



Social
Policy and
Ageing
Research
Centre



Caring and Collaborating Across Cultures? Understanding the Experiences of the Multicultural Care Workforce in Ireland

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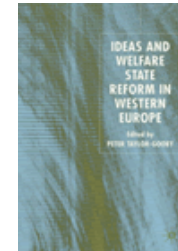
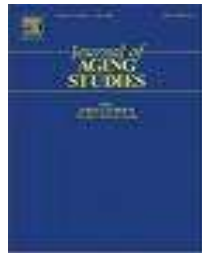
Presentation at the *Zentrum Altern und Gesellschaft*,
University of Vechta, Germany
11th December 2008

Outline of Presentation

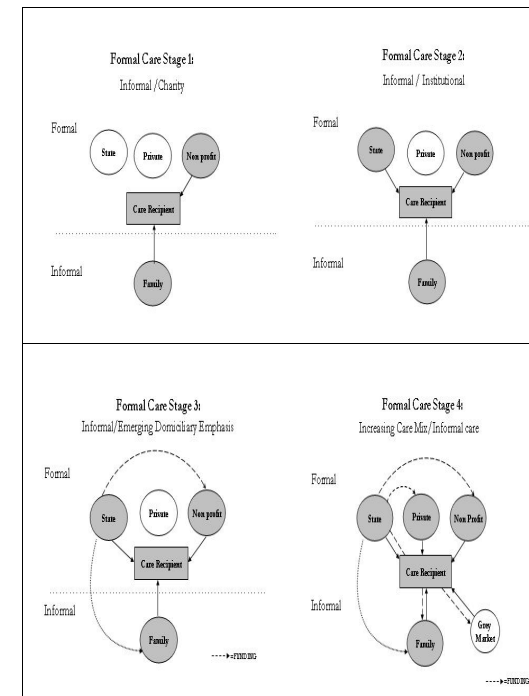
- ⑥ General introduction to the work of the Social Policy and Ageing Research Centre
- ⑥ Outline of work on migrant elder care workers
- ⑥ Focus on migrant care workers' experiences in the workplace

What SPARC set out to do

- ④ Produce and publish highest-quality, peer-reviewed research on topics pertaining to social aspects of ageing
- ④ Train post-graduate research students to undertake social scientific, policy-relevant research on ageing
- ④ Raise awareness and contribute to informed policy debate through the creation and dissemination of knowledge about policy alternatives



Long-term care of older people: Home and Community Settings



Meals-on-Wheels for Older People in Ireland

- ⑥ For the National Council on Ageing and Older People
- ⑥ Highlighted social and nutritional impact of the service
- ⑥ Recommendations for future
- ⑥ Conference November 2008



Grandparents' Role in Divorced and Separated Families in Ireland

- For the Family Support Agency
- Generational family dynamics post-divorce / separation
- Legal and policy aspects of limited access to grandchildren

Post-graduate research students

② Capacity building

② Topics include:

Lived Experience and Service Needs of People with Early-Stage Dementia

Older People's Interest Representation

Standard-setting and Regulation in Institutional Care

Social Construction of Ageing in Ireland

Participation and decision-making in hospital discharge

**Organised sporting activities for older people in Japan, Australia
Ireland**

Falls in palliative care

Full-year undergraduate courses in Social Policy and Ageing – ca. 180 students
in total since 2003 (*Ageing Societies*)

Networking and Policy work

- ⑥ Research seminars with Irish and international speakers
- ⑥ Annual conferences – next one to take place at Queen's University Belfast **16&17.9.09**
- ⑥ Organisation of international post-graduate workshops (e.g. ESPAnet in Trinity May 09, joint workshop with Institute of Gerontology, King's College London March 09)
- ⑥ Membership of organising committees of national and international associations – e.g. International Sociological Association, Irish Social Policy Association
- ⑥ Liaising with policy makers and civil servants: conferences, launches, networks
- ⑥ Home care– highlighting the issues has paid off

Plans and challenges

- ⑥ Utilisation of data from longitudinal population surveys, especially TILDA and its modules relating to social care and social engagement of older people (www.tilda.ie)
- ⑥ Policy impact: not easy to achieve, or to gauge
- ⑥ Lack of a dedicated funding source for social sciences in Ireland
- ⑥ Continuity and future opportunities for gifted researchers

Migrant Care Workers in Elder Care

- NORFACE-funded network
- Study in Ireland January – June 07
- Several articles & presentations, widely-circulated research summary



Caring and Collaborating Across Cultures? Understanding the Experiences of the Multicultural Care Workforce in Ireland

Draws on:

Doyle, M. and Timonen, V. (2009) 'The Different Faces of Care Work: Understanding the Experiences of the Multicultural Workforce', *Ageing and Society*, forthcoming in Vol. 29, pp. 1-14.

