

INTERNATIONAL  
REVIEW OF  
IMMIGRATION ROUTES  
FOR SOCIAL CARE  
WORKERS

Maria Vincenza Desiderio

August 2021

## ACKNOWLEDGMENTS

The author would like to extend special thanks to Professor Lesleyanne Hawthorne, Melbourne School of Population and Global Health, The University of Melbourne, for generous advice and data sharing on the recruitment of migrants into social care occupations in Australia, and to Dr. Gilad Nathan, research Fellow, Center for Immigration and Social Integration, Ruppin College, for thorough advice on Israel's Foreign Care Worker stream. The author also acknowledges high-level insights from Professor Paul Spoonley, Massey University, and Professor Richard Bedford, University of Waikato, on the New Zealand case study. The author is grateful to the Members of the UK Migration Advisory Committee (MAC) who offered comments and suggestions on an earlier version of this paper.

This review was commissioned by the Migration Advisory Committee (MAC) of the United Kingdom to independently inform policymaking on immigration routes for social care workers.

The author bears full responsibility for this paper.

© Maria Vincenza Desiderio.

All Rights Reserved.

No part of this publication may be published or distributed in any form, without permission from the Migration Advisory Committee and the Author. A full-text PDF of this publication is available for free download from: <https://www.gov.uk/government/organisations/migration-advisory-committee>

Suggested citation: Desiderio, M.V. (2021), *International Review of Immigration Routes for Social Care Workers*, London.

## TABLE OF CONTENTS

<b>ACKNOWLEDGMENTS</b> .....	1
Executive Summary .....	1
Introduction.....	10
I. Occupation-specific migration routes into adult social care across OECD countries .....	11
I.1. The management of foreign caregivers’ immigration in Canada: a longstanding area of migration policymaking, evaluation and systemic review. ....	12
I.1.1. The Home Support Worker Pilot: tackling the shortcomings of previous programmes.....	12
I.1.2. Alternative routes to residency for foreign care workers in Canada. ....	16
I.2. Israel’s foreign care worker programme: liberal selection, restrictive conditions .....	17
I.3. Japan’s migration routes and study pathways into residential care.....	22
I.3.1. The Care Work visa: an unprecedented pathway to permanent residence for foreign care workers in Japan.....	22
I.3.2. The Certified Care Worker Candidates stream: a small-scale student pathway based on bilateral agreements .....	23
I.3.3. The Specified Skilled Worker visa in nursing care: a generic route for target shortage occupations .....	24
I.3.4. The Technical Intern Training Programme: a traineeship-based route .....	25
II. Generic labour migration streams allowing admission into adult social care employment across OECD countries.....	27
II.1 Recruiting foreign workers into adult social care occupations in selective labour migration systems: exceptions under generic routes.....	27
II.1.1 New Zealand: phasing out the Essential Skills route .....	27
II.1.2. Australia’s labour migration routes into the care industry: a drop in the Ocean .....	30
II.1.3 The United Kingdom: a looming shortage of care workers under the post-Brexit “PBS”? ..	32
II.2. Recruiting foreign workers into adult social care occupations in migration systems allowing for low skilled migration .....	35
II.2.1 Italy: specific quotas, regularisations, free movement, and a migrant-dependent care system .....	35
II.2.2 Korea: admitting care workers through an ancestry-based route.....	37
III. Alternative routes of migration and labour market integration into adult social care occupations .....	38
III.1. Free movement of workers: a key source of foreign care workers in the EU Member States .	39
III.2 Irregular migration and employment of foreigners in care occupations.....	41
III.3 The labour market integration of non-labour migrants into care occupations .....	41
III.4 Working holiday makers and international student routes into caregiving occupations in selective immigration countries.....	43
III.5 Foreign-qualified nurses training to get local certification: a revolving pool of care workers ..	44

IV. Conclusion: policy trade-offs in the management of migration into adult social care occupations across the OECD.....	45
Works cited.....	48
About the Author .....	51

## Executive Summary

**Over the coming years, across the OECD, the adult social care workforce will have to expand and upgrade significantly** to keep pace with the growth and the growing care needs of the elderly population, in a context of an increasing old-age dependency ratio and decreasing intergenerational informal support by children and other family members.

**Public policies geared at improving job attractiveness, retention rates, as well as efficiency in the adult social care sector ought to be the backbone of any sustainable strategy to secure and stabilise the supply of care workers in the medium-long-term.**

**In parallel, the recruitment of migrant workers into social care roles can offer swift relief to strained care systems** – and families in need of support for their dependent relatives – while waiting for structural reforms and innovation-driven sectoral changes to bear fruit.

**The extent and type of migrant employment in adult social care roles vary greatly across the OECD, depending on the different intersections among country-specific characteristics in:**

- **the adult social welfare regime;**
- **the labour market regulations governing employment in adult social care;**
- **the “culture of care” and the distribution of care roles;**
- **the migration system;**
- **linguistic and historic elements.**

Thus, in Southern European countries, as well as in Austria, Germany, and Israel, a predominant cash for care “family-dependent” welfare regime with limited controls on subsidy expenditure by families has created the ground for large employment of migrant workers in informal home-based family settings, often in live-in arrangements. In Western and Nordic European countries and – to a much lesser extent – in Japan, where the public funding of elderly care services – be they provided by public or private actors – is the dominant pattern, formal employment of migrant workers by care institutions and providers has been more common.

Moreover, **these countries have leveraged different migrant recruitment pools to meet their adult social care needs.** In Europe, Italy, Germany and Austria, in particular, have extensively relied on inflows from Central and Eastern European countries already in the run up to their accession to the European Union, which has entailed free labour mobility rights. Irregular migrants have also provided for a large migrant recruitment pool in countries like Italy and Spain where porous borders, frequent regularisations and a large underground economy have favoured their employment by families,

Although the free movement of workers in the European Union (EU) has provided for a premium pool of care workers for the higher-income countries in the group, particularly after the 2004 and 2008 EU enlargements, some of these countries have also largely relied on more traditional migrant recruitment pools. Thus, in France, the Netherlands, and the Nordic countries, resident migrants admitted as family or humanitarian migrants represent the bulk of migrant care workforce.

International students and/or working holiday makers have made up a non-negligible recruitment pool of care workers in Australia, Japan, and, to a lesser extent, in New Zealand and

in the United Kingdom. In South-Korea, since 2007, ancestry-based migration has been the main source of migrant care workers' supply.

In countries which have operated specific labour migration streams for care workers for several decades, such as Canada or Israel, international recruitment of care workers from Asia, often with the intermediation of recruitment agencies, has been, respectively, a large or dominant pattern.

This paper and its Annex table offer the first-ever broad comparative analysis of existing labour migration routes for the international recruitment of migrant workers into adult social care roles across OECD countries. While the focus is on the labour migration recruitment pool, the alternative, and, in some cases, predominant, migrant recruitment pools for adult social care roles (*i.e.*: free movement of workers, irregular migration, integration of resident migrants into care roles, international students and working holiday makers) are also discussed.

### **Across the OECD, less than a handful of countries operate dedicated labour migration streams for adult social care workers**

- Among the very few OECD countries currently implementing occupation-specific migration routes into adult social care employment, **Canada** and **Israel** present opposite models of system design, relating to antithetical approaches and goals in overall migration management. Nonetheless, in both countries, the targeted labour migration routes are intended to address the care needs of elderly/disabled *individuals* and their families. **Japan's** recently introduced Care Work visa stands apart in international comparison for its burdensome certification requirements, reflecting the country's highly-regulated institutional approach to employment in adult care. Japan's stream also differs from the Canadian and Israeli ones, as it caters to the elderly care recruitment needs of *care service providers* rather than individuals.
- The main eligibility criterion for candidates under **Israel's Foreign Care Worker route** – which is the country's largest Temporary Migrant Worker (TMW) stream, operated since 1991 – is holding a job-offer for full-time live-in employment from an individual who has previously obtained a permit to hire a foreign care worker from Israel's Population and Immigration Authority (PIBA). International recruitment has to happen through a licensed recruitment agency. Human capital requirements on the candidates are *de facto* inexistent. The permit obtained is strictly temporary with no pathway to permanent residence. Permit renewal rules, together with the live-in setting, geographical labour mobility and family (re)union restrictions, as well as care sector exemption from labour regulations, lead to extreme vulnerability of foreign care workers under the programme to various forms of abuses.
- **Canada's Home Support Worker Pilot (HSWP)**, launched in 2019, is the most recent version in a long history of dedicated care migration streams implemented in the country since the immediate aftermath of World War II. Among the HSWP's main goals are addressing the flaws of previous programmes – and, in particular, foreign caregivers' precariousness and vulnerability under the Live-in Caregiver Program – and offer a clear and fast path to permanent residency to qualified candidates, who are requested to file an application for permanent residence at the time of applying under the HSWP. Annual HSWP admissions are capped. Linked to the HSWP settlement objective, in addition to an offer for full-time employment, foreign candidates for in-home care employment must meet intermediate-level human capital conditions, involving intermediate-level English or French language proficiency and at least one year Canada-equivalent post-secondary education. After working 24 out of 36 months in a qualifying adult social care occupation

under the pilot, participants are automatically granted permanent residence. HSWP participants' dependent nuclear family members can accompany the primary applicants in Canada.

- Admission under **Japan's Care Work visa route**, implemented since 2017, is conditional on particularly demanding human capital eligibility criteria. To qualify under this stream, foreign candidates holding a job offer for full-time employment from a care institution must hold Japan's National Care Worker Certification, and prove Japan language proficiency at least at level N2 – although, in practice, a higher level of language proficiency might be needed to pass the National Care Worker examination. The national certification requirement under Japan's dedicated labour migration route into adult social care mirrors the mainstream entry requirement for employment in Japan's Long Term Care insurance system (LTCI): hence, it is a labour market rather than a specific migration condition. In light of the difficulty for foreigners to obtain the National Care Worker Certification, the “natural candidates” for the Care Work visa route – which, on paper, is a foreign recruitment route – are foreigners already in Japan on student/training visas – notably the sector-specific Certified Care Worker Candidate stream and the Technical Intern Training Programme – or on the Specified Skilled Worker visa, which all require a lower level of local qualifications, while also granting a more limited set of rights. Of the various migration routes into Japan's adult social care, the Care Work visa stream is the only one offering a path to permanent residence, through indefinite visa renewals, as well as an accompanying family entitlement.

**Besides these rare care sector-specific labour migration streams, a few OECD countries allow for the international recruitment of foreign workers into adult social care roles through their generic labour migration streams**

- **In OECD countries implementing selective labour migration systems, such as Australia, New Zealand, and the United Kingdom, international recruitment into care occupations classified as low-skilled is only allowed on exceptional grounds, most commonly justified on the basis of existing labour shortages – at the regional or national level. Depending on the country and migration stream, a compelling labour market test, a salary threshold set at the highest end of average sectoral wages, the inclusion of the occupations in a shortage list, or a combination of some of these methods is required to demonstrate the genuine need for foreign worker recruitment. In general, such requirements are too demanding for individual employers to leverage these streams for their in-home adult social care needs, and can only be met by care service providers.** This is also in line with the formal care service provision model prevalent in these countries.
- **In Australia, since 2008, nomination under the *Labour agreement stream of the Temporary Skilled Shortage (TSS) Category* is the only mainstream labour migration route allowing international recruitment of low-qualified foreign workers into adult social care occupations. Labour agreements between the Australian government and single employers or employer representatives, are used to plug immediate and compelling shortages of workers when the occupation characteristics and/or migrants' skills do not match the standard requirements for the existing labour migration categories. The compelling labour market test and the broad stakeholder consultation procedure required from an employer willing to enter in a Labour agreement with the government hinder the recourse to this stream by small firms – unless they can participate in a Designated Area Migration Management Agreement (DAMA). DAMAs are umbrella-**

Labour agreements negotiated by a State or Territory with the federal government and aimed at **plugging shortages at the regional/local level in a peripheral area**. The bulk of the large population of foreigners working in adult social care roles in Australia, however, is not sourced through the Labour Agreement route but rather through international students and working holiday makers routes, family migration, and the temporary employment of foreign-qualified nurses admitted as primary registered nurse applicants while they complete registration requirements.

- In **New Zealand, the Essential Skills Work Visa Category**, in its first decade of implementation since 2008, channelled the temporary migration of significant numbers of foreign workers into adult social care roles classified as low-skilled, which, at that time, did not qualify for permanent-type migration under the Skilled Migrant Category. **A compelling labour market test mechanism on the job-offer**, involving a report from New Zealand's employment service, was the main requirement for temporary foreign recruitment into low-skilled occupations. Recent programme reforms have made it less convenient for New Zealand employers to recruit adult social care workers through the Essential Skills Category, which is set to close by October 2021, when it will be replaced by the Accredited Employer Work Visa. Since 2019, a few low-skilled adult social care occupations have been included in the list of occupations exceptionally considered for permanent-type migration under the **Skilled Migrant Category**. In practice, however, the combination of **a relatively high salary threshold** and the competitiveness of the expression of interest selection system makes it unlikely for most migrants holding a job offer for an adult social care role and lacking nursing qualifications to obtain a Skilled Migrant visa.
- In **the United Kingdom**, international recruitment in the adult social care sector under the post-Brexit points-based system (PBS) **Skilled Worker route** is only possible for the **senior care worker occupations** – classified at medium-skill level. Moreover, since the general salary threshold for the Skilled Worker route is significantly higher than the median salary offered for employment in the senior care worker occupations, the availability of this route for foreign recruitment in such occupations is *de facto* contingent on their **inclusion in the list of occupations in shortage (SOL), which warrants a lower salary threshold**.
- In **OECD countries whose labour migration systems allow international recruitment in low-skilled roles**, as it is the case in **Italy, Spain, and Finland**, for instance, **foreign caregivers have historically been admitted under general labour migration streams or through dedicated quotas**. In countries like Italy and Spain, underdeveloped public welfare services for dependency support against a rapidly aging population, and a particularly unfavourable old-age dependency ratio, have generated such a large demand for elderly care support from families, that care work has become, since the late 1990s, the main labour market entry point for migrant women. Dedicated quotas have been gradually phased out in the second decade of the 21<sup>st</sup> century, as the combined result of prime care work recruitment opportunities made available through the EU enlargement and the ensuing free movement of workers from lower-income Eastern European countries, and of the job crisis hitting particularly hard Southern European countries. Nonetheless, international recruitment channels into adult social care occupations have remained *de facto* available, including through recurrent *ex-post* regularisations of undocumented migrants in a first instance employed irregularly by families with immediate care needs.



- In **South Korea**, since 2007, an **ancestry-based mixed migration route** – the ***H-2 Working Visit Permit*** for ethnic Koreans whose ancestors emigrated or were deported in foreign countries – mostly China – before 1945, has served as the main route for the recruitment of foreign workers into adult social care roles. The shared ethnic, and, in many cases, also linguistic and cultural heritage, of H-2 visa holders with the South Korean population has favoured the use of this channel as the prime route for the recruitment of foreign caregivers by South Korean households in need of in-home dependency support, as well as by private service providers seeking to complement the insufficient offer of formal long-term care. The Working Visit Permit allows a fast pathway to permanent residence.

**Settlement countries with large underpopulated peripheral areas and a tradition of operating regional migration schemes – as Australia and Canada – also implement regional or local migration streams allowing for the admission of foreign workers to be employed in adult social care roles in the designated peripheral areas. In general, eligibility criteria under such regional streams are looser than those applying under federal routes.**

- In **Canada**, the ***Nova Scotia Occupations in Demand stream*** of the ***Provincial Nominee Program (PNP)*** admits foreign candidates in adult social care roles on the basis of lower qualifications and language requirements than the federal HSWP. The same is true for the ***Rural Northern Immigration Pilot*** and the ***Atlantic Immigration Pilot***. More broadly, depending on the Province or Territory, general PNPs may allow for the permanent admission of foreign workers in low-skilled occupations.
- In rural and regional **Australia**, alongside the DAMA Labour Agreement route, a small-scale development-oriented scheme open to pre-selected candidates from Pacific Island Countries and Timor-Leste – the ***Pacific Labour Scheme*** – is primarily geared to address the recruitment needs of the local care industry.

**Across the OECD, all labour migration routes allowing direct foreign recruitment into adult social care roles – be they occupation-specific or generic – are demand-driven: *i.e.* require employer sponsorship. Sponsorship conditions – and costs – determinate whether and to what extent a given route is accessible for recruitment by individual employers/households or only by caregiving companies/institutions.**

- In **Canada**, the **compelling labour market test condition** on the job offer, generally required for the recruitment of temporary foreign workers, **does not apply under the HSWP, and immigration application fees under the pilot are to be borne by the migrants. This, undoubtedly facilitates foreign care worker recruitment by individuals and households**, which are the intended sponsors under the pilot scheme. Labour market test exemption and minimal administrative costs on the employer are also meant to balance for greater labour mobility afforded to the foreign recruited migrants, whose permits are no longer tied to the sponsoring employer. Also in **Israel**, where the foreign live-in care worker TMW stream is geared to serve the in-home care needs of dependent elderly or disabled individuals, **sponsorship conditions are particularly loose** and do not involve a labour market test. Unlike what is required under the country's other TMW streams, recruitment under Israel's care worker stream does not involve the payment of a levy by the employer, and is not submitted to a quota.
- **On the tighter end of the spectrum, the burdensome and compelling labour market testing procedures and the costly sponsorship fees required for international recruitment into social care occupations under Australia's Labour agreement TSS**

**route and New Zealand's Essential Skills Work visa category hinder the use of these routes by individuals and families in need of in-home support, and de facto reserve sponsorship – at best – to care service providers or institutions.** Similar considerations apply for the **UK's Skilled Worker route for senior care workers**, whose above-average salary threshold and sponsorship requirements and fees are prohibitive for individuals and small companies alike. In **Japan**, sponsorship requirements for the recruitment of adult social care workers under the **Specified Skilled Worker visa (SSW1) stream** – a generic labour migration stream for selected shortage occupations – are too complex even for residential care institutions, yet the intended sponsors for care workers under this stream, as they **involve the burdensome requirement for the sponsoring care service provider to register with a recognised support organisation tasked to assist foreign workers with language training, housing, and other practical needs during their stay in Japan.**

- **Examples also exist whereby, while labour migration system design is, on paper, favourable to the recruitment of foreign workers for in-home care support by individuals, cumbersome administrative requirements and procedures, coupled with more convenient alternative routes, reduce the appeal of the legal labour migration route for both employers and migrants.** Italy's quota system for employment in the care sector was a case in point in this respect. Even at times when comparatively large admission quotas were reserved for foreign care workers – exempted from labour market test – red tape and burdensome processes, along with quotas being set below the actual demand for in-home care workers, and the availability of a large pool of irregular migrants, made it more convenient for individuals to hire irregular migrants in undeclared employment in a first instance and, eventually, use the quota system or the recurrent regularisation campaigns to regularise the employment relationship and the migration status *ex post*.

**Besides the immigration eligibility criteria and sponsorship requirements of each labour migration route, broader elements, including the country's official language and occupational requirements into adult social care jobs, shape the greater or lesser attractiveness and accessibility of these routes for foreign candidates, and, ultimately, their success or failure in catering to each country's foreign care worker recruitment needs and goals.**

- In **Japan**, a complex language which is not commonly spoken outside the country's borders, coupled with the National Care Worker Certification requirement for employment under the LTCI system are the main elements constraining the opportunities of direct international recruitment under the National Care Work visa.
- Possibly to overcome the foreign care worker recruitment pool limitations linked to the linguistic element, the – nominal – language requirements under **Israel's Foreign Care Worker stream** are set for the English language, which, while not being the country's official language, is widely spoken in both Israel and in the main source countries of foreign care workers in South-East Asia.

