HealthWorkers 4all

Health workers for all - CASE STUDY

THE NETHERLANDS

Caring for carers in Dutch home-based care

wemos Health for All

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WHO Code correspondence:*

Article 4.4. **Member States should, to the extent possible under applicable laws, ensure that recruiters and employers observe fair and just recruitment and contractual practices in the employment of migrant health personnel and that migrant health personnel are not subject to illegal or fraudulent conduct. Migrant health personnel should be hired, promoted and remunerated based on objective criteria, such as levels of qualification, years of experience and degrees of professional responsibility on the basis of equality of treatment with the domestically trained health workforce. Recruiters and employers should provide migrant health personnel with relevant and accurate information about all health personnel positions that they are offered.**

** WHO Global Code of Practice on the International Recruitment of Health Personnel*

Providing care in a changing context

Warnings about an impending shortage of health professionals have sounded for years in the Netherlands. Like other Western countries, the Netherlands has an ageing population, meaning that demand for care is increasing while the working-age population is shrinking.[1] Nevertheless, at this point in time, health care supply still exceeds health care demand. This situation can be attributed partly to the economic crisis: people are working longer and the austerity measures currently being implemented by the Dutch government are contributing to a surplus of health personnel in the short term.[2] Over the longer term, however, the health care sector is likely to face a serious shortage of health personnel. Demographic change – an ageing population and fewer young people joining the health workforce – is inevitable. Forecasts suggest that by 2020 Europe will need one to two million additional health workers.[3]

The national government's policy is geared towards decentralisation, which means that the government itself can exert little direct influence. Decentralisation has already led to a transfer of certain responsibilities to the municipalities, such as providing care for the chronically ill or elderly, or dealing with employment, and income, and youth welfare, and this process is only set to continue under the latest plans. This will put much of the responsibility for health care and welfare in the hands of municipalities. In parallel with these developments, the economic crisis is putting the Dutch health care system under pressure. There is a trend towards encouraging patients and clients to accept more responsibility, alongside an associated shift from institutional care towards care in the home environment. The Dutch government is a proponent of informal care for the chronically ill and elderly, for example, by non-trained family members or volunteers. However, not all chronically ill or elderly people have family members that are willing and/or able to provide care. In this arena of change and economisation, hiring cheap personnel from other European countries or beyond seems an attractive option, both for home care provided via municipalities and for private (24-hour) home-based care. Recent reports on the exploitation of cheap foreign labour in the 24-hour home care sector corroborate these concerns and underline the need to remain alert.[4]

As little is known about this trend with regard to the lower cadres of the care sector, the Amsterdam-based organisation Wemos carried out research to gain more insight into this relatively new phenomenon in Dutch home-based care. It conducted an initial investigation[5] on the extent of the sector, the process of recruiting and deployment, the rights of the caregivers, the benefits for the caregiver, the quality of care, and the current state of monitoring of this home-based care (private or otherwise). Judging by recruitment organisations encountered on the internet, it is estimated that 'only' 300 patients in the Netherlands have employed a foreign live-in caregiver, mainly from Eastern and Southern European countries, to provide 24-hour home care. However, the real number is probably higher, since not all recruitment and employment agencies advertise on the internet and they are therefore hard to find. Based on this first investigation, it can be tentatively concluded that the trend towards the international recruitment of live-in caregivers is on the rise.

[1] http://www.zorgvoorinnoveren.nl/upload/file/ZIP_Zorg_voor_mensen-mensen_voor_de_zorg.pdf [Care for people, people for care]
Trends in arbeidsmarkt voor zorg en welzijn:
http://www.zorghulpatlas.nl/zorgwereld/trends-in-de-zorg/trends-in-de-arbeidsmarkt-voor-zorg-en-welzijn/
[Trends in labour market for care and welfare]
[2] http://www.oxfam.org/sites/www.oxfam.org/files/cs-true-cost-austerity-inequality-netherlands-120913-en.pdf
[3] European Union (2012). COMMISSION STAFF WORKING DOCUMENT on an Action Plan for the EU Health Workforce.
http://ec.europa.eu/dgs/health_consumer/docs/swd_ap_eu_healthcare_workforce_en.pdf
[4] E.g. http://www.rtlnieuws.nl/nieuws/buitenland/geen-nederlanders-bij-thuiszorg#node_444881 [No Dutch employees in home care]
[5] Wemos (2014). Verantwoorde buitenlandse zorg aan huis: Een verkennend onderzoek naar inwonende buitenlandse zorgverleners in Nederland.

