors (public or private, including associations and public operators with legal status). Its purpose is to encourage coordination and cooperation between players in the same territory, as well as the mobilisation of companies and the development of actions in connection with companies.

The actions integrate existing policies and may be oriented towards:

- a) career paths towards employment or the creation of activity, in a logic of global support (employment, housing, mobility, health, removal of cultural barriers, etc.);
- b) preliminary diagnosis actions (knowledge of the beneficiaries, local actors including economic actors, the opportunities of a territory), coordination and structuring of actors at the level of a territory, pooling of resources and professionalisation of actors;
- c) any action to better assess and recognise the competences of beneficiaries of international protection;
- d) any action aimed at multiplying bridges between beneficiaries of international protection and companies and facilitating their access and retention of employment (recruitment procedures, support for the entrepreneur).

The target is composed of beneficiaries of international protection looking for employment or vocational training. Particular attention will be paid to the following targets: women, young people under 26, seniors (40 years and over), or illiterate people.

Eligible expenditure must be at least EUR 400,000 (for projects covering a maximum period of three years). The financing of the project by the state (all ministries combined) cannot exceed 80% of the base. Project promoters must be able to mobilise other types of financing (private financing, local government funding, European funds, etc.). The call for projects will close on 1 October 2019; it will then require time to assess the impact of this relevant initiative.

This call has the characteristics to let promoters be particularly free in the elaboration of proposals, leaving space for creativity and professionalism.

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<sup>61</sup> ERIAS webpage

<sup>62</sup> [Appel à projets pour l'intégration professionnelle des réfugiés](http://paca.directe.gouv.fr/Appel-a-projets-pour-l-integration-professionnelle-des-refugies) <http://paca.directe.gouv.fr/Appel-a-projets-pour-l-integration-professionnelle-des-refugies>

**PRACTICE No 14 IRELAND****6 - Project Building Better Futures – Building Social Enterprise with Migrant Women Entrepreneurs**

Source: ESRI, Policy and Practice Targeting the Labour Market Integration of Non-EU Nationals in Ireland, June 2019 Link: <https://www.mrci.ie/esf-buildingbetterfutures/>

The project intends to build on the potential offered by migrant women that, before coming to Ireland, were already entrepreneurs and active in business, but, as a consequence of many obstacles, have given up: “discrimination, language barriers, cultural issues, poor networks and a lack of understanding about Irish systems and legislation are some of the many additional barriers migrant women have to overcome to set up a business here”<sup>63</sup>.

Migrant women and women with a background as an immigrant and an entrepreneur who have previous business experience and a start-up idea are offered specific training activities. The aim is to increase entrepreneurial activity of migrant women as this is expected to have positive social and economic impact. This is done through targeted training programmes, tailored to their specific needs. MRCI (Migrant Rights Centre Ireland) runs the entrepreneurship training project in partnership with the DCU Ryan Academy for Entrepreneurship.

A total of 25 participants undertook the nine-week entrepreneurship training project. Funding is made available under the gender equality activity of the European Social Fund’s (ESF) Programme for Employability, Inclusion and Learning 2014–2020 (PEIL). MRCI received €279,092 funding for this project.

Participation is voluntary and free of charge. Applicants in receipt of Jobseekers’ Allowance or Jobseekers’ Benefit are ineligible.

A second strand of the project seeks to support the *development of a new model of homecare*, through an initial pilot of a worker-owned social enterprise that can deliver quality care and quality jobs. Ireland needs more and better jobs in homecare, and employment in the sector continues to grow. It is a sector characterised by poor pay, bad treatment and working conditions are poor, and where women from an immigrant background are already overrepresented.

The aim of the project is to work with migrant women to support them in “establishing a social enterprise in home care that can deliver quality accessible care services along with decent jobs that allow homecare workers themselves to live with dignity and have a decent quality of life”<sup>64</sup>.

The partner for this social enterprise project is Social Enterprise Development Company (SEDco). Social enterprises in home care have proven successful in other countries. SEDco are experts in social enterprise and have a proven track record working with NGOs, individuals and groups to develop successful businesses with social impact.

The pilot project lasts 3 years and intends to carry out training, identify and develop a viable business model with customers, sales points and financial plans, and start trading and create decent employment and quality services.

During the initial development stage of the social enterprise, MRCI worked with seven migrant women to develop an organisational model of homecare. These projects support migrant women to engage in self-employment. MRCI noted that the project generates long-lasting relationships and increases confidence.

