
Understanding migrant care workers: Challenges for research, theory and policy

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Outline of Presentation

- Rationale & Aims of study
- Method & Methodological lessons
- Sample characteristics
- Conceptual and theoretical insights that call for further development: Sites of diversity among migrant care workers & Multidimensionality of their lives
- Context and change over time: the importance of longitudinal perspectives & communication with policy audiences

Rationale / Originality

- Research on professional / medical migrant workers in the health care sectors - little research on *non-medical* migrant care workers
- Literature on domestic, childcare workers – less on *elder care* workers
- Literature on informal contexts; less on diverse *formal* contexts
- Paucity of literature on the relationship of migrant care workers with their work colleagues & care recipients
- Gaining new insights into how migrant workers manage risk, both privately and with the help of social policies

Definition of 'Migrant care worker'

Non-Irish national who enters the country with the preconceived intention of working in the elder care sector, or ends up working in it shortly after arrival

Aims: The study sought to

- Scope migrant elder care workers' perceptions of care work and explore possible inter-group differences between European, South Asian and African carers
 - Gain an understanding of migrant care workers' relationships with colleagues, employers and (to a limited extent) care recipients
 - Explore how migrant care workers reconcile their work and (transnational) family care responsibilities
 - Gain an insight into migrant care workers' understandings, experiences and aspirations regarding their social protection and the Irish welfare state
- Taking some steps towards understanding the totality of the migrant care worker experience

Purpose of this paper

Call for further theorising on:

- (1) The important sites of diversity in migrant care workers' experiences and trajectories
- (2) Multidimensionality of migrant care workers' lives: the inter-linkages and dynamics of work and family lives in a temporal perspective (with special attention to migrant workers' agency)

Highlight:

1. Importance of longitudinal study designs
2. Need to devise more effective ways of communicating with policy audiences (many are not convinced that there is need for change in policy or practice!)

Method

- Subject matter not easily quantifiable, many sensitive questions, no sampling frame -opt for qualitative methods
- Purposive sampling across three regions of origin and three care sectors
- Initially decided against using employer gate-keepers
- To combat over-dependence on small number of networks respondents accessed via 20+ migrant organisations & snowballing
- When this and networking supplies dried out, adopted the employer route but careful to minimise their influence
- 40 semi-structured interviews with care workers across 3 care sectors

Sample Recruitment

- Importance of acknowledging contribution and time – which may be linked to trust; and has been extensively shown to incentivise participation by people who would not otherwise participate (e.g. longitudinal surveys)
- Informal care sector - Importance of gatekeepers and snowballing - Some groups (South Asian) easier to access than others
- Social desirability bias; combat e.g. through flexibility in consent procedure (pseudonym/first name only)
- Some organisations wary of further research – cynical about whether research will bring any benefits to the community
- Language difficulties

Importance of avoiding samples that consist of ‘easy access’, ‘compliant’ participants

Sample – Region / Sector

Region of origin	Formal Sector	‘Grey’ care-labour market
Europe	11	2
South Asia	11	5
Africa	10	1
Total	32	8

Sample – Region / Type of employment

Region	Formal Residential	Formal Domiciliary	Formal Live-in domiciliary	'Grey' Live-in domiciliary	'Grey' Domiciliary
Africa	4	6			1
South Asia	6		5	5	
Europe	7	4		1	1
Total	17	10	5	6	2

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

Limitations & Lessons

- Possibility of social desirability bias with regard to receipt of benefits, relationship with care recipients
- Non-probability sampling & small sample size - not possible to claim that the findings 'representative' of the migrant care workforce in Ireland – also saturation point not reached
- Small sample size required us to cluster migrants by broad region of origin (Africa, Europe, South Asia); unable to explore whether intra-group differences existed within these categories.
- Would have benefited from closer look at situation in the countries of origin
- Would have benefited from a longitudinal approach

Paper draws on:

- Timonen, V. and Doyle, M. (2009) In Search of Security: Migrant Workers' Understandings, Experiences and Expectations Regarding 'Social Protection', *Journal of Social Policy*, 38(1): 157-75.
- Doyle, M. and Timonen, V. (2009) The Different Faces of Care Work: Understanding the Experiences of the Multi-Cultural Care Workforce, *Ageing & Society*, 29(3): 337-50.
- Timonen, V. and Doyle, M. (2010) Caring and Collaborating Across Cultures? Migrant Care Workers' Relationships with Care Recipients, Colleagues and Employers, *Social Politics*, 17(1): 29-52.
- Doyle, M. and Timonen, V. (2010) Obligations, Ambitions, Calculations: Migrant care workers' negotiation of work, career and family responsibility, *European Journal of Women's Studies*, 17(1): 25-41.

Concise **Research Briefing** available on www.sparc.tcd.ie

Patterning of diversity

Differences in experiences by RoO

- Experiences of European, South Asian and African carers significantly different:

African: racism, discrimination, undermining:

‘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, they say, do this, do that, all things you shouldn’t be doing and when you meet other people that work with them and they say oh, is that what you are doing there, I’ve never been told to do this, then you’d be asking yourself why, sometimes, 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’.

