
Migrant workers in the elder care sector in Ireland: Researching social security, risk and marginalisation

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Outline of Presentation

- Why study migrant workers and their experiences and understandings of social security?
 - Methods
 - Some preliminary findings
 - Preliminary conclusion...
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Background

- Full-employment economy & demand for care services
 - Shortage of ‘native Irish’ ‘social care’ workers
 - Third-highest net migration rate in the EU
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The central research questions are:

- A. what are migrant care workers' **experiences** of the Irish welfare state (both transfers and services) – to what extent are they integrated into the formal structure of provisions and entitlements?
 - B. what are migrant care workers' subjective **understandings** of 'social security' (what constitutes security and how is it obtained – what are the alternatives to formal entitlements)?
 - C. to what extent do migrant workers rely on **informal networks** in the migrant community for the provision of key services such as childcare?
 - D. what do these workers **aspire** to by way of (employment) and social security?
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Methods

- Very little pre-existing information on this group of workers
- No sampling frame available
- Therefore logical to opt for qualitative interviewing
- Initially decided against using employer gate-keepers
- Accessed respondents via migrant organisations (20+), when this and networking supplies dried out, adopted the employer route
- Interview schedule with mostly open-ended questions, interviewer probing
- Audio-recorded subject to interviewee's consent

Purposive sampling

The three sectors

- Formal institutional
- Formal domiciliary
- Informal domiciliary

Country of origin

- Expected variation even within the sectors between people of different origin
 - e.g. African vs Asian vs Central European workers
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Key characteristics of sample to date

(Total N = 19 at the time of this presentation – final target ca. 40)

Sector	Formal								Informal							
	15								4							
Region of origin	EU		Non-EU Europe		Asia		Africa		EU		Non-EU Europe		Asia		Africa	
	4		1		5		5						4			
Consent to audio-tape	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
	4		1		4	1	4	1						4		

Sickness/disability cover

- ‘I am five years here and I still know very little about this’
- ‘I have been 6 years here, I haven’t taken any sick days, but I didn’t take them because I wasn’t sick, because I knew if I don’t work, I would be short of money, I wouldn’t be able to pay my mortgage [here in Ireland], it doesn’t matter how you feel, you need to work, and I would say most people are like that.’
- ‘I was feeling sick one day last year and I said I was not feeling well and I said it’s half one already, why don’t you cut my salary to half day, and the assistant director of nursing came up and checked my blood pressure which was offensive’ [He didn’t get paid for that day. The assistant director followed him up to his house to see if he was going home.]

Sickness/disability cont.

- ‘We just make ourselves as healthy as possible and have savings’ [Said she does worry about the insecurity of her future due to the lack of security in her job] ‘What will be the future in ten, fifteen years if I got sick, what would I get if I had an accident, these kind of things worry me, who are we going to call if there is an accident in our working place...who will support.’
- Respondent’s wife was advising him to get health insurance but he said no, because he hasn’t seen the brochure yet and he doesn’t like having to pay every month.

Old age / pension

- ‘In 2002 one of the representatives from the bank came to the nursing home to talk about pensions, but the matron refused them...so we don’t know what it’s all about, later on we realised it is very important as far as security is concerned’.
- ‘I can stay here for ten years, so I can still save.’
- After 9 months gains entitlement to occupational scheme: ‘I would be interested in joining’.
- ‘[I have] lots of private savings...we came from such a society [former communist country] where if you will not help yourself nobody will help...you may not eat but you will save...we do not save in banks because we had a very bad experience with banks...mostly people are buying real estate. [owns three apartments in C of O]

Experience of social welfare in Ireland

- ‘Child benefit only.’
- ‘The only benefit [tax credit] we [she and husband] get is mortgage interest relief’
- ‘My focus is that I have come to Ireland to contribute to the economy, so I am not interested in anything free, cause when you start depending you can’t be free, and that is why when the chance came, I go with my wife and got a mortgage.’

Experience of health care

For most, either no experience or just GP visits.

- ‘...don’t get sick in Ireland cause its expensive, that’s my attitude and everything I need to do, I do at home [C of O], like teeth, because in Ireland, when they get sick I hear from my co-workers they wait for ages, they pay huge amounts, and it’s really bad’
- Accompanied a friend to an A & E. This visit was ‘traumatic...very bad...I thought [C of O] was the worst in the world but what I saw here was worse’
- ‘I know that we sent a few patients to the hospital...one had pneumonia, and we sent her to hospital and she was on a trolley for three days, I couldn’t believe it...and [for] the resident[s] in the private nursing home [where worked previously] it was their worst nightmare to have to go to hospital’

Source (s) of information about social welfare

- Co-workers, ‘but we don’t get a lot of knowledge, we don’t know how it applies to us as we don’t have any experience with it’.
- ‘I still have to learn about what I can get, that’s why I bought a laptop’ [he said he would also go into social welfare office.] I have been hearing a lot from other [people from C of O] but I don’t listen I have to find out myself. They hear it from others and the gossip runs quickly.’

