

Labour Migration and Nursing Care

Handout to Care Institutions

Diakonie for People

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Cover photo:

23 year-old Vietnamese Hang Le Thi undertakes training at Evangelische Pflegeakademie in Munich as an elderly care nurse. When she absolved an internship at Alten-und Pflegeheim Leonhard-Henninger-Haus in Munich she was combing hair of 91-year old Leopoldine Luise Paulus.

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Summary

For a variety of reasons, recruiting international qualified nurses will not suffice to sustainably remedy the shortage of skilled personnel in the centres and services of geriatric and health care. It is recommended that the responsible bodies and institutions involved open up their human resources strategies at international level. Such a measure would provide several opportunities:

- The percentage of both patients and residents with a migrant background in health and geriatric care facilities will gradually increase in the years to come. In this context, nursing staff with international background will contribute much-needed experience to the care process. Elderly migrants in particular need the kind of care that considers cultural identity and the needs associated with it.
- International staff recruitment provides a new opportunity for staff diversification. Qualified workers with interna-

tional experience and perspectives can introduce their potential as innovative impulses to the institutions.

- International partnerships may assist, for instance, in establishing structures for outpatient and residential care in the partner land.

These deliberations will be developed and substantiated in the strategy part of the present publication. The following guidelines provide responsible bodies and institutions with practical information and criteria: how to position themselves in order to recruit and permanently retain international qualified nursing staff, and how to assess the costs involved. So far, only limited, rather recent practical experiences have been made on the opening of the German labour market to international qualified personnel. Conditions and problem areas vary notably depending on the size of responsible bodies and facilities, on the federal state and on the home country of international jobseekers.

Editorial Note

This is a translation of parts of the original text published in April 2015 under the title “Arbeitsmigration und Pflege“ in German.

With this translation we want to support international care providers as well as international job seekers in their efforts to assess the German nursing staff recruiting system.

Berlin, September 2015

Strategy Paper

Introduction

Hospitals as well as outpatient and residential care centres steered by Diakonie agencies are on the lookout for new options to attract qualified personnel. However, the close attention currently given to international recruitment projects from third countries is so far not reflected in the figures of international staff actually recruited. In 2013, little more than a hundred people from third countries were recruited for educational purposes in the care sector, below the figures from the 1960s and 1970s which ran into five digits (Korean, Philippine and Indian nurses).

The present paper intends to provide major and minor agencies as well as facilities for geriatric and health care with general guidance, practical support and assistance. It should help care centres to improve their strategic positions by learning from previous, if not always positive experiences.

Diakonie agencies focus on attracting qualified nursing staff from both EU member states and from third countries. Unqualified¹ care assistance and domestic aid is therefore not considered in this publication.

Internationally oriented and organised staff recruitment in the care sector will gain little significance without the reliable support of public funding agencies, without improved recognition of the equivalence of foreign occupational qualifications and without a welcoming practice in immigration law that is, a law that considers migration as standard and not the exception. This text thus also addresses public bodies, associations and politics.

The paper is preceded by a section on strategy, which defines the perspectives of international staff recruitment, thus providing some general guidance. It is followed by

guidelines providing the responsible bodies and institutions with practical information and criteria on how to position themselves to attract and permanently retain qualified international nursing staff. The fact that little practical experience is available regarding the opening up of the German labour market to international qualified personnel is also taken into account. Depending on the size of responsible bodies and facilities, on the federal state and country origin of the international job seekers, conditions and problem areas vary notably. The practical examples given here intend above all to provide ideas and thought-provoking impulses.

The field reports upon which this paper is based, as well as detailed practical information, can be found on the website corresponding to this report: <http://www.diakonie.de/arbetsmigration-und-pflege-14349.html>.

1. Basics on migration

As part of the Protestant Church in Germany, Diakonie takes “in accordance with gospel [...] the reality of migratory movement as a given, without elevating it theologically or dressing it up ideologically. [T]he church places itself in the tradition of God’s migrating people who know of the limited significance of state borders and hurdles. After all, we have ‘here no continuing city, but we seek one to come’ (Hebrews 13:14). Thus, at the core of its existence, it defies borders, is at least internationally oriented and in the best case cosmopolitan, which in the debate on the labour force leads to an almost inescapably relaxed position on regulations. [...] Both in migration policy and in ecclesiastical social service related statements, an overly restrictive focus on migration prevention must be avoided. Migration should be perceived as a task in shaping development policy.”²

¹ Any reference in this text to “nurses” or “nursing staff” or “caregivers” is understood as reference to persons with professional training according to legal requirements.

² Guidelines on Labour Migration and Development 2012, p. 15.

“Migrants follow their own life plans, hopes and aspirations. They have a right to primarily shape the course of their migration themselves.”³ Thus the legitimate interests of job-seekers should be taken into consideration.

The one-sided economic expectations linked to the so-called guest workers of the 1960s and 1970s do not match with the current situation. Immigration cannot “be instrumentalised so as to avoid the existing need for action and reform pressure in health and geriatric care.”⁴ It must not induce wage dumping. The much-publicised culture of welcome and recognition may not be used exclusively for economic gain. The important thing is to involve the many implications linked to migration – such as the long-term emotional management of everyday life, the situation of the families and the subsequent impact on the region of origin. It is the responsibility of society and the receiving institutions to guarantee and support full social and political participation and to facilitate well being and freedom of discretion. Moreover, we should be alert to ignorance or cultural prejudice that may oppose an unreserved and welcoming integration.

International migration is a normal phenomenon and a societal reality that must be shaped not only from the perspective of development, but also for the protection of migrants. The international migratory movements of qualified staff in health care may have considerable positive, but also negative impacts on the supply situation and service structures in the countries of origin and destination.

2. The international labour market for geriatric and health care

2.1 Current framework for care in Germany

For years, demographic development has been producing a steadily increasing elderly and dependent population. In 2012, in terms of the long-term care insurance law, 2.5 million dependents were living in Germany. Additionally, there are 150,000 beneficiaries of private long-term care insurance.⁵ According to statistical forecasts, the number of dependents in statutory long-term care insurance schemes will reach

2.9 million by 2020; the figure will almost double by 2050 to 4.5 million people.⁶

A considerable change is taking place in hospitals. Due to shortened stays in hospitals, more and more elderly people are relying on follow-up medical treatments provided by residential care centres and outpatient care facilities. At the same time, the number of elderly and multi-morbid patients in hospitals is growing.

Concurrent to the increasing demands of health and geriatric care, the number of young people pursuing a nursing career after finishing school is diminishing.

