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Migrant Care Workers in Ireland: Main Findings and Policy Implications of a Qualitative Study

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Outline of Presentation

- Background
 - Aims
 - Methods
 - Sample
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Background

- Third-highest net migration rate in the EU (Eurostate/EC, 2006)
- Ireland one of only three EU countries to offer unrestricted access to the labour market to ten new EU member states
- In 2006, almost one in ten persons in Ireland was an immigrant (CSO, 2006)
- Shortage of Irish workers has necessitated employment of large numbers of migrants in both the formal and informal care sector
- To date only limited (and arguably negative) adjustment of health, immigration and social policy

Aims: The Study sought to

- A. Gain an understanding of migrant care workers' understandings, experiences and aspirations regarding their social protection and the Irish welfare state.
 - B. Explore migrant carers' (transnational) care and support responsibilities.
 - C. Identify migrant carers' perceptions of the multi-cultural workplace.
 - D. Explore their perceptions of the 'highs' and 'lows' of employment in the Irish long-term care sector.
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Methods

- Very little pre-existing information – 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

Sample

Composition of persons interviewed (N=40)

	Formal Sector (32)	Informal Sector (8)
Europe	11	1
Asia	11	6
Africa	10	1

Social Protection

- Reliance on non-welfare state sources of security
- Highly ‘commodified’: reliance on waged employment, aspirations focused on work.
- Poorly informed, reluctant/unable to access benefits
- Stipulation of continuous pay-related social insurance contributions disadvantages those employed part-time and those who may need to take extended breaks
- Low levels of protection place a greater need for individualised pensions schemes, health insurance and accumulation of savings to safeguard against periods of unemployment and sickness

Social Protection (cont.)

- Generally poor level of knowledge

‘You see all this [entitlements to benefits], I don’t really know that. I just work and I don’t understand how they do things. I don’t know anything about it.... Me, I’m just working.’ *Filipina Home Carer*

- Fatalism and reliance on saving - Private individual savings of more importance than formal social protections

‘[I have] lots of private savings...we came from such a society where if you will not help yourself nobody will help...you may not eat but you will save...we do not save in banks...mostly people are buying real estate.’ [owns three apartments in Lithuania] *Lithuania Nursing Home Assistant*

Social Protection (cont.)

- Dissociation – Perhaps result of qualifying periods which can make access to benefits difficult

‘Because we are not Irish, they cannot pay for our pension, when I was having my interview, they told me, its up to me to save my pension and really we can’t complain about it, because we are not Irish...we will work until we feel tired, and then ...I think I must go back home’ *South African Home Carer*

- Cost and lack of trust as reasons for seeking health care in C of O

‘...I don’t get sick in Ireland ‘cause its expensive, that’s my attitude and everything I need to do, I do at home’ *Polish Nursing Home Assistant*

- Central role of employers – Public sector vs those employed directly by families or client

‘I slipped [while working in a client’s home] and hurt my back. I had to wait for two years to get an operation... a friend [another ‘employer’ whose shirts respondent used to iron once a week] wanted to help me because he had pity on me. And he approached his friend [a hospital doctor] to see if they could help me in my condition’. *Filipina Live-in Carer*

Personal (Transnational) Care and Support Responsibilities (cont.)

- Twelve interviewees had children living in their CoO and five had children living in both Ireland and CoO.
- For virtually all, the negative consequences of the geographical distance were counterbalanced by the improvements in their children's education and lifestyle at home, and by the perceived enhancement in their long-term life chances.
- Mothering at a distance for some was however difficult.

'He [son] doesn't want to talk to me and he says every time "I don't want to talk with you because you are there and I'm here. I don't love you. I hate you". You know. That's very, very difficult for me but I can't go back there now because the situation is very bad in [country of origin]. He's changed. Every day he's changed, it is very bad.' *Polish Nursing Home Assistant*

Personal (Transnational) Care & Support Responsibilities (cont.)

- Decision to migrate related to family dynamics and desire to improve family welfare
- Remittances varied from 80 % of monthly income to small monetary gifts sent only intermittently;
‘I shoulder everything, because my [estranged] husband never gives anything, so from the house they [children] are renting, from the education, the food allowance, everything they need, and also for my mother, if they get sick, I send over money’
Filipina Live-In-Home Carer
- Particularly for Asian and African migrants, implicit and explicit societal and cultural norms dictated their responsibilities towards both immediate and extended family.
‘I’m planning to stay here for as long as I’m still able to work, cause even though my children are already finished [education], I have my brother and sisters’ children, that I would like to support and help.. [eventually] I can go back home...they can support me’ *Filipina Live-In-Home Carer*

Personal (Transnational) Care & Support Responsibilities

- Those with co-present children typically worked night-shifts or part-time in order to discharge their care responsibilities towards their children.

‘One works at day and one works at night, so yesterday what we did, I worked and my husband is not working today so he is at home now....so if I know he is working maybe 3 days these nights, I won’t work those nights, that’s the way we do it’

Nigerian Nursing Home Assistant

- They relied almost exclusively on *informal* childcare arrangements.
- Where the parent(s) was/were in need of care, it was typically provided by siblings who had remained in the country of origin.