**The absence of specific labour migration streams for foreign caregivers in OECD countries which are also members of the European Economic Area (EEA), and in Switzerland, can be related – at least in part – to the prime international recruitment opportunities available in these countries under the EU/EEA free movement of workers rules.**

- EU free-movement rules allow the citizens of each Member State of the European Union to move and take up employment in any other EU Member State at the same conditions as natives, exempt from labour migration requirements. The same rules apply for the members of the EEA and Switzerland. Against this background, the EU enlargement to Central and Eastern European countries with average lower income than the other EU Member States, triggered, already in the run up to the accession, large East-West flows of workers, including in lesser skilled roles. **Care work has been the main sector of labour market entry for women from the 2004 and 2008 accession countries in “older” EU Member States, a trend driven by the massive employment of Polish and Romanian women as care workers in Western Europe.**
- In particular, since the early 2000s, massive recruitment of women from Poland, Romania or the Slovak Republic in informal live-in elderly care arrangements has been key to address the dependency support needs of the families in countries like **Austria, Germany** and **Italy**, characterised by limited public provision of elderly care services, unregulated cash for care benefits and a cultural preference for in-home support.
- Everywhere across the European OECD countries implementing the free movement of workers, **the advantages offered by this route vis-à-vis classic demand-driven labour migration routes – notably, the possibility of pre-employment in-person meeting, and “on-the-job trial” of the candidate, along with reduced administrative complexity, absence of sponsorship requirements, and costs** – and the cultural and geographical proximity between the prospective employer and candidate, have made free movement a particularly suitable route for the recruitment of foreign care workers into in-home adult social care. Yet, the rapid convergence of income and demographic trends among “old” and “new” member states participating in the free movement area predicts the narrowing, or even the drying up of this prime recruitment pool in the future.

**The recruitment of family and humanitarian migrants in adult social care occupations can help expanding the long-term care worker supply, while also supporting the socio-economic integration of migrants who are farthest from the labour market.**

- In many OECD countries, including **France** and the **Netherlands**, family migration provides for the largest recruitment pool of foreign workers into adult social care occupations. In **European Nordic** countries, this role is either played by or shared with humanitarian migration. While in these countries, the extent of the recruitment of family and/or humanitarian migrants in care occupations reflects a long migration history and the prominence of these migration routes in the overall migrant intake, recruitment of non-labour resident migrants into social care roles is everywhere significant across the OECD.
- Leveraging the pools of resident family and humanitarian migrants has the advantage of maximising the possibilities of pre-employment in-person meeting between prospective employers and candidates, while also minimising administrative costs. Moreover, **as family and humanitarian migration become more prominent in a growing number of OECD countries, these pools are likely to expand in the future.** Sound integration and training policies will be needed to bring migrants who are farthest from the labour market into employment, including in care work. Nonetheless, **the generally low occupational entry barriers into the adult social care sector, make this a particularly favourable entry point for disadvantaged groups to get a foothold in the labour market.** The prevalence of women and of middle-aged employees in the adult

social care sector are additional elements favouring the integration of family migrants as well as non-labour migrants whose age is above the prime working age in care roles.

**International students and working holiday makers migration programmes can significantly contribute to the supply of care workforce, provided substantial working entitlements and a sufficient pool of suitable candidates.**

- **Japan** implements two traineeship-based routes into adult social care: the sector-specific *Certified Care Worker Candidates visa* under the Economic Partnership Agreements and the generic *Technical Intern Training Programme (TITP) visa*, both reserved to adult social care trainees from a limited number of neighbouring countries. While so far enrolment in these programmes has been low, not least due to cumbersome administrative requirements on the sponsoring institutions and complexities in setting up programme infrastructure, the recent introduction of two labour migration streams allowing status change upon TITP or Certified Care Worker Candidates completion is likely to trigger larger enrolments in these traineeship routes in the future. Notably, Japan's international student streams are "quasi labour migration routes" given the particularly **extensive working entitlements** afforded to students – 28-hour weekly work, and up to 8-hours a day during school holidays.
- In **Australia**, over the past decade, the *Working Holiday visas (subclasses 417 and 462)* have increasingly been used to fill labour shortages, notably by **extending working entitlements for visa holders, along with the list of origin countries participating in these programmes**. Targeted reforms have specifically been implemented to enhance working holiday makers' participation in Australia's care sector. The ongoing expansion of the working holiday agreements – already involving over forty countries – to India and the Philippines might further contribute to this goal. Beyond working holiday schemes, international students as well as **foreign-qualified nurses** (admitted as economic migrants) **enrolled in bridging programmes to acquire local certification** have also constituted a sizeable pool of adult social care workers in Australia.

**Across the OECD, the recruitment of migrant workers in adult social care roles can contribute significantly to the adequate provision of long-term care services. For such contribution to be most effective and sustainable for all parties, however, it needs to be embedded in broader, balanced, structural policy efforts to improve adult social welfare provision.**

- In many OECD countries, including Israel, Italy, as well as Austria and Germany, the availability of 24-hour care services for elderly and disabled persons is mostly – if not entirely – reliant on the employment of foreign workers in **live-in caregiving arrangements**. The economic sustainability of such arrangements for individual households and public welfare systems alike is largely predicated on some exploitation of the care worker, typically in the form of low wages, long working hours and unpaid overtime, which makes them affordable. The situation of vulnerability and necessity in which many low-skilled migrants – and particularly temporary migrants from non-OECD countries – find themselves, due to the precariousness of their migration status and/or socio-economic conditions, makes them accept unfavourable wages and employment conditions that are generally deemed unacceptable by natives.
- More in general, while, in certain countries, the overreliance of adult social care systems on "cheaper and more hard-working" migrants has emerged as the immediate "survival" response of individual households and, in some cases, also service providers, to

deficiencies and gaps in the public funding, structural organisation and provision of adult social care services, **the consolidation and perpetuation of this “migrant-dependent care model” can backfire in the long-term if it disincentivises the needed systemic reforms of adult social welfare.**

- Attracting and retaining local workers in adult social care occupations is a pivotal element of any strategy aimed at securing adequate supply of care workforce in the coming years. Yet, **when foreign workers widely accept lower wages and employment standards than natives/locals, this, at best, creates a dual market for care services, while, in worse, although frequent, cases it discourages the implementation of the structural reforms and investments needed to improve the overall attractiveness of social care employment for the local population. The likelihood that foreign workers accept worse labour conditions than those agreeable to natives is the greatest the less secure their migration status. Hence, policymakers who are committed to leverage migrant recruitment as one of the tools of a comprehensive mix of policies aimed at enhancing the provision of adult social care ought to carefully consider the policy trade-offs involved in granting a smaller or a broader set of rights to migrants admitted into adult social care employment through occupational-specific or generic labour migration routes.** Thus, for instance, while, on the one hand, routes allowing fast transition to permanent residence, as Canada’s HSWP, may bear the risk of continuously funnelling a revolving pool of migrant caregivers, who would move out of the most difficult adult social care roles upon getting permanent residence, on the other hand the broader set of rights enjoyed by permanent-type migrants compared with those whose permit is strictly temporary and bound to the sponsoring employer, contribute to levelling out the playing field with natives, thus narrowing the risks of downward effects on sectoral wages and working conditions. **Ultimately, fair, ethical recruitment and employment of migrants in adult social care roles is the key bulwark against the misuse of the migration tool as a patchy alternative to structural reforms.**
- In the coming years, as population ageing will extend to a growing number of migrant receiving and sending countries, **the extent to which the direct international recruitment of foreign workers into adult social care roles will contribute to the comprehensive policy strategy for the adequate supply of care workforce will likely depend also on each country’s opportunities to secure continued access to sizeable foreign recruitment pools.** As the recent narrowing of Polish caregiver flows to other EU countries demonstrates, changes in origin countries’ demographic and socio-economic trends can affect opportunities for foreign recruitment in adult social care. The same may hold true for shifts in bilateral or multilateral relationships, as in the example of Brexit – which is expected to deprive the UK of a non-negligible source of foreign adult social care workers. **Bilateral or regional manpower agreements** – whether sector-specific or generic – and even international training and working holiday makers schemes may, if appropriately tuned, cater to the international recruitment needs of the adult social care sector. In some contexts, as in the example of Israel, the strategy to secure a sizeable recruitment pool from major countries of origin – most of which are in South-East or South Asia – involve a central role for **private recruitment agencies.** Alongside migration policy tools to steer direct international recruitment of foreign workers in adult social care roles, **integration policy strategies aimed at bringing resident family and humanitarian migrants – including those who are farthest from the labour market – in adult social care employment** can – and should – play a crucial role for securing migrant caregiver supply – not least as in most OECD countries the family and humanitarian migration pools, alone or combined, are larger in scope than the labour migration pools.



## Introduction

Across the OECD, the rapid growth and the growing needs of the elderly population call for the continued expansion and upgrading of the adult social care sector.

As a baseline, workers in adult social care attend to the routine personal needs of the elderly or the disabled in their homes or in care facilities. More and more often, given the increasingly complex medical needs of older care recipients, tasks also involve monitoring health conditions, keeping health records and implementing care protocols, although nursing qualifications are not an entry requirement for social care occupations. Thus, in practice, and despite being commonly classified as low or lesser skilled since they do not require specific qualifications or a long period of training, adult social care occupations, involve a large – and expanding – range of skills.

Adult social care is essential to the public health and welfare of ageing societies. Yet, working conditions in care occupations across OECD countries remain largely unattractive due to a combination of low wages, long working hours, work shifts affecting work-life balance, limited opportunities of career progression, and high exposure to physical and mental health risks. The unfolding COVID-19 pandemic has put the spotlight on this contradiction, while also exacerbating it.

Over the past decade, increasing old-age dependency ratio, unattractive working conditions and – related – high turnover rates have driven the emergence of labour shortages in care occupations across many OECD countries, where the growth of care workers has not kept pace with the ageing of the population. With the share of the population over 80-years-old projected to double in the OECD by 2050,<sup>1</sup> and also in light of the lessons learnt during the COVID-19 pandemic, pressure to expand and enhance adult social care services and the supply of care workers is mounting.

While developing and mainstreaming the application of smart technologies to the provision of adult care – *e.g.* for monitoring health conditions and transferring information to medical practitioners, or facilitating independent daily-life for the elderly in their homes – and improving workforce training and management are needed steps which, by enhancing service productivity, may proportionally reduce the ratio of care workers needed for a given number of old-age persons, even in the best case scenario, across the OECD, the number of care workers will have to increase by 30% by 2040.<sup>2</sup>

Durably expanding the pool of care workers requires first and foremost structural reforms to improve sector attractiveness and retention for both “traditional” candidates – *i.e.* middle-aged women – and new profiles – students or fresh graduates, men etc. – through better working conditions and sector image.

In parallel, well-managed migration of foreign workers into adult social care occupations may offer a complementary and rapidly actionable tool to secure the supply of care workers needed.

This paper provides a comparative overview of existing labour migration routes through which migrants can obtain work in the adult care sector in OECD member countries. It reviews both care sector-specific labour migration streams for foreign adult care workers (Section I) and provisions allowing the admission of foreign care workers under generic labour migration streams (Section

---

<sup>1</sup> OECD (2020), [Who cares? Attracting and Retaining Care Workers for the Elderly](#), OECD Publishing, Paris.

<sup>2</sup> Lacking efforts to improve productivity in care service delivery through innovative technologies, enhanced training and better managerial processes, the number of care workers would have to increase by 60%. *Ibid.*

II), and considers the extent to which these routes contribute to the overall adult social care workforce in the receiving country.

The paper also discusses alternative options for recruiting migrants into adult care occupations beyond labour migration streams accessible to foreign care workers – including: EU free movement of workers; irregular migration; temporary recruitment of foreign nurses as care workers while they complete qualifications recognition processes, as well as the integration of resident migrants admitted on non-labour grounds, as students, family or humanitarian migrants (Section III).

Based on this comprehensive review, the paper then concludes by summarising policy trade-offs and options for the management of foreign workers' migration into social care occupations (Section IV).

## I. Occupation-specific migration routes into adult social care across OECD countries

Very few OECD countries have targeted labour migration routes into social care. Among these, **Canada** and **Israel** provide for antithetical examples of system design, relating to opposite approaches and objectives in overall migration management.

Thus, while the current Canadian caregiver stream – the Home Support Worker Pilot (HSWP) – offers a fast pathway to permanent residency, the corresponding caregiver route in Israel is strictly temporary, as all foreign worker programmes in the country are. Linked to settlement objectives, language, qualifications and experience requirements for admission under Canada's HSWP are significant. Conversely, these are purely nominal under Israel's temporary caregiver migration route.

Israel's programme is reserved to live-in caregivers, who have no right to family reunification or formation in Israel and are subject to some labour mobility restrictions, while the pilot currently implemented in Canada also allows live-out arrangements and family reunification, with open-working rights for spouses. Israel's scheme isn't subject to any cap or quota, while a cap applies to the HSWP, confirming the frequently observed trade-off in migration management between the number of migrant workers admitted, and the rights afforded to them.<sup>3</sup>

In **Japan**, the care work visa builds on pre-existing student routes into care occupations, and at the same time has to be comprehended in the context of the country's recent "quiet revolution" from a traditional stance against low to lesser-skilled labour migration and migrant workers' settlement – leading to an extensive use of student routes as *de facto* temporary labour migration routes – to increased receptivity to migrants across skill levels. Indeed, Japan's care work visa allows *de facto* permanent settlement to Japanese language proficient foreign care workers holding the National Care Worker Certification.

Differently from Canada's and Israel's caregiver streams, which are for in-home care and have individual elderly people or their family members as designated sponsors, Japan's care work visa

---

<sup>3</sup> Ruhs, M. (2013), [The Price of Rights: Regulating International Labor Migration](#), Princeton University Press.

is intended for employment in care facilities. This also reflects the different organisation of welfare services for elderly people across countries.

The remainder of this section provides an overview of the specific migration routes into social care, currently implemented in Canada, Israel and Japan. It is complemented by Annex Table I for a detailed description of system parameters. In the case of Canada, the OECD country with the longest history of formal admission of foreign workers into care occupations, a brief discussion of the previously implemented caregiver routes is also provided.

### I.1. The management of foreign caregivers' immigration in Canada: a longstanding area of migration policymaking, evaluation and systemic review.

More than one in three care workers in Canada are foreign-born, a share which is higher than the OECD average of one in five.<sup>4</sup> While this is primarily the consequence of the country's above-average immigrant population, Canada's longstanding experience with admitting foreign workers from abroad into care occupations also partly accounts for this trend.

Canada has been a front-runner in the implementation of occupation-specific migration programmes for caregivers. The best known of these programmes is the Live-in Caregiver Program (LCP) which ran from 1992 to 2014 and allowed a pathway to permanent residence for foreign live-in caregivers upon programme completion – though its predecessors date back to the aftermath of World War II.<sup>5</sup>

Since 2014, the federal government has experimented with pilot schemes to address some of the flaws of the LCP. Issues which had come under scrutiny included high incidence of foreign workers' exploitation and abuses resulting from the combined requirements for the care workers to live in the employer's house (live-in arrangement) and to remain with the same employer for the duration of the programme (employer-tied permit), and long processing times for transitioning from temporary to permanent residence, which prolonged live-in caregivers' vulnerability and precariousness (Box I).<sup>6</sup>

#### I.1.1. The Home Support Worker Pilot: tackling the shortcomings of previous programmes.

The currently-implemented federal stream allowing immigration of foreign workers into adult social care, the **Home Support Worker Pilot (HSWP)**, was launched in June 2019 for an initial five-year period.<sup>7</sup> Foreign residents who receive a job-offer from a qualifying Canadian employer for a full-time job in one of the in-home care occupations classified under code 4412 of Canada's

---

<sup>4</sup> OECD (2020), [Who cares? Attracting and Retaining Care Workers for the Elderly](#), OECD Publishing, Paris.

<sup>5</sup> Even earlier, soon after Canada's independence, managed immigration of care workers to Canada was organised through the British Women Emigration Agency, though this mostly targeted childcare. Spitzer, D. and S. Torres (2008), [Gender-based Barriers to Settlement and Integration for Live-in Caregivers: A Review of the Literature](#), CERIS Working Paper No.71, November 2008, Toronto.

<sup>6</sup> With the aim of offering an improved pathway to permanent residence to foreign caregivers, between February and April 2018 IRCC carried out broad stakeholder consultations. Government of Canada, Immigration and Citizenship, [Consultations on caregiver pathways to permanent residency: summary-report-2018](#). Accessed 1 August 2021.

<sup>7</sup> Previously, the Caring for People with High Medical Needs pilot run from 2014 to 2019 offering a pathway for permanent residency to caregivers already in Canada on temporary work permits (mostly admitted through the Temporary Foreign Worker TFW programme).



National Occupational Classification (NOC), except housekeeping,<sup>8</sup> and who can prove at least one year Canada-equivalent post-secondary education and mastery of the English or France language at an intermediate level (corresponding to CLB 5 or NLCL 5 test scores)<sup>9</sup> can apply for a work permit under the Home Support Worker Pilot.

The HSWP is geared to the caregiving recruitment needs of individuals and households. Any Canadian resident can qualify as a sponsor under the programme, provided that the job offer is for full-time employment in a NOC 4412 occupation outside the Quebec province,<sup>10</sup> and it meets the basic requirements set in the dedicated offer for employment form,<sup>11</sup> including abiding by federal and applicable provincial/territorial labour and employment standards regarding wages and leave. The wage offered to the foreign caregiver must meet or exceed the prevailing wage rate for the occupation in the region of employment

HSWP candidates from abroad are required to file their permanent residence application at the time of applying for the work permit. Thus, after working for 24 months over a 36-month period on a full-time job in a NOC 4412 occupation excluding housekeeping, they can obtain permanent residence status without additional conditions. In this respect, the initial HSWP work permit amounts to a provisional permanent-type of permit with a probatory period, rather than a purely temporary one, as transition to permanent residence is automatic, provided the fulfilment of the 24-month employment condition.

This is a substantial difference with the Live-in Caregiver Program, and a key innovation also as compared to its successor, the Caring for People with High Medical Needs pilot, which ran between 2014 and 2019.<sup>12</sup> While, on paper, the LCP also offered a particularly fast pathway to permanent residency, LCP participants could only file their permanent residency application upon completion of the 24-month live-in employment contract.<sup>13</sup> While temporary admissions under the LCP were uncapped, a cap applied for permanent residence permits. With time, this created a pool of LCP participants with precarious status, awaiting to transition to permanent residency. It also contributed to inflating the processing times for permanent residency applications – to 24

---

<sup>8</sup>“Home support workers, housekeepers and related occupations” include the following in-home care occupations: “Attendant for persons with disabilities - home care”; “Home support worker”; “Housekeeper”; “Live-in caregiver – seniors”; “Personal aide - home support”; “Personal care attendant - home care”; “Respite worker - home support”. Of these, housekeeping occupations are not eligible under the HSWP. [National Occupational Classification \(NOC\) 2011: 4412 Home support workers, housekeepers and related occupations](#), accessed 1 July 2021.

<sup>9</sup>[CLB](#): Canadian Language Benchmarks; [NCLC](#) : Niveaux de Compétences Linguistiques Canadiennes, accessed 1 July 2021.

<sup>10</sup> Offers for caregiving employment in Quebec do not qualify under the HSWP as, in the province, immigration of live-in caregivers is still allowed under the Temporary Foreign Worker programme (for more details, see below and Annex table I). The Canadian employer must be a single employer (recruitment agencies do not qualify) who has a Canada Revenue Agency business number. Registration to obtain a Canada Revenue Agency business number can be done on-line, via regular mail or over the phone, and it takes about 10 days to obtain a number. Government of Canada, [How to register for a business number of Canada Revenue Agency program accounts](#), accessed 1 July 2021.

