

Challenges and perspectives for care services and care workers in Germany

(13 September 2011) The department of health, social services, social welfare and churches of German EPSU member ver.di (Vereinigte Dienstleistungsgewerkschaft) recently issued two publications focusing on the challenges and perspectives of long-term care and elderly care services and the care workers in Germany.

Both publications illustrate well how topics such as the ageing workforce in health and social care or migrant care workers that have become the object of various initiatives of the social partners, the European Commission and other stakeholders in recent years are being addressed by EPSU affiliates and how outcomes of the European social dialogue in the health care sector can be used on the ground.

The first publication („Grauer Pflegemarkt“ und Beschäftigung ausländischer Pflegekräfte, only available in German, see below) provides background information on the “grey care market” in Germany. According to estimations there are about 115,000 care workers, mostly women and mostly from Central and Eastern European countries, currently working in households in Germany, partly on a legal basis, but often in irregular employment. This has to be seen on the backdrop of increasing staff shortages that are expected to amount to about 90,000 health and social care professionals by 2025.

Another context are ongoing discussions in Germany on labour migration linked to the abolition of still existing restrictions on the free movement of workers by 1 May 2011 for citizens of the 10 Member States in Central and Eastern Europe having joined the EU in 2004 and 2007 (there are still some exceptions for Bulgarian and Romanian workers). The ver.di publication sketches out the main options and actual arrangements of employing a migrant care worker in households and how they impact on their employment status and their working and pay conditions.

It elaborates on measures and proposes solutions to fight irregular employment of workers in care services and domestic work comprising elements of care of frail elderly persons. One of them is the minimum wage for care workers introduced in

2010, another measures to better integrate migrant care workers in the German long-term care system. One basic requirement in this context is that this is done in a way to promote decent working and living conditions and based on a recognition or improvement of their professional qualifications as only such an approach can prevent from risks of downwards spirals as a consequence of competition based on low wages and indecent working conditions, i.e. social dumping, still wide-spread today.

The brochure for decision makers, practitioners and family members of persons needing care has been developed for a parliamentary hearing and is accessible on [this website](#).

- [„Grauer Pflegemarkt“ und Beschäftigung ausländischer Pflegekräfte](#)

EPSU policy and advocacy work on elderly and long-term care services regularly covers the issue of migrant care workers.

- It has been taken up in the EPSU Study "[Care Services for Older People in Europe - Challenges for Labour](#)", published in February 2011.
- The same holds for the more recent EPSU Report "[Migration of health & elderly care workers and related trade union initiatives](#)".
- "Cross-border mobility and migration" also is one of the three topics the European social partners in the hospital sector are focusing on in 2011 and 2012. In 2008 EPSU and HOSPEEM agreed on a [Code of Conduct on Ethical Cross-border Recruitment and Retention](#) by mid 2012 how it has been implemented in different member states. There we will also assess the effects this instrument had on the ground and what could be improved to make the Code of Conduct more effective and the key reference document on the employment of migrant workers for both employers and employees.

The evaluation will also take into account a similar instrument adopted in 2010 by the World Health Organisation (WHO), the WHO Global Code of Practice on the International Recruitment of Health Personnel. The ver.di publication makes reference to the EPSU-HOSPEEM Code of Conduct and already used it in a [campaign to fight social dumping for health care workers](#).

The second publication is a memorandum on “Perspectives for the care of elderly persons in Germany” has been jointly elaborated with one of the five big national federations of social welfare organisations, the Arbeiterwohlfahrt (AWO). The [memorandum \(in German language only\)](#), starts from the needs, the dignity and the right to self-determination of persons needing care by professional workers in health and social services.

It calls for adaptations to increasing and new needs for care work and tailor-made solutions for those needing care on the backdrop of the trend towards community-based services and de-institutionalisation of care services. It defines requirements for service providers, the quantitative and qualitative level of staffing, for the design of health and social services and for financial basis of social protection schemes.

Both organisations – AWO representing one important not-for-profit employer and ver.di as the representative public service union and in this capacity both involved in collective bargaining in the care sector – call upon decision makers to work towards frameworks that would substantially improve the financial basis, the service quality of services and the working and pay conditions. This also entails sufficient staffing as well as working and pay conditions complying with [the “good work” concept](#).

Other key demands of both ver.di and AWO are a stronger orientation on prevention, a coordinated approach for recruitment and retention of qualified staff, a stable regulatory as well as a predicable and sustainable financial framework as this would also allow for investments in staff, infrastructure, professional training and continued professional development (CPD).

AWO and ver.di finally remind of the fact that a move towards a higher quality of work in the sector also implies an improved recognition of care work and care professions by society and politics. This recognition also needs to be flanked by a bundle of policies and measures (such as increases of remuneration, upgrading the categorisation of tasks and jobs, re-organisation of work to reduce physically demanding tasks, time pressure and strains, gender equality, shared responsibilities for care work, improved access to and entitlement for life-long learning, career opportunities, etc.).

As above there are several links to issues dealt with within the EU-level Sectoral Social Dialogue Committee for the Hospital Sector, first in view of its work on the

“ageing health care workforce”, started in 2006 ([see EPSU-HOSPEEM Study \(2006\)](#) [“Promoting realistic active ageing policies in the hospital sector”](#)). Secondly to the “[Framework of Action "Recruitment and Retention"](#)” endorsed by HOSPEEM and EPSU in December and defining their thematic priorities for 2011 and 2012.

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