



MIGRANTS *take Care*



www.migrantstakecare.eu

GOOD PRACTICE EXAMPLES and SUCCESS STORIES on the labor integration of migrant care workers

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A SELF-TEACHING-SCHOOL to prepare for the official Certificate of Care work (Basque Country, Spain)

An example of good practice from the MENTSAD Project of the Group SSI (Bilbao)

Context



Our society is aging and there are more and more elderly persons who need support and care. In the Basque Country and in Spain, the vast majority of elderly and their families want the older person to receive care at home in order to continue living in their usual environment and ideally with their relatives. In order to meet these needs, most families look for a migrant care worker; the vast majority of workers are Latin American women, who are employed as domestic workers, often as interns who are living with the elderly person at home 24 hours a day. Many migrant women have neither training nor qualifications related to the care sector and accept this job because it is the only way for them to live and work in Spain. Although they are very willing to offer the best care to the elderly, the lack of training has a negative impact on the quality of services and also on the physical, psychological and social situation of caregivers.

Due to lack of qualifications and permits, many families “employ” women care workers without a formal contract, creating an “informal” economy: “everyone knows it, but nobody talks about it”. Working illegally, migrant women are very often exposed to disadvantageous working conditions, some face multiple discriminations and all are somehow excluded from society.

In order to obtain a legal contract in the care sector, migrant workers not only have to obtain a residence and work permit, but also have to have a “certificate of professionalism”¹ in home care.

As a society and as individuals, we should be concerned about how we can guarantee quality care for the elderly on the one hand and on the other decent employment and social condition for the care workers. Moreover, the care sector should comply with regional and state laws and values for caregiving.

How can migrants, who care for our elderly, be trained and qualified to obtain the necessary qualification?

Formal training

After 3 years working in Spain, migrants can apply for the residence permit for entrenchments and with it the work permit². Even so, due to their employment situation

¹ *Certificado de Profesionalidad*: Public regularization:

- Law 39/2006, of December 14, on the Promotion of Personal Autonomy and Attention to people in a situation of dependency.
- The Royal Decree 1379/2008, of August 1
- The Resolution of November 3, 2015

(very long working hours from Monday to Friday, few resources, etc.), most migrant care workers cannot access formal trainings: the training module is 600 hours³ and it is offered according to the schedules of the public centers that teach it: Monday to Friday. Migrant workers in the care sector lack time and digital skills, and apart from mobile phones, many do not have access to the Internet. In addition, the vast majority does not meet the minimum academic access requirements and are excluded from the selection.

Non-formal training

Another option for training is non-formal: the person can validate their professional skills acquired in a non-formal way through an exam and an interview with an evaluator⁴. Even so, many migrants lack professional knowledge and adequate terminology, do not have supporting documents to prove the minimum professional experience required nor can prove the non-formal trainings acquired.

In conclusion: Neither the formal path nor the non-formal path are adequate options for the vast majority of Latin American migrants to obtain the Certificate of Professionalism, which is why they remain in irregularity, inequality and professional and social vulnerability.

„We are a self-teaching school.”

The MENTSAD project - An interview with Susana Moreno Barrio from the Group SSI Bilbao

„The main idea was to do a project that would allow [home care workers] to obtain the Certificate of Professionalism through the other way that there is, which is via the IVAC “learning recognition calls”⁵ exam. (...) There is the possibility of participating in this exam if you have attended a training that is not official but that trains in the competences, the contents of this certificate of professionalism and the required hours. (...) With all this, we thought about doing MENTSAD project.

„With MENTSAD we created a training that is based on a fundamentally self-training methodology, but using materials and self-learning resources that people find attractive. And on the weekend, when care workers have free time, they attend group classes, face-to-face group trainings as a kind of mentoring: the person has worked on certain content during the week and attends that class with a number of questions or needs to revise certain contents. Each subject is self-evaluated with multiple choice questions about the contents studied (...). The subject to be studied in the following week is also introduced during the class (...).

What does the "educational suitcase" contain?

- guides
- Weekly index cards (multiple choice, match, crossword puzzles, word searches, videos, etc.) on the contents to be worked on individually each week
- Summary cards with pictures



² "Authorization of temporary residence for reasons of entrenchments": Social entrenchments: It is obtained from the stay of three years in the state and the signature of a pre-employment contract of at least one year in duration. (Article 124, RD 577/2011)

³ SSC089_2: Social health care for people at home: 480 hours of theoretical-practical training modules; 120 hours of non-labor internship module.

