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# **The different faces of care work: Understanding the experiences of the multi-cultural care workforce**

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# Outline of Presentation

- Background – Irish Context
  - Background – International Literature
  - Methods
  - Sample
  - Discussion of findings
  - Concluding remarks
  - Recommendations
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# Background

- Third-highest net migration rate in the EU (Eurostate/EC, 2006). In 2006, almost one in ten persons in Ireland was an immigrant (CSO, 2006)
- Ireland one of only three EU countries to offer unrestricted access to the labour market to ten new EU member states
- Recruitment difficulties, increased female labour market participation rates and increased demand for formal care has necessitated employment of large numbers of migrants in both the formal and informal 'grey' care sector
- Figures from the Labour Relations Commission (2005) suggest that migrants, particularly those employed in domestic settings, experience discrimination in their work.
- In 2004, for example, 13 per cent of complaints related to domestic workers. The vast majority of these claimants were from the Philippines.
- Migrant Rights Centre (2006) echoes the international research on the experience of live-in domestic eldercare and childcare workers which suggests that the distinction between work and private life is blurred and poorly defined.

# Background International Literature

- Employers use the 'race card' to explain the apparently irrational desire of care workers to engage in low-paid, low-mobility jobs (Anderson 2006).
- A preference for certain nationalities that they regard as nurturing, docile, warm and caring (Anderson and Rogaly 2005; Yeates 2005).
- Ungerson (2003, 2004) study on the 'cash-for-care' programmes in Europe and the employment of Hungarian and Slovakian care workers in Austria.
- Gap in the literature of the experiences of carers of different nationalities once employment is secured.



# Methods

- Exploratory study
- Subject matter not easily quantifiable, no sampling frame -opt for qualitative methods
- Initially decided against using employer gate-keepers
- To combat over-dependence on one network respondents accessed via 20+ migrant organisations
- When this and networking supplies dried out, adopted the employer route.
- 40 semi-structured interviews with care workers across 3 care sectors
- The small sample has required us to cluster migrants by broad region of origin; that is, Africa, Europe and South Asia. Unfortunately, unable to explore whether intra-regional differences influenced the experiences of the care workers.

# Sample

**(Total N = 40)**

Sector	Formal				Informal			
	32				8			
Region of origin	EU	Non-EU Europe	Asia	Africa	EU	Non-EU Europe	Asia	Africa
	10	1	11	10	1		6	1

# Sample

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Region of origin	Type of care employment				
	Formal carer – residential institution	Formal domiciliary carer	Formal live-in domiciliary carer	‘Grey’ labour market live-in domiciliary carer	‘Grey’ labour market domiciliary carer
Africa	4	6	0	0	1
South Asia	6	0	5	5	0
Europe	7	4	0	1	1
Total	17	10	5	6	2

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*Note:* Except for four male institutional care workers (3 Filipino and 1 African), all interviewees were female.

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# African care workers (I)

- ☉ With the exception of two carers, all arrived as asylum seekers.
- ☉ They were required to complete intensive and costly (privately paid) training courses and initially to work unpaid on a 'voluntary' basis in order to 'get experience'.
- ☉ All but one South African carer had experienced some form of racism or prejudice:

You meet a lot of them that would make you hate this job, that you can sit down and say, 'oh my God, I hate doing this job'. ... You say, 'is it because I am Black or something? Sometimes the way they would talk to you, the way they would treat you, you would hate yourself.

- ☉ No formal support mechanisms
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# African care workers (II)

- Liked the flexibility and social or inter-personal nature of care work
- The carer-care recipient relationship was described as a mutually rewarding relationship with high levels of reciprocity:

I love them, I love them so much, because they make you feel very comfortable, and they appreciate everything you do for them and that really makes you feel like I've done something good ... that attachment it works between the two of you, even if you are two minutes late, you get worried, before she even worries, and I think I wonder if she is okay. If you walk in with a smile, and you see their smile, you feel really, really happy.