More than two-thirds of dependents in Germany are taken care of at home, in great measure assisted by relatives or friends. About 30 per cent of these live in nursing homes or residential care centres. More than 32 per cent of nursing staff relatives are older than 65 years. Given this development and the diminishing potential of familial care, a decline in family care is to be expected.⁷

Currently, there are approximately 1.2 million qualified nursing staff⁸ in Germany. In the years to come, a considerable number of these will reach retirement age. Due to the demographic change, it can be expected that those working as nurses will not be able to meet the increasing requirements of professional care in the future.

Even today, it is increasingly difficult to fill employment vacancies with qualified nurses, and with regional fluctuations, a severe shortage of skilled personnel has become evident. Hence, today a position for a qualified geriatric nurse advertised by the Federal Employment Agency (Agentur für Arbeit, BA) remains vacant on average for 131 days, and likewise 117 days for qualified health care workers.⁹

Calculations predict that this trend will continue so that by 2030 approximately half a million positions for full-time employees in the care sector will remain vacant.¹⁰

Besides the demographic development and diminishing potential of the national workforce, this trend must be

3 Ibid, p. 16.

4 Non-Statutory Welfare – People to People (BAGFW), Elderly Care in Germany, Berlin July 2014.

5 Barmer GEK-Pflegereport 2013.

6 Facts & Figures by the German Ministry of Health (04/12).

7 Federal Statistical Office: Care statistics 2011.

8 Health care; paediatric nursing and geriatric care.

9 <http://statistik.arbeitsagentur.de/Statischer-Content/Arbeitsmarkt-berichte/Fachkraeftebedarf-Stellen/Fachkraefte/BA-FK-Engpass-analyse-2013-12.pdf>.

10 Bertelsmann-Stiftung: Themenreport „Pflege 2030“.

attributed to factors in the social and political framework. The inadequate consideration of personnel expenses in care rates (outpatient compensation rates) is just one of them.

International skilled personnel alone will not be able to compensate for this development. Diakonie calls upon political leaders to improve the parameters in outpatient and residential care. The caregiving profession must become more attractive by sustainably improving labour conditions for qualified nurses in Germany. This is the only way to encourage more people to choose a care-giving profession and ensure that employees will not leave the profession prematurely. At the same time, the domestic care situation must be stabilised, nursing relatives supported and alleviated.

2.2 Care Sector and migration

2.2.1 International health care und migration

More than one billion people worldwide have no access to health care. The World Health Organization (WHO) predicts a global health workforce¹¹ shortage and estimates a lack of 7.2 million health care workers needed to guarantee access to adequate health care provision.¹² In many countries, the health care systems are chronically underfinanced. Such conditions do not allow for sufficient investment in training, personnel development or the creation of jobs. The migration of qualified staff to countries with more attractive employment conditions exacerbates at least the short-term deficit of qualified nurses. Rural regions are much more affected by the migration and shortage of skilled health professionals than urban areas.

The phenomenon of an ageing society is not idiosyncratic to Western Europe, but can also be observed for instance in Eastern Europe and in Asian countries such as Japan and China. Global urbanization and an increase in gainful employment weakens familial support structures and in many countries generates a need for professional geriatric care that did not exist in the past – at least not to this degree. In many

countries, the care of elderly people is not structured as a specific service area but is part of general health care. However, forecasts concerning the future supply and demand for professional caregivers in individual countries are almost impossible to make.

To avoid migration-induced problems for the countries of origin, the German government – like other industrialised countries – follows a Code of Conduct adopted by the WHO in 2010. The Global Code of Practice on the International Recruitment of Health Personnel establishes recommendations for the ethically responsible international recruitment of health personnel. The principal aim is to discourage the systematic recruitment of health professionals from countries, where the World Health Organization has established a shortage in the health care workforce. In the 2006 World Health Report, the WHO identified a list of 57 countries “facing a human resource crisis for health”.¹³ The WHO is currently reassessing this list.¹⁴

Yet a blanket restriction on international [health workforce] migration will not have the desired effect in addressing the fragile and underfinanced health care systems in many countries. More comprehensive approaches are required whereby migration should be conceived in a way that is not only beneficial for the countries of destination, but also for the migrants and their countries of origin.

At intergovernmental level, this could be done on the basis of an agreement on bi- and multilateral framework partnerships for migration and the freedom of movement across borders; at enterprise level so-called cross-border transnational training partnerships seem appropriate (see section 3.1).

2.2.2 Intergovernmental migration agreements

Mobility partnership is a EU tool for cooperation on migration with third countries, that is, states who are not members of the European Union. Mobility partnerships are declarations of intent made between Member States and a third

11 For the WHO, the term “health workforce” includes medical, nursing and therapeutic professions.

12 GIZ (ed.), Fachkräftesicherung im Gesundheitswesen – eine globale Herausforderung, 2013.

13 Cf. Angenendt, Clemens and Merda, 2014. See also: <http://www.who.int/workforcealliance/countries/57crisiscountries.pdf>.

14 See The federal government’s reply to the parliamentary question put by the Members of Parliament Niema Movassat, Annette Groth, Heike Hänsel, and others and the parliamentary group DIE LINKE. Recruitment of health care professionals from countries of the Southern hemisphere (Antwort der Bundesregierung auf die Kleine Anfrage der Abgeordneten Niema Movassat, Annette Groth, Heike Hänsel, weiterer Abgeordneter und der Fraktion DIE LINKE. Abwerbung von Fachkräften aus den Ländern des Südens im Pflege- und Gesundheitsbereich). 06.09.2013 – DIP des Bundestages 17/14716, p. 6.

country. Within this framework, projects can be agreed upon between states to achieve the overall objective, namely the fair balance of migration and development interests.¹⁵ Mobility partnerships are based on the “Global Approach to Migration and Mobility” (GAMM) agreed by European heads of government in 2005. It is also possible to base migration agreements on bilateral agreements between EU member states and third states.

Possible agreements regarding the international mobility of professionals cover four areas:

- legal migration
- support for partner countries in managing migration
- containment of the exodus of professionals to other countries; fostering of circular migration
- facilitation of visa issuance.

Previous mobility partnerships with Moldova, Cap Verde, Georgia and Armenia, however, have revealed problems in their implementation. So far, expectations regarding the improved mobility of professionals has been unilaterally linked to the fight against irregular migration. Development issues have not been adequately taken into consideration. Likewise, the established targets set for the return of professionals have proved to be too strict and insufficiently rooted in reality.

Under the following circumstances, mobility partnerships could become a useful political tool for the recruitment of professionals:

- They should be strongly employment-oriented. In this context, opportunities must be identified to suspend and repeat a work stay as well turning it into a permanent stay. In consideration of their career and future plans, nurses are interested in repeating and consolidating temporary stays must be able to do so independently and in keeping with their personal interests, without losing the option to return.