⁴ Device...?

⁵ <https://ivac-eei.eus/es/reconocimiento-aprendizajes/convocativas/>

Who participated?

„There have been three editions of MENTSAD (...) but due to the dates of the calls, at the moment we have not been able to get people to have been trained (...) and then immediately after the training they have taken the exam (...). Some of the calls were almost a year after they ended the training (...). The results regarding the evaluation questionnaire after finishing the course have been fabulous: (...) the participants consider that just by participating, the quality of the work they carry out improves. In each edition, 20 people participated, with one exception, all migrant women. “

Were there difficulties with the language?

„One of the requirements to be able to participate in MENTSAD is that the person has sufficient language skills to be able to work on the contents. (...) But since they all come from Latin America, there was no problem. “

What professional experience did they have?

„On average, participants already have about 7 years of experience working in home care (...), which does not mean that they have done it correctly. (...) This can be seen a lot in mobilization issues and in issues of autonomy and dependency. Very often caregivers favor dependency instead of autonomy, thinking that it is done well, but that is a big problem for the elderly person because the less autonomy you promote, the more dependent become the person(...).

Is cultural bias a topic that you address in your training?

„We talk about the importance of taking into account what are the tastes, what are the preferences of the person being cared for. In another project [Etxean prest]⁶ there was a module to raise awareness of the Basque culture with a practice of expressions that can later be used in their work with the Basque persons. “

Structural Discrimination

What about discrimination?

„In companies that provide home care services, there are far fewer migrants due to the fact that they do not have the Certificate of Professionalism. On the contrary, among the people who work as interns, the vast majority are migrants. But it is not possible to apply to the self-study recognition exam without having a residence permit. “



Success Factors

What progress have participants made after training?

„Over 80% of persons who have taken the exam for self-studied recognitions have successfully done the exam. For those who have not passed the exam, they have been left with some training units.

People who have passed the exam have gone to work in companies that offer home care services (...), some have stayed at the same workplace and some have been encouraged and have also obtained the Certificate of Social Institutions. “

The self-supporting network

⁶ <https://grupossi.es/formacion-ambito-sociosanitario/proyecto-etxean-prest-grupossi/>

„Through the face-to-face classes, women socialize with each other and this is very important for them, especially those who are working as interns at the home of the elderly person. Very often they do not have other contact persons (...). In a more informal way, we created a WhatsApp group and in this group certain questions are consulted, answered (...) some participants met each other's."

More information at: <http://grupossi.es/es/grupo-ssi>

Legal aspects



The State Dependency Law and the Social Services Law in the Basque Country are considered as fundamental normative resources in the establishment of public services and financial benefits of the SAAD (System for Autonomy and Attention to Dependency), which promote the recognition of the rights of people in a situation of dependency, and determine the conditions for the private hiring of caregivers in homes or the use of formal public services:

- Law 39/2006, of December 14, on the Promotion of Autonomy Personnel and Attention to people in a situation of dependency.
- Royal Decree 1379/2008, of August 1
- The Resolution of November 3, 2015
- Resolution of December 11, 2017, of the Secretary of State for Social Services and Equality ([BOE No. 317, Saturday December 30, 2017](#))

The Organic law on the rights and freedoms of foreigners in Spain and their social integration:

- Article 36 Residence and work
- authorization Article 38 Residence and workothers

Authorization of temporary residence for reasons of entrenchments: Social entrenchments: Obtained at starting with a three-year stay in the state and the signing of a pre-employment contract of at least one year in duration. (Article 124, RD 577/2011)

SELF-MANAGEMENT IN A WORKER COOPERATIVE: possible solution for a more decent home care (Basque Country, Spain)

"The concept of workers cooperative is the way to dignify work, it is the way to improve care conditions, and it is an industry in full growth and development (...). But isolated cooperatives are not the solution when there is a care market that pays € 2 per hour a person. "

An example of good practice from MALEN ETXEA migrant association

Context:

It is estimated that in Spain 3 out of 4 women who work in the home care sector are migrant women, the vast majority coming from Latin America. Half of them work as live-in carer, living 24 hours in the house of the person they care for. Many migrant care workers do not have a work permit and are therefore hired illegally and exposed to unworthy working conditions. When after a period of 3 years living in Spain, they can finally obtain a residence and work permit, many of them continue in a precarious situation because they are not granted an official title as care worker that would be necessary to be employed legally. In addition, many families "take advantage" of the possibility to hire a housekeeper who (also) performs care tasks.