<sup>11</sup> [IRCC, OFFER OF EMPLOYMENT HOME CHILD CARE PROVIDER PILOT AND HOME SUPPORT WORKER PILOT](#), accessed 1 July 2021. The form also includes employer requirements on caregiver accommodation, applicable in case of live-in arrangement.

<sup>12</sup> See reference 6.

<sup>13</sup> The 24-month live-in caregiving had to be completed within 4 years from admission (3 years before April 2010). Government of Canada, Immigration and Citizenship, [Become a permanent resident - Requirements - Live-in Caregiver](#), accessed 1 July 2021.

months or more – *de facto* doubling the time needed even for successful candidates to access the pathway to permanent status.<sup>14</sup>

Moreover, under the LCP pathway, as in the 2014 pilot, programme participants had to remain with the same employer for the whole duration of the temporary visa – which both made it more difficult to fulfil the 24-month caregiving employment requirement and put them in a dependency position vis à vis their sponsoring employers, exposing them to various forms of abuses.<sup>15</sup>

Conversely, the HSWP does not tie the initial work permit to the sponsoring employer, granting labour mobility within the allowed occupations (occupational-restricted open work permit). In turn, the sponsoring employer is exempted from carrying out Canada's particularly onerous labour market test (the Labour Market Impact Assessment or LMIA). Lifting the labour market test requirement greatly increases programme accessibility for individual employers while also reducing the losses in case of worker's departure.<sup>16</sup> Moreover, as it was already the case under the 2014 pilot, the Home Support Worker Programme does not require a live-in arrangement.

HSWP candidates can include their spouses and dependent children in their application, and thus bring their family members to Canada from the outset – another key difference with the LCP, under which family reunification was only allowed upon obtaining the permanent residence status. Spouses are granted open-work permits.

Besides direct recruitment of foreign care workers from abroad, the HSWP is also open for applications a) to foreign citizens already residing in Canada on temporary permits (such as the TFWs)<sup>17</sup> and who meet all the pilot requirements, including the 24-month work experience, who can use this route as a fast track to permanent residency; and b) to foreign citizens already residing in Canada on temporary permits who meet all other HSWP requirements but the 24-month experience, who can use the provisional permit as a fast bridge to permanent residency.<sup>18</sup>

Admissions under the HSWP are capped to 2,750 per year, including dependent family members, as a means of both protecting resident workforce and ensuring timely application management

---

<sup>14</sup> R. Banerjee *et al* (2017) [ASSESSING THE CHANGES TO CANADA'S LIVE-IN CAREGIVER PROGRAM: IMPROVING SECURITY OR DEEPENING PRECARIOUSNESS?](#), Pathways to Prosperity.

<sup>15</sup> While employer-bound permits always involve a risk of exploitation for migrant workers, whose authorization for lawfully staying in the country is dependent on the employment relationship with the sponsoring employer, the live-in requirement under the LCP exacerbated migrant caregivers' exposure to labour exploitation, psychological and physical mistreatment, and sexual abuse. Arat-Koç, S. (2001), [Caregivers Break the Silence: A Participatory Action Research on the Abuse and Violence, Including the Impact of Family Separation, Experienced by Women in the Live-In Caregiver Program](#), Toronto, INTERCEDE; R. Banerjee *et al* (2017) [ASSESSING THE CHANGES TO CANADA'S LIVE-IN CAREGIVER PROGRAM: IMPROVING SECURITY OR DEEPENING PRECARIOUSNESS?](#); Granda, N. and J.Kerr (1998), ["Frustrated and Displaced": Filipina Domestic Workers in Canada](#), *Gender and Development* –(1):7:12; Oxman-Martines, J., J.Hanley and L.Cheung (2004), [Another Look at the Live-in Caregivers Program. An Analysis of an Action Research Survey Conducted by PINAY, the Quebec Filipino Women's Association with the Centre for Applied Family Studies](#), Montreal: Metropolis; Spitzer, D. and S. Torres (2008), [Gender-based Barriers to Settlement and Integration for Live-in Caregivers: A Review of the Literature](#).

<sup>16</sup> Beyond being costly (CAD 1,000 in most cases) the LMIA is a burdensome process involving 30 days of advertisement through multiple job-search channels. All in all, obtaining a LMIA can take up to five months. Clearly, the LMIA was ill-suited for foreign caregiving recruitment from households. Its elimination has also cut down the sponsorship costs. Caruso, [Consultation on Caregiver Pathways](#), The Canadian Bar Association, 27 June 2018.

<sup>17</sup> Until 18 June 2019, the date of effect of the HSWP, caregivers could apply for temporary migration under TFWP. Since then, this route is closed to new applicants except in Québec.

<sup>18</sup> Source: IRCC, [Child Care Provider Pilot and Home Support Worker Pilot](#) accessed 10 May 2021.

by avoiding backlogs.<sup>19</sup> Current processing time is 12 months.<sup>20</sup> In 2020 the HSWP quota went undersubscribed and provisional data for 2021 confirm this trend.<sup>21</sup> However, two-years into HSWP implementation, it is too early to judge programme results, particularly as these two years have coincided with the unfolding of the COVID-19 crisis, imposing strict lockdown conditions and limitations to elderly people's exposure to new contacts,<sup>22</sup> along with unprecedented travel bans.

Traditionally, the overwhelming majority of foreign caregivers have come to Canada from the Philippines, in many cases after gaining experience, and/or qualifications in more developed Asian countries including Hong-Kong, Singapore and Saudi Arabia.<sup>23</sup>

All in all, by simultaneously lifting the live-in requirement, untying the work permit from the sponsoring employer, and offering a secure and fast path to permanent residency, the HSWP affords better conditions to foreign caregivers than both its predecessors, the Caring for People with High Medical Needs pilot, and the Live-in Caregiver Program. In this respect, HSWP programme design appears to have addressed the main root causes of foreign caregivers' vulnerability and exploitation.

The HSWP also facilitates recruitment of foreign elderly care workers by individual households, by lifting the LMIA requirement on the sponsor. Sponsorship requirements were deliberately set at the lightest end of the spectrum, and application fees only charged on to the migrant, to counterbalance for the permit being untied from the sponsor from the outset.

However, the salience of the new pilot as a reliable and effective instrument for securing a durable supply of workers to Canada's care sector remains to be demonstrated. The fast and automatic track to permanent residency, and to the unrestricted labour mobility attached to it, may result in high levels of turnover with foreign caregivers moving out of the care and home support occupations as soon as they get permanent status.<sup>24</sup> In this scenario, the HSWP would provide a

---

<sup>19</sup>According to [OECD data](#), the stock of personal care workers formally employed in Canada in 2019 amounted to 148,043. Of these, more than nine in ten worked in residential care facilities, while about one in ten were employed by private households. The share of personal care workers formally employed in private households doubled between 2012 and 2019. Over the same period, the annual net growth of Canada's personal care workforce averaged 2,000. While overall net growth data do not uncover the number of new entries in the personal care workforce but only the difference with the exits for a given year, they still provide an indication that the current HSWP quota is set to bring a non-negligible contribution to the growth of Canada's personal care workforce. The HSWP quota is also consistent with the levels of admissions under the – uncapped – LCP over its first decade. According to an analysis of Citizenship, Immigration Canada (CIC) data, reported in Spitzer and Torres 2008, between 1993 and 2006 36,640 migrants entered Canada under the LCP.

<sup>20</sup> Government of Canada [Hire a home child care provider or a home support worker](#), accessed 4 June 2021.

<sup>21</sup> As of April 8, 2021, IRCC received an estimated 516 applications under the HSWP, representing about 19 % of the number of applications that can be accepted in 2021. CIC news, [Canada to welcome 6000 caregivers by the end of 2021](#), accessed 4 June 2021.

<sup>22</sup> Indeed, the fact that the Child Care Provider Pilot, which is the parallel scheme to the HSWP, reserved to childcaring, reached its cap might as well be related to different behaviour and greater propension to some infection risk exposure by younger families in need of childcare.

<sup>23</sup> N. Lightman, R. Banerjee et al, (2016), "[An intersectional pathway penalty: Filipina immigrant women inside and outside Canada's Live-in Caregiver Program](#)", International Migration, 2021, 00/1-20.

<sup>24</sup> A survey carried out between 2012 and 2016 among former LCP participants across Canada, the Gabriela Transitions Experiences Survey (GATES), found that after ten years or more in Canada more than 80% of LCP programme participants had moved out the caregiving occupation, most of them remaining in occupations classified as low-skilled both within and outside the care sector (including: "Sales/Customer Service"; "Hotel/Food Services", "Cleaner", "Manufacturing", "Health Care Aid"). Only a minority had moved to higher skilled occupations such as "Nurse Aid" and "Administrative". R. Banerjee et al (2017) [ASSESSING THE CHANGES](#)

revolving pool of additional caregivers, which would constantly need to be fed by new temporary entries under the programme to ensure stable growth in the supply of caregiving workforce.

On the other hand, the fact that foreign caregivers rapidly acquire the same labour rights and residence security as nationals greatly reduces the risk for caregivers' immigration to be used as a patchy alternative to needed structural reforms in the care sector.

#### 1.1.2. Alternative routes to residency for foreign care workers in Canada.

Admission of foreign workers from abroad into Canada's social care workforce is also possible under regional schemes, which often afford lower entry requirements and/or more favourable residence conditions than the federal programmes, as a way of attracting immigrants in peripheral areas. Thus, sponsorship for employment in a designated Province or Territory under the Provincial Nominee Program (PNP), offers upfront permanent residence to successful candidates, including those who can attest of levels of skills and language proficiency below federal programmes' requirements. Each Province and Territory has its own PNP streams and related eligibility criteria.<sup>25</sup> While in most cases the PNPs require in-Canada work-experience, exemptions exist, including in specific streams which target caregivers. Thus, for instance, the Nova Scotia Occupations in Demand stream, which specifically targets NOC 3413 occupations (nurse aides, orderlies and patient service associates), along with other in-demand occupations at lower skill levels (NOC C and D) is available to overseas applicants who have a job offer in the qualifying occupation and can demonstrate relevant work experience (in or outside Canada), education, and CLB/NCLC level 4 language proficiency.<sup>26</sup> Beyond streams which target caregiving occupations, some Provinces and Territories, including Newfoundland and Labrador, New Brunswick and the Yukon also operate generic PNP streams which admit foreign candidates in low-skilled occupations without requiring in-Canada work experience.

Aside the PNP, the Atlantic Immigration Pilot (AIP), under its Intermediate Skilled stream, allows designated local employers to recruit directly from abroad in various caregiving occupations, including "home support worker" (NOC level C), migrants who have one year work experience in or outside Canada, hold a Canada-equivalent high-school diploma or relevant job-specific training and can attest of CLB or NCLC level 4 language proficiency. The AIP grants successful candidates upfront permanent residence in one of Canada's four Atlantic provinces (Newfoundland and Labrador, Prince Edward Island, Nova Scotia and New Brunswick).<sup>27</sup> Similar conditions apply for the recruitment of adult social care workers from abroad under the Rural and Northern Immigration Pilot, a community-driven scheme geared to spreading the benefits of economic

---

[TO CANADA'S LIVE-IN CAREGIVER PROGRAM: IMPROVING SECURITY OR DEEPENING PRECARIOUSNESS?](#) The survey and the related study also unveiled the multiple barriers to occupational change and career progression linked with the LCP requirements, including lack of social networks and educational upgrading opportunities as exacerbated by the live-in caregiving arrangement and the protracted temporariness of status (stemming from programme backlogs). Since the design of the HSWP tackles these issues – notably by substantially reducing isolation and precariousness of foreign caregivers on the programme – while also requiring a higher level of qualifications and language ability for programme candidates, It can be expected for occupational change and career progression upon acquisition of permanent residency under the HSWP to be more frequent than in the case of the LCP.

<sup>25</sup> Government of Canada, Immigration and Citizenship, [Immigrate as a provincial nominee](#), accessed 1 August 2021.

<sup>26</sup> Government of Canada, Immigration and Citizenship, [Nova Scotia Occupations in Demand stream](#), accessed 1 August 2021.

<sup>27</sup> Government of Canada, Immigration and Citizenship, [Atlantic Immigration Pilot](#), accessed 1 August 2021.

immigration to small rural and peripheral communities.<sup>28</sup> As with the PNP, both the AIP and the Rural and Northern Immigration Pilot may offer an easier pathway to permanent residence than the federal HSWP to experienced migrants having secured a qualifying job offer from a local employer in the participating Province, Territory or Community.

Separately, the province of Québec, which, pursuant to the Canada-Québec Accord Relating to Immigration and Temporary Admission of Aliens of 1991, enjoys autonomy in designing its own immigration policy, still maintains a live-in caregiver route under its Temporary Foreign Worker programme.<sup>29</sup> In addition to the existing migration programmes which specifically target or are open to the admission of caregivers from abroad, as of 6 May 2021 and at least until 5 November 2021, Immigration Refugees and Citizenship Canada (IRCC) is accepting fast-track applications to permanent residency from up to a total 90,000 migrants who are already in Canada working in health-related occupations, or as essential workers, or as foreign graduates having the skills and experience to help addressing the COVID-19 health and socio-economic crises.<sup>30</sup> Foreigners working in NOC 4412 occupations – which for the purpose of the scheme, are considered as health-related occupations – are eligible for this time-bound fast-track scheme to permanent residency, provided one-year Canadian work experience in the qualifying occupations, and mastery of English or French language at lower-intermediate level (CLB 4 or NLCL 4).<sup>31</sup> The specific cap for workers in health-related occupations is set at 20,000. Migrants working or graduating in Quebec are not eligible under this programme.

## 1.2. Israel's foreign care worker programme: liberal selection, restrictive conditions

Israel is the OECD country with the highest ratio of foreign-born workers among its overall social care workforce (70%).<sup>32</sup> The specific foreign care worker migration stream, established since 1991 as one of three categories of Temporary Migrant Worker (TMW) authorisations (B-1 visas) in the country has been the main driver of this trend.<sup>33</sup>

As of September 2020, Israel hosted 68,350 foreign care workers, either possessing or having overstayed a B-1 TMW permit, down from 69,250 in 2019.<sup>34</sup> Besides this slight decrease,

---

<sup>28</sup> Government of Canada, Immigration and Citizenship, [Rural and Northern Immigration Pilot](#), accessed 1 August 2021.

<sup>29</sup> Since the implementation of the HSWP, The TFW route is no longer open to foreign caregivers at the federal level. For a detailed description of the Quebec scheme see Annex Table I.

<sup>30</sup> On 14 April 2021, IRCC announced the upcoming creation of this new pathway. Home support workers are among the essential workers targeted by this announcement. All in all, the pathway may concern 90,000 migrants already in Canada on temporary permits. Government of Canada, [Immigration, Refugees and Citizenship News: New pathway to permanent residency for over 90000 essential temporary workers and international graduates](#), accessed 2 June 2021.

<sup>31</sup> Government of Canada, [Temporary public policy to facilitate the granting of permanent residence to foreign nationals in Canada, outside of Quebec, with recent Canadian work experience in essential occupations](#), accessed 2 June 2021.

<sup>32</sup> OECD (2020), *Who Cares? Attracting and Retaining Care Workers for the Elderly*.

<sup>33</sup> Three sectors of allowed foreign worker migration were identified in 1991, including agriculture, construction and care work. More recently, the government has set additional – smaller – quotas for hotel and restaurant sector, industry, as well as for care workers in nursing homes (quota of 2,500 annual entries announced in July 2020). TMWs are also commonly referred to as Foreign Workers.

<sup>34</sup> Nathan, G. *The OECD Expert Group on Migration SOPEMI Annual Report. International Migration in Israel 2019-2020*, The Institute for Immigration and Social Integration, Ruppin Academic Center, December 2020, based on data from Israel's [Central Bureau of Statistics \(CBS\)](#).



attributable to the impacts of COVID-19 on international mobility,<sup>35</sup> the overall trend since the late 1990s has been for the number of foreign care workers in the country holding or overstaying a B-1 TMW permit to constantly increase, and rapidly replace construction workers as the main group of temporary foreign workers. Thus, the stock of temporary foreign care workers more than tripled in the 20-year period since 2000, and it represented about 60% of the total stock of TMWs in 2019.<sup>36</sup>

Growing demand for in-home adult care and loose admission requirements for foreign care workers under the dedicated TMW stream, along with the active involvement of private recruitment agencies funnelling care workers from South-East Asia and former USSR countries,<sup>37</sup> have underpinned these developments.

Individuals and families willing to recruit a foreign worker for elderly or disabled care under the dedicated TMW stream have first to apply to Israel's Population and Immigration Authority (PIBA) for a permit to hire a foreign care worker (PIBA authorisation). PIBA authorisations are easily issued to a) elderly individuals entitled to the national long-term care (LTC) benefit; b) recipients of the various handicap benefits available in the country; c) cancer patients and other individuals affected by long-term illness having required hospitalisation; d) victims of labour accidents.

Individuals holding a permit to recruit foreign care workers have to do so through a licensed recruitment agency, which operates the matching with candidates in countries of origin and may offer support throughout the employment relationship. There is no labour market test. Differently from other TWM sectors, recruitment of foreign workers for live-in caregiving in private homes is neither subject to quota nor to levy. There is no salary threshold and general labour legislation concerning wages and working hours does not apply for in-home caregiving work.<sup>38</sup>

Beneficiaries of the LTC benefit have the option of employing the foreign caregiver through a national caregiver agency, which will directly pay the part of the caregiver salary corresponding to the LTC benefit. While the amount of the LTC benefit may be sufficient to cover almost all the salary of a foreign live-in caregiver, this is not true for local caregivers.

As in other OECD countries characterised by a cash for care model of elderly welfare, where in-home personal support organised by the family is the main model of elderly care service provision, also in Israel, lower salaries – and greater flexibility – of migrant caregivers compared to their native counterparts is among the key elements driving increasing recourse to temporary migrants in the live-in care sector, while no real effort is made to recruit native or local workers.

---

<sup>35</sup> It has to be noted, however, that as an exception to the limit imposed as of 19 March 2020 on the entrance of foreigners in Israel due to the Covid pandemic, only the entrance of home care TMWs is allowed through a special procedure.

<sup>36</sup> Nathan, G. *The OECD Expert Group on Migration SOPEMI Annual Report. International Migration in Israel 2019-2020*.

<sup>37</sup> The Philippines is the main origin country of TMW care workers in Israel, accounting for more than one third of the total, followed by India (about one in five), other Asian countries, as well as former USSR countries. *Ibid.*

<sup>38</sup> This is not unique to Israel, as also in other OECD countries, either labour law does not fully apply to the caregiver sector or is not enforced. For example, in many Canada provinces, labour inspections in private houses are either not allowed or not enforced.

Besides the job offer and intermediation requirements, other requirements for migration candidates are largely nominal: most often English language is not tested, so long as candidates come from English speaking or former USSR countries.<sup>39</sup> Work experience is not required either.

Sponsored candidates get a one-year occupational restricted employment permit for live-in caregiving, renewable up to a total 63 months. In some cases, renewals after five years are allowed. A recent procedure allows foreign caregivers having worked in Israel on a TMW B-1 permit for more than five years and less than seven years to get a further permit renewal in order to find one last employer.<sup>40</sup> Also, repeated renewals after five years and up until the patient's lifetime can be allowed for foreign care-workers serving the same dependent elderly or disabled person.

No matter how many extensions the foreign care worker gets, however, the TMW permit is strictly temporary and does not allow a pathway to permanent residency. This is not a specificity of the care worker stream, as all foreign worker permits are strictly temporary in Israel, as a result of the country's traditional immigration stance of allowing permanent settlement only to migrants of Jewish descent.