- Regulations regarding the international portability of acquired social rights must be provided.
- In case of cooperation between local, regional and state actors, the responsible bodies of the care sector should also be involved, together with their partners in the countries of origin and the migrants already living in Germany and their associations.

The Member States of the EU should consider mobility partnerships as an important investment in the future and provide sufficient funding for the requirements of administrative steering and promotional tools.

2.3 Interests of the migrants

Among the strongest motivations for migrants to leave their country of origin is the desire for better living conditions and the realisation of individual life-concepts, such as bi-national relationships that would otherwise have no future prospects. Wars and violent conflicts also force people to leave their country of origin.

The concept of migration as a target-oriented, one-time migratory movement often no longer applies. More and more people migrate back and forth between countries for training or working purposes.

Most of the people employed or seeking work in the care sector are women who generally need special protection. Cultural stereotypes of women often lead to particularly discriminatory conduct.

The perspective of some women is not permanent migration but the possibility to send their earnings to relatives at home – children, husbands and parents – who often expect them to do this. The women who emigrate face a double burden. Not only do they have to contend with gainful employment abroad, but also with social expectations regarding childcare, housekeeping and family care responsibilities. The migration of women may also prove difficult for the children they leave behind who depend on the affection of their grandparents, siblings and relatives. This is also the

¹⁵ Commission of the European Communities, Commission Staff Working Document – Mobility partnerships as a tool of the Global Approach to Migration, Dok. SEC (2009) 1240, Brussels, 18.9.2009.

case for elderly or sick relatives whose needs these women can no longer fulfil. For the most part, the grandmothers, sisters and aunts of the female migrants take on their care responsibilities – migration does not change traditional gender roles.¹⁶

In the interest of the people, it is vital that perspectives for transfer and employment for international professionals are guaranteed by convention. The option to remain permanently in the country of destination and to unify families must be conceded. Access to independent consultation must also be facilitated.

2.4 Perspectives of migration in health and geriatric care

The Federal Government has revised the de facto objectives established in the 2005 Immigration Act to steer and restrict immigration – at least where labour immigration is concerned. In its Demography Strategy,¹⁷ presented in April 2012, the German government identifies the immigration of “well-qualified international professionals” as one of the strategies to address the issue of the aging population and its effects. In July 2013, the new employment regulation came into effect which identifies care as a shortage occupation, thus lifting the recruitment stop that had applied to this sector since 1973. The new regulation is to be welcomed, given that too strict a screening of care migration does not fit Germany’s international profile as a leading economy.

Within the context of its “skilled labour offensive”, the German government promotes the establishment of a “Welcome and Recognition Culture”. It strives to foster the recruitment of international qualified nurses using initiatives and model projects in the EU and Germany.

In Germany, the internationality of care services is already a reality. Statistics, however, indicate that for professions in health and geriatric care, only 4 per cent¹⁸ of employees without a German passport are subject to social insurance contributions, albeit with a growing trend. This proportion is notably higher among the population, namely 8 per cent.

Statistically unverifiable is the number of immigrated employees who have acquired a German passport.

It is estimated moreover that more than 100,000 women¹⁹ from Eastern Europe work as domestic workers in private households – often under precarious and illegal conditions. Diakonie is not active in this sector.

So far, the immigration of international qualified caregivers from third countries is extremely low. In 2013, the International Placement Services (Zentrale Auslands- und Fachvermittlung of the Federal Employment Agency, ZAV) placed a total of only 16 nurses from third countries,²⁰ five of whom originated from Bosnia and eleven from Serbia. However, a greater number of people are participating in preparatory measures or awaiting placement with a German employer. Diakonie agencies participate in such model projects and actually run some of their own.²¹

According to data provided by the German government, the number of EU employees in the care sector who are subject to social insurance contributions has increased in the two years from 31st December 2010 to 31st December 2012 from approximately 15,000 to approximately 21,000. The proportion of employees in the care sector that is subject to social insurance contributions has thus increased by 0.2 per cent to 0.8 per cent.²²

With the new Employment Regulation, immigration advantages have also been created for members of third countries. We know from experience, however, that the administrative process is lacking in visa issuance and work permits, swift recognition of professional qualifications and much more.

European freedom of movement for workers allows the unrestricted migration of qualified nurses within its Member States. In addition to immigration to Germany, it also allows German nurses to take up employment in other EU countries. A considerable number of German care professionals seek employment in other countries, especially in the northern countries of the EU or neighbouring Switzerland. The

16 Lutz and Palenga-Möllnbeck, 2014, <http://www.boell.de/de/2014/03/03/das-care-chain-konzept-auf-dem-pruefstand> (accessed 4 August 2014).

17 Bundesregierung, Die Demografiestrategie – Langfassung (long version), 2012, p. 54 [not available in English].

18 DIP des Bundestages 18/1163, p. 8.

19 According to trade union data up to 300,000.

20 Date of ZAV query: May 2014.

21 Cf. chapter 3 and 4 as well as www.diakonie.de/arbeitsmigration-und-pflege.

22 See DIP des Bundestages 17/14716, p. 6.

majority of EU and several third countries with potential migrants also face the challenges of an aging society and are forced to respond with occupational measures.

In Southeast Asian countries such as the Philippines, the situation is different. There the educational situation is increasingly favourable and the age structure of the population shows a considerably higher amount of younger people. Yet the health care system is still marked by insufficient provision. In addition, locally trained and qualified nurses often leave the country permanently – and in considerable numbers.

The economic circumstances in the countries of origin vary significantly: in many East and Southeast European countries such as Romania, Kosovo, Moldova or the Ukraine, unemployment is high. Even qualified persons find it difficult to find employment with adequate salaries, especially in the health and care sector.

2.5 Particularities of German health and geriatric care

How is German health and geriatric care perceived from the perspective of international job seekers? There is no specific training for geriatric care, neither in the other European member states nor in non-European third countries, that would lead to a professional qualification equivalent to German training in geriatric care.²³ Though there are political initiatives in Germany for a uniform law in the care professions that aim to remove the professional division between geriatric care and health care, for the time being the current professional practice differs from that in any other state.

Hence in principle only job seekers with vocational training in nursing acquired under foreign law are available for recruitment. In Germany, applicants usually apply for recognition as a nurse, thus meeting the formal requirements to work in the hospital sector and in geriatric care as a professional nurse. The EU directive 2005/36/EC on the recognition of professional qualifications also facilitates professional recognition in the healthcare sector. But in addition to professional qualifications, knowledge of the language necessary for practising the profession in the host Member State must be proven – in this case German. There is therefore a small

and dwindling number of people who are recognized as having foreign care training as geriatric nurses.