OPMI described this project as positive, in particular because of the creation of potential links between local employers and local authorities through the training. MRCI observed that the absence of research, evaluations, data or documents on good practice available in the area of entrepreneurial programmes poses challenges for those setting up entrepreneurial programmes for migrant women.

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<sup>63</sup> <https://www.mrci.ie/esf-buildingbetterfutures/>

<sup>64</sup> <https://www.mrci.ie/esf-buildingbetterfutures/>

**PRACTICE No 15 FRANCE****7 – The integration of refugees in sectors under tension**

Source: OECE (2017), *Le recrutement des travailleurs immigrés: France 2017*, Éditions OCDE, Paris. <http://dx.doi.org/10.1787/9789264276741-fr> and Mlati Fatima et Tardis Matthieu (dir), *Insertion des réfugiés statutaires : une analyse des parcours professionnels*, Étude de l'Observatoire de l'intégration des réfugiés statutaires, Les cahiers du social n°11

In France access to the labour market is an area of concern for the integration of asylum seeker and refugees. Asylum seekers in particular have very limited access to the labour market, due to a number of administrative constraints. They have to be able to work and they need a temporary work permit, and to obtain it, they have to provide proof of a job offer or an employment contract. To grant or deny a work permit the prefecture takes into account the current and future employment situation in the profession required and the geographical area where they intend to reside.

In the context of the reform of the public employment service a decree (18 January 2008 with the latest version updated to 2016<sup>65</sup>) described the fields of work presenting labour shortages and recruitment difficulties which justify the involvement of third-country nationals to work. These sectors are called "under tension": the decree draws up a list of 30 sectors suffering from a labour force shortage, then extended to 150 occupations. For men, they are mainly industry-related jobs, and security. Women, on the contrary, are mainly involved in the care sector: in-home care, personal assistance, babysitting and cleaning. They access these jobs through companies specialised in these specific sectors. According to unofficial statistics, half of the jobs occupied by refugees in France belong to the sector of *services aux particuliers*. Most of them are sectors particularly exposed to illegal labour: a significant portion of the employment of unauthorized foreigners is by individuals who employ domestic workers. Controls are limited, since control bodies can only act when authorised by the judicial court. Hence, there is no precise estimate of the importance of employing untitled foreigners in the home-based sector.

Refugees are also present in many professions in hospitals: to access most of these, particularly in the hospital sector, training is mandatory and increasingly demanding, and the public authority intervenes with funding and compensation.

**PRACTICE No 16 SWEDEN****7 – (1 -3) The Swedish fast track integration approach**

Sources: <https://www.government.se/articles/2015/12/fast-track---a-quicker-introduction-of-newly-arrived-immigrants/> and European Parliament, Integration of Refugees in Austria, Germany and Sweden: Comparative Analysis [http://www.europarl.europa.eu/RegData/etudes/STUD/2018/614200/IPOL\\_STU\(2018\)614200\\_EN.pdf](http://www.europarl.europa.eu/RegData/etudes/STUD/2018/614200/IPOL_STU(2018)614200_EN.pdf)

In response to the large number of newly arrived refugees, Sweden introduced a "Fast Track" initiative to speed up the labour market integration of refugees with work experience in occupations with shortages of employees, such as health care professionals and teachers.

The fast track programme provides a comprehensive integration package for around 20 different occupations, including licensed professions such as teachers and physicians as well as less-qualified occupations, e.g. painters and professional drivers.

The fast-track programme has been developed in close co-operation with trade unions and employer associations. After an initial mapping and validation of skills, refugees are involved in a bridging programme specifically related to their occupations in their native language. They are also involved in Swedish language courses. The objective is to allow them to strengthen their occupational skills from

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<sup>65</sup> Observatoire Régional des Métiers *Les métiers en tension structurelle en PACA* <https://www.orm-paca.org/Les-metiers-en-tension-structurelle-en-PACA-729>

the very beginning without waiting to have reached a sufficient level of knowledge of the Swedish Language.

The goal of the fast track initiative, introduced in 2015 by the Swedish Government, is to coordinate existing measures into a streamlined package to speed up the labour market entry of skilled immigrants who have been granted residency permit into occupations with labour shortages.