Over the years, the discrepancy between the strict temporariness of TMW permits for home care and the growing care needs of the elderly population has resulted in a significant population of foreign care workers illegally overstaying their permits. About one in five of the 68,350 TMWs present in Israel's home care sector in September 2020 did not possess a valid visa.<sup>41</sup> Partly due to the central role that private recruitment agencies play in Israel's foreign care worker stream,<sup>42</sup> the country continues to import TMWs in home care from abroad at the same time as deportations of overstaying foreign care workers are enforced.

Since 2009, TMWs in the care sector can change employer, provided that they keep working as live-in caregivers for employers having obtained PIBA authorisation to hire foreign workers. In practice, however, TMW permits in the care sector remain somewhat employer-tied, particularly after the first renewals. Indeed, and in a counterintuitive fashion, in Israel the dependency of foreign care workers on their employers – and, hence, their vulnerability – increases the longer they have been in the country. This is a direct result of the above-mentioned rules on permit renewals, which make foreign care workers approaching the five-year permit renewal term, and even more those who found one last employer immediately after that, *de facto* tied to the final employer, and more vulnerable to abuses (Box 1).

Geographical restrictions to occupational mobility may also apply, which may reduce the opportunities for foreign care workers to change employer. As a general rule, a foreign care worker who resigned from her job or was laid off cannot change area of employment, unless the

---

<sup>39</sup> Since May 2009, a verification of candidates' language skills (Test of Spoken English) is, in theory, carried out at Israeli consulates in countries of origin.

<sup>40</sup> In Hebrew: [http://www.piba.gov.il/Subject/ForeignWorkers/siod/Pages/Siud\\_Center.aspx](http://www.piba.gov.il/Subject/ForeignWorkers/siod/Pages/Siud_Center.aspx) accessed 4 June 2021.

<sup>41</sup> Of those with a valid visa, more than one in three had been in Israel for over 63 months.

Nathan, G. *The OECD Expert Group on Migration SOPEMI Annual Report. International Migration in Israel 2019-2020*.

<sup>42</sup> Recruitment agencies make their benefits on the number of "migrant transactions/matchings" and hence have an interest in encouraging continuous flows of temporary migrants. This, however, tends not to be in the best interest of the migrant nor of the serviced industry/sector. Desiderio, M.V. (upcoming, 2021), *Responsible Recruitment of Migrant Workers: Connecting Business Practices and Development Outcomes*, London, Institute for Human Rights and Business (IHRB).

original work was in Tel Aviv, and, with some restrictions, in the Central region.<sup>43</sup> Geographical restrictions may be lifted in the case of employer's transfer to a nursing home or death.

The live-in arrangement is a key requirement under Israel's TMW care sector scheme, which also does not allow for the employment of foreign caregivers in private institutions. Only in exceptional cases when the dependent person who is employing a foreign caregiver on a TMW is transferred to a care facility can the foreign caregiver work in the care facility, though the employment relationship remains with the dependent person (or her family or legal representative).

In June 2020, however, the government of Israel announced the establishment of a new TMW stream, effective as of 2021, for foreign workers to be employed in the nursing institution industry. Admissions under this new stream, which is separate from the live-in caregiver stream, will be initially capped at 2,500 annual entries and will only be allowed through a bilateral agreement mechanism which will also lay down selection criteria.<sup>44</sup>

### **Box 1: Live-in caregiver programmes: opportunities and challenges**

Live-in caregiver programmes offer a unique opportunity for elderly or disabled persons to continue to live in the emotional comfort of their own houses while also benefitting of from 24-hour on-call personalised support for routine activities and health-related needs. However, in most cases, the opportunity of 24-hour in-home support is only affordable provided there is some exploitation of the care worker, notably in terms of long working hours and unpaid overtime.<sup>A</sup>

In general, exploitative employment practices in the live-in caregiver sector are partly the result of a lower level of labour regulation and a lower – if any – frequency of labour inspections for in-home care working as compared with other employment settings and sectors.

Exploitation of live-in caregivers is the greatest if these are temporary migrants, particularly if their permission to stay in the country depends on the relationship with the employer, and if their family members have not joined in the host country. In extreme cases, the combination of the live-in setting, the precariousness of migrants' residence status, and isolation make foreign live-in caregivers more vulnerable to physical and sexual abuse, along with widespread labour exploitation.<sup>B</sup>

Israel's foreign live-in caregiver programme (TMWs in care sector) is a case in point in this respect. As in many other OECD countries, in Israel employment conditions of live-in caregivers are not regulated under general labour law. In particular, overtime payment is not due, and the minimum legal weekly rest is 25 hours, rather than 36 hours for other sectors. Moreover, in practice, it is not uncommon for foreign live-in caregivers, and particularly for those having resided more than five years in the country on a TMW permit, to be on call for work 24/7 without overtime pay. Further to that, based on Israel's National Security Reports, only half of the employers of foreign live-in caregivers pay social security contributions for them.<sup>C</sup>

Isolation adds to this gloomy picture. While foreign caregivers are no longer deportable in the case they get pregnant and give birth in Israel, they are prohibited to form a family with the foreign-born father of their children, who is subject to deportation.<sup>D</sup>

<sup>43</sup> Israel, Population and Immigration Authority (PIBA), [Special Restrictions Applying to Foreign Caregivers Wishing to Change their Place of Employment](#), accessed 4 June 2021.

<sup>44</sup> Government of Israel, (2020), [Government Decision 121, 21 June 2020](#), accessed 4 June 2021.



### Box 1: Live-in caregiver programmes: opportunities and challenges (cont.)

Less skilled migrant caregivers “brokered” to their country of destination by private recruitment agencies are among the most exploitable groups, not least as they are often indebted due to unlawful payment of high recruitment fees.<sup>E</sup> Acknowledging this, and in the context of a broader effort to comply with international standards for foreign recruitment, Israel has recently ruled to allow temporary migration of foreign workers only through bilateral agreements with origin countries – which is supposed to help reducing rent-taking from private recruitment agencies and improving employment conditions for migrant workers. In the care sector, bilateral agreements have been ratified with the Philippines and Nepal, and are under negotiation with several other countries. Nonetheless, recruitment of foreign caregivers under Israel’s dedicated stream still largely happens outside of bilateral agreements.<sup>F</sup>

Also, in Canada, the Live-in caregiving programme running from 1992 to 2014 had come under increasing scrutiny over time due to exploitative working conditions, migrant caregivers’ isolation and ineligibility to access settlement services or complete local nursing licensing requirements, and “employer bondage”. In particular, the high stakes attached to programme completion (*i.e.* transition to permanent residency with family reunification rights) led many foreign live-in caregivers to accept labour and other forms of exploitation not to lose a uniquely fast – at least on paper – pathway to permanent residence.<sup>G</sup>

During the Covid-19 crisis, heightened isolation, lockdown and travel restrictions have exacerbated the vulnerability of foreign-live in caregivers in Israel and elsewhere, increasing the risks of physical and psychological harm attached to this particular employment relationship.<sup>H</sup>

Multiple care workers’ shifts allowing 24-hour in-home presence are certainly a way of reducing exploitation and isolation risks for live-in caregivers. Yet, it remains to be seen how these can be funded through welfare benefits, or other solutions (including traineeships schemes) to ensure affordability by a large number of care recipients. Indeed, to date, across OECD countries, the existence itself of live-in caregiving options is – to a significant extent – predicated on migrant workers’ vulnerability or simply, as in the case of intra-EU “free movers”, on their propensity to accept worse wages and working conditions as compared to local workers, due to significant income differentials with their country of origin. This, in turn, makes 24-hour care affordable for more than just a small elite of privileged households (on this, see also section III.1).

**Sources:** A. Horn, V., C. Schweppe *et al.* (2019), “ [Live-in migrant care worker arrangements in Germany and the Netherlands: motivations and justifications in family decision-making](#)”, *International Journal of Ageing and Later Life* 2019 13(2): 83-113, Volume 13, No.2, 2019, pp.83-113; Castagnone, E., E.Salis and V.Premazzi (2013), [Promoting Integration For Migrant Domestic Workers in Italy](#), International Labour Organisation, Geneva, International Migration Papers No. 115. B. Arat-Koc, S. (2001), [Caregivers Break the Silence: A Participatory Action Research on the Abuse and Violence, Including the Impact of Family Separation, Experienced by Women in the Live-In Caregiver Program](#), Toronto, INTERCEDE; R. Banerjee *et al* (2017) [ASSESSING THE CHANGES TO CANADA'S LIVE-IN CAREGIVER PROGRAM: IMPROVING SECURITY OR DEEPENING PRECARIOUSNESS?](#); Nathan, G. *The OECD Expert Group on Migration SOPEMI Annual Report. International Migration in Israel 2019-2020*; Horn, V., C. Schweppe *et al.* (2019), “ [Live-in migrant care worker arrangements in Germany and the Netherlands: motivations and justifications in family decision-making](#)”. C. Nathan, G. *The OECD Expert Group on Migration SOPEMI Annual Report. International Migration in Israel 2019-2020*. D. *Ibid.* E. Desiderio, M.V. (upcoming, 2021), *Responsible Recruitment of Migrant Workers: Connecting Business Practices and Development Outcomes*, London, Institute for Human Rights and Business (IHRB). F. Nathan, G. (2020), *The OECD Expert Group on Migration SOPEMI Annual Report. International Migration in Israel 2019-2020. Ibid.* G. Banerjee *et al* (2017) [ASSESSING THE CHANGES TO CANADA'S LIVE-IN CAREGIVER PROGRAM: IMPROVING SECURITY OR DEEPENING PRECARIOUSNESS?](#); Spitzer, D. and S. Torres (2008), [Gender-based Barriers to Settlement and Integration for Live-in Caregivers: A Review of the Literature](#). H. The Times of Israel, 23 April 2020, [Scared and overworked, foreign caregivers man frontline of Israel's virus fight](#), accessed 4 June 2020. See also, Israel Government, Ministry of Health, [Covid19 Guidance](#), accessed 4 June 2020.

### 1.3. Japan's migration routes and study pathways into residential care

Japan is the OECD country with the largest share of people aged 65 and over, accounting for 28% of its total population.<sup>45</sup> Over the past decade, the growing care and broader labour needs of such a rapidly aging society have triggered a consistent shift in immigration policy towards greater acceptance of labour migration at middle and lesser skilled levels. The introduction of both a specific migration stream for care workers, the Care Work visa, and of a more general stream targeting various shortage occupations, including nursing care, the Specified Skilled Worker (SSW1) visa, respectively in 2017 and 2019, attest to this trend.

Before this recent introduction of care worker migration routes, student and traineeship schemes, including the specific Certified Care Worker Candidates stream and the broader Technical Intern Training Programme (TITP), have served as *de facto* care worker migration routes. This is not unique to the care sector as, for two decades, lacking official labour migration routes into middle to lesser skilled occupations, various Japanese industries have relied on extensive working rights attached to study permits (28-hour weekly work, increasing to 8 hours a day during school holidays), as a proxy for work permits.<sup>46</sup>

The pre-existence of these study routes into care sector employment before the establishment of official work routes is not only interesting under an historical perspective. The Japanese language and certification requirements for admission under the Care Work visa and the SSW1 visa are likely to be met more easily by foreigners who have already been in the country on student or traineeship visas and, by way of that, already master the Japanese language at least at the N2 level (required for student visas) and have received some local care worker training.

In general, the Japanese adult social care regime is highly regulated. Under Japan's long-term care insurance (LTCI) system – which was introduced in the 1990s and is based on service provision rather than on cash benefits – employment of adult social care workers is conditional on strict training and national certification requirements.<sup>47</sup> The latter also imply language requirements, as the national care certification examination has to be taken in Japanese language.

In light of the specificities of Japan's study routes into care work occupations and of the linkages between these routes and the recently established labour migration routes, Japan's study routes into care occupations are also covered in this section, which otherwise focuses on labour routes.

#### 1.3.1. The Care Work visa: an unprecedented pathway to permanent residence for foreign care workers in Japan

The pathway from study to work permit, and, potentially to permanent residency, is particularly relevant for the **Care Work visa**, established in 2017, which is open to foreigners who receive an offer from a Japanese residential-care facility for a job consisting in the full-time provision of

---

<sup>45</sup> The corresponding OECD average is 17%. [OECD Data, Elderly population](#), accessed 2 July 2021.

<sup>46</sup> The fact that Japanese language schools can qualify for the issuance of student visas has broadened the pool of students available for part-time work. Also, various abuses in the use of student visas as a proxy for work visas have been detected, the most common being employment exceeding the allowed 28-hour a week. University World News, 25 May 2019, [Government tightens rules as foreign students disappear](#), accessed 2 July 2021.

<sup>47</sup> Peng, I. (2018), "[Shaping and Reshaping Care and Migration in East and Southeast Asia](#)" in *Critical Sociology*, Vol.44 (7-8), pp. 1117-1132.

general living support to elderly and disabled residents, and who hold Japan's National Care Worker Certification and master the Japanese language at a related level.

Although nursing care training following Japanese standards can be available in some of the main countries of origin of care workers headed to Japan, including the Philippines, the Care Work visa is likely to work predominantly as a status change route for foreign students already enrolled in care work training and certification programmes in Japan.<sup>48</sup> The sharp increase in the enrolment of international students in such programmes following the announcement of the establishment of the Care Work visa in 2016 also supports this assumption.<sup>49</sup>

While tuition fees for international students' enrolment in Japanese vocational training institutions are typically high,<sup>50</sup> in many cases, the sponsoring institution covers these costs as a way of harnessing the labour potential offered through the study route. On the other hand, extensive work entitlements attached to student visas mean that international students can work to pay or repay tuition fees, although this has raised concerns over students' wellbeing.<sup>51</sup>

In the coming years, the Care Work visa is set to become the prime route for caregivers' settlement in Japan. Indeed, of the various migration routes into care sector training and/or work in Japan, the Care Work visa is the only one providing a *de facto* pathway to permanent residency – and even citizenship acquisition – through indefinite renewals. It also allows change of employer from the outset, provided the new employer is also a residential care facility.

### 1.3.2. The Certified Care Worker Candidates stream: a small-scale student pathway based on bilateral agreements

Among other – broader – student migration routes, the care sector-specific **Certified Care Worker Candidates** stream is also set to contribute to the pool of locally trained foreign care workers who can qualify for the Care Work visa upon completion of Japan's National Care Worker Certification.

Established in 2008 under the Economic Partnership Agreements (EPA),<sup>52</sup> this scheme allows the admission of a maximum 300 care graduates per year from each of the signatory countries to enrol in a Japanese welfare university or in a care training facility – which acts as the migration sponsor – and pass Japan's National Certified Care Worker Examination within four or, exceptionally, five years of admission in the country. Failure to pass the examination twice means candidates must return to their countries of origin. Conversely, those who succeed can change status to the Care

---

<sup>48</sup> A specific name exists in the literature for this specific student pathway into the care worker visa: the *Kaigoryugaku* Scheme. Carlos, M.R.D. and Y. Suzuki (2020) "[Japan's Kaigoryugaku Scheme: Student Pathway for Care Workers from the Philippines and Other Asian Countries](#)", in Tsujita, Y. and O.Komazawa (eds.) *Human Resources for the health and Long-Term Care of Older Persons in Asia*, Jakarta, ERIA, pp.1-33.

<sup>49</sup> Figures went up from 17 in 2014 to 1142 in 2018, and are set to increase further. Milly, D.J., "[Japan's Labor Migration reforms: Breaking with the past?](#)", Migration Information Source, February 20, 2020 feature.

<sup>50</sup> Language schools and care worker training institutions charge almost the same amount of tuition fees, about JPY 800,000–JPY 850,000 per year. In addition, enrolment in care worker training institutions involves fees for practicum and for the use of facilities and learning materials. Carlos, M.R.D. and Y. Suzuki (2020) "[Japan's Kaigoryugaku Scheme: Student Pathway for Care Workers from the Philippines and Other Asian Countries](#)".

<sup>51</sup> University World News, 25 May 2019, [Government tightens rules as foreign students disappear](#), accessed 2 July 2021.

<sup>52</sup> The first EPA was concluded with Indonesia in 2008, followed by the EPA with the Philippines in 2009 and with Viet Nam in 2014. Carlos, M.R.D. and Y. Suzuki (2020) "[Japan's Kaigoryugaku Scheme: Student Pathway for Care Workers from the Philippines and Other Asian Countries](#)".

Work visa and potentially settle permanently in Japan – which is somewhat in contradiction with the original circular migration and development goals of the scheme.

To be eligible under the Certified Care Worker Candidates stream, migrants also have to master Japanese language at least at N3 level. Additional training in Japanese language and long-term care basics is provided by a Japanese language provider organisation for up to six months upon admission and prior to employment.

Sponsorship of Certified Care Worker Candidates by a welfare university or a care training facility is conditional on registration with the Japan International Corporation of Welfare Services (JICWELS) for acceptance support. JICWELS operates the matching between the Candidates and the university or care facility, which is responsible for providing training and support to the admitted Candidates. Certified Care Worker Candidates are allowed to work up to 28-hour per week *exclusively* for the sponsoring care facility or university while completing their training. Notwithstanding this, the high costs on the sponsoring institution stemming from JICWEL registration as well as training and support requirements have led to undersubscription of the already tiny quota of the Certified Care Worker Candidates stream.<sup>53</sup> At the end of FY 2018, ten years into stream implementation, a total 4,302 foreigners from the three target countries had been admitted.

Broader student routes are likely to provide a much wider pool of Care Work visa applicants than the Certified Care Worker Candidates stream.<sup>54</sup>

### 1.3.3. The Specified Skilled Worker visa in nursing care: a generic route for target shortage occupations

Moreover, holders of the most recently introduced visa allowing admission of foreign workers in care occupations, the **Specified Skilled Worker visa** (SSW1), operated as of April 2019 and reserved to nationals of countries having signed a MoU with Japan,<sup>55</sup> can also transition to the more advantageous Care worker visa once they have acquired the Japanese National Care Worker Certification.

While the SSW is a generic labour migration route open to foreign workers receiving a job offer from a Japanese employer in designated shortage occupations,<sup>56</sup> rather than a specific route reserved to the care sector, it is briefly described in this section, given that Japan is the only

---

<sup>53</sup> The small quota is also linked to the high costs for both origin and destination national agencies implementing the stream (the Certified Care Worker Candidate stream is a government-to-government stream without recourse to private recruitment agencies).

<sup>54</sup> Carlos, M.R.D. and Y. Suzuki (2020) “ [Japan's Kaigoryugaku Scheme: Student Pathway for Care Workers from the Philippines and Other Asian Countries](#)”.

<sup>55</sup> As of February 2020 these countries included: Philippines, Cambodia, Nepal, Myanmar, Mongolia, Sri Lanka, Indonesia, Vietnam, Bangladesh, Uzbekistan, Pakistan, and Thailand. Japan International Training Cooperation Organization, [What is a "Specified Skilled Worker" Residency Status?](#), accessed 2 July 2021.

<sup>56</sup> Migration under the SSW visa is currently allowed in 14 sectors, including Agriculture, Aviation, Construction, Fisheries, Food service Industry, Industrial machinery manufacturing, Nursing care, Automobile maintenance, Building cleaning, Electric and electronic information, Food and beverage processing, Lodging, Material processing, Shipbuilding and ship-related sectors. Of these, only Construction and Shipbuilding can qualify for the permanent-type SSW2 stream. To date, only the temporary SSW1 stream is available for the other 12 sectors. *Ibid.*

reviewed country to implement both generic and specific labour migration routes into the adult social care sector.