Many of the nurses trained abroad have been educated with a different understanding of care and are accustomed to other conditions in the care sector. In the majority of European countries, both vocational education and training in health and nursing care are part of higher education and absolvents are equipped with other occupational decision-making abilities.

Despite distinct information regarding the German particularities, Spanish nurses who were recruited within the scope of a Diakonie project for geriatric care in Hesse, had no realistic idea of what was actually expected of them. The care duties they had been assigned varied considerably from the usual tasks assigned to academically trained nurses in Spain. During the formal recognition process they had to pass through initially in Germany, they were only allowed to work as unskilled assistants. Following their formal recognition as nurses, many of them transferred to the hospital sector. Although the project was carried out with great commitment, it did not achieve the expected success for the geriatric care agency.²⁴

The geriatric care profession is often perceived as a less-qualified occupation by international job seekers. In other countries, personal hygiene, activating care, treating dementia or long-term care play no or only a peripheral role in training as a health care professional.

Looking at the quantitative relation between patients and nurses in hospitals reveals how problematic conditions are in Germany compared to other countries: in Germany one nurse is on average responsible for 10.3 patients, whereas in Belgium it is 7.8, in Switzerland 5.5 and in the Netherlands 4.9 patients. Further differences concern the areas of activity and professional law as well as the recognition as academically trained professionals (including medical professions) – with a competitive disadvantage for Germany.

Stress and strain due to getting accustomed to the conventions and procedures in an unknown country and environment increases when job seekers from an urban context take up work in a rural and remote environment.

23 Cf. Landenberger et al., 2005.

24 See <http://www.diakonie.de/journal-inhaltsseite-15395-15395.html>.

2.6 Conclusions for the agencies/responsible bodies

The common European market, the subsequent free movement of workers and the interconnections with third countries are a reality. So far international professionals contribute only in a limited way – at least in terms of numbers – to alleviating the shortage of skilled workers. Their cooperation, however, can make an important qualitative contribution to modern organisational development. Existing diverse concepts of care must not be disregarded in the process.

Above all this is about a European approximation process in shaping the future care sector, about quality care for people rooted in different countries and about diversity strategies

and cross-cultural openings. Any differences in qualifications require the provision of upgrading qualifications.

Currently about half a million people are living as refugees with residence permit given on humanitarian reasons or “tolerated” status in Germany. The trend is rising. Diakonie aims to provide these people with a livelihood that includes care.

An increased social and political appreciation of the caring profession is crucial not only for the occupational motivation of nationals, but also for the recruitment of international professionals.

The following practice-oriented guidelines will explain the concepts, provide answers to practical questions and explain the funding options that are particularly recommended.

Guidelines

3. Organization issues and [vocational] training concepts

3.1 Nursing training in Germany

There are several ways of acquiring a recognised qualification as a health or geriatric care professional. Due to the implementation of the generalist nursing training adopted in the coalition agreement for the 18th parliamentary term of the German Bundestag, a differentiation between geriatric and health care is no longer required.

Depending on an individual's previous knowledge, three paths are possible in acquiring a qualification as a professional nurse in Germany:

1. Persons with nursing training completed abroad, which is not recognised under the EU directive on the recognition of professional qualifications, can apply for recognition of their health care training under German law. Additionally, possible deficits in language and/or professional qualifications can be alleviated.
2. Persons with previous experience as nurses in the country of origin can participate in further qualification measures, which, on completion, should include German recognition as a health or elderly care nurse.
3. Regardless of any previous experience, regular training should be made according to the regulations of the German or international Health or Geriatric Care Act.

Training under the Health or Geriatric Care Act may be conducted partly or completely outside of Germany. A close cooperation with German nursing schools, however, seems to be a reasonable approach.

It is to the benefit of all parties involved that the personal decision to migrate and train as a nurse in Germany is made sustainably and based on sound knowledge by the inter-

ested persons. The individual decision and application procedure may be supported by the following measures:

- Information regarding the occupational field and job profile should already be provided for interested persons in the country of origin, preferably in their native language.
- A “Voluntary Social Year” or an occupation within the scope of the Federal Volunteer Service (Bundesfreiwilligendienst) allows interested persons to make their own hands-on experiences with the daily routine in health care and the living conditions in Germany. This would contribute to young people being able to make a well-founded migration decision. The Diakonie Neuendettelsau has made specific experience in this respect.

Several German and European funding programmes (see section 4.6) are available for financial support: in general the Federal Volunteer Service²⁵ is also open to foreign applications. For applicants from non-EU states, entry requirements must be clarified.

Advantages of international health care training under the Health or Geriatric Care Act:

- Residence in Germany is beneficial but insufficient for individual language acquisition. Experience shows that it is necessary to acquire German skills at language level B2 before beginning the training programme, otherwise successful participation in the theoretical and practical lessons is hardly possible. Adequate German language skills are a formal admission requirement for nursing training. Integration into regular classes allows individuals to be trained and is thus independent of contingents.
- Completion of nursing training in Germany eliminates the need to undergo the recognition procedure for a foreign qualification.

²⁵ See www.bundesfreiwilligendienst.de.

- The trainees consciously decide on one of the work areas (health or geriatric care).
- Financing of the school-based and practical training is settled. Students receive a training allowance.
- Training content can be immediately applied and consolidated in practice.
- Other trainees benefit from the intercultural perspective.
- The curriculum is standardised and requires no situational adaption.

Disadvantages of regular health care training under the Health or Geriatric Care Act:

- Training in geriatric care acquired in Germany is not automatically compatible with training in the country of origin. This may affect individual motivation.
- No direct relationship exists between trainee and agency after the successful completion of the training.
- After completing the training, students from third countries must renew the required residential prerequisites.
- Individual acquisition of the educational requirements (language acquisition, application procedure, clarification of motivation) must be organised and funded.
- It is difficult to consider previously acquired individual knowledge in the curricular of country of origin.

3.2 Transnational training partnerships

The economic prosperity of Germany makes it an attractive option for foreign workers. Recruiting and qualifying professional caregivers is a challenge for Germany and for other European countries.

