Lessons from a study of migrant care workers

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Outline of Presentation

- Background
- Aims
- Methods
- Sample
- Discussion of findings
- Concluding remarks
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: to gain insight into...

A. migrant care workers’ subjective **understandings** of ‘social security’

B. migrant care workers’ **experiences** of the Irish welfare state

C. what do these workers **expect** and aspire to by way of their future social security?

D. What are their **attitudes** towards the welfare state?

BOTH to explore these subjective understandings and meanings in their own right AND to engage in theory-building.
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
(Total N = 40)

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Understandings of Social Security

A. Collective (transnational) security of greater concern than individualistic/entitlement-based security

B. Associated with better education and health for children in host or home country

C. Private individual savings of more importance than formal social protections

D. Recourse to services in country of origin – return home if unemployed or on retirement

E. Insouciance – perhaps a reflection of their lack of knowledge of formal entitlements
Understandings

‘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’

‘[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…mostly people are buying real estate.’ [owns three apartments in Lithuania]

‘So that’s why I’m here, I’m saving for my retirement.’

‘…I don’t get sick in Ireland ‘cause its expensive, that’s my attitude and everything I need to do, I do at home’
Experiences of the Irish welfare state

Almost half had in the past or were at the time of interview receiving one or more social security benefit

A. Variation by legal status – refugee vs work permit holders

B. Generally poor level of knowledge

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

D. Dissociation – Perhaps result of qualifying periods which can make access to benefits difficult
‘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.’

‘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’

‘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’.
Expectations of future social security

A. (Not very high) hopes for improvement
B. Only small number had taken out purely private insurance such as health insurance (n=5) or paid into pension fund (n=2)
C. Ambitions to progress through work and secure long term residency
D. Fatalism and reliance on saving
E. Return home
Expectations

‘how I wish I can get some insurance for my future, but I’m just praying that maybe some day I will have that or I could do that.’

‘We just make ourselves as healthy as possible and have savings’

[but] ‘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.’

‘I just hope that these things [sickness, disability, unemployment] won’t happen but it does happen so we are not in control of the condition or situation. No matter what we have to accept it, it is the fact.’
Attitudes towards the Irish welfare state

A. Proud independence

B. Undercurrents of scepticism and disapproval towards other migrants’ relationship with the welfare state

C. ‘The honest worker’ struggling

D. Ambivalent – A significant proportion would like to receive additional social security benefits, such as housing and medical card
Attitudes

‘[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 be responsible..’

‘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.’

‘[E]verybody is scared of going to work full-time...you can’t afford to pay your housing...and you can’t afford to feed your children, to pay the bills’

‘Maybe I should find something about the law. I’m a single mother so maybe there is something [in addition to child benefit].’
Concluding remarks

1) Reliance on non-welfare state sources of security

2) Highly ‘commodified’: reliance on waged employment, aspirations focused on work.

3) Poorly informed, reluctant/unable to access benefits

4) Stipulation of continuous pay-related social insurance contributions disadvantages those employed part-time and those who may need to take extended breaks

5) 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