Understandings of the Irish welfare state

- ‘Lots of people [from Respondent’s own community] are using [abusing] this’.
- ‘[Welfare is] making people more dependent on the government, for those who are not working they get more. People who are working are paying taxes and paying for their own things. There should be a limit, to make people to be responsible..’
- ‘I am not racist, but you just don’t give money to the asylum seekers, let them work, even if it is just to clean one area. I find the Irish government is so easy. They should earn money, and here you are, you are working hard, and you do your over time, and you will only get a percentage of your overtime, so all the money goes to them’

What does community provide?

- ‘I help one of my friends to find a job...’
- ‘I have applied for dependent relatives tax relief...My tax is reduced €80 a year, it doesn’t matter that [my mother] lives in [C of O], I just applied, to be honest I didn’t believe they would give it to me, I found out from an Indian woman I am working with.’
- *In the respondent’s estate there are two more families from X – and they divide childcare, one family brings the children to school, the other collects them.*
- *Respondent works nights so she can care for her children, help them with their homework and collect them from school.*

Informal sector

Care workers

- N = 4 (in the process of recruiting more respondents)
- All female, Asian, live-in

Care recipients

- All female, three high physical dependence plus cognitively impaired, one moderate physical dependency but Alzheimer's disease

Social Security, entitlements

Holidays

- No paid holidays, absences by arrangement

Sickness/disability cover

- A. When sick, keeps working: 'I had fever...took some tablets and worked'
- B. No recent experience of sickness
- C. 'I don't know'
- D. 'Maybe [employer would pay as he] carers about my wellbeing'

Old age/pension

- Private savings in country of origin (2)
 - ‘I’m not worried about that...I’m thinking that I’m still strong’
 - Has a house in C of O. Has already paid for a grave stone and plot, and funeral mass in C of O.
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Any experience of social welfare system in Ireland?

- No (3)
- Once received sickness benefit for 3 weeks before returning to C of O [following previous formal employment in a nursing home]

Main source of information on social welfare and services in Ireland?

- Not sure (3)
- Helpful Irish people (1)

Understanding of Irish welfare state

- 'I don't have any idea about that'
 - Only insight via care recipient who appears to have reasonably good pension and access to assistive devices
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Migrant Community

- Small number of acquaintances or friends, has received assistance with access to jobs (3)
- Has members of nuclear family in Ireland, also got access to jobs and accommodation from community members: ‘When I first arrived I was sleeping on someone’s couch’

Some preliminary findings (I)

Integration into /experiences of the Irish welfare state

- Even when working in the formal economy, migrant workers are often poorly informed about benefits and services (e.g. uncertainty about whether one is entitled to holiday pay, sickness benefit, pension)
- Clear majority of interviewees from both sectors *aspire to* both better (formal) employment and standard social protections.

Some preliminary findings (II)

Integration into /experiences of the Irish welfare state Cont.

- For most interviewees in the **formal** sector, the extent to which they are 'drawing on' the Irish welfare state is very limited. Typical examples from this sample: 'only the mortgage interest relief', 'only the child benefit', 'used to get rent assistance but no longer'.
 - Several perceived taxes as high.
 - Several perceived members of their own community or other migrants as exploiting the Irish welfare state.
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Some preliminary findings (III)

Subjective understandings of ‘social security’: what is it and how does one obtain it?

- Workers in the **informal sector** are (by definition) completely reliant on the cash nexus of their employment (they are fully ‘commodified’). Some expect limited ‘charitable’ treatment from their ‘employer’ in case of sickness.
- Workers in the **informal sector** are also heavily sponsoring multiple members of their immediate and extended families in the C of O.
- Workers in both sectors tend to think of (social) security as emerging from **prospective investments** other than ‘traditional’ social security entitlements, such as investment in their children’s education and life-chances, investments in real estate. Shorter term security is constituted by affordability of better medical care **for kin** in the C o O. This contrasts strongly with **their own almost complete uncertainty and insecurity** in situations where illness or disability strikes

Some preliminary findings (IV)

Reliance on informal networks in the migrant community

- Some, but by no means all, of our sample rely to a considerable extent on informal (child care) services and other support mechanisms provided on an exchange basis within their own communities
- Especially in the **informal** sector, community members play key role in identifying employment opportunities and facilitating access to these for community members
(--- ‘Strength of weak ties’ - Mark Granovetter)

Preliminary Conclusion...

- The picture is very mixed – in many instances the workers seem to be removed from the standard (private) protections that individuals who are in the labour market enjoy.
- To what extent is the situation of these migrant care workers a result of their migrant status, and to what extent does it reflect their presence in a liberal welfare state?
- Does their behaviour mirror and magnify the behaviour and thinking of many Irish individuals (including other Irish care workers or young people)?