



# **RECRUITING AND RETAINING STAFF IN SOCIAL SERVICES**



**Co-funded by  
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Team of authors

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# 1. Introduction

**D**o you have a disability or is there somebody who does in your family? Are you taking care of an older person in your household? Do you want to enjoy your old age?

**If you answered “yes” at least once, that means you already use or will use social services.** Social services are one of the biggest job creators in Europe today and contribute to empowering everybody to play an active role in society. Nevertheless, many social services employers report difficulties in recruiting and retaining staff, resulting in staff shortages. This is, among other reasons, because of understaffing, emotionally and physically demanding working conditions, and lower pay compared to national averages.

This is why an international consortium of partners was established to work together on a project called *Recruiting and Retaining Staff in Social Services*. This catalogue is one of the outcomes of this project, which was implemented from 1 September 2022 to 31 December 2024. A partnership was established between social services organisations and service providers

with similar objectives and activities from the Czech Republic, Greece, Austria, Italy, Spain and Iceland.

All the partner organisations focus their activities on improving the quality of provision of social services and are interested in having a skilled and motivated workforce in the sector. This was their motivation for joining the project, which aims to identify examples of good practice in recruitment and care.

Partner organisations:

- **Association of Social Services Providers Czech Republic:** an independent umbrella organisation of legal and natural persons and registered social services providers. (APSS CR)
- **AKMI ANONIMI EKPAIDEFTIKI ETAIRIA:** the largest provider of vocational education and training in Greece. (AKMI)
- **Geriatrische Gesundheitszentren der Stadt Graz:** a non-profit organisation and a competence centre for geriatric medicine and nursing. (GGZ)

- **ISTITUTO REGIONALE RITTMeyer PER I CIECHI:** a regional public body that provides services for people with visual impairment and multiple disabilities. (IRRPIC)
- **Lares Asociación Unión de Residencias y Servicios del Sector Solidario:** a non-profit private organisation working in the field of assistance to elderly, dependent and disabled people, and those at risk of social exclusion. (LARES)
- **Soltun Hjúkrunarheimili:** a leading Icelandic provider of residential social services. (SOLTUN)
- **Domov U Biřický:** a major provider of residential social services employing 300 staff. (BIRICKA)

The project *Recruiting and Retaining Staff in Social Services* aims to gather examples of good practice in recruiting and retaining in the social services sector, to develop tools to help HR specialists, managers, and home directors select suitable job candidates, and to stabilise the sector by retaining experienced workers. The project is divided into four work packages of activities. Mutual visits with the participating countries took place within work package No 2. The outcomes and examples of good practice identified during these visits are presented below.



# 2. Visit to the Czech Republic (15/16 November 2022)

The first visit as part of the project was arranged by project coordinator APSS CR and partner BIRICKA to Prague, and took place in November 2022.

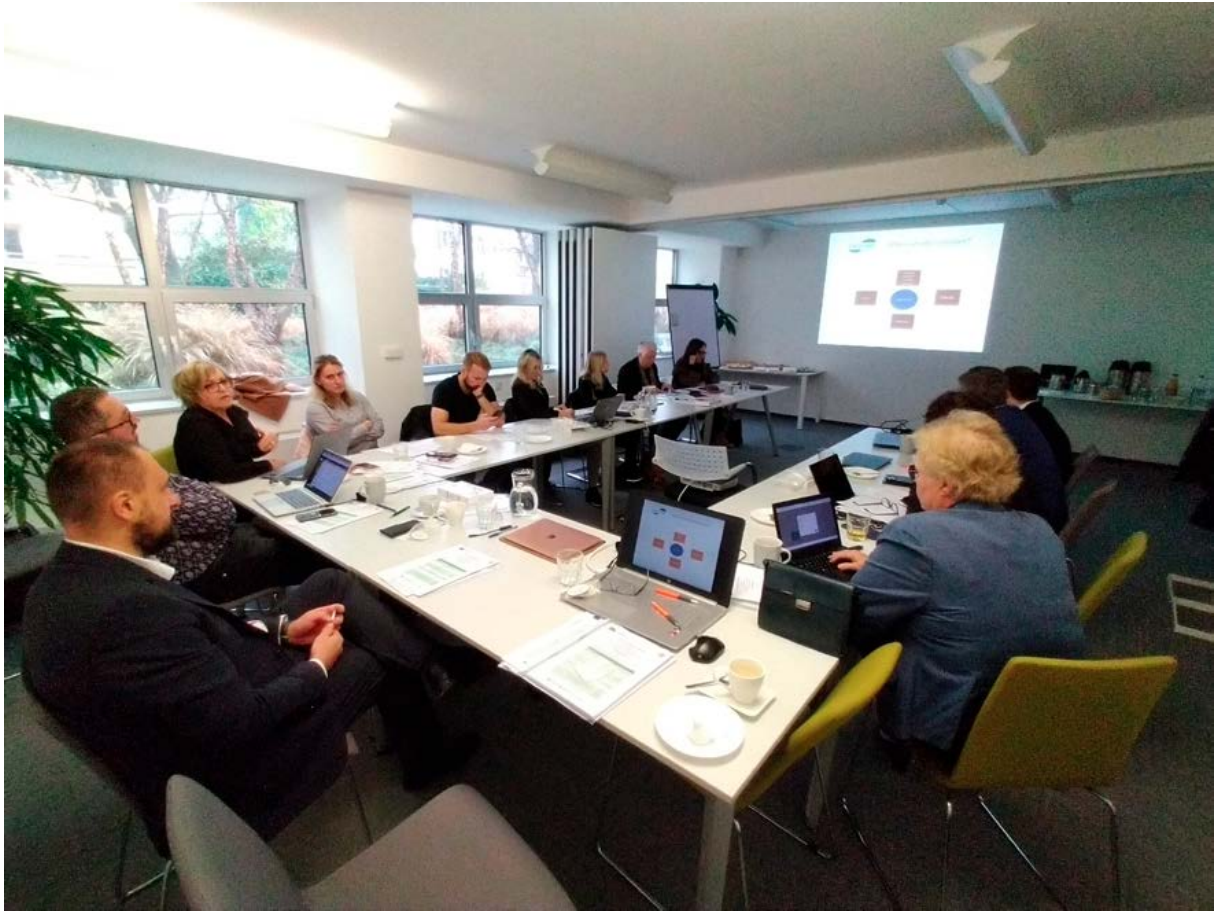
## Examples of Good Practice

### Millennials (Gen Y, Gen Z) in the Social and Health Sectors and their Demands - a Presentation Prepared by Partner BIRICKA

- The entire labour market (not only in social services) is changing rapidly in connection with the emergence of a new generation and technological progress, and everything has been accelerated by the COVID-19 pandemic. The demands of employees from different generations need to be reconciled with the demands placed on them by employers.
- A specific situation, especially for small and medium-sized social services providers, arises from the conflict between current managers, who represent Generation X (1965 – 1980), and new employees, who represent Generations Y (1980 – 1995) and Z (1995 –

2010). The expectations of current Generation X managers are usually not the same as those of Generation Y and Z managers.

- Tips on how to harmonise the expectations of Generations X, Y and Z:
  - Know the individual needs of employees.
  - Reduce overtime.
  - Cancel 12-hour shifts.
  - Prefer flexible working hours, where possible.
  - Job sharing and sick days.
  - Allow 14 or more consecutive days leave, where possible.
  - Adjust the organisational structure to ensure career progression is possible.
  - Reduce team sizes – one leader to 10 employees.
- Notes from partners:
  - *“The population structure is changing towards proportionally fewer young people and proportionally more older people. Therefore, employers will soon be having to compete harder for employees. This makes it an even more relevant challenge to try to understand*



*Presentation led by partner BIRICKA*

*the younger population's point of view and what they consider "a good place to work", or what that stands for." (SOLTUN)*

### **In-house Recruitment Centre – a Presentation Prepared by Partner BIRICKA**

- Every autumn, BIRICKA organizes a "recruitment day". Potential workers see a presentation about the nursing home and take a tour to learn about working conditions at the facility. The presentation is followed by interviews with the staff. There are always 10 to 15 candidates on these visits, and the success rate is around 10% - i.e., 10% of visitors/potential workers start working for BIRICKA.
- BIRICKA offers accommodation for foreign workers and Czech language courses for foreign nationals. Each foreign worker can stay at their accommodation facility for an extended time. These benefits are very attractive: approximately 70% of the new foreign workers use the accommodation facility and around 90% attend the Czech language courses.
- Other benefits include parking, discounted meals, free drinks at the workplace, financial contributions to sports and culture, team building and more.
- BIRICKA gives all new job applicants without previous experience in social services an opportunity to attend a 12-hour internship at the facility. This internship is recommended

after a successful selection process, but before the final decision to sign an employment contract. During this internship, the job applicant gets a closer look at the reality of elderly care and can then make the final decision to sign a contract or not.

### Human Resources at SeneCura – a Presentation Initiated by Project Coordinator APSS CR

- Active tools used at SeneCura in the Czech Republic for recruiting new staff:
  - Active cooperation with schools: an accredited workplace for internships, part-time jobs and student volunteers.
  - Recruitment day and recruitment events.
  - Employee motivation – there is a bonus

available for recommending a new colleague, divided into two parts: the first part is paid out during the onboarding period, and the second after the new colleague has worked for SeneCura for one year.

- Passive tools used at SeneCura in the Czech Republic for recruiting new staff:
  - Recruitment websites/external online platforms (jobs.cz, work.cz).
  - Local media, according to experience in the region, magazines.
  - Employment department.
  - Facility website.
  - Social media – Facebook, LinkedIn.
  - Recruitment agencies.



*Presentation led by Vera Husakova, country manager at SeneCura Czech Republic*



- Prerequisites for successful recruitment:
  - An immediate reply to the job applicant (e-mail, phone call, face-to-face meeting).
  - The interview is always led by a potential line manager.
  - The job applicant always meets with at least two employees of the company.
  - The candidate selection process includes a tour of the facility and individual workplaces, as well as a meeting with future colleagues.
  - For a job applicant without experience, an example of a potential colleague's real work is part of the interview.
  - The job applicant must participate in a trial shift (obligatory for non-management positions).
  - After the trial shift, the shift worker will recommend the acceptance or non-acceptance of the job applicant.
- Retaining staff at SeneCura in the Czech Republic – example tools:
  - Regular meetings and feedback interviews with superiors.
  - Employee birthdays are celebrated.
  - Care for the mental health of workers – they can visit psychologists for free.
  - The use of modern digital tools and devices makes the work of carers easier and contributes to team stabilisation.
  - Superiors understand the personal motivational factors of their subordinates.
- Notes from partners:
  - *“I appreciate that SeneCura uses an external partner at regular intervals to track feedback from all employees. This helps make employees less afraid of giving feedback and to be more “open” than if they had to tell their feelings to a direct supervisor.” (GGZ)*



*Visit and excursion at the SeneCura SeniorCentrum Slivenec nursing home*

# 3. Visit to Austria

## (21/22 March 2023)

The second visit as part of the project was arranged by partner GGZ to Graz, and took place in March 2023.