Three fast tracks are specifically dedicated to social and care professions:

**Fast track for social scientists (including economists and lawyers) and social workers**

The fast track for social workers is a combination of work experience, lessons in Swedish for the workplace and a supplementary education programme at a higher education institution that currently offers social worker education, with the aim of supplementing foreign education in social work or a closely related subject to skills corresponding to those necessary for a Swedish degree in social work

**Fast track for teachers and preschool teachers**

The fast track for teachers and preschool teachers means that individuals will be able to enter a school or preschool through work experience and employment. The fast track is being established in cooperation with the social partners – the Swedish Teachers' Union, the National Union of Teachers, the Swedish Association of Local Authorities and Regions, and Almega, the Employers' Organisation for the Swedish Service Sector – as well as the Swedish Public Employment Service, other relevant government agencies and several higher education institutions.

**Fast track for professions requiring registration in health and medical care**

The social partners and the Swedish Public Employment Service have produced a fast track for the twenty-one regulated professions in health and medical care. The fast track is based on the major groups of newly arrived immigrants in the area – doctors, nurses, dentists and pharmacists – and the goal is for the path into the labour market and a licence for newly arrived immigrants in these professions to be predictable, legally secure and as short as possible.

PES monitoring shows that participation numbers in fast tracks are gradually increasing.

A more indepth analysis is presented in this fiche: [https://www.netzwerk-iq.de/fileadmin/Redaktion/Downloads/IQ\\_Publikationen/Good Practice International EN/IQ\\_GP\\_Int\\_2018\\_FastTracks.pdf](https://www.netzwerk-iq.de/fileadmin/Redaktion/Downloads/IQ_Publikationen/Good_Practice_International_EN/IQ_GP_Int_2018_FastTracks.pdf)

**PRACTICE No 17 ITALY**

**7 – “Home work” to support refugees and migrants to obtain the professional tile of health and social care workers**

Source: Nicola Salusso - Waldensian Diakonia in collaboration with Patchanka (job placement).

Diaconia is an organisation operating in Piedmont region and throughout Italy. It deals with Integration projects involving refugees and asylum seekers.

Their experience evidence that the care market sector is becoming increasingly relevant for migrants, especially men, in the 20-30 age group from Sub-Saharan Africa. Health and social workers are those most required. In particular, migrants, asylum seekers and refugees are involved in two sectors: on the one hand in nursing homes and hospitals for which it is necessary to have the Health and social worker professional title (OSS). On the other hand, they are involved in the health care and domestic sector, which is a more informal sector for which there is no need for specific certification. Despite this, selection and job placement is very difficult, as contacts are mainly provided by word of mouth.

In the context of "Casa del Lavoro", a labour agency accredited by the Piedmont region, founded by the Social Cooperative Patchanka, in collaboration with Coldiretti Torino, Diaconia Valdese and EU.coop Piemonte, there is a strong demand for professionalised care workers. What emerges is that it is difficult for migrants to complete their professional and language training. These organisations provide courses lasting one year, but for people with more gaps, two years courses can also be provided. During this training period, they are involved in a training activity in which each person is assessed to identify their abilities in order to develop and strengthen their skills. People who are particularly interested and appropriate for the personal care sector are selected for internships and are supported to apply for the OSS certification. The problem is the difficulty of the test to qualify for the profession of OSS. In the

context of "Home Work" in 2019 three people were hired, two of them with an OSS certification and have obtained a contract as health and social workers. One person not having achieved the OSS title has obtained a contract as a domestic helper.

At the local level, there are several other practices and projects aimed at integrating migrants and responding to labour needs in the social services sector. Some of these have the aim of identifying the soft skills of the worker and then translate them into professional skills to be spent in the labour market. An interesting project for the inclusion of refugees promoted by Diaconia Valdese in the catering sector, Link: Csv diaconia valdese <https://accoglienzamigranti.files.wordpress.com/2015/09/scan-rifugiati-in-cucina.jpeg>

## **PRACTICE No 18 ITALY**

### **7 - Migr'Action - a voluntary association of migrants for migrants.**

Source: Interview to Daniele Albanese Caritas Biella - Office for Migration Policies and International Protection in Caritas Italiana. Link:

<https://www.facebook.com/Migr.action.associazione.dei.migranti.Torino/>

Born in Biella in March 2016, the project promotes activities for refugees and asylum seekers.

The network consists of patronage (ACLI, CGIL CISL), social cooperatives, voluntary associations. A further support is represented by the reception service for women who have lost their jobs or are temporarily unemployed. They can therefore use a residential structure, called the "House of Hope", to provide support during the period of non-employment.

The Italian socio-demographic context is constantly changing. The increase of the elderly population, the inclusion of women in the labour market and the reduced flexibility of contractual policies are making it increasingly evident that there is a need of domestic workers to be included in the labour market.