Society, institutions, and politicians: Everyone knows about the existence of this informal economy and the misery that it entails for migrant care workers. So what could be done to change the reality and improve the situation of migrant care workers in the future?

We asked Silvia, from the association *Malen Etxea* in the Basque Country, about the solutions that a workers cooperative of carer could provide for the future.

What is Malen Etxea?

"We are a migrant organization, 90% of our members are home care workers in 24h live-in care (...). Our approach as an organization is very much linked to the defense of the rights of migrant workers in this sector especially. "

What does the association do?

"Our practice contains two things that go in parallel:

- *On the one hand, work empowerment, which we do through training and workshops etc. with the objective that all workers, regardless of their administrative situation, have in their hand tools that allow them to know, understand and negotiate their working conditions. We claim for the minimum working conditions, which is to guarantee that workers have the minimum wage in 14 payments, their vacations, their holidays and the weekends off. (...)*
- *On the other hand, we run awareness-raising activities, which has to do with explaining to society that we need minimum working conditions to solve our day-to-day work. "*



The care workers cooperative

..... cannot function in the market...

"We have set up a care workers cooperative (...) but the problem is that the cooperative cannot enter the market because in this market no one is going to pay the services from a cooperative (...), which is 18-22 € per hour so that the care worker has a somewhat decent salary. Because having a migrant person working for live-in care is very cheap (...): € 2 per hour. "

"The cooperative cannot function like these home care companies either; they don't care about having an army of women and none of them work full time, which means misery in the end (...). We have very clear that in our cooperative carers need a working day of min. 7 hours to get a full salary. "

... but it can provide empowerment and support...

Even if the cooperative does not function, it contributes values: migrant care workers have a network that empowers them:

"At least (...) migrant carers know their rights (...) because when you are alone, you are lost, fear immobilizes. If, for example, you spend 24 hours with a person who has a disease or often tells you the same stories, you get depressed, and it determines your own self-esteem. (...) On the other hand, we support women without papers, to claim all their payments and we are having very good results (...). "

...it can promote self-management:

"In addition, the cooperative can manage some aspects of working conditions: We do not negotiate any employment relationship that does not guarantee the minimum conditions. But also, where we know, that there is exploitation, that there is abuse and racism, we pass it on WhatsApp, we tell the care workers about it so that no one returns to work in this house again. "

...the cooperative can become a stakeholder in defining the future for decent care work...

- **training:**

"We support professionalization, but we accuse the government of being discriminatory (...) because the only thing it does, with the measures that are taken without knowing the sector, is to maintain a market with available slaves so that the families who do not obtain the care subsidies can hire at low prices care workers.⁷ Let us propose that, for example, until today, March 30, 2021, all those who are working in live-in care, caring for elderly with or without papers, will obtain a residence permit and then we organize the training so that all can progress and perform the work they want. "

- **the recognition**

- *"Recognize night work (...)*

⁷ Care subsidies are obtained by families after an external analysis of the dependency of the elderly person. It often happens, that the care level defined for the elderly person does not correspond to the care need detected by the families. In that case, the care subsidies, that the elderly person receives, are very low or rejected at all. Furthermore, a care worker can only be employed legally as care worker when the person disposes of an official title for home care worker.

- *Recognize as home carers all migrant workers with or without papers (...) through the doctors of the local healthcare centers, because they know perfectly who the caregivers are.*
- *Request the central government to declare home care work a profession with difficult coverage in this country, (...) which allows us to regularize the situation of many migrant care workers.*
- *Recognize care work: Caring for elderly cannot be linked to a domestic work contract: Either you are a domestic worker or you are a care worker.*⁸
- *Recognize, encourage and promote the potential of an economy based on solidarity that protects the taxation of workers' cooperatives*