### Examples of Good Practice

#### GGZ as an Employer

- Emphasising networking: GGZ actively cooperates with universities, research

institutes, and government organisations and regularly requests feedback on activities.

- *Notes from partners:*

- *“They run a kindergarten for their employees’ children. This is an idea often discussed by us in Iceland but not yet thought worth the effort.” (SOLTUN)*



*Presentation led by partner GGZ*

- *“GGZ has a good slogan: Our clients are our bosses. They decide what kind of treatment and lifestyle they want.” (SOLTUN)*

## HR Management

- When we need to recruit a new employee, all departments get involved, meaning not only the Human Resources department but also the others. They actively look for suitable colleagues because each individual counts and GGZ pays close attention to their specific needs.
- Systematic work with students has proven very effective, as up to half of new employees are recruited from those who were at GGZ during their studies. This means GGZ is actively offered at universities as a good place to take mandatory internships.
- For employee recruitment, GGZ uses its own job opportunities portal, and this also presents a wide range of benefits. A jobseeker can simply leave their e-mail address/phone number on the portal and the HR department will contact them to see if there is a suitable position for them.
- An unusual benefit offered by GGZ, and one that has become very popular, is the “Finnische Kaffeepause”, which allows employees to meet and exchange knowledge and experience from the past four days as it takes place every Friday at 9:00 a.m.
- GGZ pays for its employees’ preventive medical check-ups and medical care and contributes EUR 300 to the “KlimaTicket”, so they can travel by public transport almost free of charge all year round.

- The recruitment bonus of EUR 1,000 is certainly a positive incentive. This contribution is paid to an existing employee who recommends a new one who works at GGZ for at least one year.

- GGZ has a system for the active reintegration of employees returning from long-term sick leave, parental leave, etc. For example, interviews with supervisors and reduced working hours are used as reintegration tools.

- *Notes from partners:*

- *“An interesting bonus system. A new employees gets a EUR 2,100 to EUR 6,000 bonus depending on their loyalty (one to three years) and professional background.” (SOLTUN)*
- *“Making it easy to apply for a job with only a mobile number or e-mail address is interesting. No CV or a long list of information to fill out.” (SOLTUN)*
- *“Creating a list of all the benefits employees can take advantage of is a good idea. You can also talk to existing employees to help you decide which benefits are valuable!” (SOLTUN)*
- *“Job rotation/transfers within the company are very reasonable. It’s always better to give people new roles and new tasks instead of keeping them in the same position, as the latter often leads to them deciding to leave the company because they lack career progression.” (SOLTUN)*
- *“Age-relevant jobs was an interesting discussion and something we will look into at our company.” (SOLTUN)*

## Mentoring in Nursing

- GGZ is rightly very proud of its mentoring system for new employees. It has proven that the method and quality of onboarding, and the style of support from current employees,



influence new employees as to whether they stay with the company or decide to leave.

- A care mentor is a professionally experienced person who supports a less experienced one (= mentee), for example a new employee returning from parental leave. The mentor accompanies the mentee during all their activities in the department, and they work together in the same shifts for at least the first two months. If a change of mentor is needed for whatever reason, a pre-defined replacement one is available to the mentee.
- Mentoring is, however, based on mutual give and take, and a mentor can also benefit from this relationship. In this way, they receive new impulses and ideas from their mentee and are encouraged to consciously reflect on their work and develop their own social and communication skills.
- *Notes from partners:*
  - *“The mentoring approach was very interesting as a whole, and seemed very well-structured and organised.” (SOLTUN)*
  - *“The mentor and mentee have the same schedule for a month! This helps the new employee learn the job and become more independent, so they feel more comfortable in their work.” (SOLTUN)*
  - *“Mentors will also need mentoring!” (SOLTUN)*
  - *“The arrival of a new employee is planned four to eight weeks in advance! That is admirable :-)” (SOLTUN)*
  - *“The presentation was interesting and we liked it very much. It allowed us to learn about methods to make it easier for people starting to work in the centres. We think it could be applicable in our centres, so we will work in that direction.” (LARES)*



*Presentation of ilvi solutions led by partner GGZ*

## ilvi – Minimising Administration

- ilvi is a collective term for smart healthcare solutions that optimise work and documentation processes in healthcare, increase process reliability, and reduce costs. It helps healthcare professionals simplify their daily routine tasks so they can better focus on specialised care for their patients.
- Notes from partners:
  - “This is absolutely the way forward. We have seen similar solutions.” (SOLTUN)
  - “It was a novelty to learn about an application that minimises administrative work for care workers through a wristband with a barcode. It is a fast and efficient system for scanning resident data and interconnecting all diagnostic and monitoring elements. However, in our opinion, this system is a bit depersonalised and

*leaves out the human aspect of the resident and the small details that, emotionally and physically, make up their life.” (LARES)*

- *“The presentation of the ILVI device was very interesting. It can be used to digitize client/patient care records, and means that a single device can be used for many tasks, such as measuring blood pressure, temperature and blood oxygen saturation, and recording weight, pain, sugar levels, and food eaten.” (BIRICKA)*

## Training Centre for Informal Caregivers (Presentation and Excursion)

- GGZ or, more precisely, the Albert Schweitzer Institute for Geriatric and Gerontology, operates a training centre for informal caregivers in Graz. This centre is a place where informal caregivers can learn caring



*Excursion to the centre for informal caregivers in Graz*





*Presentation led by Robert Zoglmeier and Christoph Kocher, managers at the Peter Rosegger Nursing Home*

practices in a small group. They will practice nursing activities in a training apartment, which is furnished like a typical household but has several tools and aids that make care easier. The training units are therefore very practically oriented. Visits to such a training apartment can help informal caregivers get ideas on how to adapt apartments to the needs of the elderly. In Austria, the situation is such that eight out of 10 people who need help and support are cared for by relatives at home, and the majority of caregivers are between the ages of 55 and 69. Training at the centre will certainly help them improve their wellbeing and reduce mental stress.

▪ *Notes from partners:*

- *“This was the highlight of the day. We loved the very realistic training rooms. As an example of good practice, we understood the importance of being able to offer training to informal caregivers as well. We offer training and simulate residential environments, but it is essential to also be able to cover the dimension of adapted apartments, reproducing the living and working conditions there. This is undoubtedly good practice that we will try to reproduce and apply at our facility and in our centres.” (LARES)*

## Peter Rosegger Nursing Home (Presentation and Tour)

- The Peter Rosegger Nursing Home participated in the project “Digibegleiter für Seniorinnen und Senioren”. This was a series of training modules explaining and bringing digitisation closer to the elderly (smartphones, internet, virtual reality and the risks associated with using the internet). The project outcome was nine workers certified as “Digibegleiter für Seniorinnen und Senioren” (digi-guides for seniors). The director of the Peter Rosegger Nursing Home mentioned a specific example where a digi-guide helped: this was in a fake dating advertisement situation. A female client at the nursing home had been corresponding for some time with a supposed prisoner of war, who was asking for money. She hadn’t sent it to him yet, but the client was convinced that everything was above board and so it was only a matter of time before she would send the money.

- *Notes from partners:*

- *Digi-guide for the elderly: “A very clever way to empower employees to be better able to assist the seniors with issues they might find complicated or hard to learn.” (SOLTUN)*
- *“A very interesting and essential talk about how to offer training and support to the elderly in digitisation issues, to talk to them about their doubts, to provide them with devices so stop them being left behind, and to incorporate them into the new dynamics of society.” (LARES)*
- *“We really enjoyed this visit. The space was very nice with its outdoor areas, and the activity was very well organised. As an example of good practice, we would like to highlight the coexistence units, an aspect we are also implementing in Spain. It was interesting to see the implementation of the coexistence units, the dynamics that these generated, and the professionals that are needed in other countries.” (LARES)*

# 4. Visit to Greece

## (29/30 May 2023)

The third visit as part of the project was arranged by partner AKMI to Athens, and took place in May 2023.

### Examples of Good Practice - Recruitment

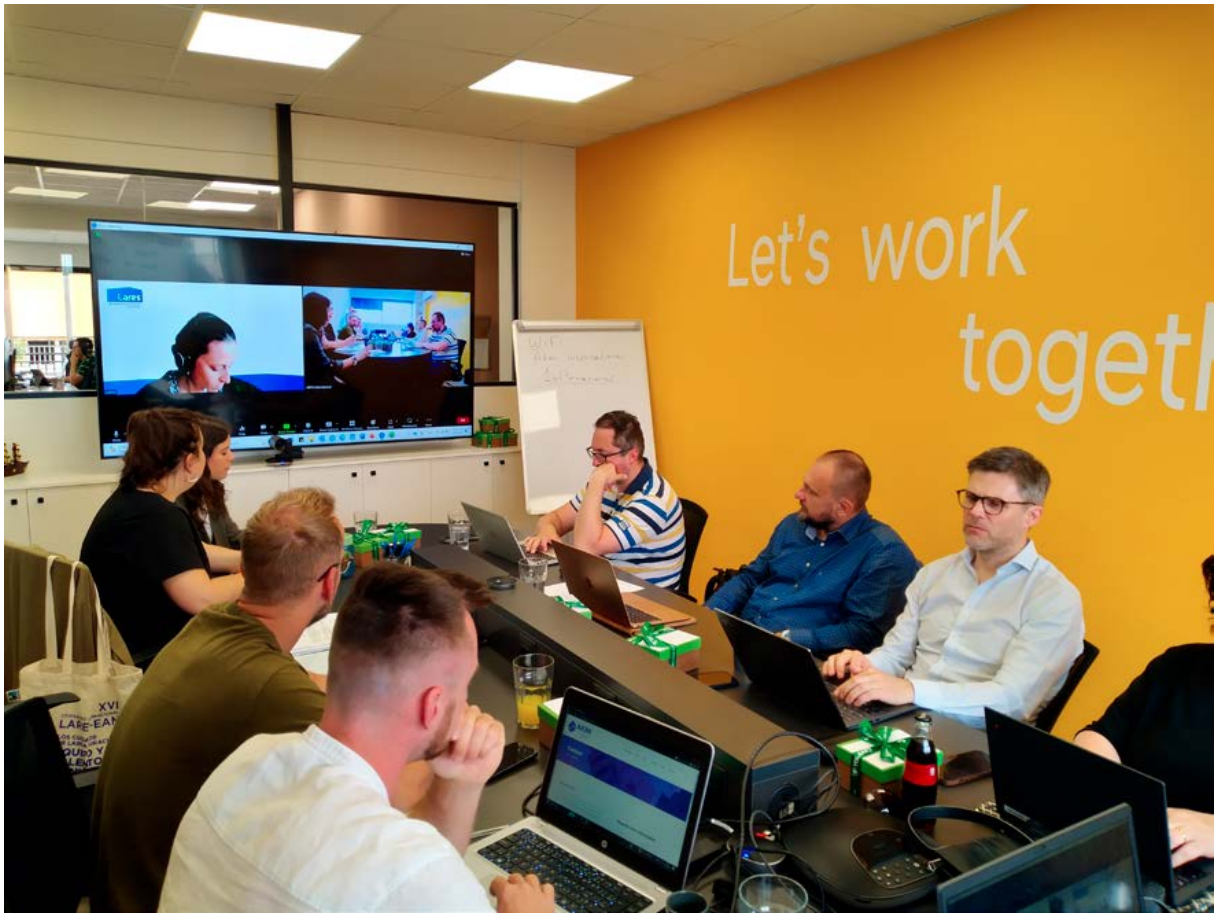
#### Employer Branding & Social Recruiting