Specified Skilled Worker visas in the care sector are temporary and do not allow family-reunification, as it is the case in most of the allowed SSW sectors (SSW1 stream). They are originally issued for four, six or twelve months, and can be renewed up to a total of five years. However, a path to permanent residency exists as holders of the SSW1 care sector visa who acquire Japan's National Care Worker Certification can change status to the Care Work visa. SSW1 visas are occupational-restricted but not employer-tied.

SSW visas are subject to an overall ceiling of 345,000 admissions over a five-year period. Given the lag required to put in place the administrative infrastructure needed for the operationalisation of the stream,<sup>57</sup> and in light of the impacts of the COVID-19 pandemic on international mobility, it is too early to assess the – so far meagre – number of entries under SSW visas.<sup>58</sup>

To obtain a SSW1 visa in the care sector, foreign workers must hold a job offer from a Japanese residential care facility which has registered with a recognised “support organisation”, tasked to assist the worker with Japanese language training, housing and other practical needs for life in Japan. This sponsorship requirement is complicated and adds costs for the employers, thus challenging the ability of the SSW1 care sector stream to address shortages of care workers in smaller care facilities.

Foreign workers must also pass the Japan Foundation Test for Basic Japanese and the Nursing Care Japanese Language Evaluation Test as well as a nursing care skills evaluation tests conducted by the Ministry of Health Labour and Welfare – all of which is easier than obtaining the National Care Worker Certification which is required for the Care Work visa. Moreover, foreigners who have completed the Technical Intern Training Programme (TITP) in care work and receive a qualifying job offer are also eligible under the SSW1 visa.

#### 1.3.4. The Technical Intern Training Programme: a traineeship-based route

The **Technical Intern Training Programme (TITP)** is a development-oriented programme allowing the admission of nationals of target countries – including China, India, Myanmar, Mongolia, Nepal, Philippines, Sri Lanka, Thailand, and Vietnam – for five-year on-the-job training in selected Japanese industries.<sup>59</sup> Since 2016, the care industry is among the sectors qualifying under the programme. Care facilities interested in accepting foreign interns under the TITP must register with a supervising organisation which is responsible for candidates' selection – based on relevant qualifications or work experience in origin countries and language testing results (N4 Japanese language level) – and placement. The residential care facility and the supervising organisation act as co-sponsors for the migrant, who cannot change care facility for the entire 5-year period of the on-the-job training programme.

---

<sup>57</sup> Notably, the accreditation of support organisations.

<sup>58</sup> As of 31 January 2020, there were 1,621 Specified Skilled Worker visa holders (stock) in Japan, against a projected 32,800 – 47,500. By February 2020, however, 3,800 care facilities had registered with supporting organisations, which suggests that SSW1 admissions of care workers might increase in the future. Milly, D.J., ["Japan's Labor Migration reforms: Breaking with the past?"](#), Migration Information Source, February 20, 2020 feature.

<sup>59</sup> Japan International Trainee & Skilled Worker Cooperation Organization, [What is the technical intern training program?](#), accessed 7 June 2020.



After completing the programme, involving three exams, TITP trainees are supposed to go back to their countries of origin, where they are expected to transfer their newly-acquired skills and hence contribute to development. However, since 2019, transition to the SSW1 visa is allowed to TITP participants who have completed the programme and have a job offer from a qualifying employer with no additional requirement. By way of this, they can extend their stay in Japan to a total of ten years, while also acquiring the right to change employer and bring family members.

TITP has come under both international and national scrutiny due to labour exploitation and other forms of abuses on trainees, tied to the sponsoring care facilities, and to issues with the privatisation of system management by the supervising organisations.<sup>60</sup> Notwithstanding this, the SSW1 visa largely builds on the TITP and, notably, on the involvement of private supervising organisations.

All the above-described migration streams into care work in Japan are only accessible for sponsoring by care facilities or universities. Work in private homes by foreign caregivers recruited from abroad is only permitted under the Care Work stream, though the foreign caregivers remain employed by the care facility.

The overview of Japan's migration routes into social care provided above points to a complex stratification of multiple available streams, each with different parameters and eligibility conditions. Such complexity, which undoubtedly affects overall system's readability, is the result of each stream having been established punctually to address a different set of objectives (*e.g.* development cooperation, internationalisation of Japan's education system, plugging labour shortages etc.) following a piecemeal, "reactive", approach, rather than as part of comprehensively planned migration policymaking.

Nonetheless, as mentioned, the stratification of student and labour migration routes, both specific and generic, has the advantage of making the recently established Care Worker visa and SSW1 visa for care workers more accessible to foreigners, through status change.

Given its difficulty and its limited spread outside Japan, the Japanese language proficiency, set as a key eligibility criterion for Japan's labour migration routes into social care, together with national certification exams – which too have to be passed in Japanese – *de facto* increase the selectivity of the Japanese migration system for the direct recruitment of foreign care workers from abroad.

In general, the specific difficulty and level of international circulation of a given language and national occupational certification are elements which have to be taken into account when comparing migration streams for social care workers across countries. All other eligibility criteria being equal, the language and certification specificities (for instance whether English, French or Japanese language is required, what is the level of complexity of the national certification requirements – if any) greatly influence the size and composition of the pool of potential candidates eligible for a given migration stream.

---

<sup>60</sup> *Ibid.* See also: Carlos, M.R.D. and Y. Suzuki (2020) "[Japan's Kaigoryugaku Scheme: Student Pathway for Care Workers from the Philippines and Other Asian Countries](#)".

## II. Generic labour migration streams allowing admission into adult social care employment across OECD countries

In addition to the tiny group of countries which operate specific labour migration streams for adult social care occupations, a few other OECD countries allow for the admission of migrant workers from abroad into such occupations under their generic labour migration streams.

Among these, a distinction can be made between two broad groups of countries. The first group includes countries characterised by a selective approach to permanent-type economic migration management – as **Australia, New Zealand** and the **United Kingdom**. In these countries, currently, migrant recruitment from abroad into care occupations – which are largely classified as low or lesser-skilled occupations – is only allowed on exceptional grounds, most commonly justified on the basis of existing labour shortages – at the regional or national level. Depending on each country’s regulations, a compelling labour market test, a salary threshold set at the highest end of average sectoral wages, the inclusion of the occupation in a shortage list, or a combination of some of these methods may be required to demonstrate the genuine need for foreign worker recruitment.

The second group is made up of countries with less selective migration systems. Among these, rapidly-aging European countries, such as **Italy**, Portugal and Spain, as well as Finland, authorise recruitment from abroad into care occupations under their general labour migration streams – which are open to lesser skilled migration – in some cases exempt from labour market testing. A case apart is **South Korea**. While the country operates one of the largest low-skilled (temporary) migration programme across the OECD – the Employer Permit System (EPS), based on bilateral agreements – care occupations are not among those eligible for foreign recruitment under the EPS programme, which is mostly geared to serve the needs of the manufacturing sector. Instead, a mixed-migration ancestry-based scheme reserved to ethnic Koreans – the H-2 Working Visit Permit (H-2) – has been consistently used to fill vacancies in the care sector.

### II.1 Recruiting foreign workers into adult social care occupations in selective labour migration systems: exceptions under generic routes

#### II.1.1 New Zealand: phasing out the Essential Skills route

*Migrant care workers’ admission under the Essential Skills policy 2008-2021.*

For thirteen years New Zealand has operated a strictly temporary demand-driven labour migration programme – the **Essential Skills** programme – geared to plug compelling and immediate labour shortages, including in occupations at lower skill levels than those considered for permanent immigration under the Skilled Migrant Category.

As a way of demonstrating unmet labour needs, to qualify under the Essential Skills programme a job offer has to pass a double labour market testing mechanism, including a “traditional” employer-run labour market test, and a labour market check by Work and Income, the New Zealand agency tasked to bring local unemployment recipients back to the labour market. Notably, employers willing to offer a job to a foreign worker in an occupation classified as low-skilled and paying below the national median wage have to obtain a positive Skill Match report by Work and

Income New Zealand.<sup>61</sup> Given their shortage-plugging purpose, visas issued under the Essential Skills category are employer-tied and occupation-restricted.

Under the Essential Skills programme there is no fixed qualification or skill threshold – a flexible requirement for language and occupational-related skills and work experience to be commensurate to the occupational tasks applies.

In its first decade of operation, the Essential Skills programme offered a prime route for the international recruitment of migrant workers into New Zealand’s adult social care sector. Most occupations in this sector, including “aged and disability carers”, “personal care assistants”, or “nursing support workers”, are classified at level 4 of the Australian and New Zealand Standard Classification of Occupations (ANZSCO), and, hence, up until 2019 did not qualify under the Skilled Migrant Category.<sup>62</sup> Over the period 2014-2015, a total of 4,059 Essential Skills visas were issued for “aged and disability carers”, “personal care assistants”, and “nursing support workers”, accounting for one in five of all Essential Skills visas issued for ANZSCO skill level 4 occupations.<sup>63</sup>

In its original formulation, implemented until July 2020, the Essential Skills policy relied largely upon the ANZSCO occupational classification, combined with salary level, as a basis for establishing residence conditions for visa holders along three streams (high, middle, and low skilled). Thus, while Essential Skills visas for occupations classified at ANZSCO level 1 (highly-skilled) were issued for an initial period of five years and those for occupations classified at ANZSCO level 2-3 (middle-skilled) for 3 years, and both offered a pathway to permanent residency – Essential Skills workers in care occupations classified at ANZSCO levels 4-5 (low-skilled) were entitled to an initial 12-month visa, which, albeit renewable endlessly upon labour market testing, did not offer a pathway to permanent residency.<sup>64</sup>

Changes to the Essential Skills policy, implemented as of 27 July 2020, have replaced skills levels with a median wage threshold – set at NZD 25.50 per hour –<sup>65</sup> for the definition of two broad streams, respectively for jobs paying at or above the median wage, and below. Given a median hourly rate for care support workers in New Zealand at NZD 20.50 at the end of 2019,<sup>66</sup> care occupations fall under the low-skilled low-pay stream. After the July 2020 reform, Essential visas under this lower stream could only be granted for an initial period of six months, renewable upon

---

<sup>61</sup> Work and Income New Zealand, [Roles with an oversupply or undersupply of New Zealand job seekers](#), accessed 4 June 2021.

<sup>62</sup> As a general rule, only highly- and middle-skilled occupations classified at ANZSCO levels 1-3 qualify for permanent-type skilled migration in New Zealand. However, a list of ANZSCO exception occupations, *i.e.* occupations at levels 4 and 5 which are exceptionally considered as skilled occupations for the purpose of qualifying under the Skilled Migrant category, exists. Since 2019 adult social care occupations are part of this list. New Zealand Immigration/Apply for a visa [List of ANZSCO occupations treated as an exception](#), accessed 7 June 2021.

<sup>63</sup> J. Howe, S. Charlesworth, and D. Brennan (2019), “[Migration pathways for frontline care workers in Australia and New Zealand: front doors, side doors, back doors and trapdoors](#)”, *UNSW Law Journal*, Volume 42(1), pp. 211-241.

<sup>64</sup> However, in practice, in the past, a significant share of care workers on Essential Skills visas managed to transition to permanent-type permits. For instance, by 2014-15 more than one third of care workers who had been issued their first Essential Skill visas in 2011-12 had secured residence, more than 70% of them by entering the Skilled Migrant category as registered nurses. *Ibid.*

<sup>65</sup> The New Zealand median wage is reviewed every year. As of 19 July 2021, the NZ median wage was raised to NZD 27. New Zealand Immigration, Apply for a visa, [How pay rates affect Essential Skills work visas](#), accessed 19 August 2021.

<sup>66</sup> New Zealand Immigration, Ministry of Business Innovation and Employment, [Are you employing migrant aged care workers? - a guide for employers](#), accessed 7 June 2021.



further labour market testing, for a total three years and subject to a twelve-month stand-off period at the end of the three-year period.<sup>67</sup> In July 2021, a further amendment to the Essential Skills policy extended the maximum duration of visas granted under the low-wage stream, to up to 24 months or 36 months for migrants employed by an Accredited Labour Hire company.<sup>68</sup>

The stringent time limits had undoubtedly made it more complicated, if not prohibitive, for the New Zealand care worker sector – and particularly for smaller businesses – to rely on the Essential Skills route for securing the stable supply of aged care workers. Moreover, in the context of a broader overhaul of New Zealand labour migration system,<sup>69</sup> the Essential Skills stream is set to close at the end of October 2021, when it will be replaced by the Accredited Employer Work Visa, a new single employer-driven temporary labour migration category bringing together six previously-existing temporary labour migration programmes.<sup>70</sup> Although the parameters of the new system have yet to be fully unveiled, the new Employer Accreditation system makes it unlikely for the new visa category to be used by individuals or families in need of in-home care support.

#### *The new – theoretical – route for admitting caregivers under the Skilled Migrant category*

Besides the Essential Skills low-skilled stream route, which has been narrowing over the past decade, since the end of 2019 another generic labour migration route has become available – at least on paper – for the international recruitment of migrants in adult social care occupations. The inclusion of ANZSCO level 4 care occupations including: “aged and disabled carer”, “personal care assistant” and “family day-carer” in the list of ANZCO exception occupations considered for skilled migration,<sup>71</sup> provided a salary above the New Zealand median wage, has made it possible, at least in theory, for migrant care workers to be recruited under the **Skilled Migrant** category, allowing permanent immigration.<sup>72</sup>

In practice, however, the combination of a salary threshold which is higher than the median wage in the care sector with the competitiveness of the expression of interest (EoI) system used to select candidates for the Skilled Migration category, through a combination of points-tested human capital and demand-driven factors, is likely to make it hard for most migrants holding a job offer for an occupation in the care sector who lack nursing qualifications to obtain a Skilled Migrant visa.<sup>73</sup>

---

<sup>67</sup> New Zealand Immigration, News centre, [Essential skills visas are changing 27 July 2020](#), accessed 7 June 2021.

<sup>68</sup> New Zealand Immigration [Essential Skills Work Visa changes](#), and [Accredited Labour Hire companies](#), accessed 19 August 2020.

<sup>69</sup> New Zealand Productivity Commission, Immigration Settings, [Is New Zealand's immigration system fit for the future?](#), accessed 7 June 2021.

<sup>70</sup> New Zealand Immigration/Apply for a visa, [Information about Essential Skills Work visa](#), accessed 7 June 2021.

<sup>71</sup> ANZSCO codes: “Aged and disabled carer”: 423111; “Personal care assistant”: 423313, “Family day care”: 421112.

<sup>72</sup> New Zealand Immigration/Apply for a visa [List of ANZSCO occupations treated as an exception](#), accessed 7 June 2021.

<sup>73</sup> The impact of the reform to the list of ANZCO exception occupations on migration routes into New Zealand’s care sector cannot be assessed yet, not least due to New Zealand operating a close border policy during the Covid-19 outbreak.

## II.1.2. Australia's labour migration routes into the care industry: a drop in the Ocean

According to 2011 census data, in Australia, one in three “aged and disabled carers” – mainly providing in-home routine support to the elderly and the disabled – and more than two in five “personal care assistants” – mainly working in residential care facilities – were foreign-born.<sup>74</sup> Yet, as a general rule, Australia's immigration policy does not allow for the direct recruitment of care workers from abroad through labour migration channels, which are mostly reserved to medium- to highly-skilled migrants (ANZSCO levels 1-3).<sup>75</sup> Instead, there is evidence that student and working holiday makers routes, family reunification routes providing for unrestricted working rights to secondary applicants (spouses), and the temporary employment of foreign-qualified nurses in care occupations, admitted as primary registered nurse applicants, as they complete registrations requirements are used as *de facto* care work migration channels, and account for the bulk of foreign care workers' supply in the country (Section III).

According to data from Australia's Department of Home Affairs,<sup>76</sup> only a negligible number of aged and disabled carers and personal care workers were admitted in the country over the ten-year period to 30 June 2020 through the main temporary and permanent labour migration visa categories. Temporary skilled visa (subclass 457 and, lately 482) grants for primary applicants in these occupations totalled, respectively, 21 and 40, between 2009-10 and 2019-20 against an overall inflow of 518,710 primary applicants. The corresponding figures for the Permanent Employer Sponsored and General Skilled Migration skilled visa grants were 26 and 25, respectively, against an overall inflow of 583,935 primary applicants under these visa categories.

Since the 2008-2009 reforms to the Skilled Temporary visa (subclass 457) – now the Temporary Skill Shortage visa (subclass 482) –<sup>77</sup> low and semi-skilled labour migration to Australia (ANZSCO level 4, and, in exceptional cases, also 5-7) may only be allowed on exceptional grounds, through labour agreements.

### *The “labour agreement” route for plugging shortages*

**Labour agreements**, concluded between the Australian government – in most cases represented by the Department of Home Affairs (previously the Department of Immigration and Border Protection DIBP) – and employers or employers' representatives, are used to plug immediate and compelling shortages of workers in cases when the occupation characteristics and/or migrants' skills – including language skills – do not match the standard requirements for labour migration visa. Labour agreement streams are mostly attached to the TSS visa, though in very limited cases

---

<sup>74</sup> Australian Bureau of Statistics, Census 2011 (2011) as cited in: J. Howe, S. Charlesworth, and D. Brennan (2019), “Migration Pathways for frontline care workers in Australia and New Zealand: front doors, side doors, back doors and trapdoors”.

<sup>75</sup> Australia and New Zealand share the same Standard Classification of Occupations (ANZSCO), whereby most care workers are classified at ANZCO level 4, low-skilled.

<sup>76</sup> Australian Government, Department of Home Affairs (2020), Unpublished skilled migration temporary and permanent visa grants data 2009-10 to 2019-20, analysed by Ben Harrap and Lesleyanne Hawthorne, University of Melbourne – authorization provided by Lesleyanne Hawthorne to the author of this paper for data exploitation.

<sup>77</sup> Between 2002 and 2008 a regional agreement stream existed within the Skilled Temporary 457 subclass, which waived general skill and salary threshold thus allowing for direct foreign recruitment in low-skilled occupations. This route was closed by the end of 2008 in the context of broader reforms of the 457 visa category, geared at tightening conditions and bringing it back to its original purpose as a *skilled* labour migration route. Since March 2018, the TSS visa (subclass 482) has replaced the Skilled Temporary visa (subclass 457).

labour agreements can also allow admission under Employer Nomination scheme visa (subclass 186) and the Skilled Employer Sponsored Regional visa (subclass 494), which both provide a pathway to permanent residency.<sup>78</sup>

Labour agreements can be concluded at the company, industry, project or designated area level. The procedure required for an employer to enter into a labour agreement with the government is complex and lengthy.<sup>79</sup> It involves a form of labour market testing as well as consultations with industry representatives and trade unions to ensure the genuine need for foreign labour recruitment. In light of this, unless an industry agreement exists, the only way for small businesses to recruit low and semi-skilled foreign workers through labour agreements is via a Designated Area Migration Agreement (DAMA) – an umbrella agreement negotiated between a designated area (a State or a Territory) through its representative (the state government or a local council) and set to respond to the specific economic and labour market needs of the designated area.

To date, there is no labour agreement between the Australian government and the social care industry. Nonetheless, a handful large care companies have managed to enter into labour agreements with the government.<sup>80</sup> Moreover, the Designated Area Migration Arrangements (DAMAs) concluded by the Northern Territory, the City of Kalgoorlie-Boulder, the Orana region, and Far North Queensland, all allow for the recruitment of foreign care workers at ANZSCO level 4 also by smaller firms.<sup>81</sup> Clearly, the labour agreement procedure, coupled with TSS sponsorship requirements, exclude the possibility for individuals and families looking to recruit foreign workers for in-home care support to use the labour agreement TSS route.

