

Shifting Dependencies: Migrant essential workers in the health and social care sectors

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The COVID-19 pandemic has increased public awareness of the extent to which the health and social care sectors depend on migrant workers. In many high-income countries, this dependence is not only substantial, but has further been increasing in response to the needs of an ageing population. Countries such as the United States, the United Kingdom, Canada and Australia have typically had large shares of foreign-born doctors and nurses among their health workforce, though other European countries such as Ireland, France, Germany or Sweden have also seen a fast increase in the numbers of foreign-born health workers in recent years.

While existing data has some limitations, we estimate that, in 2018, foreign-born nurses and doctors represented 29% of health care workers in Ireland and 25% in the United Kingdom. About half of workers in the social care sector in Italy (48%) and 26% in Ireland were born abroad. In many countries, migrants are over-represented in the health and, particularly, in the social care sectors compared to their share of the employed population.

Media coverage during the coronavirus crisis has often called attention to the health risks to which these “front line” workers are exposed, alongside difficult working conditions (e.g. lack of personal protective equipment). The value of these workers has also been repeatedly highlighted by political elites. The social impact of the COVID-19 pandemic might therefore have generated a context of institutional and policy flexibility, where significant shifts in public opinion towards some types of migrant workers could eventually be translated into policy.

In the United Kingdom, for instance, health care workers with visas due to expire before October, received an automatic one year extension (free of charge). It was argued that by not having to apply for a visa extension, they would have “peace of mind” to “focus fully on combatting coronavirus and saving lives.” The British government also proposed the cancellation of the considerable Immigration Health Surcharge for migrants working in the health sector, and even promised to give permanent residence to family members and dependants of National Health Service (NHS) workers who died as a result of contracting COVID-19. This includes those working for the NHS in the social care sector.

Immigration systems around the world generally give preference to workers with higher levels of education; based on their occupational profile, doctors and nurses already fit the priority criteria of labour immigration policies in most high-income countries. However, this is not the case for many personal care workers. Typically considered “low-skilled” and not qualifying for work visas, most countries tend to have fewer requirements in terms of educational levels or licenses for social care work compared to those of doctors and nurses. While the tasks delivered by personal care workers are frequently complex and very demanding, many are low paid and have poor working conditions.

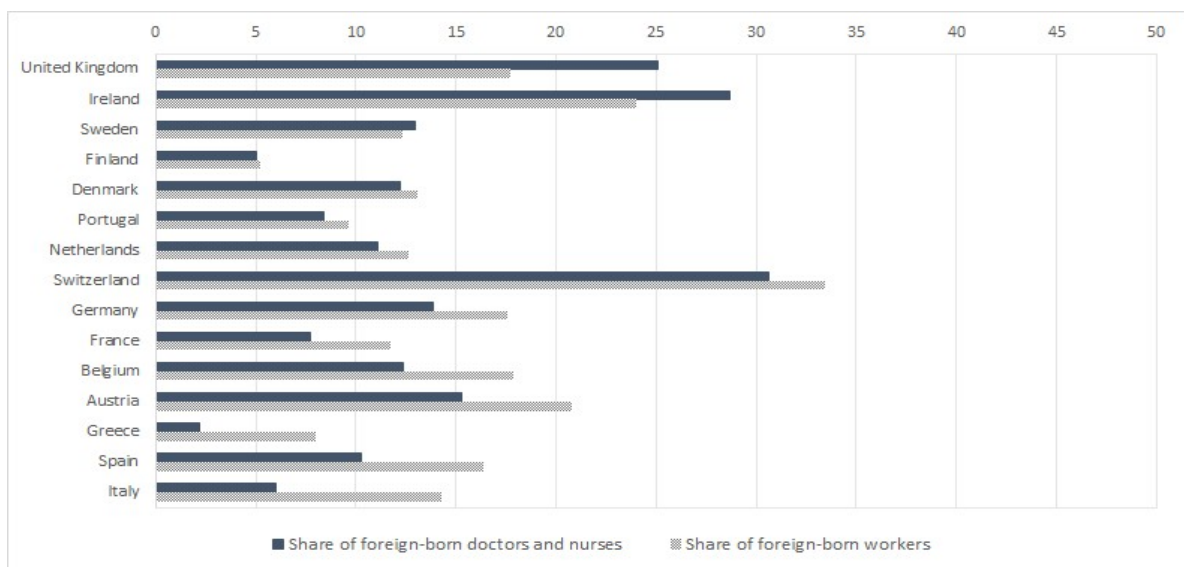
In the last decade, the demand for personal care workers in high-income countries has increased, as the long-term care needs of an ageing population require a workforce that provides daily assistance to people at their own home or in care homes. Yet, the political impacts of the current crisis – namely, how they may affect attitudes towards migrant care workers and their contributions to society and