- **the concept of care**

- *“ All the plans of the Provincial Government are based on a conceptual error from our point of view: (...) because there is no longer a network of family.”*⁹
- *There must be a single, public and universal system of care, because (...) today, people are increasingly aged, they need more care over time, so the community will have to assume certain aspects of care, which had been previously assumed by families.*
- *The municipalities have to regain lost territory, because they are with the people, they know the reality of the situation on the ground ... Everything that has to do with home care should be an exclusive competence of the municipalities. ”*

Find more information on the webpage: www.malenetxea.org



Legal aspects

In the Basque Country, the process for a migrant from a non-EU country to work formally as a Care worker, requires the following steps:

1. Residence permit: can be obtained, if the migrant manages to be registered as resident by a city council in Spain for five years. You can change your address but you must justify that you stayed for 5 years uninterrupted (you can travel, but in total not more than 10 months out of Spain). As an exception, the person may apply for the residence permit earlier (after 3 years living in Spain), making use of the so called report of “*temporary residence for reasons of entrenchment*”.
2. Work permit: After having obtained a Residence Permit, the migrant can apply for the work permit. The obtaining of a work permit is linked to an employment contract with a minimum duration of one year. That means both permits are closely interrelated.
3. Report of “*temporary residence for reasons of entrenchment*” of the Basque Government: if the person can demonstrate the residency in national territory for 3 years.

⁸ There is a specific working arrangement for domestic workers, who don't receive min wage and have no representation through unions. Families employ very often a care worker as domestic worker.

⁹ Actual plans in healthcare are in general based on the concept of supporting the family members/family networks and not so much on strengthen the community for creating community care services.



4. Authorization to act as a care worker: Unless the migrant has a degree that enables her/him to perform this type of work, i.e., Technical Degree in Health Care or similar, s/he must apply for an authorization in order to work as a care worker. Until the year 2022, there exists the option to claim for an *exceptional authorization*: proving that the migrant has a working experience of 2000 hours or more in the Care sector. If her/his working experience is shorter, s/he will be granted a *provisional authorization*, allowing her/him to work as a care worker, while following a training to obtain the formally recognized competences required to work as a care worker.

Resolve the Obstacle of Informal Work (Greece)

A Good Practice Story from Chania

Migrants are employed as caregivers, but little is known about this workforce. Their contribution has undoubtedly been great, but what is happening to them during this long pandemic?

One day we will all be old, and some of us might need help from family members or migrant care workers. It is important to remember the migrants that provide elderly care services during a pandemic. Without their contribution, our society would not function. The domestic and care sector is dominated by migrant woman, who in some cases have left behind their own family and relatives. Working informally during the pandemic, migrant care workers in Greece are excluded from the aid measures and benefits provided by the Greek government.

The Story of Lela

Date 18/08/2020

My name is Lela. I arrived in Greece in 2014. My husband was here before since 1993. We have 3 daughters studying at the University of Tirana.

I left my country to support my daughters' studies. My husband was tired of being alone and far from his family all these years, supporting us in Albania, so he asked me to join him. Our daughters are now adults, but they still need help to finish their studies.

*For me, **language and access to legal documents** was the key to integration. Initially, I bought a spelling book to learn some basic Greek for communication purposes.*

I spent eighteen months with a family in Corinth. They were an elderly couple with health problem (psychological problems) - I tried to understand them and adapt to the situation, and to provide emotional support to them.

How I did this job

*I told them my story and they told me theirs; we built a very **good relationship**. I don't want to hide that sometimes I **didn't feel very safe**, but I had to remain and adapt to the situation. We always had long conversations. Speaking the same language helped the situation a lot. The couple was bilingual, so I was able to communicate with them.*

Two years later, in 2016, I arrived in Chania (we kept in touch for the first year, they phoned me sometimes).

*On 2015 my husband lost his status as a Greek expatriate, during an interview with the commission. He applied and received a residence permit for 2 years. I applied after him in 2016, for residence for the due to my husband's low income. I was advised by the authority to go back to Albania and to apply for family reunification from there. **I remained here due to a lack of financial resources; we had to support 3 daughters to continue their studies in Tirana, but also my husband was not able to earn more to***

support my application. We found a lawyer in Athens who

took over our case and advised us to keep all the proof that I was here continuously. During these 7 years I have had to work illegally, therefore the payment was very low, 500 per month. I am not very sure what will happen after 7 years of waiting, and I don't know what will happen if I will get ill, as I have never been to the hospital during those 6 years of waiting (I am 50 years old).