Promoting the training of professional nurses in the countries of origin may have a variety of advantages. Such agreements could strengthen human resources at national level and decrease possible migratory losses. Local training may reduce losses in the national economy arising from the emigration of professionals trained in the country of origin with exclusively domestic funds. Such agreements can also con-

tribute to the establishment of training institutes that meet international standards – an important aspect, especially in development cooperation. If such partnerships are well structured, they are also beneficial for the recipient countries: trainings could be aligned to specific needs. Moreover, they would save costs, given that the training in the country of origin is usually much more cost-effective than in industrialised countries. And ultimately such partnerships would also prove beneficial for international job seekers because it would offer them solid preparation for future jobs in their country of origin.

Training partnerships could contribute significantly in complying with the key demand of the WHO Global Code of Practice wherein migration should prove beneficial for both destination countries and countries of origin. This kind of innovation is doomed to fail, however, if it remains possible for the Code to be misinterpreted, and if the unconditional ban on health professional piracy is continued.²⁶

Diakonie institutions are interested in a cooperation based on partnerships with the countries of origin. The recruitment and training of professionals for health and geriatric care should balance all interests fairly.

A fair balance may contain the following:

- The exchange of personnel between the facilities in Germany and in the partner country may lead to new options for existing staff (personnel development).
- Lending support to the establishment of outpatient and residential care structures in the partner country – for instance by providing care bases or care courses for nursing relatives – may prepare the country of origin for the fact that in the foreseeable future care will become a major social issue.
- Creating models of knowledge transfer by offering further training in the partner country, conducted by German professionals and international professionals working in Germany.
- Creating models that include options for commuting migration, a self-determined return home, the perspective of permanent residency in Germany and the reunification of family members. Such options may increase willingness to migrate.

²⁶ Cf. Angenendt, Clemens and Merda, 2014.

The objective of an international Diakonie training partnership is to recruit people for nursing training that will lead to recognition as a qualified nurse under German law. This includes recruitment, theory lessons and the required practical application, the language qualification prior to and during training as well as the continuation of language education and employment in Germany.

Recognition of the professional qualification in both countries is crucial for a possible return home, even years later. It should correspond to both the possibly rather medical and theoretical oriented curricula and the somewhat practice-oriented requirements of the German dual education system. Diakonie institutions in Germany should provide places for theoretical and practical training.

A mutually agreed contractual arrangement between the trainee, the national and the German institution is required.

3.3 Diversity management and intercultural opening

How must my institution be positioned so that new [international] colleagues feel welcome, are well integrated and decide to stay?

Intercultural opening describes an organization development strategy that responds appropriately to the cultural diversity of employees and residents. Intercultural opening involves organization and personnel development as well as measures for service development. Intercultural opening describes organizational development with an entrepreneurial attitude that appreciates both internal and external cultural diversity.

Regarding personnel management intercultural opening means:

- Personnel development takes a resource-oriented view on diversity and adjusts personnel policies accordingly
- Differences are addressed respectfully and considered as the new normalcy; protection against discrimination is granted
- Access barriers for international personnel are removed and the entire staff is prepared for the new personnel
- Public relations makes the cooperation of a variety of international personnel visible

- Throughout the process, the entire organization questions its routines and structures, taking necessary resources into account
- Anti-discrimination training will be conducted if required.

It is important not to consider intercultural opening as dealing with “strangers”. Such an approach turns employees, patients and clients into “strangers” in the first place, thus constructing stereotypes.

4. Terms of concept for recruiting international professionals

Which supplementary services, professional staff skills and company tools are required to link institutions and professionals and bring them together?

4.1 Placement of international qualified nurses via agencies

On the international globalised labour market, the recruitment and employment of workers across national boundaries is hardly conceivable without the competence of professional placement agencies and information platforms. In Germany, the Federal Employment Agency’s International Placement Services (ZAV) is a crucial and competent institution. The ZAV is exclusively responsible for the placement of professionals from third countries according to the Employment Regulation.

Public ZAV portal

Use public job portals such as that of the International Placement Services (ZAV): [working & job-seeking](#). International jobseekers can register directly at [thejobofmylife](#) to make themselves available for employers. The portal is featured in German and English, but registration is possible in eight languages. (See also section 3.6)

Federally funded pilot project Triple Win

With the Triple Win project, the ZAV and the Gesellschaft für internationale Zusammenarbeit (German Society for International Cooperation, GIZ) promote the sustainable recruitment of health care professionals from four countries within the scope of a pilot scheme. In the partner countries Serbia, Bosnia-Herzegovina, the Philippines and Tunisia, the unemployment rate among professional nurses is high. Since 2013, qualified nurses have therefore

been recruited from these countries for employment in Germany. The initial goal was to find placements for a total of 2,000 nurses by the end of 2014. The cost contribution per person placed amounts to approx. € 3,700 for the institution.

By September 2014, 130 professionals had immigrated. Several hundred more are in the preparation phase. A progress report [in German] can be obtained from the Diözesan-Caritasverband München und Freising.*

The range of services provided by the “Triple Win” project is featured at <http://www.cimonline.de/de/profil/2382.asp>
Contact: Björn Gruber

[For information on the project in English, see: “When everyone’s a winner”].

* Neue Caritas 15/2014.

The high recruitment fees charged by private employment agencies prove to be a major obstacle for international job-seekers. Fixed-term work in particular often involves high costs, which may result in heavy debt burdens for entire families.

Professional placement agents have a great responsibility for human destinies that are linked to migration. But not all agents fulfil this responsibility adequately. Neither employers in the social sector nor the potential migrants themselves can actually check the integrity of placement offers and make their choice accordingly. Germany and other states should establish legally binding norms for the whole placement process and assign licenses or quality seals to distinguish reputable companies. If the migration of people is a suitable business area for profit-oriented companies at all should be analysed critically.

The objective of the “Fair Recruitment Initiative” recently launched by the International Labour Organization (ILO) is to indicate feasible regulations and incentives for countries and companies in the placement process that will prevent human trafficking, facilitate safe migration routes and greatly reduce the cost of labour migration.

International Online Platform

The Open Working Group RecruitmentReform.org gathers information on campaigns, political concepts, legislative proposals, initiatives, case studies and international conventions, critically analysing issues of international [migrant] labour recruitment. It provides insights into the actual lives of many migrants and indicates how the work of placement agencies could be reformed and better regulated.

Social enterprises making use of placement agencies should attach importance to fair, transparent and demonstrable placement and recruitment processes, and to the recruitment fees charged by providers. From the outset, potential employers share the responsibility of making sure that potential migrants receive all relevant information for migration, preparation and planning. Migrants must know their rights and be able to turn to reputable agents.

How to recognise a good placement agency?

