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Exploring new threats of COVID-19 in the LCT migrant carer workforce:

**A conceptual comparative framework and
cross-country analysis of selected EU countries**

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Background

The study explores the situation of migrant carers in long-term care (LTC) in European Union Member States and the disruptions caused by the COVID-19 pandemic from a public health perspective.

Aims

The aim is two-fold:

- **to bring LTC migrant carers into health workforce research and**
- **to highlight a need for trans-sectoral and European health workforce governance.**

Methods

Qualitative comparative approach, exploratory, based on country case studies.

The research draws on secondary sources, document analysis and expert information.

Selected countries:

Austria, Germany, Italy, Poland and Romania.

The country sample covers different conditions in LTC and different types of health systems.

Conceptual framework

A novel transsectoral conceptual framework was developed for this research, comprising four major dimensions:

- **LTC system,**
- **LTC health labour market,**
- **LTC labour migration policies, and**
- **specific LTC migrant carer policies during the COVID-19 crisis March to May 2020.**

Results

Our **transsectoral framework** is useful and necessary, because it makes it possible to include a range of different factors impacting in LTC and the LTC workforce.

- **The LTC sector is positioned at the crossroads of health and social care.**
- **The LTC workforce is highly dependent on migrant carers.**
- **LTC policy intersects with other policy sectors, the labour market and migration policies.**

Results

Undersupply of carers coupled with **cash-benefits** and a **culture of family responsibility** may result in:

- **high inflows of migrant carers,**
- **channelled in low-level labour market positions or**
- **in the informal care sector.**

Results

Covid-19 is a focal glass that makes the fragile labour market arrangements of migrant carers visible:

The LTC system and policies create health risks:

- **for individual carers,**
- **for the population and**
- **for the health system.**

Empirical example: Romania

COVID-19 turns migrant care into a showcase of risky health conditions

- At the beginning of the pandemic, many Romanian carers were working in Northern Italy, an area hit early and most severely from the pandemic. A lockdown forced the carers to leave Italy. They returned to their home towns in large numbers without proper health controls – these regions (often the poorest in Romania) became a COVID-19 hotspot. Appropriate security measurements were lacking; many people infected with the virus were seeking to hide symptoms.
- **Meanwhile, a lockdown was in place in countries like Austria and Germany, but concern over deaths from COVID-19 in the most vulnerable population of older people was growing. Staffing problems were most obvious in LTC, where the migrant carers were missed the most.**
- **The Austrian government decided to re-open the boarder and establish an airlift for workers from Bulgaria and Romania.**

Health system and policy failure in LTC workforce governance



Mobile carers turn into ‘faceless numbers’ to satisfy health labour market demand.



Sending countries accept a loss of care workers even in times of a health crisis.

Empirical example: Italy

COVID-19 turns migrant care into a showcase of system deficits

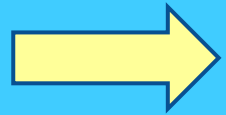
- Residential care and the traditional solution for home care, based on informal care and migrant care workers directly hired by households, seem to show all their limits to cope with LTC needs in Italy. An important part of the answer could come from professional territorial services, starting with a strong involvement of general practitioners and professional home care services. If the former are actively present in most Italian regions, the latter are scarce.
- Developing a more general and effective answer to LTC needs, but also a more contingent one to the COVID-19 pandemic and its spreading, Italy would need to have a stronger and more integrated territorial and home care services, organised around professionals, helping frail people at home and supporting their families.
- **In this respect, Lombardy seems to be the worst off. Among many potential explanations (although all of them premature and not finally confirmed) Lombardy has, compared to Veneto and Emilia-Romagna, a weaker coordination between its hospital system, residential care and territorial and home services.**

Health system and policy failure in LTC workforce governance



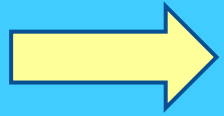
Weak coordination between hospital system, residential care and territorial and home services may reduce the opportunities to respond to COVID-19.

Policy recommendations



**Include LTC migrant carers in
public health and health
workforce policy and research.**

Policy recommendations



Develop European health workforce governance and connect health system needs, health labour markets and migrant carers.

Thank you!

Further information, please see:

**Kuhlmann et al. European Journal Public Health, 2020,
Suppl 4, iv22-iv27; doi 10.1093/eurpub/ckaa126**