‘The majority of the agencies have been established during the past one to two years’ (Wemos, 2014). Newly established recruitment agencies are a response to the government’s policy to encourage care in the home environment, as was explained by different founders of these agencies. This is a worrying trend, especially since the monitoring of the situation and the labour conditions of caregivers working at the household level is lacking. Some workers testified that they were on duty for 24 hours a day. A caregiver claimed: ‘I worked for a woman in a wheelchair who was very demanding. I had to work seven days a week, 24 hours a day. During the night, I had to reposition her in her bed every three hours’. Some of the caregivers are paid for 40 hours per week, while they actually work twice the number of hours. The lack of collective labour agreements leaves room for this kind of ‘misconduct’. In sum, international caregivers working in the home-based and 24-hour care sector are at risk of exploitation.

Efforts for change

Applying the principles of the WHO Global Code of Practice on the International Recruitment of Health Personnel (WHO CoP), there should be equivalent benefits from international migration for both source and destination countries as well as the individual health worker. Article 4 of this Code of Practice emphasises the importance of the fair and equal treatment (same legal rights and responsibilities as domestically trained health workers) of international health personnel in terms of employment and conditions of work.

Within the framework of the principles of the Code, different actors in the Netherlands can work together to meet the challenge of ensuring fair recruitment in home-based care. Currently, different civil society organisations, such as Wemos, Fairwork and trade unions, including Abvakabo FNV, are seeking collaboration between recruitment agencies, Dutch inspectorates, the Ministry of Health, the Ministry of Social Affairs and Employment, municipalities and other trade unions. Through dialogue, various civil society organisations and trade unions have made the other actors involved aware of the trend in the lower cadres of the health care sector and the possible detrimental effects on both the health system in the source country and the well-being and situation of individual health workers in the Netherlands. The actors involved are urged to remain alert and to collectively take action from their own perspectives and in accord with their responsibilities.

One case in point is that various organisations with a background in labour/human rights are now working on an advice for municipalities on how to ensure fair and ethical recruitment of caregivers from abroad for the home-based private care sector. This advice recommends that municipalities work closely with the recruitment agencies, the Dutch inspectorates and trade unions to make sure the recruitment – and employment process – is adequately monitored and rights are guaranteed. Municipalities can also play an important role in the retention of caregivers whose jobs are currently at risk. In an online article,[6] Actiz, the Dutch association of residential and home care health care providers, emphasised that appropriate measures such as maintaining employment levels are necessary to avoid people hiring care workers on the black market.

[6] Actiz (2014). Decentralisatie kan ook met behoud van werkgelegenheid.
http://www.skipr.nl/blogs/id1774-decentralisatie-zorg-kan-ook-mt-behoud-van-werkgelegenheid.html
[Decentralisation of care can also be done while preserving jobs]

Wemos also recommends that the Social Affairs and Employment Inspectorate closely monitors recruitment and employment agencies to prevent exploitation and malpractice, particularly in the lower cadres of the health care system.[7] The Health Care Inspectorate can monitor how international recruitment and staffing agency activities in the health sector affect the quality of care. In cases of noncompliance with employment rules, it is crucial that the Health Care Inspectorate collaborates with relevant bodies such as the Social Affairs and Employment Inspectorate. The Ministry of Social Affairs and Employment also plays an indispensable role in this. The Ministry can ask the Social Affairs and Employment Inspectorate to step up its enforcement of international health professionals' rights to fair and equal treatment and to safe and healthy working conditions. Moreover, the Ministry can join forces with European counterparts to put the problem of exploitation at the top of the European agenda and undertake adequate action. Recently, the Dutch Minister of Social Affairs and Employment, Lodewijk Asscher, emphasised the need to push the issue of the exploitation of migrant workers at the EU level, as cross-border wrongdoing can only be addressed collectively. The Minister stated that ensuring equal pay and labour conditions for equal work should be a top priority of the European Commission. The European Parliament has agreed on proposals to address exploitation, underpayment and unfair labour competition. As a consequence, EU Member States have to improve their monitoring of employers and increasingly check whether these employers abide by the law if they have employees working across borders. In addition, inspectorate agencies should exchange relevant information more frequently, as the monitoring remains in the hands of the countries themselves. In Brussels, a platform against undeclared work is about to be established. The Dutch Minister of Social Affairs and Employment suggested to extend the function of this platform, proposing the establishment of an EU coordination centre where agreements on joint monitoring can be made and where all EU countries can join forces and share knowledge. It is crucial that the Dutch Minister also take into account the situation of international care workers in the 24-hour home care sector while advocating equal salaries and labour conditions at EU level. At present, civil society organisations are further exploring the possible actions that the Ministry of Social Affairs and Employment might take.