Foreign workers' skills and job offer requirements may vary from one labour agreement to another depending on the specific concessions enshrined in each of them. In general, foreign care workers can be sponsored for a salary and working conditions which are not less favourable than those of local workers (market salary and equivalent employment conditions) – although a lower salary than the Temporary Skilled Migration Income Threshold (TSMIT), currently set at AUD 53,900,<sup>82</sup> can be offered. Skill and experience requirements generally involve two-year work experience in the field, the ability to speak English language at the level required for the job (a lower level than the standard TSS can be authorized), and undergoing Australia skill assessment for care worker occupations.<sup>83</sup> Foreign care workers sponsored through the labour agreement stream get an occupational-restricted employer-tied TSS visa for maximum four years – or five years for holders of a Hong Kong passport.

---

<sup>78</sup> Australian Government, Department of Home Affairs/Immigration and Citizenship, [Nominating a position: Labour Agreements](#), accessed 9 June 2021.

<sup>79</sup> Australian Government, Department of Home Affairs (2018), [Labour agreement program information guide](#) accessed on 7 June 2021.

<sup>80</sup> Since 2017, the names of businesses using a labour agreement for foreign recruitment are available [online](#). Although the list does not provide information on the number of migrant workers allowed sponsorship under each agreement, it still helps to understand which firms (in which sectors) are using the labour agreement route.

<sup>81</sup> Sources : Northern Territory Government, Department of Industry and Trade, [Migration for business, Northern Territory designated area migration agreement, occupations included in the agreement](#); City of Kalgoorlie-Boulder, [DAMA Overview](#); Regional Development Australia, Orana NSW, [Orana DAMA](#) ; Cairns Chamber of Commerce, [FNQ DAMA](#) accessed on 1 June 2021.

<sup>82</sup> Australian Government, Department of Home Affairs/Immigration and Citizenship, [Nominating a position, salary-requirements, TSMIT](#), accessed 1 June 2021.

<sup>83</sup> Acacia, Immigration Australia, [Organise an assessment: Aged or Disabled Carer - ANZSCO 423111](#) , accessed 1 June 2021.

While, recently, the growing number of labour agreements, and in particular of DAMAs allowing foreign recruitment into adult social care occupations has increased the relevance of the labour agreement TSS stream as a route for foreign care workers' migration to Australia, intake through this route remains negligible as compared to the overall supply of foreign care workers in the country.

### *The Pacific Labour Scheme*

An additional route for international recruitment into care occupations exists in rural and regional Australia through **the Pacific Labour Scheme**, a temporary low-skilled migration and development programme reserved for nationals of Pacific Island Countries (PIC) – including Fiji, Kiribati, Nauru, Papua New Guinea, Samoa, Solomon Islands, Tonga, Tuvalu and Vanuatu – and Timor-Leste.<sup>84</sup>

Employment in Australia's residential care sector is the main target of the programme, which is operated through a pooling system. A Pacific Labour Facility (PLF) established under Australia's Department of Foreign Affairs and Trade works closely with partner governments in the PICs and Timor-Leste to build a work-ready pool of suitably qualified workers. The Pacific Labour Facility also operates the matching between PIC countries workers and Australian employers.

To qualify as sponsor under the Pacific Labour Scheme employers must demonstrate unmet low or semi-skilled labour needs for one to three years, as well as good employment and migrant recruitment records. Approved employers can file an expression of interest for recruiting workers in the Pacific Labour Scheme pool. Sponsored workers get a temporary visa, valid from a minimum of one to a maximum of three years. As in other migration and development schemes, participants are also afforded training and certification opportunities.

The Pacific Labour Scheme was launched in July 2018. During its first year of operation, 2,000 workers from Kiribati, Nauru and Tuvalu were admitted under the scheme, although a breakdown by sector of employment is not available.

The Pacific Labour Scheme builds on the experience of the **Pacific Microstates-Northern Australia Worker Pilot** programme, that it replaces. Launched in 2016, the Pacific Microstates pilot allowed the temporary recruitment of nationals from Kiribati, Nauru and Tuvalu for three-year placements and training in lesser skilled occupations, including care occupations, in Northern Australia. However, the pilot was predominantly used by employers in the hospitality sector.<sup>85</sup>

### II.1.3 The United Kingdom: a looming shortage of care workers under the post-Brexit “PBS”?

#### *The eligibility of migrants in “senior care worker” roles under the Skilled Worker/Health and Care Worker route*

The new “Points-based Immigration System” implemented in the United Kingdom as of 1 January 2021, following the Brexit and the related termination of the free-movement of workers'

---

<sup>84</sup> Australian Government, [Pacific Labour Mobility](#); [Pacific Labour Scheme](#), accessed 1 June 2020.

<sup>85</sup> Australian Government, Ministers for the Department of Industry, Science, Energy and Resources, [Labour Mobility and the Northern Australia Worker Pilot Program](#), accessed 1 June 2021.

agreement with European Union (EU)/European Economic Area (EEA) countries, is more liberal than the previous system.<sup>86</sup> Yet, like its predecessor, it does not allow for direct recruitment from abroad in most adult social care roles.

The occupational skills requirements of the *Skilled Worker* route – which is the main labour migration route, broadly corresponding to the *Tier 2 General* route in the pre-Brexit system – exclude eligibility for migrants having a job offer for an occupation classified as lower-skilled under the UK Regulated Qualification Framework (RQF levels 1-2).<sup>87</sup> The “Care Workers and Home Carers” (code 6145 of SOC 2010)<sup>88</sup> occupations which involve routine care for the elderly and the infirm within residential care facilities, day-care facilities or private homes, and constitute the bulk of adult social care occupations are classified as RQF 1-2, and hence do not qualify for labour migration under the *Skilled Worker* route.

The “Senior care workers” occupations (code 6146 of SOC 2010),<sup>89</sup> which involve the monitoring and overseeing of care workers, care assistants and home carers, and “care managers” are classified at the higher skill level RQF 3 and 4 respectively (middle-skilled), and therefore fit the occupational skill requirements of the *Skilled Worker* route. However, in practice, the general salary threshold under this route being higher than the median salary offered for the senior care workers occupations,<sup>90</sup> international recruitment of senior care workers through the *Skilled Worker* route is conditional on the inclusion of the related occupations in the list of occupations in shortage (SOL), which warrants a lower salary threshold.<sup>91</sup>

Since March 2021 senior care workers and care managers are among the occupations included in the SOL and, which facilitates their international recruitment through the *Skilled Worker* route.<sup>92</sup> However, the SOL salary threshold of GBP 20,480 is still higher than what most senior care workers in the UK earn, as the median full-time pay in the occupation is about GBP 20,170.<sup>93</sup> Added to this are demanding sponsorship requirements on employers to qualify as approved sponsors under the UK’s Immigration system.<sup>94</sup> All in all, these conditions make this route *de facto*

---

<sup>86</sup> For an overview of the new system, and, particularly, of its *Skilled Worker* route, and a comparison with the previous system see P.W. Walsh (2021), [Policy primer: the-UK's 2021 points-based immigration system](#), The Migration Observatory at the University of Oxford, 17 May 2021.

<sup>87</sup> This is consistently lower than the RQF 6+ qualification threshold set under the previously-implemented Tier 2.

<sup>88</sup> SOC 2010 6145 code occupations “Care Workers and Home Carers” include the following labels: “care assistant”, “care worker”, “carer”, “home care assistant”, “home carer”, “support worker (in nursing home)”. Office for National Statistics, (2010), [Standard Occupational Classification - Volume 1](#), Palgrave Macmillan.

<sup>89</sup> *Ibid.*

<sup>90</sup> The general salary threshold for the *Skilled Worker* route is the higher between GBP 25,600 or the “going rate” for the occupation offered, which is set at the 25<sup>th</sup> percentile of earnings in that occupation. GOV.UK, [Skilled Worker visa/your job](#), accessed 5 July 2021.

<sup>91</sup> Salary threshold for SOL occupations is lowered by 20% or, GBP 20,480. Occupations currently on SOL are listed [here](#).

<sup>92</sup> This followed recommendation from the 2020 Migration Advisory Committee (MAC) review of the SOL, Migration Advisory Committee, (2020), [Review of the Shortage Occupation List: 2020](#).

<sup>93</sup> Office of National Statistics, (2020), [Employee earnings in the UK: 2020, Measures of employee earnings, using data from the Annual Survey for Hours and Earnings \(ASHE\)](#), accessed 5 July 2021.

<sup>94</sup> The cost of a *Skilled Worker* Sponsor Licence ranges from GBP 536 for a small business, to GBP 1,476 for a medium or large business. On top of this, for each certificate of sponsorship on each foreign employee, employers also have to pay the Immigration Skills Charge, which ranges from GBP 364 to GBP 1,000 per year depending on the size of the business. GOV.UK, UK Visas and Immigration, [Home Office immigration and nationality fees: 6 April 2021 - updated 16 June 2021](#), accessed 5 July 2021.



impracticable for individuals and families with care needs. For the same reasons, extensive recourse to this route to secure the workforce needs of the care industry is also unlikely.

On the positive side, the immigration costs for senior care workers, care managers and nursing assistants (all RQF 3-4 SOL occupations) are lower than for other occupational groups. All SOL applicants benefit from lower visa application fees.<sup>95</sup> These are further reduced for health and care workers as part of the new preferential package offered to them under the Health and Care *worker* route – which is nothing else than a re-branding of the previous NHS visa now within the *Skilled Worker* route, created as a rewarding gesture for the essential role played by these workers in fighting the COVID-19 pandemic. Application fees for Health and Care workers range from GBP 232 for a three-year visa (compared to a general rate of GBP 610) and GBP 464 for a five-year visa (compared to a general rate of GBP 1,220). Moreover, Health and Care worker visa applicants are exempt from the onerous Immigration Health Surcharge (HIS), currently set at GBP 624 per year and payable at the application phase.<sup>96</sup>

#### *Alternative routes?*

An alternative route that might, on paper, be used for recruiting care workers is the two-year Youth Mobility Scheme. This stream allows citizens aged 18-30 from Australia, Canada, Hong Kong, Japan, Monaco, New Zealand, South Korea, San Marino, and Taiwan to move to the UK for two years and take up job at any skill level. However, so far, the profile of migrants eligible under this route both in terms of age-range and nationalities has not matched the typical profile of care-workers in the UK. A possible extension of the scheme to EEA countries might be a gamechanger in this respect.

Between 1997 and 2017, when the UK still participated in EU/EEA free movement,<sup>97</sup> the share of EEA workers in the social care workforce had increased from 1.2% to 5.9%.<sup>98</sup> While non-EEA workers from Asia still accounted for the largest origin-group of non-national workforce, the rising dynamic of EEA participation in the UK care sector made this group a non-negligible contributor to securing adequate care workforce in an aging society.<sup>99</sup> This is in line with the findings from most EU countries, where the free movement of workers accounts for a major supplier of social care workforce (Section III).

---

<sup>95</sup> These are set at GBP 464 rather than GBP 610 for a 3-year visa, and GBP 928 rather than 1,220 for a 5-year visa. *Ibid.*

<sup>96</sup> *Ibid.* Although the employer still has to pay the Immigration Skills Charge (GBP 1000 per year per sponsored migrant) and sponsor license fee.

<sup>97</sup> On 31 December 2020, the withdrawal of the United Kingdom from the European Union- commonly referred to as Brexit – also marked the end of the free movement of workers between the United Kingdom and the EU Member States.

<sup>98</sup> Migration Advisory Committee (2018) [EEA Migration in the UK: Final Report](#) .

<sup>99</sup> Ahead of the Brexit, EU workers already settled in the UK under the previous free movement rule were given the option to apply to the EU settlement scheme. 3 million such workers, many employed in lower-skilled jobs in the UK, applied to remain in the UK under the scheme.

## II.2. Recruiting foreign workers into adult social care occupations in migration systems allowing for low skilled migration

### II.2.1 Italy: specific quotas, regularisations, free movement, and a migrant-dependent care system

With 23% of its population aged over 65,<sup>100</sup> Italy has the second highest percentage of elderly persons as a share of the national population in the OECD, after Japan. Despite this, and similarly to other Southern European countries, Italy's public welfare services for dependency support are underdeveloped – which has given way to a family-dependent model of care service provision.

Since the 70s and, more prominently, the 90s, sociodemographic changes involving increasing labour market participation of women, along with greater migrant worker inflows have led to the transformation of this family-dependent care model into a migrant-dependent model, whereby migrant women have largely substituted native women in the provision of in-home social care, often through live-in arrangements.<sup>101</sup>

According to the OECD, by 2011, migrants accounted for half of the paid care workforce in Italy.<sup>102</sup> This cheap and flexible workforce, frequently working undocumented and undeclared, at least in the first years after entering the country, has become the backbone of Italy's care system, allowing sustainable care solutions to Italian families at various income levels. The other side of the coin, however, is that the overall affordability of this migrant-dependent elderly care system has favoured procrastination of systemic welfare reforms.

Acknowledging the heavy reliance of Italian families on migrant domestic helpers – including housekeepers and child carers, often referred to with the Italian acronym of *colf* – and elderly/disabled carers – or *badanti* in Italian, Italy's labour migration regulations have reserved a preferential treatment to these categories, even at times when the overall approach to migration was restrictive. Thus, taking up a job in the care sector has been one of the main routes for labour migration to Italy, particularly for women from Romania, Ukraine, the Philippines and Moldova.

Even before being properly recognized in Italy's migration legislation through dedicated labour migration quotas and targeted regularisations – both particularly large in the first decade of the 21<sup>st</sup> century – informal caregiver migration was tolerated across the political spectrum as a key family-support strategy.

Since 1998, Italy's demand-driven labour migration system is based on the annual planning of a given number of entries (overall cap), set in the previous year's "Flows Decree",<sup>103</sup> which also specifies quotas reserved, respectively, to seasonal and non-seasonal workers, and, among the

---

<sup>100</sup> OECD, [Elderly population data](#) latest year of data availability: 2018.

<sup>101</sup> For a thorough discussion of the intersection between Italy's adult social care system and the migratory system see Castagnone, E., Salis, E. and V. Premazzi (2013), [Promoting Integration For Migrant Domestic Workers in Italy](#), ILO International Migration Papers 115, ILO Labour Migration Branch, Geneva.

<sup>102</sup> OECD (2011), [Help Wanted? Providing and paying for long-term care](#). OECD Publishing, Paris.

<sup>103</sup> For an overview of Italy's labour migration system see: Perna, R. (2019), [Legal migration for work and training: Mobility options to Europe for those not in need of protection. Italy-case-study](#), FIERI Working papers, July 2019. An [amendment](#) to Italy's migration legislation proposed in parliament in November 2020 and aimed at eliminating the maximum quotas and introducing more flexibility as to the timing of the "Flows Decree" was not adopted in the [latest review of Italy's migration law](#) (October 2020).

latter, to target occupations or migrant groups. The system allows for the admission of labour migrants across all skill levels, without restrictions for low-skilled migrants.

Between 2005 and 2008, in particular, both the number of entries reserved to foreign *colf* and *badanti*, and their share in overall planned flows swelled, from 15,000 or 30% of the total planned labour migration inflow in 2005, to 105,400, or 70% of the total planned labour migration inflow in 2008. The lower targeted quota for 2011, set at 30,000 entries, was partly the consequence of complementary permit allotment through a recent regularisation process.<sup>104</sup>

Indeed, care workers have been by and large the main beneficiaries of large regularisation processes undertaken in Italy in the ten years starting 2002. That year, at the same time as the Bossi-Fini labour migration law tightened general migration regulations, a massive regularisation process started, initially reserved to *colf* and *badanti*. A total 330,000 applications for caregiver regularisations were filed under this process, respectively 190,000 for housekeepers and 140,000 for elderly carers, 90% of which were accepted by 2004. The subsequent regularisation process, which started in 2009, was entirely reserved to care workers: almost 300,000 applications were filed by *colf* (61% of the total) and *badanti* (39% of the total), three quarter of which had been accepted by early 2011. A smaller regularisation process in September 2012 was also mostly subscribed by care workers, despite being open to other occupations.<sup>105</sup>

The coexistence of frequent, and large, regularisation processes aside open – if capped - legal entry routes for migrants to work in the caregiving sector attest to consistently greater care needs in the Italian families, compared to the set quotas and cap.<sup>106</sup> It also reflects a clear pattern in caregiving migration to Italy characterised, in a first stage, by the informal recruitment of migrants irregularly residing in Italy, eventually followed, in a second stage, by regularisation of the migrant's status and employment either through a regularisation process or through permit application under the quota system, which has *de facto* worked as an *ex post* regularisation tool. Traditionally large irregular migration flows to Italy, along with preference for pre-employment in-person contact in the in-home care sector, have also favoured this trend.

Over the past decade, the quotas reserved for foreign caregivers in Italy have narrowed, before disappearing. In particular, in the years 2017-2020 the annual flow decrees authorised a total of 30,850 entries each year, with more than half – 17,000 or 18,000 entries – reserved to seasonal workers.<sup>107</sup> The tiny non-seasonal worker quotas were reserved primarily for permit renewals and status changes of migrants already residing in Italy, as well as to citizens of partner countries having completed specific training programmes; citizens of countries cooperating in the fight against irregular migration; Latin American workers of Italian descent. This has *de facto* left no space for the direct recruitment of migrant care workers from abroad under Italy's labour migration system, although in theory the possibility has persisted.

---

<sup>104</sup> Data from Annual Flow Decrees, and Castagnone, E., Salis E. and V. Premazzi (2013), *Promoting Integration for Migrant Domestic Workers in Italy*.

<sup>105</sup> Castagnone, E., Salis E. and V. Premazzi (2013), *Promoting Integration for Migrant Domestic Workers in Italy*.

<sup>106</sup> The dysfunctionalities of Italy's quota-based labour migration system have come under increased national and international scrutiny. See, for instance, Pastore, F. (2016), "[Zombie policy: politiche migratorie inefficienti tra inerzia politica ed illegalità](#)", *Il Mulino* 4/2016, in Italian.

<sup>107</sup> Governo Italiano, Ministero dell'Interno, Decreto flussi: [2020](#); [2019](#); [2018](#); [2017](#), in Italian, cessed 7 June 2021.



This policy shift was largely the consequence of the enlargement of the European Union (EU) to the main origin country of migrant care workers in Italy, Romania, in 2007. Since then,<sup>108</sup> Romanian workers are no longer considered as migrants needing a permit to work in Italy, but rather enjoy the free movement of workers within the EU (Section III). Italy's deteriorating economic outlook along with persistent irregular migration account for additional explanations.

Nonetheless, the most recent regularisation process, launched by the Italian government in 2020 as part of the COVID-19 recovery package, has, again, targeted care workers, along with low-skilled workers in agriculture.<sup>109</sup>

## II.2.2 Korea: admitting care workers through an ancestry-based route

South Korea operates one of the largest low-skilled labour migration programmes in the OECD, the Employer Permit System (EPS) which is based on bilateral agreements with migrant origin countries, some of which are among the world's largest sending countries of care workers.<sup>110</sup> Yet, admission of foreign workers into care occupations is not allowed under the EPS, which mostly serves the labour needs of Korea's manufacturing industry.