Multi-Cultural Workplace

Relationship with the (Irish) care recipient(s)

- Relationships between domiciliary care workers and care recipients tended to be more personal and intimate than those in institutional care settings.
- A high degree of respect for older people was evident. Carers frequently drew parallels between their experience of looking after their own family members and looking after current care recipients.

‘I like serving patients it makes me happy when they are satisfied, they will ask can I have a kiss, can I have a hug, it’s like talking to your friends or sister in a friendly manner’ *Filipino Nursing Home Assistant*

- Relationships between the care recipient and live-in care worker could be categorised as the most intimate but also psychologically demanding.
- The medical conditions of the care recipients at times introduced a level of difficulty in the communication process
- A negative consequence of a good relationship mentioned by a number of the interviewees was dependency that develops over time.

Relationship with Employer

- While many characterised their relationship with their manager(s) as neutral or generally amicable, a significant proportion identified negative features in their relationship with their superior(s) in the workplace.
- Management at times did little to prevent explicitly discriminatory and racist acts in the workplace and were in some instances involved in more implicit and ambivalent discriminatory practices themselves.
- For some the priorities of management were frustrating.
- Management's lack of appreciation was experienced as highly frustrating aspect of work: 'When she comes you think what will be wrong this time, you're a kind of criminal every time, you never hear good words.....with the owner, there is no hello, how are you, is there any problem you would like to share...when we go home we have back pain and yet we receive this kind of treatment, it's very upsetting' *Polish Nursing Home Care Ass.*
- A small number mentioned how the nationality of the manager affected the nationality of the broader care workforce within a particular institution.
- For live-in carers the need to work hard and accommodate the families and care recipient was seen as essential.

Relationships with Co-Workers

- Considerable inter-cultural and inter-racial tensions in the horizontal working relationships in institutional care settings.
- Many perceived and classified their colleagues in terms of racial groups and/or nationality with distinct characteristics and attributed.
- Racism from co-workers was experienced as extremely hurtful and in some cases led to complaints to management and even resignation.

‘A patient once said to me: ‘alien, come here’...my colleagues heard this and they laughed and laughed and laughed...to this date nobody has apologised [despite complaint to management]...I don’t care about money, but I do care about my colleagues giving me respect’. *Nigerian Nursing Home Assistant*
- Experiences of Irish co-workers varied from highly positive to extremely negative.
- A number expressed a preference towards workplaces which were not dominated by one nationality.

‘It’s getting more complicated for us to communicate...
we’ll have to bring picture cards [not for the nursing home residents] but for our [colleagues with poor English]’. *Filipina Nursing Home Assistant*

Highs and Lows of Care Work

The 'Highs'

- The European and Asian respondents perceived care work as easy to access. Most European migrants explained how they secured a care job within a couple of days of arriving in Ireland.
- Various types of care jobs were available to improve language skills. Night-time care work was often viewed as a starter job that could lead to day-time work once English language skills improved.
- Granted greater mobility and flexibility than other available jobs. Particularly attractive for those pursuing educational courses and for those who wished to tailor their work schedule to accommodate childcare duties.
- For those with considerable previous experience in the care sector, career progression and advancement within the sector were viewed as realistic.

High and Lows of Care Work (cont)

The 'Lows'

- Discrimination and 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, because you might go to people's houses to help them, but the person you go to, even if they don't see you they hate you.' Nigerian Home Carer
- Lack of formal support mechanisms or complaints channels
- Lack of personal freedom for live-in carers who were expected to provide or be ready to provide care round-the-clock.
'...because 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 day and I want...I need days off Saturday and Sunday' Polish Inf. Home Carer
- Physically and emotionally demanding.
'Trying to be patient, trying to make her happy, sometimes it's difficult, cause her mood is not stable, always crying, sometimes you want to change her clothes and she gets angry, she shouts, sometimes she hit me, go away' Filipina Home Care

Policy Implications/ Recommendations

- Policies which aim to better support low-income earners should be introduced. Stipulations of continuous pay-related social insurance contributions afford insufficient entitlements to many who are employed part-time or on an irregular basis and those who may need to take extended breaks from work to care for children or ageing relatives.
- There is a need to improve workers' basic employment rights and access to social security benefits, such as holiday and sick pay, and where possible facilitate access to occupational pension and health insurance schemes. Such changes can help to attract a skilled and non-transient group of Irish and migrant workers to the care sector.
- 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 are critical factors which could entice new workers and ensure that care work is not categorised as a low-skilled entry profession.

Policy Implications/ Recommendations

- Staff and management training in cultural awareness and procedures for conflict resolution in the workplace are required. There is also a need to link new workers to supportive services and promote training of frontline supervisors.
- Nationally recognised systems of training, which would include modules on the physical and psychological aspects of ageing should be introduced. Such training should endeavour to equip carers with effective coping strategies to reduce any psychological distress which may be experienced on the job.
- There is a need to regulate the live-in care sector and formulate acceptable standards for those working in the isolated environment of the care recipient's home. Such regulations need to delineate the work tasks and hours of care workers in the home.

- The positive carer-care recipient relationships should be highlighted, nurtured and further developed through training and become the subject of further research that seeks to deepen insight into these relationships from the perspective of both care recipients and care-givers.