Strategic recruitment is a way to fill a position with the right person, with the right skills, and to meet organisational needs as they arise. One of the most targeted and long-term recruitment policies is Employer Branding. Through such activities, employers listen to the needs of candidates, turn the application experience into an enjoyable and interactive process, and motivate talent to work in conditions that promote their skills. Based on a carefully planned Employer Branding policy, and the desire to highlight the employment opportunities on offer, increasingly timely and engaging staffing tools are used, with social media being the used to strengthen the relationship with the

candidate audience every year. In the context of the prevailing trend of social recruitment, we are seeing adaptation to the needs of young people, building confidence in their potential, and approaching them in a simple, direct and cordial manner. No question is left unanswered, and each candidate is treated with personal attention.

#### Psychometric Tools

Psychometric assessments are measuring tools designed to thoroughly measure an individual's personality traits, cognitive abilities and behavioural tendencies. Psychometric assessments have applications in the educational sector and the workplace for making important decisions related to career planning, recruitment, adaptation to a role, work style, etc. Psychometric tests help in the understanding of aspects of a potential candidate's cognitive abilities and behavioural style that organisations cannot 'measure' during an interview, providing important information on whether the individual will thrive in a particular role.



*Presentation led by partner AKMI*

## Examples of Good Practice – Retention

### Employee Reward System

Employee recognition and reward refers to complex programs and initiatives implemented by organisations and businesses to recognize and reward the efforts and contributions of their employees towards corporate goals. A 'reward system' refers to all monetary, non-monetary and 'psychological' rewards an organisation provides to employees in return for the work they do. These systems aim to create a positive and healthy work environment that promotes employee loyalty. Effective recognition and reward programs can lead to increased productivity, higher employee retention rates

and improved job satisfaction. They can also help create a sense of collegiality and foster team spirit, elements that prove beneficial to the overall success of the business.

### Supporting the Mental Health of Workers

A Greek company implemented a new framework to support employee mental health. The program is developed in four axes and aims to encourage employees to acquire new habits that will help them improve their physical condition (For my Body), develop new personal skills that will strengthen their emotional resilience (For my Soul), feel strong, and strengthen their ties with their social environment, and contribute to the whole (For my Community).





*Presentation led by Philippe-Richard Domeyer, academic tutor at Hellenic Open University*

Finally, to feel more secure in managing their financial future (For my Future). The company introduced a telephone helpline through which specialised counsellors can guide and support employees in better stress management and

work-life balance, voluntary initiatives aimed at reducing their environmental footprint, as well as sporting activities involving participation in major races such as half-marathons and marathons.

# 5. Visit to Iceland

## (30/31 August 2023)

The fourth and last visit as part of the project was arranged by partner SOLTUN to Reykjavik, and took place in August 2023.

### Examples of Good Practice

#### Iðunn - a Software Solution for Nursing Homes

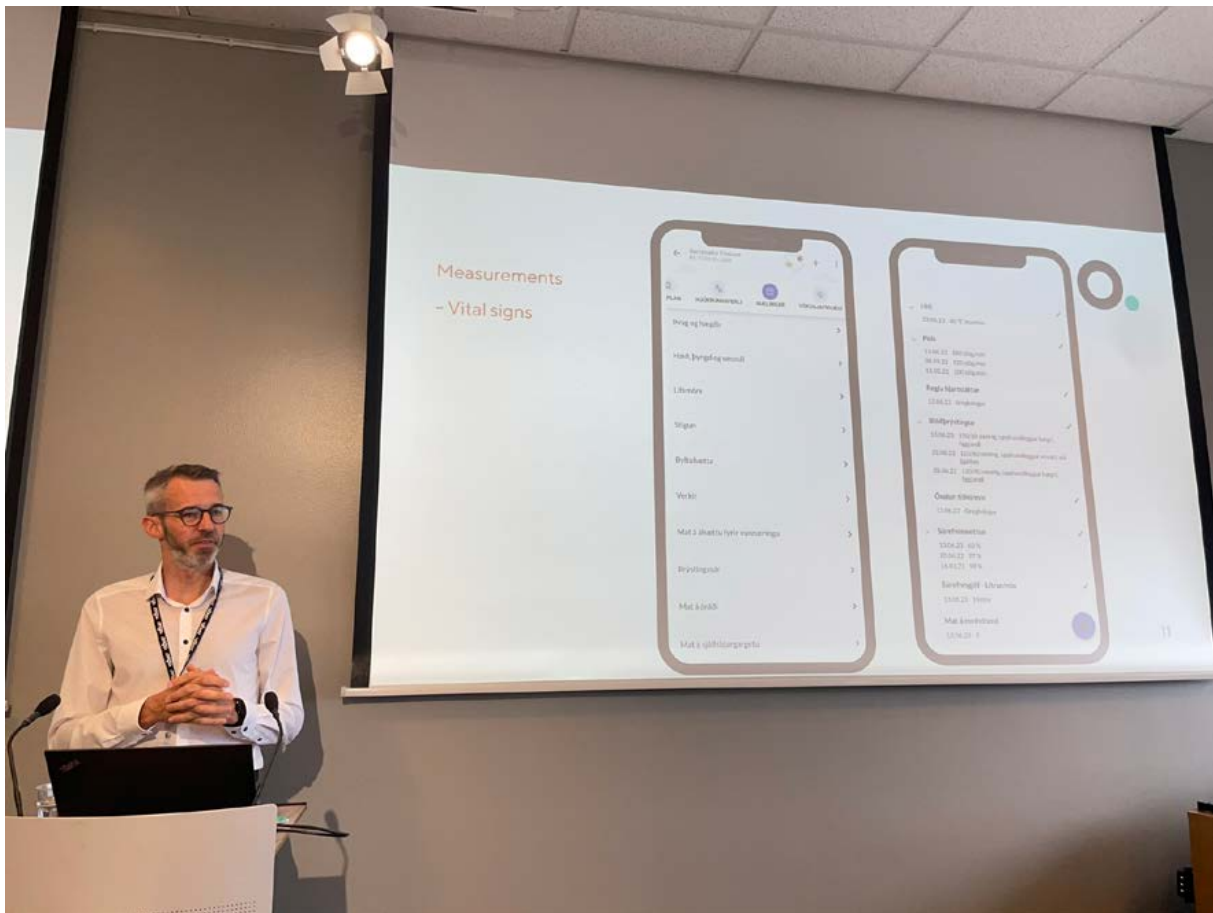
Iðunn is the name of a software solution for nursing homes. It is already in use at nursing homes in Iceland and currently has a market share of 35%. The developers (Origo) aim for a 100% share in Iceland in 2026. Iðunn is about improving the standard of safety and care in social and healthcare services. The key function of this solution is real-time registration. Iðunn defines individual care for each resident, enables an overview and update of care in real time through an application for smartphones, and facilitates communication between staff in residential care facilities. We can describe it in one sentence as follows: Iðunn improves safety, which increases job satisfaction and, thanks to this, Iðunn increases continuity in care.

#### ▪ Notes from partners:

- *“In Spain, there are applications and software with similar functionalities that are already being implemented in some Lares nursing homes. The interesting things about this application are the integration of the various areas of care for the residents and the workers at the facility, and the data and medical records interoperability.” (LARES)*

#### Breaking the Waves – Pioneer Project

In Iceland, in line with the Icelandic government’s immigration policy, a pioneering project was implemented between 2007 and 2008 to recruit new staff for two nursing homes. The goal of the project was to offer immigrants living in Iceland a paid two-month-long training course in return for working at selected nursing homes for two years. The reason for the implementation of this project was naturally the lack of caretakers and assistant nurses. Out of more than 100 applicants, 17 students were selected for the project, all women and mostly from Poland, but also from Russia, Germany, Kenya, Namibia, the Philippines, Tanzania, Sweden and Bulgaria.



*Presentation led by Thorolfur Ingi Thorsson, project manager at Origo Health Care Solutions*

First, they learned the basics of the Icelandic language, then went on to study Icelandic culture, with the key topics naturally being care itself and communication, as well as building contacts and positive relationships with the Icelandic staff in the nursing homes.

How successful the project was after one year:

- 16 students completed the training.
- Their Icelandic language skills had improved significantly.
- The students and the nursing home staff were very satisfied overall.
- A more positive attitude towards staff from other countries in the nursing homes thanks to the project, and a more positive attitude toward immigrants in Icelandic society.