European: expected mobility, prospects, job satisfaction:

‘So, after a time I found you know a few good places.... Now I’m really good... And always for me it was something funny but something very sad you know I couldn’t find anything in the beginning and now everybody is ‘Oh My God would you like to apply?’ ... And now I work with people with disabilities. And it’s very interesting for me and really I like to work with them’.

Differences in experiences by RoO

Asian: dependency on employer, need to adapt

‘I’m getting used to it as they say, ’cause I’m old already, and I’m getting used to it, in terms of kind of other relationships with other people and the work, ’cause if you accept something, you will get used to it, if you don’t really accept, you will never settle, adjusting is only the thing, when you go to a new place.’

N.B. These differences entangled with sectors of employment and different legal / citizenship / employment status

→ Region of origin tends to overlap with factors that
create, reinforce and perpetuate (dis-)advantage

African Care Workers

- ⑥ All except two had arrived as asylum seekers
 - ⑥ Required to complete intensive and costly (privately paid) training courses; initially worked unpaid on a 'voluntary' basis in order to 'get experience'
 - ⑥ Offered highly irregular and unstable work
 - ⑥ All but one had experienced some form of racism or prejudice
 - ⑥ No formal support mechanisms – Resolve issues themselves
 - ⑥ Most likely (of three groups) to speak about and stress the positive aspects of the work - stressed the flexibility & social, inter-personal nature of care work & described the carer-care recipient relationship as rewarding, with high levels of reciprocity; Perception that were compensating for Irish family members who had low intergenerational solidarity
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South Asian Care Workers

- ⑥ All had come to Ireland to work specifically in the care sector, many first as child-minders, subsequently accessed elder-care work through personal contacts
- ⑥ Majority worked in live-in care sector with loosely specified work contracts and, given their vulnerable legal status, limited scope to demand or secure improved work conditions or to seek alternative employment
- ⑥ Inability to cut off from work, stress, responsibility: ‘when you bring her to bed, your mind is still there...you feel responsible. When I go shopping, my mind is still there, so I rush.’
- ⑥ Did not dwell on the negative aspects of their work and instead highlighted the positive relationships that formed with the care recipients; many were long-term, lasting from three months to six years → Blurring of the professional / private boundary; drawing parallels with own family relationships
- ⑥ Careful planning of the trips back to the country of origin for which a ‘special dispensation’ had to be obtained at the discretion of the care recipient’s family.
- ⑥ Long-term work/retirement trajectories carefully planned out

European Care Workers

- ⑥ None had come to Ireland with the prior intention of working in care
 - ⑥ Immediate employment options were viewed to be limited to the '3 Cs'
 - ⑥ Care work was viewed as being easily accessible and having the highest rates of remuneration
 - ⑥ Frustration was highest amongst those who worked in institutional settings
 - ⑥ All but three had third-level educational qualifications
 - ⑥ Provided an opportunity to improve their English language skills
 - ⑥ Care work viewed as an entry-level job, temporary
 - ⑥ Optimistic about ability to progress into more senior or otherwise more desirable jobs in (or outside) the care sector
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Patterning of diversity

Each story different...But possible to 'group' migrant care workers by the broad contours of their experience.

→ Furthering our understanding of this patterning (causes and consequences) of diversity constitutes an important research agenda

What matters (most)?

-- country of origin / ethnicity and discrimination that accompanies this; facet of the care labour force; educational background; family circumstances

What can be changed/addressed?