Caritas Biella offers training courses that, over the years, have become increasingly effective. In particular the objective is to prepare them for professional roles involving the care of people in their apartments.

The courses are aimed at the acquisition of basic skills with respect to personal care and intercultural dialogue, which go beyond the skills of OSS.

These courses are aimed at giving precise indications on how to approach an elderly person, with certain diseases and habits. In addition, other skills are taught: administration of medicines, understanding of what a given employment contract is about.

As those to be included in this project are refugees and asylum seekers an important role is played by intercultural mediators and in Piedmont region a specific register has been implemented. In addition, in recent years this role represents an important sector of employment of TCNs.

Through these mediators Migr'Action project also intends to raise awareness among young people who intend to leave Africa, informing them of the dangers they face, and to support them in their integration in Europe. An information desk at the CTV in Biella is open to asylum seekers and migrants residing in Biella.



ANNEX 3 - List of persons contacted to fill in the questionnaire via web or by phone for personal interviews

**ITALY**

<b>Organisation</b>	
House of Labour/Job Counselling Center (Diakonia Valdese, Italy)	interviewed
Caritas Poverty Observatory	interviewed and questionnaire - REPLIED
Caritas Italiana	Interviewed and questionnaire - OK
ACLI Care work (children, elderly , disabled)	interviewed
SPI CGIL LOMBARDIA	contacted and provided other contact
ASSINDATCOLF	Contacted, but no reply
ICS- Italian Consortium of Solidarity	Contacted, but no reply
CISL ANZIANI	Contacted, but no reply
Consortium of social services provided by municipalities Cremona - general director	Interviewed
Secretary - CGIL Lombardy	Contacted, but no reply
La Fondazione Casa di Carità Arti e Mestieri Onlus	Questionnaire - REPLIED
CESPI	questionnaire
Ministero del Lavoro e delle Politiche Sociali	Questionnaire - REPLIED
Ministero del Lavoro e delle Politiche Sociali	questionnaire
AUSER – Trade unions patronage	questionnaire
ISMU – Institute of research on migration	questionnaire
ICS Ufficio rifugiati	questionnaire
Hospem <i>European Hospital and Healthcare Employers Association</i>	questionnaire
Federazione Italiana delle Aziende Sanitarie e Ospedaliere	questionnaire
Caritas Italiana	Questionnaire - REPLIED
CELAV Municipality of Milan Progetto Mediazione al lavoro	questionnaire
Arci	questionnaire
Farsi Prossimo	questionnaire

## FRANCE

Organization	
Social Employers Europe- Nexem, employeurs, diffèremment-Directeur adjoint mission Europe de nexem (on behalf of easpd)	Interviewed
La Ligue de l'enseignement-Secretaire general delegation of Savoie Region	Questionnaire
Centre Osiris	questionnaire
Cimade Sud Est	Questionnaire – contacted for interview but she hasn't info on the matter
Réseau éducation sans frontière	questionnaire
Hospeem	questionnaire
Information Defense Action Retraite (IDAR)	questionnaire
Old Up	questionnaire
Union des Ancies du Groupe BP	questionnaire
Union Francaise des Retraités	questionnaire
Fédération Internationale des Associations de Personnes Âgées	questionnaire
Génération Mouvement – Fédération nationale	questionnaire
Union Nationale des Retraités (UNAR-CFTC)	questionnaire
Action de Coordination de Lieux et d'Accueil aux Personnes Agées (ACLAP)	questionnaire
Cgt Affaires Sociales et Santé	questionnaire
Confédération Francaise des Retraités	questionnaire
France terre d'asile	questionnaire
Groupe d'information et de soutien des immigré·e·s	questionnaire
FEHAP Fédération des Etablissements Hospitaliers ed d'Aide à la Personne Privés Non Lucratifs	questionnaire
FEHAP Fédération des Etablissements Hospitaliers ed d'Aide à la Personne Privés Non Lucratifs	questionnaire
FEHAP Fédération des Etablissements Hospitaliers ed d'Aide à la Personne Privés Non Lucratifs	questionnaire