▪ *Notes from partners:*

- *“Lares is carrying out a similar project with the Colombian Consulate in Madrid, through a (pilot) course in social care and healthcare for dependent family members and caregivers. (...) Through this project, it would be interesting to document similar experiences and lessons learned about training and hiring foreign personnel who are already working as informal caregivers.” (LARES)*
- *It was interesting that there were students ranging from 22 to 52 years old, and all were able to succeed and work together. Unfortunately, the financial crisis that hit Iceland in 2008 meant that the students did not start regular work at the nursing homes and left the country. (APSS CR)*



*Presentation led by partner SOLTUN*

## HR Management at SOLTUN

The persistent shortage of healthcare workers and caregivers is a concern, especially as the elderly population continues to grow. The demand for nursing-home care and healthcare services remains high, so SOLTUN has to find a common solution to attract a workforce.

There was a difference between SOLTUN Nursing Home and Sólvangur Nursing Home and, due to the new unified approach and their integration under one common management, it was necessary to create one common structure for human resource management. The second finding was that many HR processes and projects were put on hold after the COVID-19 pandemic, and have since been implemented only operationally, not strategically.

Tools used in the HR management process at SOLTUN:

- Google Workplace: all news, events, shift info, etc. are published on Google Workplace, which is shared with 400 employees, while 270 are daily active users of this tool.
- MyTimePlan: A shift-scheduling tool that saves time for managers as they do not have to manually create shifts and go through individual employee wants and preferences. The planning schedule is clear and looks like this:
  - Nine weeks ahead, people can request specific shifts, not knowing what others are requesting.
  - Eight weeks ahead, people can see how many requests there are for each shift and change their requests if they want.





*Project team at Soltun Nursing Home in Reykjavik*

- Seven weeks ahead, an algorithm finds the “best solution”.
  - Six-and-a-half weeks ahead, management can make necessary changes to the plan.
  - Six weeks ahead, the shift is published.
- Benefits:
    - A canteen offering with healthy and subsidized food.
    - A sports grant.
    - Christmas gifts and Easter eggs.
    - Discounts at the Útilíf “sister company”.
- Notes from partners:
    - *“The persistent shortage of healthcare workers and caregivers is a concern, especially as the elderly population continues to grow. The demand for nursing-home care and healthcare services remains high, so this kind of approach seems crucial as a solution to attract staff.” (BIRICKA)*

# 6. Conclusion

## 10 Claims Based on the RES Project Visits

RES project partners agreed on the following claims linked with identified examples of good practice.

We addressed two key questions through the RES project:

- How can we recruit staff for social services?
- How can we retain (qualified) staff in social services?

We can, however, combine these into one question: **How can we create a workplace where people want to come to work and then want to stay and keep working?** You will find below 10 claims agreed and confirmed by the RES project partners:

1. A workspace that makes workers want to come and stay is a combination of factors that foster a supportive, positive, motivating and creative environment.
2. Employee wellbeing is a key area that needs to be addressed to ensure that employees do not leave but remain loyal to the company. This can include monetary rewards as well as non-monetary rewards, such as wellness programs, flexible working conditions, training, seminars, and mentoring programs for personal and career development and more.
3. A collaborative and open culture and the setting of clear goals and expectations help employees understand their roles and motivate them to share ideas and work together.
4. It is very important to support the work-life balance of employees by promoting reasonable working hours, discouraging excessive overtime, and respecting employees' personal time.
5. The organisation of social events, teambuilding activities and trips to help employees establish and build positive relationships outside work.
6. Help employees connect their work to the mission of the company. When employees feel their work is meaningful, they are more motivated to contribute.

7. Build a strong leadership and communication environment because effective leaders inspire trust and provide clear direction. They communicate openly, listen to employee concerns and are approachable.
8. Apply the “Lead by Example” principle, meaning that leaders should embody the qualities and behaviours they expect from their employees. A positive and engaged leadership team sets the tone for the entire organisation.
9. Address conflicts and issues promptly and fairly. Healthy conflict resolution can prevent negative emotions from surfacing and affecting other colleagues.
10. Remember that creating a great workplace is an ongoing effort that requires continuous feedback, adaptation and improvement. Regularly seek input from employees through surveys, focus groups, and one-on-one conversations to ensure you are meeting their needs and addressing any concerns.

# 7. Annex

## The Inclusion of Foreign Workers in Social Services – State of Play

The following pages contain state-of-play reports on the inclusion of foreign workers in social services in five countries. These are:

- The Czech Republic
- Greece
- Austria
- The Italian Republic (focus on the Friuli-Venezia Giulia region)
- Iceland
- Spain

The reports were developed within the framework of the project “Recruiting and Retaining Staff in Social Services (RES)”. The project will be implemented on a pan-European level with EU funding, and its registration number is 2022-1-CZ01-KA220-VET-000085721. The project’s main objective is to help stabilise the labour market in social services. Up to three million more caregivers, nurses and other staff are needed in Europe. At the same time, the rate of ageing in EU countries

is increasing, which will result in an increasing need for social services, particularly in the long-term-care sector. The situation is very similar in all European countries, but in some there is a lack of workers because they are leaving the country, while in other countries the demand for long-term-care services has increased, likewise causing a shortage of staff. The question of how to recruit and retain staff in the long-term-care sector has become a key question and challenge.

## The Czech Republic

### Basic facts, the Czech Republic

- 10.7 million inhabitants
- 60,000 beds in nursing homes
- 36,000 assisted-living flats
- 106,000 clients in in-home care
- 110,000 workers in the long-term-care sector (in all social services)
- 500 to 1,000 extra nurses and caregivers needed

## Foreign Workers' Access to the Labour Market in the Czech Republic in General

The residence status of foreign nationals depends on their nationality:

- Citizens of third countries (outside the EU) with visa requirements.
- Citizens of third countries without a visa requirement.
- Citizens of the EU, Iceland, Lichtenstein, Norway and Switzerland.

**Citizens of third countries with visa requirements** can get short-term visas (up to 90 days), long-term visas (over 90 days), or long-term residence permits. If a foreign national wants to work in a position that comes from *the central register of job vacancies that can be filled by holders of employee cards*, they must obtain such an employee card. A foreign worker with an employee card is entitled to reside in the territory of the Czech Republic and, at the same time, to work in the job for which the employee card was issued, or to work in the job for which consent was granted to them due to previous legislation, or to work in the job which was properly notified by the foreign national.

**Citizens of third countries without visa requirements** can stay in the Czech Republic for a maximum of 90 days every 180 days. If they want to work or start a business there, they must obtain an appropriate visa or residence permit. A visa-free stay does not establish the right to work in the territory of the Czech Republic, so any work would be illegal.

**Citizens of the EU, Iceland, Lichtenstein, Norway and Switzerland** can temporarily stay in the Czech Republic without any special

permit, solely based on a travel document or identity card. If they intend to stay in the Czech Republic for longer than three months, they can request a registration certificate.

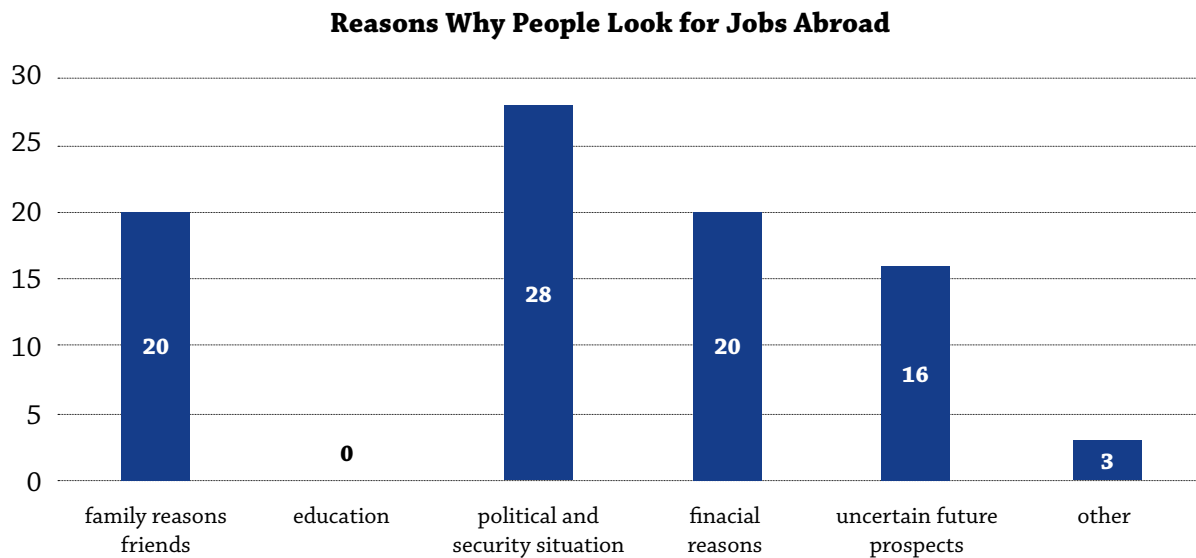
## Foreign Nationals in Social Services in the Czech Republic – Worker Survey

In April and May 2022, the Association of Social Services Providers Czech Republic conducted a broad questionnaire-based survey of workers, and then supplemented the obtained results with peer interviews with representatives of selected facilities. A total of 79 foreign employees participated in this survey, with 10 attending the follow-up interviews. An important fact to note is that 75% of all respondents were citizens of Ukraine. This fact reflects not only the overall structure of employed foreign nationals in the labour market in the Czech Republic in general, but also the attack on Ukraine in February 2022 and the migration of its inhabitants to safety. The second-most-important fact reflected in the survey was the participation of a group of citizens of the Slovak Republic (14%). This group of workers has essentially no language barriers thanks to close kinship and the mutual intelligibility of the Czech and Slovak languages. In addition, 75 years of cohabitation in a joint State also played a role – the Czech and Slovak Republics only became independent States on 1 January 1993.

## Why are People Looking for Jobs Abroad?

From the purposes of this State of Play, this documents the main and interesting fact why citizens are looking for jobs abroad. Here are the results that emerged from the questionnaire-based survey in April and May 2022:





*Chart 1: Reasons Why People Look for Jobs Abroad*

The survey showed that the main reason for looking for a job abroad was the **“political and security situation”**. It needs to be emphasised that the results were affected by the attack on Ukraine launched in February 2022. **“Family reasons** (children’s studies or moving to join their family) **and friends”** were the motivation for looking for a job abroad for 25% of respondents. The same proportion of respondents mentioned **“financial reasons”** motivating them to move abroad.