Placement via a commercial agency is only recommended when a sound relationship of trust exists with that agency. In looking for a placement agency that guarantees fairness for all parties involved, the following criteria are useful:

- Information and transparency: In the country of origin, applicants should already be informed in detail about the placement procedure, the required professional and language qualifications, the occupational activities awaiting them and the professional performance expected from them. All relevant information regarding the placement should be available to job applicants both in German as well as in their native language.
- Fees, financial obligations: The placement agency must disclose any financial demands on applicants and future employers.
- The placement agency should not demand fees or payments from jobseekers for admission to the placement process. The agency may assess admission in consideration of professional qualifications only.
- Generally, the future employer should pay the agency fees.
- Jobseekers should not be obliged to pay off expenses incurred by placement services with their work [in lieu of a salary].
- During the on-going recruitment procedure and period of vocational adjustment, jobseekers should be at liberty to abandon the recruitment procedure without having to cover the placement costs thus far incurred. The regulations for the reimbursement of expenses for flights or German language courses, if required, must be made in written form.
- Respect, dignity and rights: The language and content of the contractual and organizational design of the recruitment procedure must respect the rights and dignity of the

applicants, so that they remain as independent actors who retain full rights. Their original documentation should remain in their possession during the entire immigration procedure.

- Integrity: Placement agencies should be reputable. Are recommendations available from other organizations or have positive experiences made with them? Is it possible to contact people who have been previously placed and inquire about the experiences they have made? It must be ascertained that the placement agency is not a letterbox entity.
- Should a replacement agency be needed, for instance, because the cooperation does not work out or the foreign care professional has made other arrangements, the possible safeguards provided by a placement agency should be settled in advance.

4.2 Knowledge of the German language

Care is a service that requires professional and empathic communication skills, literally because of its human touch. Good knowledge of the German language is therefore an indispensable prerequisite in working as a nurse. This applies to long-term care and the documentation of care as well.

Meeting specific occupational standards requires German skills that are at least equivalent to language level B2²⁷ – or

preferably C1 – of the Common European Framework of Reference for Languages (CEFR).²⁸ Language learners at B2 Level can “interact with a degree of fluency and spontaneity that makes regular interaction with native speakers quite possible without strain for either party.” Language learners at C1 Level can “recognize implicit meaning [...] express ideas fluently and spontaneously without much obvious searching for expressions [...] use language flexibly and effectively for social, academic and professional purposes.”²⁹

Acquiring such language skills abroad is difficult without having language practice in daily life. A certain language level – preferably B1 – should have already been obtained in the country of origin. Experience has shown, however, that Level B1 is not sufficient to understand and follow theoretical lessons or meet the requirements of outpatient or residential care. The German government should therefore agree upon financing options [for supplementary language courses] with the origin countries, for instance, within the scope of mobility partnerships.

Following immigration, institutions and supervisors must schedule longer time periods to advance the knowledge of German that new workers have already acquired by granting the necessary leave. Corresponding programmes must be made available and funded. There is a lack of language courses or programmes that, beyond merely teaching the language (vocabulary, grammar, terminology), also teach potential workers the professional terminology and specifics of the German language. It has proven useful to combine

Practical experience: Fair placement through the VIJ in Stuttgart

Within the scope of Diakonie, in 2013 the Association for International Youth Employment (Verein für Internationale Jugendarbeit, VIJ) in Stuttgart initiated the “Fair Connect” project to recruit international professionals in the areas of care and education. In doing, so the VIJ strives to provide unemployed professionals from crisis-stricken countries in Europe with a new livelihood by mobilising public funds that have already been earmarked for this purpose. During the application process and following their employment by Diakonie [or one of its partner structures], the VIJ accompanies [young] professionals from Greece, Romania and Portugal for up to one year.

<http://www.vij-fairconnect.de/>

²⁷ Some federal states in Germany accept language level B1 for the recognition of professional qualification and commencement of care-giving/nursing training.

²⁸ “Physicians and dentists must have a profession-specific language knowledge orientated at language level C1 on the basis of a proved CERF-B2”. 87th Conference of Ministers of Health (GMK) in Hamburg (June 26/27, 2014), https://www.gmkonline.de/documents/TOP73BerichtP_Oeffentl_Bereich.pdf.

²⁹ The Common European Framework of Reference for Languages by the Council of Europe is a guideline used to describe achievements of learners of foreign languages across Europe and, increasingly, in other countries. [...] Its main aim is to provide a method of learning, teaching and assessing which applies to all languages in Europe. In November 2001, a European Union Council Resolution recommended using the CEFR to set up systems of validation of language ability. The six reference levels are becoming widely accepted as the European standard for grading an individual’s language proficiency. [...] General and particular communicative competences are developed by producing or receiving texts in various contexts under various conditions and constraints. These contexts correspond to various sectors of social life that the CEFR calls domains. Four broad domains are distinguished: educational, occupational, public, and personal. [...] The CERF divides learners into three broad divisions that can be divided into six levels [from A1 to C2]; for each level, it describes what a learner is supposed to be able to do in reading, listening, speaking and writing. (Source: Wikipedia, accessed 30 July 2015: https://en.wikipedia.org/wiki/Common_European_Framework_of_Reference_for_Languages).

programmes for language acquisition with practical and specific information concerning the German care system, such as the law on long-term care benefits.

[European Social Fund] ESF language courses

As part of its ESF-BAMF programme, the Federal Office for Migration and Refugees (BAMF) offers courses in “German for professional purposes” free of charge to people with an immigrant background. The courses combine German lessons, professional qualifications and the option of finding out more about a trade or profession through work placements. For further information go to: http://www.bamf.de/EN/Willkommen/DeutschLernen/DeutschBeruf/deutschberuf-node.html;jsessionid=240F-CABCE2EF6CEA7D3212C85EF447BC.1_cid368.

4.3 Staff Recruitment among German migrants

Demands for qualified staff are on the rise. Persons that have migrated to Germany for other reasons than employment, such as refugees and asylum seekers should be motivated for a nursing training and provided opportunities for qualified jobs. Diakonie is lobbying for lifting regulations that limit access to qualified trainings and the labour market. Barriers such as the “priority review” (Vorrangprüfung) should be eliminated.

The professional expertise that many migrants in Germany bring with them has been ignored by employers and labour market administrations for a long time. However, as demands for qualified staff increase the situation is about to change.

There is a lack of young women and man with an international background who are willing to undergo the three years of training for a caregiving profession. In particular, there is little interest of young males. According to scientific researches one of the reasons is a lack of knowledge on job profiles and professional images.

And yet, aging immigrants expect a kind of care that takes into consideration the requirements resulting from their biographical and cultural imprints. Many wish for a care service in native language, sometimes gender-specific. Migrant trainees who have lived in Germany for some time speak German much more fluently than those who seek a job from abroad or who immigrated only recently.