the economy – will in the long run be more important than any change to policymakers’ understanding of how the pandemic affects the economics of migration. The main question for the near future is whether the current emergency will have a major impact on long-term public preferences for different types of immigrant workers in terms of skills, especially those in essential occupations.

If this changes sustainably, the result could be more open immigration policies and better conditions for workers in the care sector.

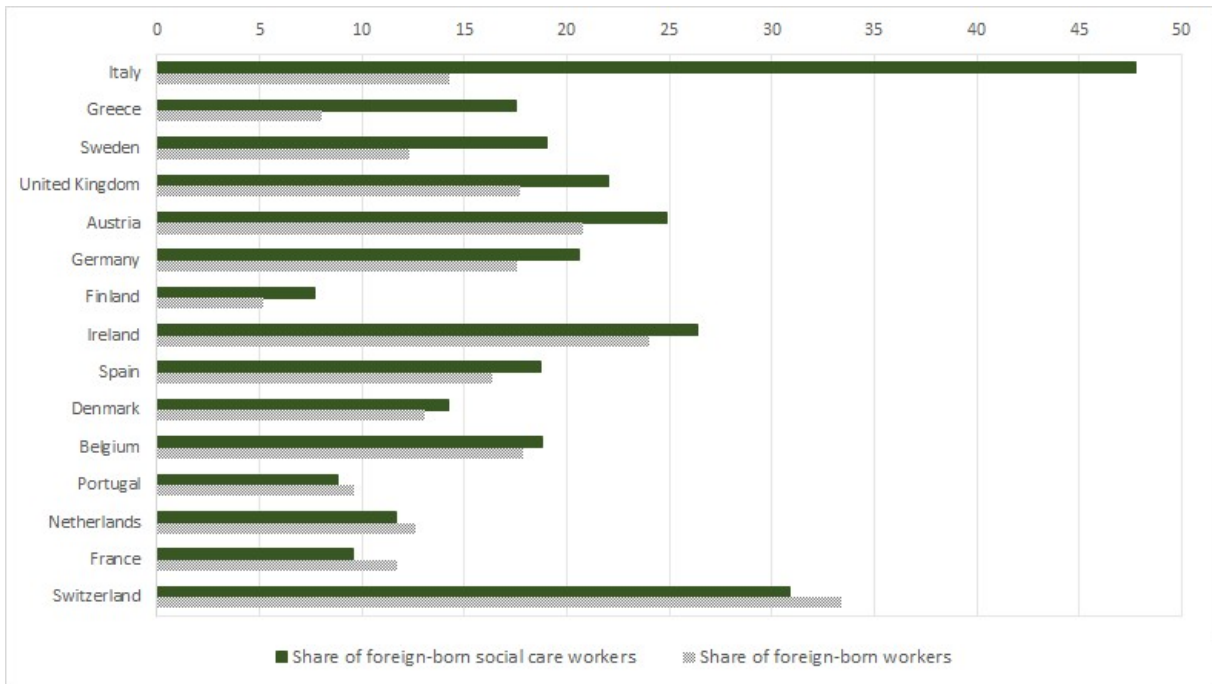
If it does not, then it seems likely that many governments will continue to follow the long-established trend of maintaining policies that curtail the availability of an important group of “essential” workers at a time when our societies need them most.

Figure 1 – Migrant share of the health workforce for selected countries (%)



Source: EU Labour Force Survey 2018. Note: Countries with low number of observations have been excluded

Figure 2 – Migrant share of the care workforce for selected countries (%)



Source: EU Labour Force Survey 2018. Note: Countries with low number of observations have been excluded