We were also interested in the reasons why respondents wanted to work in the Czech Republic. 33 respondents mentioned their interest in living in the Czech Republic (an attractive country) as a reason, while 31 respondents wanted to live with their family or near their friends. We also asked respondents about their previous experience with working in the social-services sector before they arrived in the Czech Republic. **It turned out that only 30% of respondents had experience of social services from their home country.**

## Onboarding Conditions

Considering that starting a job in a foreign country is a very demanding process, we were very interested in the onboarding conditions that foreign nationals had to meet. This question raised some concern about the consequences of the answers, with a fifth of the respondents not answering the question. The chart below shows the answers of those who did.

The data showed that **54 respondents had a mentor or colleague who helped them with adaptation, and 47 received some job training**. Based on additional comments from respondents, this was mostly the “ordinary” onboarding given to each new employee, rather than special or individual training. However, in the case of this question, **it is necessary to point out** that at the time of the questionnaire-based survey several people could not yet complete or participate in the activities shown in the chart. As mentioned at the beginning of this chapter, 75% of the respondents had arrived only recently, because of the attack on Ukraine.

**Onboarding Conditions**

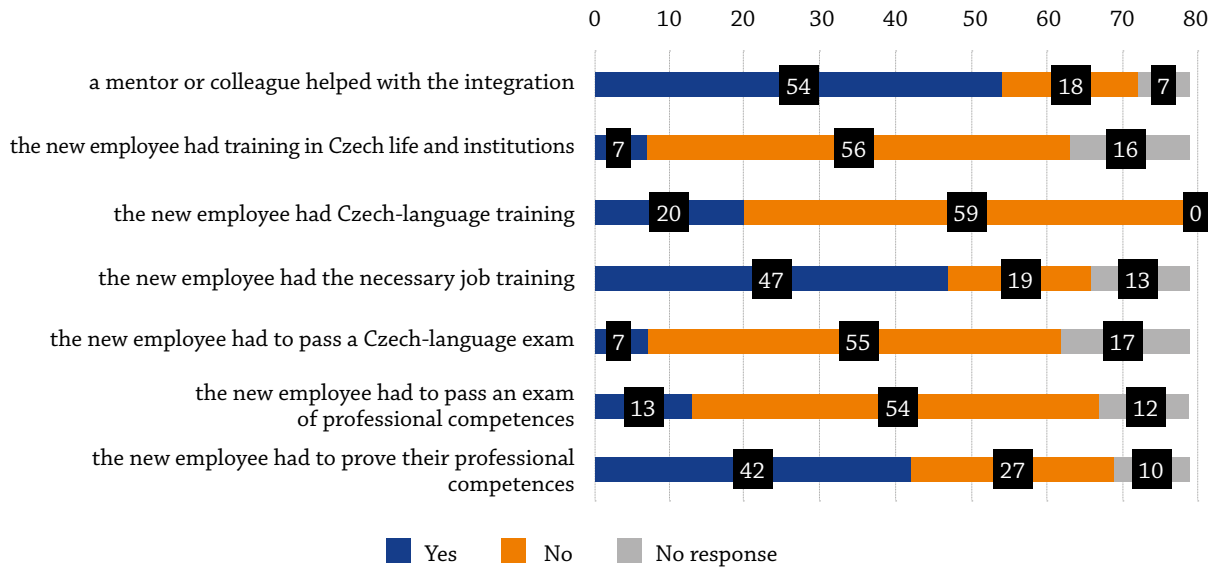


Chart 2: Reasons Why People Look for Jobs Abroad

**Respondents’ Jobs and Qualifications**

Our survey also focused on the jobs the respondents perform. The data showed that **seven out of 10 surveyed foreign employees were social workers or workers in social services**. The others worked in technical-economic positions, while 10% of the respondents were medical staff. **Almost half of the respondents (49%) applied their qualifications from the social-services sector. In the case of medical staff, the share was of course 100%.**

It may be interesting for jobseekers from abroad that Czech social services providers do not require proof of professional qualification for the position of “caregiver”. Those who don’t have this qualification have to obtain it within 18 months of joining, but can still work for the provider throughout this period. They can obtain the “caregiver” qualification by completing an accredited training course comprising 150 teaching units.

**Foreign Nationals in Social Services in the Czech Republic – Employer Survey**

The questionnaire-based survey, the results of which are presented in Chapter 3, had a second part also meant for employers. In total, **72 social services providers** took part, with 10 employers (managers) attending the follow-up interviews. **More than half the respondents (specifically 39) mentioned that foreign nationals work in their organisation.** However, it should be noted that this is not a representative sample. Due to the current situation in the labour market, the questionnaire-based survey was mainly completed by those who employ foreign workers, those interested in this issue, and those considering employing foreign workers in the future. Nevertheless, we asked these respondents to specify the way they recruited foreign workers. Eight out of 10 organisations recruited at least one foreign worker who applied for a job themselves. More than 25% of the respondents used the snowball method. The way this method works is that

the employer receives a referral for a potential foreign worker from an existing employee. Five organisations used an employment agency, two approaching an employment agency themselves, while three were approached by an agency. Nevertheless, follow-up interviews with respondents showed that in most cases cooperation with employment agencies was not useful. Employees recommended by the agencies often had different expectations and quit the job after a short period. This meant the time the provider spent training them was wasted.

In general, the recruitment of new employees in social services in the Czech Republic takes place in a standard way, without a targeted intention to reach out to foreign workers. The most important criterion has always been an assessment of the job applicant's abilities, including knowledge of the Czech language. Czech HR managers select job applicants mainly based on references and recommendations from current or former employees and colleagues from the social or healthcare sector.

## Summary

**The employment of foreign workers in social services in the Czech Republic is not so common.** There are two main and one "hidden" reasons for this.

- Care workers are in daily contact with clients and must fully understand what clients want and need. When communicating, misunderstandings due to a lack of knowledge of the language cannot be tolerated. The situation in social services is also complicated by the fact that the clients are mainly elderly and disabled people.
- Social-services jobs that foreign nationals could perform even with poorer language skills

(auxiliary labour in the kitchen or cleaning) are not attractive to them because of the low wages.

- Providers' fear or concerns about the demanding administrative procedures associated with foreign workers, especially from non-EU countries.

It can be stated that targeted recruitment of foreign workers for Czech social services does not commonly take place, but if it does, then primarily where there is a lack of suitable workers in the regional (local) labour market. This is usually in larger or large cities. However, social services providers generally do not oppose the employment of foreign nationals. The individual's ability to perform the job is always assessed, including knowledge of Czech, as part of the recruitment process.

## Interesting Findings from the Survey

- Foreign workers are interested in integrating into Czech society (29/35 respondents).
- Foreign workers are accepted by colleagues and clients without major problems (28/39 respondents).
- Foreign workers are interested in learning the Czech language (26/35 respondents).
- It cannot be explicitly stated that foreign workers have a low rate of absence at the workplace (only 19/36 respondents agreed).
- It cannot be explicitly stated that foreign workers have a low turnover rate (only 20/35 respondents agreed).
- It cannot be explicitly stated that foreign workers value their job and their work (only 20/36 respondents agreed).
- It cannot be stated that foreign workers have lower wage demands (only 3/36 respondents agreed).



## Recommendations for the Inclusion of Foreign Workers in the Labour Market in Social Services (according to the questionnaire-based survey)

- Enable social services providers to gain a deeper knowledge of employing foreign workers by sharing examples of good practices among providers.
- Given the shortage of healthcare workers in the labour market, use proper tools and measures to target the inclusion of relevant foreign workers into social services structures.
- Ensure timely and intensive Czech language courses primarily focused on communication during the provision of care.
- Include in the training general instruction about Czech culture, the culture of caring for people, ethics, etc., as well as about the system of social services in the Czech Republic. Also make this available online.
- Provide consultants for the employment of foreign workers.
- Provide training for Czech employees to better understand the culture of foreign workers/colleagues. Also make this available online.

## Greece

This report will present the current situation of social services in Greece (more specifically, social assistance services), the factors affecting this sector, and the status of foreign workers. In addition, it will provide conclusions regarding the existing regime and propose policy recommendations. The research for this report was based on open primary and secondary sources.

## Impact of the Economic Crisis

The economic crisis had a significant negative impact on almost all sectors in Greece, including long-term care. The reduction in public funding and the economic shocks for the overwhelming majority of society have also affected social services. At the same time, the economic depression has created great social welfare and care needs.

An example of the economic depression's impact is that in 2011 (at the beginning of the crisis) there were 95 social care units in operation, providing care services to 13,377 patients. Four years later (2015) there were only 44 such units, providing services to 9,472 patients. By extension, this also affected staff numbers in these units – there were 3,361 in 2011 and only 2,446 by 2015. Real public social spending also plunged by approximately 18% between 2007–2008 and 2012–2013.

## Current Conditions

Long-term care in Greece has serious organisational, state support and know-how problems. In addition, the progress and development of this sector are very slow and face many obstacles. There is no institutionalised provision of services to vulnerable groups, especially the elderly. In addition, at local level there is no systematic recording of needs for long-term care based on gender, age, health, nationality, access to services, etc. Public funding in the long-term care sector is also negligible, and expenditure remains very low in general healthcare.

It should also be noted that Greek society considers that other family members have an obligation to take care of their elders and family

members who need additional special care. There is a social perception that care is a fundamental characteristic of a family and a duty to members who need it. Therefore, informal care within the family, provided either by relatives or by paid caregivers (mainly foreign workers), plays a primary role in meeting such needs.

The transition of Greece from an agrarian economy to a partially industrialised one and, more recently, to an economy that relies mostly on the tertiary sector, has prevented the development of forms of social solidarity and has encouraged individualism and a family-centred outlook. By extension, the social-care structures are not well developed, with this role being assumed by the family.

Greek society has a strongly patriarchal structure. One aspect of this phenomenon creates the social narrative that some jobs are only for men and some only for women. One area considered "feminine" is long-term care. There is thus a big difference in the ratio of male to female workers.

### **Main Long-term Care Providers, Especially for the Elderly, in Greece**

- Social-security funds (mainly nursing care in private clinics for the chronically ill elderly). The range and the level of coverage differ significantly between these funds.
- Public health and care structures.
- Programs for care for the elderly. These are intended for elderly people in need of help, who cannot care for themselves, live alone, or do not have sufficient resources to keep themselves and their families in their natural and social environment.
- The family (paid or unpaid informal care).

- Non-governmental organisations (NGOs), mainly ecclesiastical nursing homes.