Trade unions also have an important role to play in the process of ensuring the rights of international health workers. They can identify rights' violations and gaps in the current legal framework, and continue advocating an ethical approach to the recruitment of international health personnel, for example in their social dialogue with the Ministry of Health, Welfare and Sports and the Ministry of Social Affairs and Employment. Currently, the Scientific Bureau of the Dutch Trade Union Movement and the trade union Abvakabo FNV are actively engaged in studying this topic of recruiting caregivers from abroad to address financial/labour gaps in the Dutch care sector.[8]

The Scientific Bureau of the Dutch Trade Union Movement are carrying out a study on European migration and labour market dynamics with the aim to investigate the interrelation between the two and on this basis to provide recommendations to the trade union movement. As little is known about the recruitment of European migrant workers for 24-hour home care and the phenomenon seems to be growing, it will be used as a case study in this investigation of migration and labour market dynamics. In this research, the

[7] http://www.wemos.nl/news/?v=6&cid=3&id=300&lid=2
[8] Wemos et al. (2014). Fair health workforce policies at municipal level. Forthcoming.

trend of hiring migrant care workers using various labour recruitment configurations such as posting and recruitment offices will be described to illustrate how the lack of adequate regulations, the absence of collective labour agreements, and inadequate enforcement leave room for exploitation of international caregivers. The research will elaborate on the situation regarding the international recruitment of caregivers in the lower cadres of the health care sector and a comparison will be made between the situation in the Netherlands and Germany.

This research is of great importance. As Marco Borsboom (Abvakabo FNV) states: 'The hiring of migrant caregivers when the rights of these workers may be at risk is an unacceptable situation. This development needs to be closely monitored and when necessary steps need to be taken to avoid exploitation'. Wilma Roos, researcher at Scientific Bureau of the Dutch Trade Union Movement and policy officer at FNV Mondiaal, adds: 'We strongly feel that more needs to be done to prevent unfair recruitment practices in the (private) home care sector. All of the actors involved should profit from recruitment abroad. My research, together with the research by Wemos, is a crucial first step. This investigation can play a role in gaining insight into the developments in the lower cadres of the health care sector and in putting this issue on the political map. Depending on the outcome of the research, recommendations will be suggested to the trade union concerning the possibilities for an active follow-up of this research. For this reason, we intend to organise an expert meeting, bringing together key actors such as civil society organisations, policymakers and scientists as soon as the outcomes of the research are available. Collaboration between different actors is key'.

What is to be learned?

The health sector in the Netherlands can benefit from the free movement of services and people in the European Union. Health care providers are allowed to hire staff from other countries and health professionals are free to look for a job abroad. However, if recruitment of international care workers (caregivers) is not carried out in a responsible way, it can have serious repercussions. People who work in unfamiliar settings are vulnerable to various forms of exploitation, such as underpayment and violation of the working hours act. It is likely that these international health workers will end up in the grey or black market, where there is little monitoring and a legal framework is lacking – making the exploitation of cheap international labour a major risk. Relying on people from abroad is therefore not a structural solution to the anticipated shortages of health professionals in the (private) home-care sector.

So, does this mean that the recruitment of caregivers and health workers from other countries should be prohibited? No, that is not a desirable solution. The exchange of international caregivers can also bring benefits to the caregiver and the source country. Research shows that international caregivers value the relatively high salary and free room and board as a great benefit of their work in the Dutch home-based care sector (Wemos, 2014). Furthermore, they also gain experience, which can enhance the quality of care in the source country when they return home. A complete ban on international recruitment would eliminate such benefits. Therefore, it is desirable to strike a fair deal for the work being delivered and to balance the gains and losses of the situation. In order to realise a fair deal, adequate regulations to ensure fair

recruitment and the rights of international health workers in the Dutch (home-based) care sector are needed. The WHO CoP provides a straightforward framework and guidance to ensure the ethical recruitment of international health personnel, including private providers of care to elderly and chronically ill people.

By applying the principles set out in the WHO CoP as a framework for dialogue in the private home-based care sector, it becomes evident it is of utmost importance to keep an eye on the developments in this particular part of the care sector. At present, little is known about the mobility of international health workers in the lower cadres of the private health care sector and the hiring of health workers on the grey and black market, which makes these health workers highly vulnerable to exploitation. More must be done to map this trend and to implement and/or adjust policies to prevent the exploitation of international health personnel. The issue should receive more attention at policy level, deserves to be placed higher on the policy/political agenda and requires fair labour agreements and decent regulation. All of the actors involved can collectively contribute to a fair deal, ensuring that none of the parties involved are negatively affected by recruitment abroad.