The waiting time of 7 years is too long. Being undocumented all these years, it was impossible to integrate myself. Without official documents, nobody can hire you, it is not possible to attend any training courses, and of course the payment is very low.

I feel myself very good with Greek people.

Language is still a problem when speaking to the authorities to access documents for family reunification. My only option is to work as a family care worker.

Under the condition below, I will hopefully be able to receive my residence permit after 7 years.

Legal Information



5.1a Exceptional reasons / Seven years of residence article 31 par.4 (Law 4540/2018)

Duration: 3 years

A basic condition for obtaining a permit for Exceptional Reasons / 7 years is a continuous seven-year stay in the country before submitting the application. Any absences should not exceed six (6) months in the total of seven years.

- 1. An exact photocopy of all pages of passports or travel documents that cover at least the period of the previous seven years (7 years) from the application.*
- 2. Electronic payment of 300 euros (par. Code 2108)*
- 3. Documents of certain date, on the basis of which the seven-year residence in the country is calculated:*
 - (a) Proof of attendance at public educational institutions in Greece of themselves or their children*
 - (b) Proof of application for a temporary or permanent residence permit or international protection status*
 - (c) Work permit or proof of work permit application*
 - (d) Copies of rejection decisions on applications for the issuance or renewal of a residence permit*
 - (e) Previous residence permits regardless of their issuing authority*

- (f) *Copies of tax returns of previous years, legally and on time submitted*
- (g) *Copy of VAT return*
- (h) *Proof of insurance in a Greek main insurance company*
- (i) *Health booklets*
- (j) *Accounts of utility organizations as well as mobile or fixed telephony in the name of the applicant, issued by providers of any legal form, accounts of credit institutions under the supervision of the Bank of Greece*
- (k) *Receipts of transfer of remittances to the countries of origin, through credit institutions, intermediation companies in the transfer of funds, foreign exchange and payment services, according to Law 3862/2010, which are supervised by the Bank of Greece*
- (l) *Certificates of attendance of Greek language courses by public educational institutions or by N.P.I.D. supervised by the Ministry of Education, Research and Religions*
- (m) *Judicial decisions*
- (n) *Decisions of administrative expulsion or return, which have not been executed, declarations of registrations, proof of hospitalization in hospitals*
- (o) *Notarial documents drawn up in the presence of the applicant*
- (o) *Excerpt from the book of crimes and incidents kept by the Police Department*
- (p) *Service notes, ordering departure from the country*
- (p) *Certificate for the issuance of a public transport card*
- (s) *Other documents issued by a public authority*
- (t) *Other private documents, other than responsible statements, which are endorsed by a notary or other civil servant as to the date of their issuance or when their substantive content is mentioned in a public document or when there is other fact date. The visa is made by noting on the document the word "considered" and the date.*

4. *Supporting documents for the issuance of the card:*

- (a) *Four (4) recent, color passport type photographs (40x60mm without frame /high resolution / on white background / neutral expression etc.) as well as in digital format on optical storage disc (CD) in JPEG 2000 graphic format.*
- (b) *Fee for a standalone document card 16 euros (e-payment / code 2119).*
- (c) *An official public document of the country of birth or origin officially certified and translated from which the place of birth is clearly indicated. The translation must also indicate the place of birth in Latin characters. (Presented only if the passport does not show the city of birth in Latin characters)*

THE LANGUAGE AS A TOOL FOR FURTHER WORKING INTEGRATION


A Good Practice Story from Athens, Greece

Introduction

Language is essentially a means of communication among the members of a society. The significance of communication between people equates the significance of language – the most important means of communication. Language proficiency is extremely important for a migrant. Better language proficiency means easier assimilation in the host country and greater returns to human capital as well as better job opportunities and job matches, among other things. Effective communication can be defined as verbal speech or other methods of relaying information in order to get a point across. Workers of varying skillsets within a health or social care setting must communicate clearly with each other to best coordinate care delivery to patient. Can a migrant care worker enhance his/her communication abilities and his/her overall labour inclusion by learning his/ her host country language?