Those who live in Germany since many years and are equipped with medical-nursing qualifications or experiences from their origins should have good job perspectives. However, recognition of foreign vocational qualifications remains undone for a variety of reasons. The formal process of application appears to be too complex and too costly, nursing-specific language skills are lacking (see chapter 5.2).

Employment of refugees

Information on employment of refugees, asylum seekers and tolerated persons is available from <http://www.einwanderer.net/Zugang-zum-Arbeitsmarkt.132.0.html>. At the bottom of that page there is a chart on access to employment and professional training for persons with temporary resident permit (“Aufenthaltsgestattung”) and tolerance (“Duldung”).

For those who consider undertaking an internship information is available at GGUA Flüchtlingshilfe e. V., Projekt Qualifikation der Flüchtlingsberatung: http://www.ggua-projekt.de/fileadmin/downloads/tabellen_und_uebersichten/Erfordernis_einer_Arbeiterlaubnis_bzw.pdf.

4.4 Recruitment Expenses

Universal cost calculations for the recruitment of international care professionals or young trainees do not exist. This can be attributed among other things to the significantly varied pricing by the different market suppliers and the regionally varying prerequisites. Another factor is the duration of the period of vocational adjustment. The following costs are to be expected:

- Remuneration or fees for the local or Germany-based placement agencies (see section 3.1).
- Travel expenses for applicants’ job interviews and entry into service.
- Travel expenses for information events in countries of origin.
- Costs for participation in language course programmes. These can be combined with integration courses.
- Fees for language examinations according to the Common European Framework of Reference for Languages.

- Fees to be paid to the respective regional authority for the recognition of foreign qualifications.
- Depending on the local situation of the company, it may be necessary to provide accommodation or grants.
- Mentoring and peer programmes involve development and coordination expenses, even if they are covered by voluntary funds.

The investment in working time for integration into the company is initially higher than it would be for a local professional. Additional efforts should be expected for instruction and explanation of in-company routines and processes. Volunteers who become involved as mentors or peers may possibly need professional guidance.

Are there practical examples and experts that I could consult?

In its pilot project, Triple Win, the GIZ calculates € 3.700 per placed professional (see section 3.1). This fee includes only the bare placement fees and not the costs for further qualifications, recognition fees, examination fees, etc.

Recruitment experiences made by Diakonie agencies can be accessed at: <http://www.diakonie.de/arbeitsmigration-und-pflege-14349.html>.

4.5 Aid programmes to support international personnel

What support can I get from the government or other authorities? (all data as of October 2014.)

Public funding programmes facilitate substantial support in recruiting international professionals. The programmes, however, are subject to swift changes and to restrictions stipulated by budget titles. Hence, funds may be exhausted at the end of the funding period. Periodic application deadlines must be observed.

Promotion of Vocational Mobility of Young People Interested in Vocational Training

On 30th July 2014, the German Ministry of Labour and Social Affairs (Bundesministerium für Arbeit und Soziales, BMAS) presented new guidelines for the “Promotion of Vocational Mobility of Young People Interested in Vocational Training (Mobi-Pro-EU)” programme. These guidelines contain two new features: (1) the programme was changed from individual trainee funding to project funding, and (2) it is henceforth open

to young people interested in vocational training only, and no longer to professionals from EU countries. In the training year 2015, a maximum of 2.000 trainees will be sponsored within the programme. Eligible for sponsorship are programmes for EU citizens between the ages of 18 and 27, who have not completed an in-company vocational training programme or do not possess a higher education qualification in a Master’s programme. Companies can submit project applications.

Online portals regarding support programmes of the German government

The online portal “The Job of my Life” mentioned above provides information in German and English. See also the database of the German Ministry for Economic Affairs and Energy on funding/support programmes: <http://www.foerderdatenbank.de/Foerder-DB/Navigation/Foerderrecherche/suche.html?get=views;document&doc=11828&typ=KU>

The online portal www.make-it-in-germany.com/en provides information in German and English for international professionals who are looking for employment in Germany.

Information on the “Skilled Labour Offensive” of the German government is only available in German: <http://www.fachkraefte-offensive.de/DE/Startseite/start.html>

For ESF language courses for professional language training, see section 4.2.

Promoting European Mobility via EURES

The main objectives of the European Commission’s EURES network are to provide potential mobile workers, employers and citizens in general with information, guidance and placement (linking job opportunities and jobseekers). Agencies must submit their applications directly to Brussels. Language courses and (one way) travel expenses will be paid.

EURES can be accessed at: <https://ec.europa.eu/eures/public/en/homepage> (available in all official EU languages).

5. Legal issues concerning the Recognition and the Aliens Act

5.1 Dealing with the Federal Employment Agency, Aliens Registration Authority and visa issues

Due to freedom of movement, citizens of EU member states or the European Economic Area (EEA), such as Norway, Iceland, Liechtenstein and Switzerland, have free access to the

German labour market. They are allowed to work or to be self-employed in the same way as German citizens, without requiring special legal permits relating to aliens.

The legal status of citizens of non-EU member states, the so-called “third-country nationals,” is different however. A long-term stay extending over three months is only possible with a residence permit. Many third-country nationals require a visa for a short-term stay as well. The visa must already be obtained for the corresponding purpose of stay prior to entry, which means that those who have already immigrated must subsequently render a visa application, and usually re-enter with an appropriate visa.

Third-country nationals who have completed university level studies receive the so-called “EU Blue Card” provided their income level reaches a minimum of € 47,600 gross per annum; a lower threshold of € 37,128 applies to occupations with shortages, such as doctors of medicine.

The following distinction is made between qualified professionals with a minimum of two to three years of vocational training:

- If the qualification has been obtained in Germany, a residence permit for the purpose of gainful employment can be granted in accordance with § 18 of the Residence Act [Aufenthaltsgesetz] in combination with § 6 (1) of the Employment Regulation [Beschäftigungsverordnung].
- In case of a professional qualification acquired outside of Germany, this must first be recognised as being equivalent to a corresponding German qualification. Subsequently, a residence permit for the purpose of gainful employment can be issued in accordance with § 18 of the Residence Act in combination with § 6 (1) of the Employment Regulation, if the applicant has entered Germany within the scope of a placement agreement between the Federal Employment Agency [BA] and the employment administration of the country of origin. Otherwise the profession applied for must be on the so-called “positive list” of shortage occupations. This applies to the profession of health and geriatric nurses. Exceptions from this rule are citizens from countries listed by the WHO as having a health workforce shortage, who cannot be issued a residence permit as professional nurses with this legal basis. If, however, they are in Germany legally on other legal grounds – for instance as the spouse of a German citizen – then gainful employment is permitted.