## SWEDEN

Organization	
Varmland Region (on behalf of easpd)	Contacted, but no reply
SALAR – The Swedish Association of Local Authorities and Regions	Contacted, but no reply
Stadsmission-City mission	Contacted, but no reply
Skåne stadsmission-City mission	Interviewed
Skåne stadsmission-City mission-Unit manager Young Forum and Crossroads	Contacted, but no reply
Linköping Stadsmission	Contacted, but no reply
Director of Stadsmission	Contacted, but no reply
Swedish Migration Board	Questionnaire - REPLIED
Novare Potential, a recruiting company	questionnaire
Nordic Older People's Organisation (NOPO)	questionnaire
The Dementia Association of Local Authorities and Regions	questionnaire

SPF Seniorerna	questionnaire
Swedish Institute	questionnaire
Public Health agency	questionnaire
The Swedish Association of Local Authorities and Regions	questionnaire
Swedish Research Council	questionnaire
The Dementia Association	questionnaire
novarepotential.se	questionnaire
Migration Authority	questionnaire
Migration Policy Institute-MPI	questionnaire
The National Board of Health and Welfare	questionnaire

## GERMANY

Organization	
Welcome center Social Economy (Diakonie Deutschland Germany) Center in Stuttgart	Interviewed
Mariaberg e.V.	Interviewed
Diozesan-Caritasverband für das Erzbistum, Köln e.V.	Interviewed
City of Munich	questionnaire
VKA-Vereinigung der kommunalen	questionnaire
City of Munich-Responsible for Intercultural Work	questionnaire
Federal Office for Migration and Refugees (BAMF)	questionnaire
<a href="#">Federal Association of Non-Statutory Welfare</a>	questionnaire
Brot fuer die welt	questionnaire
Diakonie Hessen	questionnaire
Protestant elderly care	questionnaire
<a href="#">The Council for Migration</a>	questionnaire
Diakonie	questionnaire
Landes-Caritasverband Bayern	questionnaire
Diakonie	questionnaire
German Caritas national office	questionnaire
Kuratorium Deutsche Altershilfe, Wilhelmine-Lübke-Stiftung e.V.	questionnaire
Welcome Center Sozialwirtschaft Baden-Württemberg	questionnaire
Welcome Center Sozialwirtschaft Baden-Württemberg	questionnaire
SozialverbandVdK Deutschland E.V.	questionnaire
Municipality Göttingen, Department for Social Affairs Responsible for Integration	questionnaire
Municipality Göttingen, Department for Social Affairs Responsible for Integration	questionnaire
<a href="#">German Center for Integration and Migration Research (DeZIM) e.V. Interdisciplinary Centre for Integration and Migration Research</a>	questionnaire
JobPartner Refugees, Diakonie Hamburg	questionnaire
Bundesarbeitsgemeinschaft der Senioren-Organisationen (BAGSO)	questionnaire

IRELAND

<b>Organization</b>	
Irish Refugee Council	contacted and provided other contact
Irish Refugee Council	Contacted, but no reply
Care alliance Ireland	Contacted, but no reply
New Communities	Interviewed
Care Alliance Ireland	questionnaire
<a href="#">Failte Isteach</a> Third Age National Centre	questionnaire
Care Alliance Ireland	Contacted, but no reply
<a href="#">Doras Luimní</a> non-profit, non-governmental organisation working to promote and protect human rights- effective access to the labour market for people seeking asylum in Ireland	questionnaire
HSE – Health Service Executive – Ireland	questionnaire
Active Retirement Ireland	questionnaire
Age & Opportunity	questionnaire
Senior Help Line	questionnaire
The Carers Association	questionnaire
<a href="#">Migrant Rights Centre of Ireland</a>	questionnaire
Services Industrial Professional and Technical Union (Trade Union)	questionnaire
<a href="#">Failte Isteach</a> Third Age National Centre	questionnaire
National Disability Authority	questionnaire
Cavan Older Person's Council	questionnaire
Cavan Older Person's Council	questionnaire
<a href="#">The Irish Red Cross</a>	questionnaire
<a href="#">The Irish Hospice Foundation</a>	questionnaire
Sisters of Mercy (South Central Province)	questionnaire
Sisters of Mercy (South Central Province)	questionnaire
Co. Roscomon Disability Support Group	questionnaire
Family Carers Ireland	questionnaire
Clarecare	questionnaire
Cork Family Carers Forum	questionnaire
The Irish Immigrant Support Centre	questionnaire
Immigrant Council of Ireland	questionnaire
Crosscare	questionnaire
Age Action Ireland	questionnaire
Disability Rights Activist	questionnaire
<a href="#">Aware</a> Depression & Bipolar Disorder	questionnaire
<a href="#">Ability West</a> providing services and supports to people with intellectual disability	questionnaire