- Compensating for Irish family members

# South Asian Carers (I)

- ④ All had come to Ireland to work specifically in the care sector
- ④ First worked as child-minders and subsequently accessed elder-care work through personal contacts.
- ④ Majority worked in live-in care sector, limited scope to demand or secure improved work conditions or to seek alternative employment:

‘when you bring her to bed, your mind is still there, even though you are off, you feel responsible. When I go shopping, my mind is still there, so I rush.’

- ④ Many of these relationships were long-term. Blurring of the professional relationship between carer and care recipient.
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## South Asian Carers (II)

⑥ As with the African carers, the South Asian carers did not dwell on the negative aspects of their work and instead highlighted the positive relationships that formed with the care recipients.

⑥ Careful planning of the trips back to the country of origin for which a ‘special dispensation’ had to be obtained which was often at the discretion of the care recipient’s family.

⑥ Work trajectories carefully planned out:

‘I’m planning to stay here for as long as I’m still able to work, ‘cause even though my children are already finished [their education], I have my brother and sister’s children, that I would like to support and help...if I can take one or two of my children here [to Ireland] I can go back home already, they can support me’

# European Care Workers (I)

- ⑥ None came to Ireland with the prior intention of working in care.
- ⑥ Immediate employment options were viewed to be limited to the ‘3 Cs’ :  
‘And in this place, a bad nursing home you can find foreign nurse,  
Filipinos or Polish people, people who don’t have a choice at all.  
They have to work, they have to earn money, and they are desperate’.
- ⑥ Care work was viewed as being easily accessible and having the highest rates of remuneration
- ⑥ Provided an opportunity to improve their English language skills
- ⑥ Ability to progress into more senior or otherwise more desirable jobs in (or outside) the care sector

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## European Care Workers (II)

- ⑥ Frustration was highest amongst those who worked in institutional settings
- ⑥ One Polish interviewee, a qualified nurse, was forced to work in the ‘grey’ sector as a live-in carer:

‘I was working every day full-time, day and night, about three months without a break. I was very tired. Then I told them [care recipient’s daughter/family] I can’t work 24 hours. ... I told them I want to work per [only in the] day and I want ... I need days off Saturday and Sunday. I got only Sunday off’.

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# Relationships between care workers

- ⑥ Considerable inter-cultural and inter-racial tensions in the horizontal working relationships in institutional care settings
- ⑥ Barriers to communication such as poor language skills, but also from perceived differences in productivity and approaches to work.
- ⑥ Inter-racial tensions sometimes existed between workers of the same nationality.
- ⑥ By and large, the experiences of Irish co-workers was positive, however, there were a number of significant instances where care workers believed that they had been mistreated or deliberately ignored by Irish co-workers.

## Conclusions (I)

- Negative experiences of care work were concentrated among specific groups of migrant care workers.
- Overall, the European care workers encountered least prejudice and discrimination. They were generally quite optimistic about career progression and were confident about the possibility of moving horizontally and vertically within the care sector.
- All groups described the work environment as physically demanding and at times demoralising and fraught with tension.
- They all shared a sense of satisfaction from securing employment and having a regular income.

## Conclusions (II)

- ⑥ Immigration status was an important variable which negatively impacted career progression and rendered a number of carers (particularly Filipina live-in carers) dependent on their employer .
- ⑥ The demand for non-EU carers, typically from developing countries in Africa, South Asia and South America may rise as the economic conditions of the new accession countries converge.
- ⑥ In the absence of regulations that aim to protect all members of the care workforce (including the hidden population of live-in carers), the emergence of a more unequal and segmented long-term care workforce seems inevitable.

# Recommendations

- ⑥ Staff and management training in cultural awareness and procedures for conflict resolution in the workplace are required.
- ⑥ Need to link new workers to supportive services and promote training for frontline supervisors.
- ⑥ Innovative labour market and education policies which allow carers greater ability to negotiate work hours, move vertically within the care sector, up-skill and receive higher remuneration.
- ⑥ Nationally recognised systems of training, which would endeavour to equip carers with effective coping strategies to reduce any psychological distress which may be experienced on the job.

Thank you for your attention!

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