If recognition of the professional qualification requires participation in adaptation training measures, a provision for this purpose is provided by § 8 of the Employment Regulation. In such cases, the ZAV also approves the issuance of residence permits. A new residence document facilitating employment in the case of adaptation training measures is being planned.

If third-country nationals wish to train in a shortage occupation, it is possible to obtain a residence permit for basic or further training according to § 17 of the Residence Act. If the training is completed in Germany, the trainees can subsequently stay in accordance with § 18 of the Residence Act in combination with § 6 (1) of the Employment Regulation (see above).

It is important to establish early on if a visa or a residence permit can be issued for educational purposes or gainful employment. In each case, the visa or residence permit must be issued with the consent of the Federal Employment Agency’s ZAV. Hence, it is essential to first clarify with the ZAV if consent can be given. The Employment Regulation therefore provides in section 36a the option of a preliminary examination.

If consent cannot be given until the competent authority has ascertained equivalence of the foreign professional qualification, then the recognition procedure must first be conducted.

Subsequently, it must be established with the visa centre of the German diplomatic mission abroad or aliens registration authority respectively, if – subject to consent by the ZAV – the visa or residence permit can be issued. It is recommended to obtain according statements in written form.

For further information see <http://www.einwanderer.net/Zugang-zum-Arbeitsmarkt.132.0.html>.

5.2 Recognition of foreign professional/vocational qualifications

In health care professions the competent authority in charge of recognition is in each Bundesland the same one that also issues the recognition of professional qualification to German health care professionals. The legal basis for the recognition procedure is provided by the Professional Qualifications Assessment Act (BQFG) and Federal Government’s Recognition Act or.

Given that the practice of recognition of foreign professional qualifications is still in the early stages statistical data is correspondingly low. In 2013, regarding the recognition of pro-

professional qualifications acquired abroad 3.810 applications for recognition as registered general nurses had been submitted. Only 6.4 per cent of the applications were rejected.³⁰

EU nurses who received their training/education after their home country had already become a member state of the EU meet the requirements of a so-called automatic recognition. In some cases a certificate of convergence will be demanded. In other cases substantial differences are individually identified. For some EU graduates of other health care professions, such as nurse assistants e.g., equivalence to the German reference training may be obtained via a qualifying test or adaptation training measures. Sometimes qualifying tests or adaptation training measures are also demanded in cases where no equivalence to the reference qualification can be identified.

For applicants from third countries seeking recognition the relevant competent authorities must also check whether their professional or vocational qualification is equivalent to a German qualification. If the equivalence cannot be ascertained the same compensation procedures as described above apply.

Said adaptation training measures are one of the main obstacles in linking employers and qualified jobseekers. Adaptation training courses are doomed by such circumstances that there are not enough participants in the catchment area, or that there are no available traineeship positions, or that potential participants cannot afford to remain without income or allowance during the six months of duration. A regional inter-company network and organization is required to achieve such courses.

Here Diakonie as one of the major welfare organization's networks should become active, for instance, within the scope of so-called "welcome centres", which are increasingly state-administered and funded, so as to alleviate the occupational integration of international professionals.

Admission requirement for graduates of foreign health care training and education are in general German skills proved at language level B2 of the CERF. Some Länder only demand language level B1. (See section 5.1.)

Which is the competent authority for recognition?

The regional competent authority in charge of recognition for the profession of "registered general nurse (m/f)" can be identified with the online portal Recognition in Germany. The portal also provides information on the regional IQ Network Counselling as well as the hotline "Working and Living in Germany". The site is available in German, English, Spanish, Italian, Romanian, Polish, Turkish and Greek.

Moreover recognition seekers can turn for information and advice to 245 Diakonie contact points. The brochure "Diakonie in der Einwanderungsgesellschaft – Migrationsfachdienste" provides a detailed directory of information centres and helpdesks in the field of migration and refugees including their foci, support programmes and contact data: http://www.diakonie.de/media/Broschuere_Migration.pdf (download, in German).

Detailed information is also provided on the "Migration Information" website of the Federal Office of Migration and Refugees (BAMF): <http://www.bamf.de/EN/Startseite/startseite-node.html> (available in German, English, Russian and Turkish).

Can healthcare workers be employed during their on-going recognition process?

If the competent recognition authority identifies compensatory measures, such as adaptation courses/adaptation traineeship, as necessary for the equivalence of the professional qualification in Germany, these persons too have the option to receive a residence permit to practice as nursing assistants, prior to their recognition (§ 8 Employment Regulation). Currently the ZAV requires an adequate salary for that before granting a residence and work permit. In a recruitment project in the state of Hesse this salary was established at € 1,900 [a month].

For further information on the recognition of foreign professional qualifications go to: <http://www.diakonie.de/arbeitsmigration-und-pflege-14349.html>.

³⁰ Bundesministerium für Bildung und Forschung, Bericht zum Anerkennungsgesetz, http://www.bmbf.de/pub/bericht_zum_anerkennungsgesetz_2015.pdf, pages 75-77.

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Further Publications

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Project group

The preceding text has been elaborated by a project group chaired by Johannes Brandstätter and Manfred Carrier and adopted by the Diakonie Deutschland steering committees

“Family, Integration, Education, Poverty” and “Health, Rehabilitation, Care“ in a joint session on November 13th 2014.

The organization

Diakonie Deutschland is the non-profit social welfare organization of Germany’s Protestant churches. We operate independently and across political parties. We respect the dignity and uniqueness of every human being, and work to promote every individual’s right to independence and self-determination.

Its members include the charities of the 21 churches belonging to the Protestant church in Germany, the charities of nine other independent churches integrated into the Diakonie Working Group, and 70 agencies operating in various fields of social work, public health and child welfare. As a charitable organization, Diakonie Deutschland represents the interests of those it serves at the government level. It also advo-

cates on their behalf within various national and international organizations, and in the European Union.

Diakonie provides aid to people in need of care, to people with disabilities or illness, to children and families, to immigrants and their families, to those struggling with addiction, and to those otherwise disadvantaged. In addition, Diakonie advocates on behalf of the underprivileged in politics and society, leading discussions on the causes of poverty and social injustice.

We declare that we hereby dissociate ourselves explicitly from all contents of hyperlinked websites and we do not assume any responsibility or liability for any hyperlink made in this publication.

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- 06.2015 Einrichtungsstatistik – Regional – zum 1. Januar 2014
 05.2015 Zehn Jahre Hartz IV – zehn Thesen der Diakonie
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