### **Foreign Nationals in Social Services in Greece**

Foreign workers can work in Greece if they have the necessary documentation. If their application is accepted, they are granted a residence permit of up to two years, with the possibility of extension for three more years (this must be applied for).

In the 1990s, there was a flow of foreign nationals to Greece, mostly from Eastern Europe, with the women, in particular, being heavily absorbed into the long-term care sector. This situation continues to this day. There are no exact percentages because they were mainly absorbed into informal care. The percentage of foreign nationals providing services to households is very high in Greece (20.5%) – for example, in the UK it is 2%, and in the US only 1.2% (2008).

From 2015 onwards, the refugee crisis meant that many foreign workers were absorbed into social services (as efforts to manage the refugee crisis). These foreign workers are mostly young people under 45 years old, from European countries, and with a university education. Most of them faced exhausting working hours, poor working conditions and no training.

In recent years, the majority of the flow of migrants and refugees into Greece is from countries in the Greater Middle East. The overwhelming majority of these people have specific religious and social beliefs, and because of them may face obstacles to their inclusion in the long-term care sector. Hence there could be a special allocation of tasks depending on such

beliefs, e.g., caregivers should only look after persons of the same sex.

Recruiting and retaining foreign workers is a much more difficult and demanding task than in the case of natives. This applies to all sectors of the economy and society. The inclusion of foreign workers cannot solely depend on the private sector or the administrative staff of organisations and enterprises. It must be a joint effort by the State and society.

The employment of foreign workers in social services in Greece is quite common and of long duration. This is due to the lack of State organisation, without institutional or legal protection for workers. As a result, wages and working conditions have deteriorated.

## Interesting Findings

### A Comparison of Greek and EU Data

- In 2014, Greece allocated only 2% of overall health spending to long-term care, far less than the EU-27 average of 15%.
- In 2018, Greece allocated less than 0.5% of GDP to long-term care. The only countries that have lower expenditures are Bulgaria and Slovakia.
- Greece is last in the EU in public spending on long-term care as a % of GDP, both current and projected.
- In terms of the share of expenditure by government schemes for the health component of long-term care, Greece is 21st in the EU.
- Greece is second in the EU in terms of lost tax and social security revenue due to the informal care employment gap as a % of GDP (women aged 45 to 64).
- Greece has 34% informal care, while the EU average is 17%.

- Greece has 63.6% of women in informal care (4th in the EU), while the EU average is 58.8%.
- According to European Commission projections (baseline scenario), public spending on long-term care as a percentage of GDP in Greece will increase by 0.4 percentage points, from 0.5% of GDP in 2013 to 0.9% in 2060.

## Conclusions

In this report, an attempt was made to present and analyse the state of play in Greece as regards social services (with most references to long-term care) and the behaviour of foreign workers. The situation in Greece presents problems and challenges. First, Greek society has not developed a sense of social solidarity, with this role being monopolised by the family. Sex discrimination and the economic crisis have created additional problems in this sector. In addition, the organisation and registration of social workers are particularly difficult due to the lack of State funding and the fact that informal care is very prevalent.

Regarding the inclusion of foreign workers in the long-term care sector, Greece has shown flexibility and a relatively high level of employment. This is primarily for the reasons mentioned above, and has resulted in a rise in informal care and a deterioration in wages and working conditions.

From the comparison of quantitative data, we understand that Greece is in one of the worst positions in terms of social services.

## Policy Recommendations

As far as the targeted groups of the project are concerned, they could apply the following good

practices to achieve the inclusion of foreign nationals in long-term care:

- The first and main obstacle is language. A series of lessons should be implemented (to obtain a sufficient level of understanding and speaking) for either the local language or a generally understood language (e.g., English).
- Another obstacle is issues related to livelihood (e.g., housing, adaptation to a new country, etc.). In this regard, recruiters could help by designing guidebooks about these matters, while there is also a related need to help people find accommodation.
- Registration of workers and their needs, as well as legal and institutional protection.
- Adequate wages and good working conditions.

## Policy Recommendations for the Project Target Groups

### Recruiting

- High income (depending on the vacancy).
- Liaison with academic and vocational education.
- Targeted recruitment campaigns.
- Improve the quality and presentation of recruitment materials, and develop literature regarding career opportunities.
- Improve visibility.

### Retaining

- Increase the salary based on the services offered.
- Train staff in all necessary skills.
- Special training in the use of new technologies and digital media.
- Offer psychological support to workers.
- Promote emotional resilience.
- Recognise their contribution.
- Flexible ways of working.
- Improve working conditions (working hours,

equipment, etc.).

- Promote empathy with target groups.
- Increasing working hours and productivity will not help in the long term.

## Austria

### Foreign Workers' Access to the Labour Market in Austria in General

#### Forms of Immigration

- **EEA citizens and Swiss citizens:** The conditions for the right of residence of EEA citizens, Swiss nationals, and their family members within the EU are regulated uniformly throughout the Union. EEA citizens and Swiss nationals are exempt from visa requirements and have the right to reside in Germany for three months. EEA citizens and Swiss nationals are entitled to stay for more than three months under EU law if they are working or undergoing training in Austria and/or have sufficient means of subsistence and health insurance coverage.
- **Permanent immigration:** Third-country nationals, i.e. persons who are neither EEA citizens nor Swiss, require a residence title for Austria if they wish to stay for longer than six months. For stays up to six months, third-country nationals do not need to apply for a residence title, but for a visa. Stays of up to 90 days within a 180-day period are also possible without a visa for certain third-country nationals.
- In addition, there is the possibility of **temporary residence** in Austria using a residence permit for third-country nationals without the intention of settlement and **fixed-term employment** for people who

wish to work in Austria for a certain period (e.g., seasonal workers, or project workers).

**Red-White-Red Card:** If a person comes from a third country and wants to live and work in Austria, they need a Red-White-Red Card, for which qualified workers from third countries can apply. The Red-White-Red Card is issued for 24 months. It entitles the holder to settle for a limited period and to work for a specific employer. The following groups of people can obtain a Red-White-Red Card under specific conditions:

- They are particularly highly qualified.
- They are a skilled worker in an occupation with a shortage of workers.
- Other key personnel.
- They have graduated from an Austrian university.
- They are a regular employee.
- Self-employed key personnel.
- Start-up founders.

### Forms of Employment in Austria

In Austria, people can generally start working from the age of 15. The classic employment contract in a permanent employment relationship with all its rights (vacation entitlement, protection against dismissal, social security coverage, etc.) and obligations is the most widespread form of employment contract and the most relevant in the health and social-care sector.

### Foreign Nationals in Social Services in Austria

Many jobs in the health and social sector are considered occupations with a shortage of workers in Austria:

Extract from the list of 68 occupations with a shortage of workers nationwide in 2022:

- 15. physicians.
- 18. qualified healthcare and nursing personnel.
- 61. medical-technical specialists (occupational therapist, physiotherapist, speech therapist, etc.).
- 65. specialised nursing assistants (PFA).
- 66. nursing assistants (PA).

Third-country nationals can apply for a Red-White-Red Card as skilled workers for 24 months if they can prove, e.g., completed vocational training in an occupation with a shortage of workers. The overall employment rate was 72.4% in Austria in 2020, with 74% of Austrians and 65.1% of non-Austrians employed. In 2020, 24.2% of the workforce (1,038,000 people) had a migration background (2010: 18.0%). In 2020, **employees with a migration background** worked most frequently in the manufacturing (16%) and trade (15%) sectors, as well as in the construction, **health and social work**, and accommodation and food services (tourism) sectors, each with **10%**. 9.9% of the workforce with a migration background was employed in the health and social-services sectors in 2020 (first generation: 10.4%, second generation: 7.4%). 19.9% of men and 22.7% of women with a migration background were employed in the health and social-services sectors in 2020. Care and nursing services in Austria had a total of 50,558 full-time-equivalent employees in 2020 (Styria: 8,145). Health professions are subject to special professional laws in Austria, such as the Health Care and Nursing Act. You can only work in one of these professions if you have completed your training in Austria or have a recognition or nostrification of training acquired abroad. The majority of employees with a migration

background in the care sector come from Hungary, Slovakia, Slovenia and Romania. At the end of 2020, more than 60,000 active, self-employed personal-care workers were registered in Austria, working as 24-hour caregivers in private households. These are almost exclusively commuter migrants, mainly from Romania and Slovakia. They usually commute between Austria and their country of origin every two to four weeks. They still focus on their country of origin, and permanent migration is usually not planned or aspired to.

## Integration in Graz

### Facts, Figures and Data on Integration in Graz

- 295,424 people from almost 160 countries lived in Graz (their main residence) as of 1 January 2022. 77,411 Graz residents had citizenship other than Austrian, while 38,978 had citizenship of another EU Member State.
- The 10 most common countries of origin were Croatia (9,076), Romania (8,827), Bosnia and Herzegovina (7,160), Germany (7,068),

Turkey (5,577), Hungary (3,494), Syria (3,121), Afghanistan (3,112), Slovenia (2,513) and Russia (2,325).

- The following chart shows the number of immigrants at GGZ

Gender	Number of immigrants
male	31
female	157
Total	188

People from 48 countries work at GGZ. The following chart gives an overview of these countries and the number of immigrants from each.

There was also one employee from each of the following countries: Syria, Zimbabwe, USA, Netherlands, Bangladesh, Armenia, Ukraine, Canada, Nicaragua, Peru, Mexico, Egypt, Somalia, Ecuador, Czech Republic, Kenya, Tunisia, Macedonia, Uganda, Saudi Arabia, India, Montenegro, Afghanistan and Nepal.

Country of origin	Number of immigrants	Country of origin	Number of immigrants
Romania	30	Rwanda	4
Bosnia	20	Hungary	4
Germany	16	Dominican Republic	3
Slovenia	14	China	3
Croatia	12	Italy	3
Slovakia	8	Congo	3
Austria	8	Poland	3
Iran	5	Chechnya	2
Serbia	5	Iraq	2
Nigeria	5	Turkey	2
Ghana	4	Russia	2
Kosovo	4	Ethiopia	2



## Project for the Integration of Foreign Workers at GGZ

A project for the integration of Colombian nursing staff is being implemented at GGZ. The reasons for the implementation of this project are a shortage of nursing staff, a lack of training positions, demographic change, and career changes or departures. As part of the project, 17 people from Colombia will start working as new employees at GGZ nursing homes in March 2023. As a first step, workshops were held with the EMG Academy (School for Health Care and Nursing, Social Care Professions, Continuing Education, and Academy for Nursing Management). After the Colombian qualified nurses (DGKP) arrive in Austria, they complete a two-week onboarding program as well as training at GGZ. They then start their professional life at the respective nursing home as nursing assistants and attend a German/medical language course. After one year, nostrification takes place as well as employment as a DGKP and, if necessary, a family reunion. The project aims to integrate long-term and professionally competent employees.