Instead, since 2007, the **Working Visit Permit (H-2) for ethnic Koreans** serves as a mixed migration route which allows for the admission of foreigners whose Korean ancestors emigrated or were deported in foreign countries before 1945, across all skill levels and without substantial additional conditions, through an electronic lottery system.<sup>111</sup>

H-2 visa recipients can take up employment in any occupation in Korea, provided they have taken a three-day training involving Korean language and culture, Korean labour law and insurance schemes at a Human Resources Development (HRD) Korea centre. H-2 visa holders must notify taking up employment or change in workplace within fourteen days from that happening. Given their language and cultural proximity with Korea, H2-visa holders can provide a prime source of foreign care-workers – and there is evidence that a non-negligible share is employed in the care sector.<sup>112</sup> The introduction of the H-2 Working Visit Permit (H-2) for ethnic Koreans was concomitant with the establishment of Korea's Long-Term-Care insurance (LTCI) system in 2008, which has created a dual market for dependency support: a formal yet insufficient LTCI services provision market, with the predominant employment of Korean nationals, and an informal market for complementary support to both care institutions and families, which largely employs ethnic Korean women admitted on the H-2 permit.<sup>113</sup>

---

<sup>108</sup> Transitional arrangements for new-enlargement countries did not apply to Romanian workers in the care sector. Also, before the EU enlargement, during the pre-accession period since 2001, Romanians enjoyed visa-free travel to Italy. This already allowed large entries of Romanian migrants who illegally took up employment, mostly in the care and construction sectors.

<sup>109</sup> Governo Italiano, Ministero dell'Interno, [Emersione dei rapporti di lavoro](#), art. 103, D.L. n.34/2020, in Italian, accessed 7 June 2021. European Commission, European Migration Network, (2020), [Inform 3: Maintaining labour migration in essential sectors in times of pandemic](#), accessed 8 June 2021.

<sup>110</sup> Origin countries having an MoU with Korea in the framework of the EPS include: Bangladesh, Cambodia, China, Indonesia, Kyrgyzstan, Mongolia, Myanmar, Nepal, Pakistan, the Philippines, Sri Lanka, Thailand, Timor-Leste, Viet Nam and Uzbekistan. For a thorough review of Korea's EPS and broader labour migration system see: OECD (2019), [Recruiting immigrant workers: Korea 2019](#), OECD publishing, Paris.

<sup>111</sup> The Korean language requirement was waived in 2012. For a thorough discussion of the system see: OECD (2019), [Recruiting Immigrant Workers: Korea 2019](#).

<sup>112</sup> Peng, I. (2018), "[Shaping and Reshaping care and Migration in East and Southeast Asia](#)" in *Critical Sociology*, Vol.44 (7-8), pp. 1117-1132.

<sup>113</sup> *Ibid.*

The H-2 visa is temporary, and is issued for period of three years, which can be extended to up to four years and ten months provided there is employment and employer demand. The H-2 visa also offers a prime pathway to permanent residency through transition to the F-4 visa, which is allowed provided one of the following conditions is met: the H-2 visa holder is over 60 years old; s/he has worked in childcare or in agriculture or in manufacturing for at least two years; or has acquired professional certification. In-turn, F-4 visa holders can transition to an F-5 visa, which offers a pathway to citizenship acquisition.

In launching the H-2 visa the government set a total ceiling of 303,000 admissions (stock). As of 2016 the ceiling was not yet met and the stock of H-2 visa holders stood at 255,000. The large majority came from China, followed by Russia, Mongolia, and former USSR countries.<sup>114</sup>

While these are large numbers, the potential for the Korean care sector to rely on the H-2 visa for the recruitment of care workers from abroad in the future is severely limited by the rapidly drying-up of the pool of qualifying foreigners with Korean ancestry, who are aging.<sup>115</sup>

### III. Alternative routes of migration and labour market integration into adult social care occupations

Labour migration routes – be they specific or generic – are not the only policy instrument for sourcing foreign workers into care occupations. In most OECD countries which are also members of the **European Union**, the **free-movement** of workers enshrined in the EU Treaties is a prime route for securing supply of care workers. In countries where **irregular migration** is a widespread phenomenon, such as certain Southern European countries or the United States of America, the informal recruitment of undocumented migrants can also contribute – to a greater or lesser extent – to expanding the pool of available care workforce. More broadly, across OECD countries, **family migration** is a major traditional source of migrant caregivers, while **humanitarian migration** is also relevant.

All these three “routes” share a common feature – that is: the recruitment of foreign workers into care occupations happens from within the country and can be preceded by in-person meeting, selection and trial. Along with reduced administrative complexity, the high relevance of interpersonal relations in care occupations, is one of the elements underlying the observed preference for these “routes” over direct foreign recruitment, particularly for in-home employment of foreign care workers by individuals and families.

**Student migration** and working holiday makers schemes can also provide for a non-negligible source of foreign care workers, particularly in migration systems which are otherwise closed to low-skilled migration.

The remainder of this section offers some examples of recruitment of foreign-born into care occupations through the above-mentioned non-labour-migration routes.

---

<sup>114</sup> OECD (2019), *Recruiting Immigrant Workers: Korea 2019*.

<sup>115</sup> *Ibid.*

### III.1. Free movement of workers: a key source of foreign care workers in the EU Member States

Under the EU Treaties, citizens of each Member State of the European Union have the right to move freely to every other EU Member State and take up employment (or self-employment) at the same conditions as natives – exempt from labour migration regulations.<sup>116</sup> The EU free movement of workers’ rules also apply to citizens of the European Economic Area – EEA, including Iceland, Liechtenstein and Norway – and, as of 2002, to Swiss citizens.

Particularly following the 2004 and 2007 enlargements of the European Union to countries in Central and Eastern Europe,<sup>117</sup> the free movement rules have provided for a large supply of foreign workers in Western European countries, many of whom have taken up employment in low-skilled low-paid jobs, including in the care sector, despite often holding higher levels of qualifications.<sup>118</sup>

High income differentials and low occupational entry barriers have supported this trend, which has been more prominent in countries – like Ireland and the United Kingdom<sup>119</sup> – and/or in sectors where transitional restrictions to the free labour mobility of nationals of the new EU Member States have not applied. The latter has been the case, notably, for the care sector where, in number of EU countries, nationals from the “new EU Member States” have enjoyed immediate labour market access as an exception to the general application of transitional rules to most other sectors.

Thus, as mentioned in the previous section, in 2007 Italy did not apply transitional restrictions to the mobility of Romanian (and Bulgarian) workers into its care sector, which had already been substantial in the run-up to the enlargement, and consolidated afterwards (Section II.2.1).

Similarly, in 2004, **Austria** and **Germany** decided to allow immediate access to their in-home care sector for workers from the new EU Member States, as a strategy to secure much-needed supply of in-home caregivers for their family-based long-term care (LTC) systems.<sup>120</sup> In both countries, limited public provision of LTC services, combined with relatively generous and unregulated cash

---

<sup>116</sup> The juridical foundations of the EU Free Movement lie in the provisions enshrined in the Treaty of Rome (Art. 48; transposed in Art.45 TFEU). In practice, freedom of workers within the European Economic Community began to be implemented in 1968 with the adoption of secondary legislation. EU citizens taking up employment in another EU Member State are not considered as migrants, but rather as “mobile workers”. For a thorough discussion of EU free movement area see: Desiderio, M.V. “Free labour mobility areas across OECD countries: an overview” in OECD (2012), *Free Movement of Workers and Labour Market Adjustment*, pp. 35-70, OECD publishing Paris.

<sup>117</sup> The 2004 EU enlargement process involved: the Czech Republic, Estonia, Hungary, Latvia, Lithuania, Poland, the Slovak Republic and Slovenia, also referred to as EU-8. In 2008, additional two countries, Bulgaria and Romania, acceded to the EU membership (EU-2). Later, in 2013, Croatia joined the European Union. On 31 December 2020 the United Kingdom withdrew from the membership of the European Union (so called Brexit).

<sup>118</sup> OECD (2012), *Free Movement of Workers and Labour Market Adjustment*, pp. 35-70, OECD publishing Paris.

<sup>119</sup> After the 2004 and 2007 EU enlargement, countries that were already members of the EU (referred to as EU-15) had the option of restricting access to their labour market to nationals of the new EU Member States for a maximum period of 7 years – the so-called transitory measures. Ireland, the United Kingdom and Sweden were the only three EU Member States which did not apply transitional restrictions to the free movement of EU-8 workers. Along with this, the English language and the attractiveness of the British and Irish labour markets explain the large flows of EU-8 citizens, led by Polish workers, to Ireland and the United Kingdom.

<sup>120</sup> Van Hooren, F.J., Apitzsch, B, and Ledoux, C. (2018), “The Politics of Care Work and Migration”, in A. Weinar, S.Bonjour, and L. Zhyznomirska (eds.), *The Routledge Handbook of the Politics of Migration in Europe*, Abingdon and New York, Routledge.

for care benefits, and a cultural preference for in-home elderly care have favoured the widespread employment of Eastern European nationals – mostly Slovaks and Romanians in Austria, and Polish in Germany – in live-in caregiving arrangements.

In 2017, 11% of German households with an elderly dependent person employed a foreign live-in caregiver, mainly from Poland.<sup>121</sup> In most cases, employment was through an informal arrangement directly set between the family and the caregiver.

Unlikelihood of labour inspections in private homes makes informal caregiving arrangements a low-risk choice for employers, and by far the most affordable – particularly when the caregiver is a foreign worker. As discussed in Box 1, without the possibility of informal arrangements between employers and foreign workers from lower-income countries, much of the current 24-hour in-home elderly care employment in OECD countries would simply not exist, as it would not be affordable for most families.

In the case of EU citizens providing care services across the EU, the specific labour mobility as well as the broader rights enshrined in the EU Treaties, further facilitate the conclusion of informal or otherwise particularly competitive employment arrangements.

Thus, in Germany's live-in caregiving sector, alongside prominent informal employment, a trend has emerged for Eastern European workers from Poland, but also Croatia, Hungary or the Slovak Republic to be "posted" by an employing company in the country of origin, often through the intermediation of a German placement agency.<sup>122</sup> Since the late 90s, EU companies are allowed to "send" their employees as "posted workers" to carry out a service in another EU Member State on a temporary basis, in the context of a contract of services, an intra-group posting or a hiring out through a temporary agency.<sup>123</sup> In spite of anti-dumping measures, the posting of workers has often been used as a way to reduce employment costs in the destination country.<sup>124</sup>

EU free movement and related rights have played a substantive role in the supply of care workers and health professionals in many European OECD countries even beyond large-scale enlargement-related East-West EU mobility into care occupations. Thus, over the past decade, the financial and job crises that have hit Southern European countries, with high youth unemployment, have also triggered significant flows of workers to other European countries – although in many cases these workers have taken up higher skilled jobs in the long-term care sector, notably nursing or medical positions.

All in all, EU nationals have consistently contributed to the adult social care workforce across European OECD countries. In this respect, the unavailability or limited availability of labour migration routes for foreign workers into social care occupations in many European countries has to be put in perspective with the opportunity for these countries to draw from a large pool of potential European workers, whose geographical and cultural proximity, on top of unrestricted labour mobility rights, make them a prime source of care workforce.

---

<sup>121</sup> Horn, V. et al. (2019), "[Live-in migrant care worker arrangements in Germany and the Netherlands: motivations and justifications in family decision-making](#)", *International Journal of Ageing and Later Life*. 2019 13(2): pp.83-113.

<sup>122</sup> *Ibid.*

<sup>123</sup> European Commission, [Posted Workers](#), accessed on 14 June 2021.

<sup>124</sup> A [revised version of the EU posted workers directive](#) was adopted in June 2018, which addresses the main issues of infringement with labour law and workers' rights emerged in the previous decades of application of the directive.

### III.2 Irregular migration and employment of foreigners in care occupations

Labour migration in European OECD countries is almost exclusively employer-driven. This labour migration model requires that the matching between the employer and the migrant worker candidate occurs before migration. As a consequence, employers have to invest significant time and resources to sponsor migration candidates without previously meeting or testing them. This might be particularly inconvenient for the employment of in-home carers of dependent persons, whereby positive, trust-bearing personal feelings between the carer and the dependent person (and/or her family) are essential to the smooth development of the care relationship.

Against this background, the opportunity for in-person meeting, and probation, undoubtedly puts a great premium on intra-EU mobility as compared to labour migration routes for sourcing foreign care workers. To some extent, similar considerations may apply in the case of in-country recruitment of **irregular migrants** for in-home elderly care settings. In countries with large supply of irregular workers and expansive underground economy, like Italy and Spain, the face-to-face direct recruitment opportunity of cheap and flexible care workers made available through the irregular migration “channel” may be accorded greater value by individual employers than the migration status itself.

As discussed in section II.2.1 the recruitment of irregular migrants for in-home care may be a particularly rational choice in countries where regularisations are frequent and alternative affordable options for in-home care support are lacking.

Besides rewarding the personal contact, many employers may prefer hiring irregular care workers as the vulnerability stemming from their uncertain migration status makes them more prone to accept low salaries and long working hours. In Italy, a survey carried out in 2007 found that the average monthly salary of newly-arrived irregular migrants working fifty hours per week in informal care in private homes corresponded to only two-thirds of the monthly salary earned by regular migrants who had been in the country for over ten months and worked as caregivers for thirty-three hours a week.<sup>125</sup>

### III.3 The labour market integration of non-labour migrants into care occupations

**Family migration** is a major route for in-country face-to-face recruitment of migrants into care occupations in most OECD countries, although its relative importance vis-à-vis other routes varies by country and is the greatest in **France**, in the **Netherlands** in some European Nordic countries and extra-European settlement countries.<sup>126</sup>

This is first of all a result of the overall composition of migration flows. Family migration is the largest migration route to the OECD, accounting for almost 40% of the total permanent-type inflows in the area.<sup>127</sup> The share of family migrants is particularly large in extra-European

---

<sup>125</sup> Istituto di Ricerche Educative e Formative (Iref) (2007), *Il Welfare “Fatto in Casa”. Indagine nazionale sui collaboratori domestici stranieri che lavorano a sostegno delle famiglie italiane*. Iref, Roma.

<sup>126</sup> Hooren, F.van (2014), “[Migrant care work in Europe: variety and institutional determinants](#)” in Léon, M. (ed.), *The Transformation of Care in European Societies*, London: Palgrave MacMillan, pp.62-83; J. Howe, S. Charlesworth, and D. Brennan (2019), “[Migration pathways for frontline care workers in Australia and New Zealand: front doors, side doors, back doors and trapdoors](#)”,

<sup>127</sup> OECD (2017), “[A portrait of family migration in OECD countries](#)” in *International Migration Outlook 2017*, OECD Publishing Paris, pp 107-166.



settlement countries – which have implemented for a long time an accompanying family policy for spouses and dependent children, while also admitting a broader “range” of family migrants as compared with European countries – and hits a record-high in the United States of America, where family migrants make up almost 70% of permanent residents. European countries with long migration histories, including France, Germany and the United Kingdom also host particularly large populations of family migrants.<sup>128</sup>

Moreover, the single most distinctive profile characteristic of family migrants – *i.e.* the predominance of women – closely matches the prevalence of women in care roles.

Further to that, low occupational entry barriers in the in-home adult social care sector across most OECD countries,<sup>129</sup> make this sector an easier entry-point into the host country labour market for family migrants, particularly spouses, who tend to have lower levels of education and linkages with the labour market as compared to the principal applicant, particularly if the principal applicant is a labour migrant.<sup>130</sup> For the same reason, the care sector may also offer an accessible route to labour market integration for **refugees and other humanitarian migrants**.

In Europe’s Nordic countries, refugees account for one of the largest group of migrants working in care occupations, along with family migrants<sup>131</sup> This certainly reflects the traditional predominance of humanitarian migration in these countries. However, evidence of consistent employment of humanitarian migrants in care occupations exists for a larger group of countries. Thus, in Australia, the provision of elderly care in rural regions such as the Limestone Coasts is strongly reliant on migrants who have obtained permanent residency on humanitarian grounds.<sup>132</sup>

In the near future, the significant increase in humanitarian migration flows observed in Europe over the past decade may translate into an expansion of care workers’ supply from within the migrant resident population, provided supportive integration policies.

While the in-home care sector is most often unregulated in terms of vocational-specific certifications,<sup>133</sup> a minimum level of host country language proficiency is generally required even in informal care settings for the carer to be able to understand the needs of the elderly person and/or to ensure safety. Beyond integration interventions, a – not infrequent – way for recently-landed migrants to overcome the linguistic barriers into care occupations is to seek employment at first in households sharing the same ethnic or linguistic characteristics, through community networks.

---

<sup>128</sup> *Ibid.*

<sup>129</sup> Employment in care institutions may involve specific training or qualification requirements. In Germany, as well as in Japan stringent certification requirements may also apply to formal in-home care provision.

<sup>130</sup> Labour market access is generally granted to family migrants (spouses and partners) across the OECD. While in European OECD countries a lag of one year may apply from the admission of family migrants to their labour market access, this is generally not the case in settlement countries. Moreover, in the latter countries, the nuclear family of the principal applicant is generally admitted at the same time as the principal applicant as “accompanying family”. Interestingly, in countries like Australia and New Zealand, while temporary migrants most often get employer-tied occupational-restricted visas, their spouses get unrestricted working rights.

<sup>131</sup> Hooren, F.van (2014), “[Migrant care work in Europe: variety and institutional determinants](#)”. Note, family migrant may themselves have come to reunite with humanitarian primary applicants.

<sup>132</sup> Feist, H. et.al (2014), [Enabling Rural Migrant Settlement: A Case Study of the Limestone Coast](#), Adelaide, Australian Population and Migration Research Centre (APMRC).

<sup>133</sup> As mentioned, Germany and Japan account for outstanding exceptions in this respect.



It is worth noting that family migrants and migrants who have received permanent protection status along with all other categories of permanent migrants are generally less vulnerable – and, hence, less exploitable in the labour market – than temporary migrants whose permits are tied to the sponsoring employer, and obviously, irregular migrants.<sup>134</sup> This tends to create a hierarchy of exploitability – and employer preferences – among migrants in the care sector based on migration status.

#### III.4 Working holiday makers and international student routes into caregiving occupations in selective immigration countries

As briefly discussed in Section II.1.3, in countries with selective labour migration systems **Working holiday makers** schemes may constitute one of very few – if not the only – entry routes for low-skilled workers. Working holiday makers schemes are most common in English speaking and former Commonwealth countries. These schemes are based on bilateral agreements with a number of countries of origin, whose nationals are allowed to visit and take up employment in the destination country for a limited period of time.

The relevance of Working holiday makers schemes as sources of migrant care workers largely depends on the nationalities eligible under each scheme and on the set of working rights accorded to working holiday makers.

In Australia, over the past decade, the Working holiday visas (subclasses 417 and 462) have increasingly been used to fill labour shortages.<sup>135</sup> Working entitlements on these visas have been extended. While before November 2005 working holiday makers could only work six months with any one employer over the twelve-month period of their visa, since then they have been allowed to work for the same employer for the whole twelve-months, in two separate regions.<sup>136</sup> More targeted reforms have been specifically geared to enable greater participation of working holiday makers in Australia's care sector. In particular, a 2015 initiative enabled holders of visa subclasses 417 and 462 to work for the same employer in the care sector for twelve months in Northern Australia – without having to change region, owing to the recognition of care as a high-demand industry.<sup>137</sup>

Australia has signed Working holiday makers agreements with more than forty countries,<sup>138</sup> some of which, including Indonesia, Vietnam and Papua New Guinea can be relevant source countries for care migration. More significantly, as of 30 June 2020, working holiday makers agreements were under negotiation with India and the Philippines, by far two of the largest origin countries of care workers worldwide.<sup>139</sup>

---

<sup>134</sup> Van Hooren, F. (2014), "Migrant Care Work in Europe: Variety and Institutional Determinants".

<sup>135</sup> In spite of an official government stance for working holiday makers visas not to be considered as work visas, the Explanatory Memorandum for a 2016 reform package of the Working Holiday Maker visa recognised the central role of the scheme in meeting labour shortages in the Australian economy. Australian Government, Federal Register of Legislation, *Income Tax Rates Amendment (Working Holiday Maker Reform) Act 2016*, [92-2016](#).