Factors (policy) that create, reinforce and perpetuate
(dis)advantage

Diversity – stratification – and agency

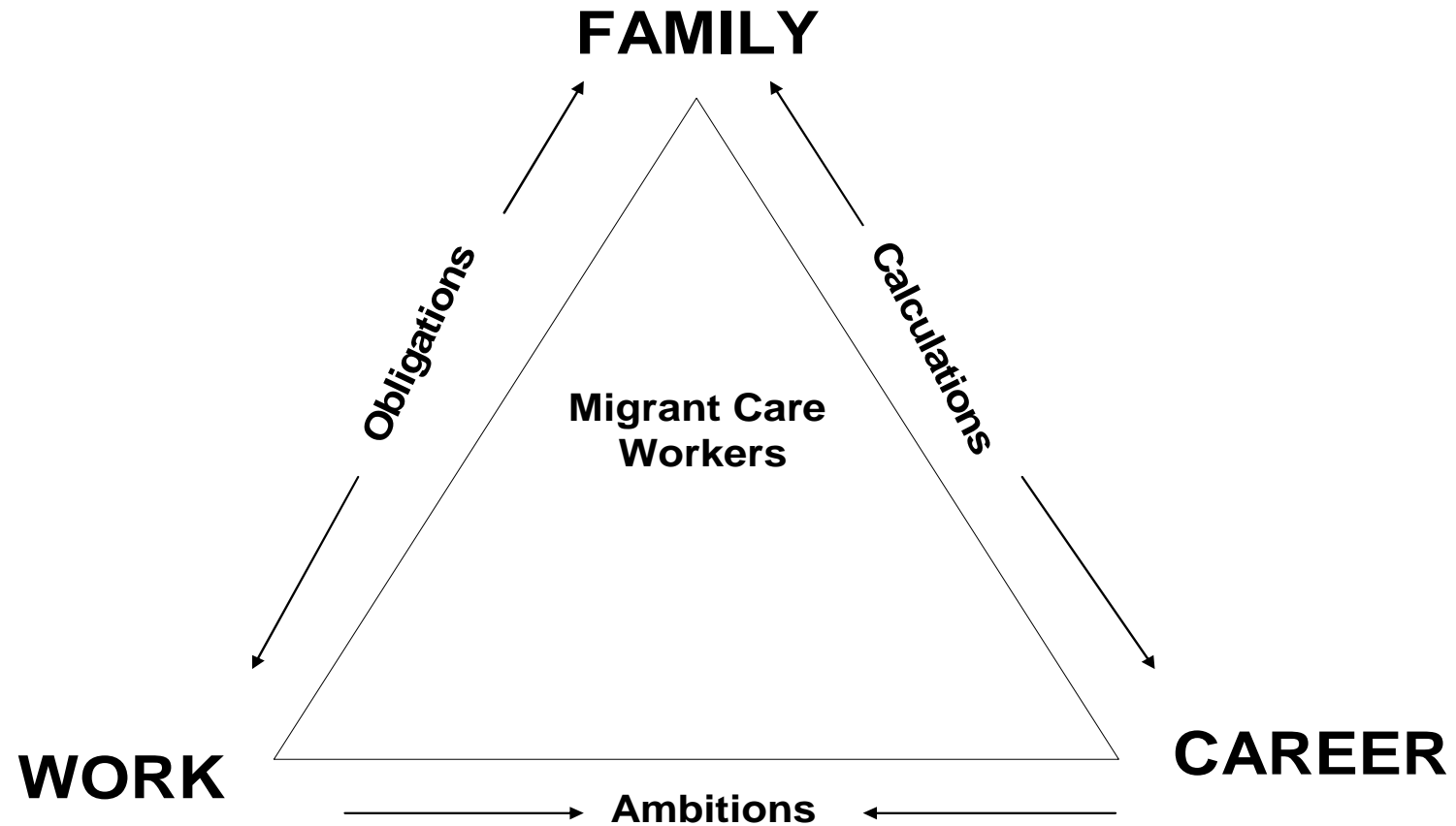
Crucial agenda in teasing out the systematically patterned forms of inequality within the diverse group of migrant care workers

--- But desist from viewing migrant care workers solely as victims

Importance of understanding current employment within the broader constellation of family lives and future aspirations regarding work and/or family

The argument that many/most – but not all – migrant care workers exercise agency and strategize is in marked contrast to the construction of migrant care workers as powerless victims

Multidimensionality of lives



Obligations (work-family axis)

- Those with co-present children (17) typically worked night-shifts or part-time in order to discharge their care responsibilities toward their children, and 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
- Remittance to family members and extended kin:

‘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’

Calculations (family-career axis)

- Decision to remain in Ireland closely related to family responsibilities and existing networks
- Ten arrived with spouse; the remainder as independent/drivers
- For some paid employment of secondary importance ‘my achievement is my children’
- Transnational mothers: The negative consequences of the geographical distance were counterbalanced by the improvements in their children’s education and lifestyle
- ‘Step down’ on career progression ladder – viewed as temporary; also advantages of improving English
- Saving for a major asset/resource (house, education) – thanks to earnings differential & over-time payments in tight labour market

Ambitions (work-career axis)

- Long-term aspiration to remain living in Ireland for most workers of African origin; South Asian participants expected long migrant worker career (wherein stay in Ireland served the purpose of opening up access to EU and other labour markets) followed by retirement in country of origin; passing on the migrant worker status to children
- Most European workers envisaged care work in Ireland as short-term experience (3 – 5 years)
- Virtually all research participants desired occupational advancement
- Emigration status rendered some dependent on their employer; many African workers arguably restricted by discrimination

Context

- 1995-2005: Ireland rapidly transformed from a 'sending' into a 'receiving' country - 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 workers from 10 new EU countries -- experiences of 'new' European vs. non-EU migrants.
- Care system that is moving away from a heavy reliance on families towards a more mixed system where different types of formal care gaining in importance.

LESSON: Context is influential, and can change very rapidly! Important to characterise context fully and to follow up over time

Implications: Policy & Research

- Future: more unequal and segmented care workforce? Not in the least due to expansion in home care & cash-for-care
- Remember that powerful policy actors do not consider this problematic *per se* – but if deep, patterned inequalities that expose some groups to systematic discrimination and limit their long-term life chances and choices can be demonstrated...
- Acknowledging the barriers and obstacles faced by some populations of care workers and the need for anti-discriminatory workplaces and practices in the long-term care sector
- Multiple perspectives are important: lives are not one-dimensional
- Tapping into these perspectives is challenging; ensure that there is space & time for them to emerge