## The Italian Republic (Focus on the Friuli-Venezia Giulia Region)

### Foreign Workers' Access to the Labour Market in the Italian Republic in General

The residence status of foreign nationals depends on their nationality:

- Citizens of third countries (outside the EU) with visa requirements.
- Citizens of third countries without visa requirements.

- Citizens of the EU, Iceland, Lichtenstein, Norway and Switzerland.

### Citizens of third countries with visa requirements

Citizens of third countries (outside the EU) can access the Italian labour market if they are resident in Italy or if, when coming from abroad, they are included in a specific authorisation (Decreto Flussi). Every year, before 30 November, the Italian Republic defines the maximum number ('quota') of people from outside the EU who can be admitted onto Italian territory. In some special cases, there are opportunities outside these 'quotas' such as traineeships situations, or professional (not professional sports) activities or for volunteering.

**Citizens of the EU, Iceland, Lichtenstein, Norway and Switzerland** can stay in Italy for work (and in general) without any special permit, solely based on a travel document or an identity card. If they intend to stay in Italy for longer than three months, they must request a registration certificate (certificato di residenza).

### Foreign Workers in Social Services in the Italian Republic

In July 2020, the Italian National Statistical Institute (ISTAT) published its 2020 report on foreign nationals in the labour market in Italy. It included a comparison of data for the preceding two-year period of 2019-2018. This showed that foreign-national employment is not growing in all sectors. On the one hand, there were falls in the information and communication services sectors (-6.2%, a decrease due exclusively to the decrease in EU workers), construction (-2.9%, again resulting from the negative growth rate of EU workers) and other collective and personal

services (-2.7% overall, corresponding to a 3.1% fall in the EU component). On the other hand, foreign-national employment grew especially in financial and insurance activities (+8.1%), transport and warehousing (+7.9%), agriculture (+6.4%), industry in the strict sense of the word (+6.3%), and real estate and business services (+6.1%).

### The Specific Situation Concerning Nurses in the Friuli Venezia Giulia Region

Due to a lack of nurses in our territory, our region decided to authorise an exception to the 'quota' mechanism. Specifically, these special rules can apply to the employment of non-EU nurses who are resident abroad, working for public or private healthcare facilities or social enterprises if they directly manage the entire health facility (or a department or service).

The prerequisite for work authorisation to be issued is that the nurses have a qualification recognised by the Ministry of Health, and they must be registered in the appropriate professional register. An employer interested in hiring a nurse with non-EU citizenship must request preauthorisation for employment by sending an application to the Immigration Desk through the Ministry of the Interior portal.

Working hours cannot be less than 20 hours per week. The Immigration Desk transmits the preauthorisation electronically to the diplomatic consular representation abroad, where the worker must go to obtain an entry visa for Italy. To help cope with the serious shortage of health and social-healthcare personnel in Italy due to the current COVID-19 emergency, the temporary application of health professional qualifications

and the qualification of a socio-healthcare operator is permitted. These are specific rules for the recognition of professional qualifications. There is a distinction between foreign nationals already present in Italy with valid residence permits, and those who have yet to enter the country. For foreign citizens already present in Italy, public, private and healthcare facilities accredited with the Regional Health Service (SSR) and sociomedical facilities accredited and affiliated with the SSR are authorised to temporarily recruit healthcare professionals if they hold a residence permit that allows them to work and are, moreover, in possession of a) a qualification obtained in a European Union country and b) registration with a professional association or register in their country of origin; or a) a qualification obtained in a non-EU country with a certified translation in Italian, b) enrolment in a professional Order or Register in the country of origin with a certified translation into Italian, and c) a declaration issued by the Italian diplomatic or consular authority present in the State where the qualification was awarded, verifying that the qualification meets EU directives. For non-EU citizens who wish to enter Italy, a similar verification must be carried out before the request for preauthorisation, if the facilities intend to establish an employment relationship with a non-EU citizen residing abroad, in which case they are required to provide a declaration of the verification to the regional offices responsible for immigration. The entry into Italy of nurses from non-EU countries who do not yet have residence permits, can be authorised, temporarily, even in the absence of the equivalence of the foreign qualification, if a declaration of the value of the foreign qualification is produced, as well as registration in the nurses' register in the country of origin,



and it is declared that they will be employed for purposes related to the COVID-19 emergency.

### The Specific Situation Concerning Social Workers in Italy

To meet the growing healthcare needs in public and private healthcare and social healthcare facilities, the regions and independent provinces of Trento and Bolzano may organise complementary healthcare training modules of no less than 300 hours, half of which are internships, reserved for social-healthcare workers already in possession of the qualification certificate for a social worker (operatore socio sanitario). Specific training courses are set up for the identification and related professional profile of social workers with healthcare training.

## Iceland

### Basic Facts, Iceland

- 372,899 inhabitants.
- 86,000 people aged 67 and over in 2050 (estimate) – 220% more than in 2016.
- 33,000 people aged 80 and over in 2050 (estimate) – 300% more than in 2016.
- Life expectancy in Iceland has increased by six years for men and four years for women since 1998. Current life expectancy is therefore 80.9 years for men and 84.1 years for women.
- 2,737 beds in nursing homes.
- 20,600 workers in all health and social services.
- A lack of 300 registered nurses and more than 200 licenced practical nurses.

### Foreign Workers' Access to the Labour Market in Iceland in General

There are 61,000 foreign workers in the entire labour market, most of them from Eastern European countries. It is estimated that Iceland will soon need more than 29,000 workers in the building, travel services and health and social care sectors. The right of foreign nationals to work in Iceland is regulated by The Foreign Nationals' Right to Work Act No 97/2002 and Regulation No 339/2005. The right of foreign nationals to reside in Iceland is regulated by Act No 80/2016 on Foreign Nationals.

An employer who intends to hire a foreign national from a country outside the European Economic Area or European Free Trade Association must have applied for, and already received, a work permit before the foreign national can start working. It is important to mention that a work permit alone does not include the right to reside in Iceland. In most cases, a separate residence permit must also be obtained from the Directorate of Immigration. If a foreign national is from a country within the European Economic Area or European Free Trade Association, it is not necessary to apply for a work permit. However, depending on the amount of time spent in Iceland, it may be necessary to register your stay with Registers Iceland and obtain a national identification number, which is also done through Registers Iceland. Note that the rules for registering your stay vary between Nordic nationals and other European Economic Area or European Free Trade Association foreign nationals.

## Spain

### Basic Facts, Spain

- Spanish population: 47.3 million (2022).
- GDP: EUR 1,328.922 billion. The Spanish economy is the 4th largest in the EU.
- Social spending: 28.1% of GDP.
- Elderly people: 9,310,828 - 19.5% of the total population.
- Total dependent people: 1,356,473 - 3.6% of the total population.
- Percentage of foreign nationals in the Spanish population (2022): 11.68%.
- Foreign nationals from non-EU countries: 70.81%.
- Foreign nationals from EU countries: 29.19%.
- Total unemployment rate for foreign nationals (both EU and non-EU): 12.66% (4.09% of foreign nationals are unemployed jobseekers from EU countries, and 8.58% from non-EU countries).
- Percentage of foreign nationals working in health and social services: 5%.

### An Overview of the Situation of Foreign Workers in Spain

In the longer term, Spain's **main economic challenges** are:

- An ageing population.
- High long-term unemployment.

All the **increase in the active population** in Spain in the last five years has been due to the incorporation of foreign nationals into the labour force. Since 2002, the working-age population in Spain has decreased by more than one million people, while the foreign-born population has grown by almost 4.2 million. There is a significant **lack of labour integration as regards the foreign population** in various fields: activity, employment, working

conditions, unemployment, and wage. The **lower activity rates of foreign nationals** in most of the potentially active age brackets should be interpreted as an indicator of the lack of labour-market integration of this population.

A gender analysis reveals an **additional integration penalty for foreign-born women**, both when compared with foreign nationals and when their employment situation is contrasted with that of Spanish women.

- The gender breakdown reveals that, as in the case of Spaniards, foreign women have a lower overall activity rate (65%) than men (71%).
- Concerning foreign female workers, there is a double-sided difference in female labour integration. Firstly, the differences in employment by gender for foreign nationals are very significant for all age groups, to the detriment of women. Secondly, the differences in terms of foreign women's employment of foreign women when compared with Spanish women are also clear.

One of the reasons for the deficit in labour market integration of the foreign population is the **lack of legal residence** of a significant proportion of foreign nationals which, for obvious reasons, inhibits their access to the labour market. A simple calculation shows that the number of people residing irregularly in our country is at least around 150,000. Some of these irregular residents may indeed be working informally but, whatever the case, this is still a significant impediment to full labour market integration. An analysis of the **level of qualification** reveals important differences between Spaniards and foreign nationals. The relative presence of foreign nationals is more marked with jobs that require less qualifications.

Similarly, the labour market integration deficit for foreign nationals with higher education is very evident. The differences in **working conditions** illustrate deficient integration of foreign workers in the Spanish labour market. The percentage of temporary contracts is almost 36% among foreign nationals compared to 23.4% among Spaniards. Regarding **income**, the wage gap by nationality (Spanish-foreign) is 34%. This gross gap is slightly higher for foreign women (37%) than for foreign men (35%).

### The Care Sector in Spain and the Impact of the COVID-19 Crisis

The COVID-19 pandemic was a turning point in the recovery trend in social services in Spain. The significant GDP growth of previous years was dented by COVID-19, unemployment soared by 22% in 2020, and the number of social security affiliates fell by 2%. However, there was already a shortage of healthcare workers, specialist doctors and nursing professionals observed in 2020. The economy rebounded in 2021 with a 5% increase in GDP, although growth slowed in early 2022. Despite having experienced a slight improvement in State and regional funding during the 2016-2021 period, the structure and provision of these services continue to present the same set of structural deficiencies, and these have even increased.