The Story of Julio (Biographic Story)

Date 26/03/2021



“My name is Julio and I arrived in Greece since 8 years. I am from Albania and I work as a care worker in home care service sector. I chose this job, because I was always in favor of helping persons in need. I consider that every person should provide in any kind of help to all those who are in need of it. Personally, I provide help in this way.

I chose Greece for several reasons. Firstly, many Albanians were already working here. Secondly, Greece is very close to my home-country. Finally, the economic situation in Greece is better than the situation in Albania.”

The difficulties of adjustment

“I had already collected some useful information by persons who were used to live here, even before my arrival in Greece. When I arrived, I had still been consulted by these persons and afterwards I asked help from job finding’s companies, in order to adjust easier to the greek labour situation.

In the beginning, the difficulties which I had faced were expected. The biggest difficulty was related to the greek’s language learning, taking account that is one of the most difficult languages to be learnt, world widely. This obstacle had worsen my labour adjustment, as my communication level with patients and their relatives.”

The steps towards the enhancement

“In order to work as a care worker, the basic language level is required. More specifically, after my first period in Greece I realized that my lack of language should be faced. As a result, I participated in learning lessons for adult in order to enhance my skills in Greek.

During this effort of mine, I was helped by a trainer who contributed to language and communication matters, as to professional terminology. After a noticeable enhancement, I started to consider my registration in a professional school, as I finally did. At this period, I undertake lessons in the context of high school for adults.”

The results at the workplace

“To be honest, my persistence to learn the greek language has positive impacts long- termly. Moreover, my communication level has been improved not only in the context of my personal relationships but also in the workplace.

Simultaneously, the risks of misunderstandings have been reduced. Risks which are usually originated not only in the difficulties of communication field, but also in understanding a foreign language.”

The pandemic crisis and the expectations from the relevant authorities

“During the Pandemic the conditions are very difficult, either in professional or in economic level. Especially for the migrants care worker in the home sector, there is always a risk of losing their fees, taking account that the majority of them is working informally and without insurances.

In the meanwhile, the health’s restrictions have set limits to the job options. Due to the fact that I am self-employed, my economic and my professional progress are significantly related to my choices. However, I think that relevant authorities can contribute to the migrants care workers efforts in order to be integrated to the labour market.

I consider that there can be a public or a private regulation of greek language learning as professional terminology in order to enhance the communication level of the migrants workers.”

LEGISLATION'S KNOWLEDGE as a tool of facing and handling discriminations at workplace (Greece)

A Good Practice Story from Athens

Introduction

Workplace discrimination is a behavior (or a set of behaviors) motivated implicitly or explicitly by the target's group membership, that ultimately has a negative impact on the target's job and/or career. Discrimination can be addressed in various forms including age discrimination, disability discrimination, sexual orientation, status as a parent, religious discrimination, national origin, sexual harassment, race, color, and sex. According to several researches, migrants usually face discrimination at workplaces. Is there any effective tool that could be used in order to handle the discrimination against migrants care worker in the context of their working environment?

The Story of Michaela (Biographic Story)

Date 26/03/2021

Michaela arrived in Greece when she was 20 and she is from Moldova. She has been working as a home care worker since her arrival, caring persons who are facing health or mobility problems due to aging.



«I chose this job, mainly influenced by my family's background. My mother, worked as a care giver in Moldova and Greece, while my father has working experience as a nurse. Therefore, my family background has played a significant role in my job's preference. Regarding country's choice, I followed my parents to Greece, as they were living here even before I became overage. I had been already informed regarding the good economic situation in Greece, as the chances for job's employment.

The difficulties of adjustment

“To be honest, I expected that my adjustment to Greek conditions would be easy due to my parents' presence and stay in Greece. Not only my parents but also a few family friends of mine helped me to adjust to Greek society's mindset. On a labour level, the difficulties I faced were many. The language matter was not so difficult, as my parents contribute to it and I

participate in Greek language courses. The most significant difficulty was related to the discriminations I faced, especially during my first period in Greece.”

Discrimination incidents and their causes

“All in all, the learning gaps and the language obstacles are significant problems for migrants care workers, as they face discriminations in the context of working place. Indeed, these were two of reason due to I faced discrimination, not only by patients but also by family members. I received derogatory descriptions related to the lack of knowledge of the Greek language as well as the lack of vocational education. It should be noted at this point that Michaela had attended various care courses in Moldova, which have not been recognized in Greece. But beyond these two reasons, I have been discriminated against because of my gender and origin. In fact, there was an incident in which I was criticized for coming from an Eastern European country.”