<sup>136</sup> J. Howe, S. Charlesworth, and D. Brennan (2019), "Migration Pathways for frontline care workers in Australia and New Zealand: front doors, side doors, back doors and trapdoors".

<sup>137</sup> Philips, J. (2016), [Australia's Working Holiday Maker program: a quick guide](#), Research Paper Series 2016-2017, Parliamentary Library, Parliament of Australia, 22 November 2016.

<sup>138</sup> Full list available [here](#)

<sup>139</sup> Australian Government, Department of Home Affairs, [Working Holiday Maker Program Report](#) 30 June 2020.

The Australian example of recourse to Working holiday makers schemes to plug care sector shortages may stand out in international comparison, Yet, in the countries where they are available, Working holiday makers streams can offer a flexible tool for foreign care workers' recruitment, largely depending on eligible nationalities.

**Study migration streams** can as well offer routes into care jobs for foreigners, regardless of whether these are enrolled in nursing study or certification programmes.

The Japanese case discussed in Section I.3 of this paper offers a unique example of specific study and traineeship pathways into care work both during the spell of the Certified Care Worker Candidate and the TITP programme, and afterwards, through possible transition to one of the work visas recently made available for care occupations, provided acquisition of national certification.

More in general, across OECD countries, student visas offer part-time work entitlements at all skill levels. While available data do not provide a precise picture of how many international students work in the care sector, they can, in some cases, provide a rough estimate of the phenomenon. Thus, in Australia, a 2016 labour force survey analysis suggested that around 18,000 migrants working in care occupations held a temporary student visa on arrival.<sup>140</sup> This is a non-negligible figure if compared to the annual admission of migrants as care workers under the available (tiny) labour migration routes (Section II.1.2).

### III.5 Foreign-qualified nurses training to get local certification: a revolving pool of care workers

Further to that, in settlement countries a larger – and prime – source of migrant care workers is made up of **foreign nurses** admitted on economic streams owing to their higher levels of qualifications as compared to care workers but **who have to complete certification requirements for professional registration in the country of destination** (qualifications recognition process) before being able to practice as nurses. This registration process may take more than one year, and involve bridging courses and other forms of training, which may be costly. Thus, it is extremely frequent, for foreign nurses to work, more or less informally, as caregivers while completing the professional registration process in the country of destination. In Australia, in particular, this has emerged as a major trend, with foreign nursing registration requirements providing for a revolving pool of highly-qualified caregivers – and for a very convenient *de facto* route to plug social care worker gaps with prime workers.<sup>141</sup> Evidence of this trend has also been observed in New Zealand.<sup>142</sup>

---

<sup>140</sup> J. Howe, S. Charlesworth, and D. Brennan (2019), "Migration Pathways for frontline care workers in Australia and New Zealand: front doors, side doors, back doors and trapdoors".

<sup>141</sup> Author, in conversation with Professor Leslyanne Hawthorne, 11 May 2021.

<sup>142</sup> Walker, L. (2008 ), [A Mixed Picture: the experiences of overseas trained nurses in New Zealand](#), New Zealand Nurses Organisation, Wellington.

## IV. Conclusion: policy trade-offs in the management of migration into adult social care occupations across the OECD

Migrant workers contribute significantly to the care workforce supply across OECD countries. National variations are shaped by the intersection between each country's adult social welfare model – based on public welfare services or on more or less generous cash-for-care mechanisms or on a combination of both; home- or care facility-based – culture of care, migration system's features and history, and labour market regulations.

These “structural background characteristics” have to be taken into account when considering options for managing the admission of foreign workers into care occupations – both through migration and mobility policies allowing direct recruitment from abroad, and through integration policies aimed at harnessing the pool of resident migrants. In addition, number of policy trade-offs are for consideration in policy design.

As illustrated by the examples of Israel's foreign caregiver programme and Italy's targeted quotas and regularisations, both specific and generic streams allowing for the admission of foreign care workers can – provided certain background conditions – swiftly bring in large numbers of foreign caregivers, including in labour-intensive 24/7 care, notably when eligibility criteria are loose.

However, while countries which implement this type of caregiver migration policies do so to address structural deficiencies in the local provision of adult care services, over-reliance of the adult social care system on low-paid and vulnerable migrant workforce can backfire in the long-term, when it disincentivises systemic reforms of adult welfare, thus perpetuating a vicious circle.

In this respect, a policy mix consisting of a combination of targeted migration policy interventions with R&D investments and structural care system reforms, as implemented in Japan, seems a more appropriate way to address the growing care needs of ageing societies.

A balanced mix of migration, integration and health and social policy initiatives is also more sustainable both for destination and origin countries of migrant care workers. For destination countries, overreliance on migrant care worker provision – particularly if from only a few source countries – can expose them to serious supply threats in case of rapidly-changing conditions in countries of origin drying up the recruitment stream. The experience of Polish caregivers being less and less willing to accept exploitative live-in caregiving arrangements in Germany as a result of shrinking income and unemployment differentials with their country of origin between 2008 and 2012 should be read as a warning. The unforeseeable COVID-19-related migration and mobility freeze also speaks to the risks involved in the overdependence on foreign worker supply in essential sectors of the economy.

Massive outflows of nationals headed to work for low pay and unattractive conditions in the care sector of more developed countries is also not sustainable, socially and economically, for countries of origin. Even in the “privileged” cases of East-European women working as live-in caregivers in Italy and still being able to go back to countries of origin more or less regularly through circular migration patterns facilitated by the EU free movement and EU neighbourhood policy rules, a consistent body of research has pointed to the devastating care drain effects on children left behind.<sup>143</sup> In some cases, as with the substitution flows of Ukrainian caregivers working in Polish

---

<sup>143</sup> Castagnone, E. et al (2007), [\*Madri e migranti. Le migrazioni di cura dalla Romania e dall'Ucraina in Italia: percorsi e impatto sui paesi di origine\*](#), CesPI and FIERI working paper No.34; Castagnone, E., Salis E. and V.

families to replace Polish women headed to work as caregivers in Western Europe, a migration spill over effect may emerge, though the possibilities of plugging gaps through further migration flows are not endless and, arguably, not fully ethical.

Brain and care drain for origin countries' health care institutions is also an issue, particularly when foreign-trained nurses are employed as unskilled caregivers at low wages in destination countries for long periods of time.

Similarly, while migrant-in-the-family type live-in caregiver arrangements are undoubtedly the most convenient form of 24-hour elderly care support, underlying working and living conditions are certainly neither fair nor sustainable for migrant workers – who, actually, tend to move out of live-in elderly care roles as soon as their migration status becomes more stable.

Indeed, this review has clearly highlighted a trade-off between the stability of migration status and migrants' willingness to take up difficult and underpaid roles in the elderly care sector. While it is precisely the vulnerability – and hence the exploitability – of certain groups of migrant workers which makes elderly care services affordable to large portions of the populations in countries with underdeveloped public elderly care services, the unfairness and unsustainability of this model is one more reason for considering alternative options, including harnessing the care potential of all resident migrants – and, notably, humanitarian and family migrants.

For care work permits, the temporary versus permanent dilemma presents similar trade-offs. Given the propensity of migrants to move out the most difficult care roles upon becoming permanent residents, it could be argued that strictly temporary occupational-restricted permits are the more appropriate solution to secure a stable supply of foreign workforce in adult social care, if that is the stated policy objective. Yet, as demonstrated by the case of Israel, on top of favouring exploitation of migrant care workers, such models typically lead to inefficiencies in migration management. As it is always the case when the temporariness of labour authorisations does not match the persistency of labour needs, strictly temporary care work permits lead to visa overstaying, inflating the irregular migrant population, while at the same time fuelling the prosperous business of private intermediation agencies whose profits are the greatest the more migrants they place, regardless of the cost-efficiency for both origin and destination countries.

On the other hand, permanent-type migration streams for foreign care workers – and particularly those allowing a fast pathway to permanent residency – should be designed keeping in mind the high likelihood that migrants will leave the care role or even the sector upon acquisition of permanent residency, thus only providing for a revolving pool of care workers. As in the case of Canada's Home Support Worker Pilot, eligibility criteria under such permanent-type programmes should include a selection based on human capital characteristics suitable to facilitate long-term labour market and social integration at destination, beyond the entry care job.

Many more trade-offs exist, at the technical level, in the design of economic migration policies geared to plugging sectoral shortages in adult social care: should these be specific or generic? What should be the main selection criteria and tools? Salary threshold, labour market test, shortage list, or some combination of them? To what extent are regional policies geared to plug shortages only where these are the most stringent preferable to country-wide policies? Are

---

Premazzi (2013), *Promoting Integration for Migrant Domestic Workers in Italy*. Beyond the European Union, the high emotional costs of family separation involved in foreign caregiving jobs is well documented. Cohen, R.(2000), ["Mom is a Stranger": The Negative Impact of Immigration Policies on the Family Life of Filipina Domestic Workers](#)", *Canadian Ethnic Studies* 32(3):76-88; Pratt,G, (2012), [Families Apart: Migrant Mothers and the Conflicts of Labour and Love](#), Minneapolis: University of Minnesota Press.

bilateral agreements with key countries of origin of migrant care workers a prime strategy to secure sufficient supply of foreign care workers while waiting for innovative structural strategies in the provision of adult care services to be developed and bear their fruits?

This review of migration and integration routes for foreign workers into care occupations across OECD countries has provided a broad range of examples of how countries with different social care models and migration systems have addressed these questions. What emerged clearly is that there is no one size fits all in the design of care migration policies. Policymakers willing to devise a sound, and ethical care migration strategy, as a complementary element of a broader toolbox for sustainable elderly care services, should, at first, carefully analyse the local “care regime”, what fuels demand for foreign care workers therein, which part of this demand is the result of public care system dysfunctionalities that can be addressed in the medium term, which part is there to stay, and, based on these holistic reflections which go well beyond mere migration policies, compose a strategy which is likely to be unique to each country, despite similar parameters. Further, for such strategy to evolve along with the progress in structural reforms of national elderly care services, constant monitoring, evaluation and subsequent adaptation are required.

## Works cited

- Arat-Koç, S. (2001), [\*Caregivers Break the Silence: A Participatory Action Research on the Abuse and Violence, Including the Impact of Family Separation, Experienced by Women in the Live-In Caregiver Program\*](#), Toronto: INTERCEDE.
- Australian Government, Department of Home Affairs (2020), [\*Working Holiday Maker Program Report\*](#), 30 June 2020.
- Australian Government, Department of Home Affairs (2018), [\*Labour agreement program information guide\*](#), November 2018.
- Banerjee, R., Kelly, P., Tungohan, E., GABRIELA-Ontario, Migrante-Canada, Community Alliance for Social Justice (CASJ) (2017), [\*ASSESSING THE CHANGES TO CANADA'S LIVE-IN CAREGIVER PROGRAM: IMPROVING SECURITY OR DEEPENING PRECARIOUSNESS?\*](#), Pathways to Prosperity.
- Carlos, M.R.D. and Y. Suzuki (2020) "[\*Japan's Kaigoryugaku Scheme: Student Pathway for Care Workers from the Philippines and Other Asian Countries\*](#)", in Tsujita, Y. and O.komazawa (eds.) *Human Resources for the health and Long-Term Care of Older Persons in Asia*, Jakarta, ERIA, pp.1-33.
- Caruso, B.J. (2018), [\*Consultation on Caregiver Pathways\*](#), The Canadian Bar Association, June 27, 2018.
- Castagnone, E., Salis, E., and V.Premazzi (2013), [\*Promoting Integration For Migrant Domestic Workers in Italy\*](#), International Labour Organisation, Geneva, International Migration Papers No. 115.
- Castagnone, E., Eve, M., Petrillo, R. and Piperno, F. (2007), [\*Madri e migranti. Le migrazioni di cura dalla Romania e dall'Ucraina in Italia: percorsi e impatto sui paesi di origine\*](#), CesPI and FIERI working paper No.34.
- Cohen, R. (2000), "[\*Mom is a Stranger\*](#)": The Negative Impact of Immigration Policies on the Family Life of Filipina Domestic Workers", *Canadian Ethnic Studies* 32(3):76-88.
- Desiderio, M.V. (2021, upcoming), *Responsible Recruitment of Migrant Workers: Connecting Business Practices and Development Outcomes*, London, Institute for Human Rights and Business (IHRB).
- Desiderio, M.V. (2012), "Free labour mobility areas across OECD countries: an overview" in OECD (2012), [\*Free Movement of Workers and Labour Market Adjustment\*](#), pp. 35-70, OECD publishing Paris.
- European Migration Network (2020), [\*Inform 3: Maintaining labour migration in essential sectors in times of pandemic\*](#), SERIES OF EMN-OECD INFORMS ON THE IMPACT OF COVID-19 IN THE MIGRATION AREA, Brussels, European Commission.
- Feist, H., Tan, G., McDougall, K. and G.Hugo (2014), [\*Enabling Rural Migrant Settlement: A Case Study of the Limestone Coast\*](#), Adelaide, Australian Population and Migration Research Centre (APMRC).
- Grande, N. and J.Kerr (1998), "[\*Frustrated and Displaced\*](#)": Filipina Domestic Workers in Canada", *Gender and Development* –(1):7:12.



Hooren, F.van (2014), "[Migrant care work in Europe: variety and institutional determinants](#)" in Léon, M. (ed.), *The Transformation of Care in European Societies*, London: Palgrave MacMillan, pp.62-83.

Horn, V., C. Schweppe *et al.* (2019), "[Live-in migrant care worker arrangements in Germany and the Netherlands: motivations and justifications in family decision-making](#)", *International Journal of Ageing and Later Life* 2019 13(2): 83-113, Volume 13, No.2, 2019, pp.83-113.

Howe, J., S. Charlesworth, and D. Brennan (2019), "[Migration pathways for frontline care workers in Australia and New Zealand: front doors, side doors, back doors and trapdoors](#)", *UNSW Law Journal*, Volume 42(1), pp. 211-241.

Istituto di Ricerche Educative e Formative (Iref) (2007), *Il Welfare "Fatto in Casa". Indagine nazionale sui collaborator domestici stranieri che lavorano a sostegno delle famiglie italiane*. Iref, Roma.

Lightman, N., R. Banerjee *et al.* (2016), "[An intersectional pathway penalty: Filipina immigrant women inside and outside Canada's Live-in Caregiver Program](#)", *International Migration*, 2021, 00/1-20.

Migration Advisory Committee, (2020), [Review of the Shortage Occupations List: 2020](#), London.

Migration Advisory Committee, (2018), [EEA Migration in the UK: Final Report, September 2018](#), London.

Milly, D.J., "[Japan's Labor Migration reforms: Breaking with the past?](#)", Migration Information Source, February 20, 2020 feature.

Nathan, G. (2020), *The OECD Expert Group on Migration SOPEMI Annual Report. International Migration in Israel 2019-2020*, The Institute for Immigration and Social Integration, Ruppin Academic Center, December 2020.

New Zealand Immigration, Ministry of Business Innovation and Employment, [Are you employing migrant aged care workers? - a guide for employers](#). Accessed 4 June 2020.

Organisation for Economic Cooperation and Development (OECD) (2020), [Who cares? Attracting and Retaining Care Workers for the Elderly](#), OECD Publishing, Paris.

Organisation for Economic Cooperation and Development (OECD) (2019), [Recruiting immigrant workers: Korea 2019](#), OECD publishing, Paris.

Organisation for Economic Cooperation and Development (OECD) (2017), "[A portrait of family migration in OECD countries](#)" in *International Migration Outlook 2017*, OECD Publishing Paris, pp. 107-166.

Organisation for Economic Cooperation and Development (OECD) (2011), [Help Wanted? Providing and paying for long-term care](#). OECD Publishing, Paris.

Oxman-Martines, J., Hanley, J. and L.Cheung (2004), [Another Look at the Live-in Caregivers Program. An Analysis of an Action Research Survey Conducted by PINAY, the Quebec Filipino Women's Association with the Centre for Applied Family Studies](#), Montreal: Metropolis.

Pastore, F. (2016), "[Zombie policy: politiche migratorie inefficienti tra inerzia politica ed illegalità](#)", *Il Mulino* 4/2016,

- Peng, I. (2018), "[Shaping and Reshaping Care and Migration in East and Southeast Asia](#)", in *Critical Sociology*, Vol.44 (7-8), pp. 1117-1132, SAGE.
- Perna, R. (2019), [Legal migration for work and training: Mobility options to Europe for those not in need of protection. Italy-case-study](#), FIERI Working papers, July 2019.
- Philips, J. (2016), [Australia's Working Holiday Maker program: a quick guide](#), Research Paper Series 2016-2017, Parliamentary Library, Parliament of Australia, 22 November 2016.
- Pratt, G. (2012), [Families Apart: Migrant Mothers and the Conflicts of Labour and Love](#), Minneapolis: University of Minnesota Press.
- Ruhs, M. (2013), [The Price of Rights: Regulating International Labor Migration](#), Princeton University Press.
- Spitze, D. and S. Torres (2008), [Gender-based Barriers to Settlement and Integration for Live-in Caregivers: A Review of the Literature](#), CERIS Working Paper No.71, November 2008, Toronto.
- Van Hooren, F.J., Apitzsch, B, and C. Ledoux (2018), "The Politics of Care Work and Migration", in A. Weinar, S. Bonjour, and L. Zhyznomirska (eds.), [The Routledge Handbook of the Politics of Migration in Europe](#), London, Routledge.
- Walker, L. (2008), [A Mixed Picture: the experiences of overseas trained nurses in New Zealand](#), New Zealand Nurses Organisation, Wellington.
- P.W. Walsh (2021), [Policy primer: the-UK's 2021 points-based immigration system](#), The Migration Observatory at the University of Oxford, 17 May 2021.

## About the Author



**Maria Vincenza Desiderio** is a Senior Migration Policy Analyst. She is currently working as an Independent Expert, advising governments, international organisations and NGOs on economic migration – for employment or self-employment – migrant integration, and the linkages between migration and development. Her main regions of expertise include OECD countries – with a special focus on EU countries and Canada – ASEAN countries, and Latin America.

Prior to starting a freelance career, Ms. Desiderio served for eight years (2017-2020; 2008-2012) as a Policy Analyst in the International Migration Division of the Organization for Economic Cooperation and Development (OECD), where she co-authored and edited various publications, including: [\*Building an EU Talent Pool: a New Approach to Migration Management for Europe\*](#); [\*Open for Business: Migrant Entrepreneurship in OECD Countries\*](#); and [\*Free Movement of Workers and Labour Market Adjustments\*](#), and regularly contributed to the OECD flagship publication *International Migration Outlook*.

Between 2013 and 2017 Ms. Desiderio worked as a Senior Policy Analyst at the Migration Policy Institute Europe (MPI Europe), where she provided high-level policy advice, carried out research and published on a broad range of migration issues. Selected publications include: [\*The Canadian Expression of Interest System: A Model to Manage Skilled Migration to the European Union?\*](#); [\*Policies to Support Immigrant Entrepreneurship\*](#); [\*Integrating Refugees into Host Country Labour markets: Challenges and Policy Options\*](#); [\*Open Windows, Closed Doors: Mutual Recognition Arrangements on Professional Services in the ASEAN Region\*](#); [\*Supporting Immigrant Integration in Europe? Developing the Governance for Diaspora Engagement\*](#).

Prior to joining MPI, Ms. Desiderio worked as a Research Officer at the International Organization for Migration (2012-13), where she coordinated the research activities of the Independent Network of Labour Migration and Labour Market Integration Experts ([LINET](#)), aimed at supporting the European Commission's decision-making in the field of labour migration and labour market integration.

Ms. Desiderio holds a master's degree with honors in international relations, with specialisation in European economic policy and the role of migration, from the University of Rome, La Sapienza.