For example, in 2021 in primary care social services, there was only one professional for every 2,064 inhabitants; residential places for the elderly were very limited, with 2.7 places for every 100 people over 65; and the home-help service only covered 4.9 beneficiaries for every 100 people over 65 and an average monthly intensity of 17.8 hours. Years of austerity, cutbacks, lack of investment, and privatisation

have worsened the situation and projected a bleak future. The phenomenon is common to the whole State with an accumulated cut in the government financing of the System for Autonomy and Care for Dependency (SAAD) of EUR 6,321 million by the State Administration, and EUR 4,070 million by the Autonomous Communities (CCAA).

In addition to the obvious lack of professionals, this sector is characterised by a high degree of precariousness, lack of social recognition, temporary nature, and low qualifications. The situation is dramatic, even more so if we consider the coming years, in which economic problems will continue to grow under the influence of international geopolitics, and the progressive ageing of the population. Knowing that other European countries are experiencing similar situations does not detract from the importance and seriousness of the problem. Looking at the situation in Spain, it seems that some governments and public administrations have given up or still refuse to admit the importance of social services and the SAAD and, in the best-case scenario, have decided to maintain the trend of transferring the response to the most vulnerable situations to non-profit organisations. Lares Social Group believes that some proposals and alternatives could improve the situation in the coming years. All that is needed is commitment and courage on the part of political leaders and public officials to take on the problem and propose solutions.

### Diagnosis of the Current Situation

The official recognition of the **status of care workers** is quite recent in Spain. It was only formalised in 2006, alongside the passing of legislation on dependency care, which

introduced the right of all people to receive care until the end of their lives.

Spain has two main **care programs**:

**1. The System for Autonomy and Dependency**

**Care** (SAAD) employs 603,900 people, of whom 339,600 work in residential care homes and 264,300 elsewhere. Many work part-time, almost a third are temporary, and 20% are foreign nationals. Although the government agreed in 2020 to improve working conditions, this commitment remains unfulfilled.

**2. The Plan Corresponsables**

is a new initiative of the Secretary of State for Equality and Against Gender Violence that aims to guarantee care as a universal right, regardless of the employment status of the beneficiaries, and to promote equality between women and men. This program seeks to design comprehensive care systems that promote shared responsibility between women and men, the State, the market, families, and the community to meet the different care needs of the population.

Although Spain has always had a strong tradition of family care, over **600,000 people have joined the professional care sector** in recent years, of whom approximately 274,000 care for the elderly in their own homes, and 346,000 in residential care homes. Indeed, **of all domestic workers in the EU, 28% work in Spain.**

The care sector in Spain was born weak – it has never had sufficient **funding**, just 0.7% of GDP – and uncoordinated, with the 17 autonomous communities each managing it in their way. This has meant that, for many years, care remained in the hands of families and informal carers.

Over time, the sector has been professionalised, but has one peculiarity: although it is a public service – like health and education – it is largely managed by private companies. In the healthcare sector, almost 80% of its management is public and 20% private. In dependency care it is the other way round, with 77% privately managed and 23% public, according to FSS, a CCOO-affiliated federation representing social and health services workers.

Today the care sector is still **highly feminised**.

Of the 1.8 million people working in care and social services activities, 74.5% are women.

The most recent estimate is that around 300,000 immigrants are employed in an irregular situation, of whom 70,000 are women working as housekeepers and caregivers in family homes. This means that up to **23% of foreign workers employed in an irregular situation** are domestic staff, the most common labour group among foreign workers employed in an irregular situation and surpassing, by far, men working as seasonal workers (6%) or in the construction industry (9%). This reality is due not only to the demand for female workers but also to the lack of control of the sector and the traditional weight of the informal economy in this sector.

According to different studies carried out in different municipalities and by the State Association of Directors and Managers of Social Services, there is a **staff deficit of around 20%**. The health sector has calculated the deficit of professionals at 300,000. In social services, no specific estimate is available, but the figure is likely to be higher.

400,000 people were employed in the SAAD in

2020, 73% in the residential sector and 27% in the non-residential sector. Approximately 20% of the people employed (around 80,000) in the care sector were foreign nationals, mainly working in non-residential services.

Between 2009 and 2018, an average of 82,900 jobs were created in the sector, but in 2021 - for the first ever time - the SAAD **stopped employment creation** and approximately 7,000 jobs were lost.

Overall, there are 283,694 direct jobs associated with care under the Dependency Law (LAPAD) and it is estimated that 19,500 jobs were no longer sustained in the sector in the last seven years.

The data indicate that this is not a one-off problem occurring only now. On the contrary, it is a situation that has been going on for several decades and is hindering work in the social services. This **deficit of human resources**, far from being temporary, is becoming structural.

The explanation for this problem is not simple. Many contributing factors should not be forgotten if we intend to make an accurate diagnosis - which is necessary for any proposal for action.

Insufficient budgetary allocations are the main obstacle to alleviating this situation, but not the only one. Public administrations do not consider care activities as a priority, so budgets continue to be lower than the real needs of the sector. Other aspects that lead to this lack of care workers are insufficient salaries, precariousness, temporality, lack of social recognition, lack of incentives, rotating schedules, lack of professional careers,

and difficulties in reconciling work and family life. All these create a cocktail that perpetuates the inadequate staffing of social services.

The problem is not only that social services are **understaffed**, but also that the existing staff are leaving the sector in search of **better conditions**.

The arrival of the pandemic highlighted many of the existing deficiencies in the health and social-care sector. The lack of workers, and especially the lack of highly qualified personnel, is one of these shortcomings and **interferes with the quality of care**.

According to the World Health Organisation (WHO), there will be a shortage of 18 million healthcare workers worldwide by 2030. According to a survey conducted by the Society for Human Resources Management, before the pandemic outbreak 46% of HR professionals stated that it was very difficult to fill vacancies for qualified doctors, nurses and specialists. This situation affects both the healthcare and social healthcare sectors, including social services.

In social services, the lack of qualified personnel is general and affects different positions: doctors, nurses, social workers, nursing assistants, gerontologists, social educators, but also administrative and cleaning staff. Years ago, the biggest problems were in positions requiring only lower qualifications, but with the competition from the public sector the lack of professionals is affecting all jobs.

We live in a world of uncertainty, in which people place a high value on job stability, and social services are not offering what is in demand.



Temporariness is still very high. This situation is not attractive to those looking for a job. In recent years, public health care has become a competitor for the recruitment of qualified professionals, offering them better working conditions. Hence the flight of professionals to the public health system is a constant.

Lares believes that now is the time to propose courageous and daring policies that will allow, after slight adaptation, a response to these shortages.

## Foreign Workers' Access to the Labour Market in Spain

Spain is one of the **main immigration-receiving countries** in the world, in tenth position in the International Organisation for Migration classification. The foreign population in Spain is approximately 4.7 million people, equivalent to around 11% of the population, of which 70% is of EU origin and 30% of non-EU origin. They represent 13% of the working population. Excluding health services, the **immigrant population** represents 21% of the working people in the **care sector** within the institutionalised system of social services (including the SAAD), and immigrant women represent almost 20% of working people in the first line of care. Spain, like other countries, continues to keep **laws** and **regulations** in force that make it **extremely difficult for people from other countries to access the labour market**. These rules make access to the labour market difficult but do not prevent it. What they do achieve is to make this access very precarious, wasting the potential of these people and forcing them into completely unacceptable working conditions. It is not surprising, then, to see a certain degree of job abandonment as

soon as they can get a different one with better conditions.

The modification of the Law on Foreign Nationals (in force since 16 August 2022) means foreign students are eligible for residence and work permits after two years of studies, as well as collective hiring in the countries of origin, a situation that represents a window of opportunity as regards the efforts to meet the demand for labour in the SAAD sector. The time has come for the government to **adapt** these **rules to the real needs** of the country. We need these workers, so let's create the conditions that allow them to access the labour market under normal conditions. This will imply a better model of care, but the benefits will be much broader: job creation, reduction of precariousness and temporary employment, increased tax collection, and social cohesion. People from other countries are already **essential to the current welfare model** in Spain and the countries around us. If, one day, they decided to leave their jobs, we would discover the fragility of our system and our enormous dependence on them. It is only fair that they share in the benefits of the welfare state to the same extent that we do.

## LARES Social Group Recommendations

- **Increase the social services budget.** For this to work, politicians must understand that social expenses are an investment. For every euro invested in social services, society will save at least twice as much in future forced investment to alleviate the most dramatic situations of social vulnerability.
- **Create adequate legislation** that puts care for all people, especially the most vulnerable, at the centre, and considers the welfare of

citizens to be a top priority.

- **Increase the ratios of professionals** to the numbers of users.
- **Understand that public policies on social services are State policies**, not government policies, and that they should be developed and implemented with the greatest possible consensus.
- **Facilitate and favour immigrants' access to the social-services labour market** since they can offer optimal professionalism in the care field.
- **Organise the massive but filtered arrival of people born in other countries** who have the capacity and desire to work in social services.
- Make the regulations that allow the validation of studies related to care in other countries more flexible. Bureaucracy should not be a brake on the welfare state.
- Strengthen professional-care training that allows the acquisition of practical knowledge, even if this training does not follow the traditional regulatory channels.
- Extend and expand all the improvements that information and communication technologies and accelerating technological development can bring.
- Develop awareness and social prestige campaigns for social services workers in general, and care workers in particular.
- **Reduce temporary employment and job insecurity.**
- Encourage the payment of living wages throughout the sector.
- Facilitate the reconciliation of work and family life.
- **Promote training channels** to facilitate the entry of new workers.
- Update the pool of care workers to speed up

access times for caring positions.

- Spanish regions should implement, for emergencies such as that experienced during the pandemic, urgent training programs for direct-care personnel without professional qualifications.
- Spanish regions must **improve coordination**, especially between the ministries of employment, education, social services, and health, to find solutions to this lack of social and health professionals.

With the implementation of these measures, a solution will be found to the lack of human resources for social services, in turn leading to improvements in the development of the welfare state, social cohesion, and social self-esteem. Let us not forget that the degree of development of a society is measured by its treatment of its most vulnerable people.

We are fully aware of the difficulties in implementing some of these measures. In some cases due to budgetary problems, and in others due to a cowardly conception of politics, a conception in which it is more important not to take risky measures because of the risk of suffering media and populist attacks, rather than measures that truly favour broad strata of the population. The time has come for top-level politicians to clearly state that we need immigrant workers if we want to maintain the current welfare state. In the presence of demagogic racist and xenophobic positions, it is time to face reality and say that these immigrants not only do not take away our jobs, they also enable the maintenance of our welfare model and are essential to developing a model of quality care that reaches everyone.

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