The actions to handle the discriminations

“The truth is that home care workers, especially those who work illegally or uninsured, are not protected by a legal framework. However, for a while I also worked in a private care network for the elderly, where there were similar incidents of discrimination by other colleagues. In that case, I addressed the supervisor, pointing out the Greek legislation regarding discrimination in the workplace. Fortunately for me, he was an excellent professional who immediately settled any issues that arose. More generally, however, discrimination in the workplace against migrant workers is not uncommon phenomenon in Greece.”

The Covid-19 situation and a migrant care worker’s expectations

“Care work is a difficult and demanding profession, especially during the Pandemic. Especially, those of us who work in home care are under financial pressure because on the one hand we cannot work at the frequency we worked due to the constraints, on the other hand there is not the same financial possibility from our employers (whether they are the same patients or their family members), resulting in frequent delays. I believe that cultural differences play a role in care work, especially when it comes to people of different religions. As for my own expectations, they certainly include various parameters that will not only temporarily benefit immigrant caregivers, but will protect them from any abusive behaviors in their work environment.”

The Greek and the EU Legislation referring to discriminations at workplaces

Promoting the principle of equal treatment and combating discrimination on the grounds of race, color, nationality or ethnic origin, pedigree, religion or belief, age, marital or social status, sexual orientation, identity or in the context of **Law 4443/2016**.

Law 4097/2012 establishes the legal framework for the implementation and promotion of the application of the principle of equal treatment of men and women in the exercise of independent professional activity.



Law 3896/2010 establishes the legal framework for the implementation and promotion of the implementation of the principle of equal opportunities and equal treatment of men and women in matters of employment and work.

At **EU level** The Employment Equality Directive prohibits discrimination based on religion, belief, disability, age or sexual orientation. Gender discrimination is covered by the 1979 Gender Equality (Social Security), 2006 (Work and Employment) and 2010 (Parental Leave and Self-Employment) Directives.

SUPPORT FROM COLLEAGUES (Germany)

Success story from the hospital Saint Joseph Krankenhaus in Germany.

An interview with a Romanian care worker:

“Without help and support from my colleagues I would not be able to do all this.”

Find the whole story at youtube:

<https://www.youtube.com/watch?v=vsMO4ACMMsQ&feature=youtu.be>



INFORMAL SUPPORT GROUP TO RESOLVE LANGUAGE ISSUES

Good Practice Examples from Belfast Health and Social Care System involving Migrant Workers (UK)



Agnieszka comes from Poland and works as a care assistance in a home for elderly people. She struggles with English language and dialect used within Northern Ireland and approached her manager about seeking further support. The care home has six other members of staff were English is not their first language.

Following Agnieszka's request for support, the line manager approached the local Education College who offers a 12-week basic English Language skills courses – this course was starting next month. All seven employees agreed to attend the course and their line manager factored this into their weekly rota.



Six weeks into the course, Agnieszka and her line manager met to review progress and to see if enough support was being provided. Agnieszka reported that whilst she still struggles with some dialect, attendance at the course has been really beneficial and she notices daily improvements at work. In addition, those attending the course have decided to set up an informal study group where they can practice what they have learnt and discuss any challenges amongst themselves. This has not only helped with their practice of English language but also helped create a greater teamwork and social support context for the employees.

MIGRATION BACKGROUND AS ADDED VALUE for CARE

Good Practice Examples from Belfast (UK)



Milenski comes from Bulgaria and is employed as a Support Worker in a local Residential Home. In addition, there are a number of other employees from Poland, Romania, Philippines and Africa. Some service users have shown a lack of tolerance for migrant workers due to a lack of awareness of cultures and from being in care for a long time.

The migrant workers came together with an idea to educate not only co-workers but also service users on the different countries and cultures they have come from. This has included sharing of stories and photographs, documentary nights and country themed cookery nights.



Staff have reported a greater appreciation of where migrant workers have come from and the contribution they made to Health and Social Care and society as a whole. Staff have also reported a greater acceptance from service users who have greatly benefitted from a range of education and fun activities. In addition, migrant workers have reported a greater sense of pride in what they do and a greater sense of appreciation from both staff, service users and their families.