Timonen, V. and Doyle, M. (2009) 'Caring and Collaborating Across Cultures? Migrant Care Workers' Relationships with Care Recipients, Colleagues and Employers', under review

Other published / forthcoming articles on this topic:

Timonen, Virpi and Doyle, Martha (2009) 'In Search of Security: Migrant Care Workers' Understandings, Experiences and Expectations Regarding 'Social Protection', *Journal of Social Policy*, Jan 2009 Vol. 38(1), pp. 1-19.

Doyle, M. and Timonen, V. (2009) 'Obligations, Ambitions, Calculations: Migrant Care Workers' Negotiation of Work, Career and Family Responsibilities', under review

Background

↑ demand for long-term care services

Labour shortages, ↓ availability of informal (family) carers

→ employment of migrant care workers:

‘Migrants who enter the country with the explicit & preconceived intention of working in this sector, or end up working in it shortly after their arrival’

Background – policy context

- The introduction of a ‘cash for care’ scheme (Timonen, Convery and Cahill 2006)
 - Emergence of a ‘grey’ care-labour market
 - 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
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Un / employment rates among Irish and foreign nationals



Pre-existing research

- A survey by the Irish Nursing Home Organisation found that 43 per cent of private sector care workers were non-Irish nationals. (INHO, 2006)
- 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.

Research Questions

- Who are the migrant care workers?
- Where do they work?/
- What kind of work do they carry out?
- What kind of conditions do they work under?
- What are their relationships with co-workers, managers and care recipients like?
- How have they themselves or others (including the State) arranged for their social protection?
- How do they maintain transnational family relationships?

This presentations focuses on:

What are their relationships with co-workers,
managers and care recipients like?

Experience of care work,
Possible intra-group differences within this population

Significance:

Identifying issues faced by care workers

→ Further research

→ Policy, practices

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.

Relationships with care recipients

- Domiciliary care: close relationships, (mutual) dependency, evidence of racism but usually ‘filtered out’ by client’s initial veto
- Institutional care: multiple care recipients, heavy workloads, cognitive impairments; more accounts of racism – these universally ‘understood’ and ascribed to illness, lack of understanding etc.
- Social desirability bias, but many lengthy, detailed, heart-felt descriptions of close relationships indicative of genuine affection

Three sets of relationships

- With care recipients
- With colleagues working in the same or similar (non-medical) roles: ‘vertical’
- With managers: ‘horizontal’

Relationship with Managers

- Institutional settings: respectful, distant, usually amicable but in some cases aggrieved due to constant critique, lack of positive feedback, monitoring, unsafe work practices
- Most preferred Irish managers. Exception: those who shared nationality with manager – some apparent nepotism
- Domiciliary: infrequent contact with agency managers; flexibility appreciated
- Live-in domiciliary: care recipient's family as de facto 'managers': elements of mutual affection, gratitude, but also dependence, exploitation, family-like relationships, complex currency of favours and counter-favours

Relationships among care workers

- Considerable inter-cultural and inter-racial tensions in the horizontal working relationships in institutional care settings
- Barriers to communication e.g. poor language skills, but also perceived differences in productivity and approaches to work
- Tensions (competition) sometimes existed between workers of the same nationality, but not very common
- With the exception of those working with members of their own nationality, preference for workplaces that not dominated by one nationality
- By and large, the experiences of Irish co-workers was positive, however, instances where care workers believed that they had been mistreated or deliberately ignored by Irish co-workers
- Implications for quality of care?

Differences in experiences by Region of Origin

- African
- South Asian
- European

N.B. These differences to some extent entangled with sectors from which sampled (see tables on sample composition); also tend to have different legal / citizenship / employment status
→ Does not mean that ethnic characteristics unimportant but rather, that they tend to overlap with factors that create, reinforce and perpetuate (dis-)advantage

African care workers (I)

- ④ All except two had arrived as asylum seekers
- ④ Required to complete intensive and costly (privately paid) training courses; initially worked unpaid on a ‘voluntary’ basis in order to ‘get experience’
- ④ Offered highly irregular and unstable work
- ④ All but one 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.

- ④ No formal support mechanisms – Resolve issues themselves
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African care workers (II)

- ⑥ Somewhat paradoxically, most likely (of three groups) to speak about and stress the positive aspects of the work --- hints at importance of expectations?
- ⑥ Liked the flexibility & social, inter-personal nature of care work
- ⑥ The carer-care recipient relationship described as a mutually rewarding, 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.

- ⑥ Perception that were compensating for Irish family members

South Asian Carers (I)

- ☉ All had come to Ireland to work specifically in the care sector
 - ☉ First worked as child-minders: subsequently accessed elder-care work through personal contacts
 - ☉ 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
 - ☉ Inability to cut off from work, stress, responsibility:
 - ‘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.’
 - ☉ Confronting the family and demanding improved work conditions did not usually result in any significant change
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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.

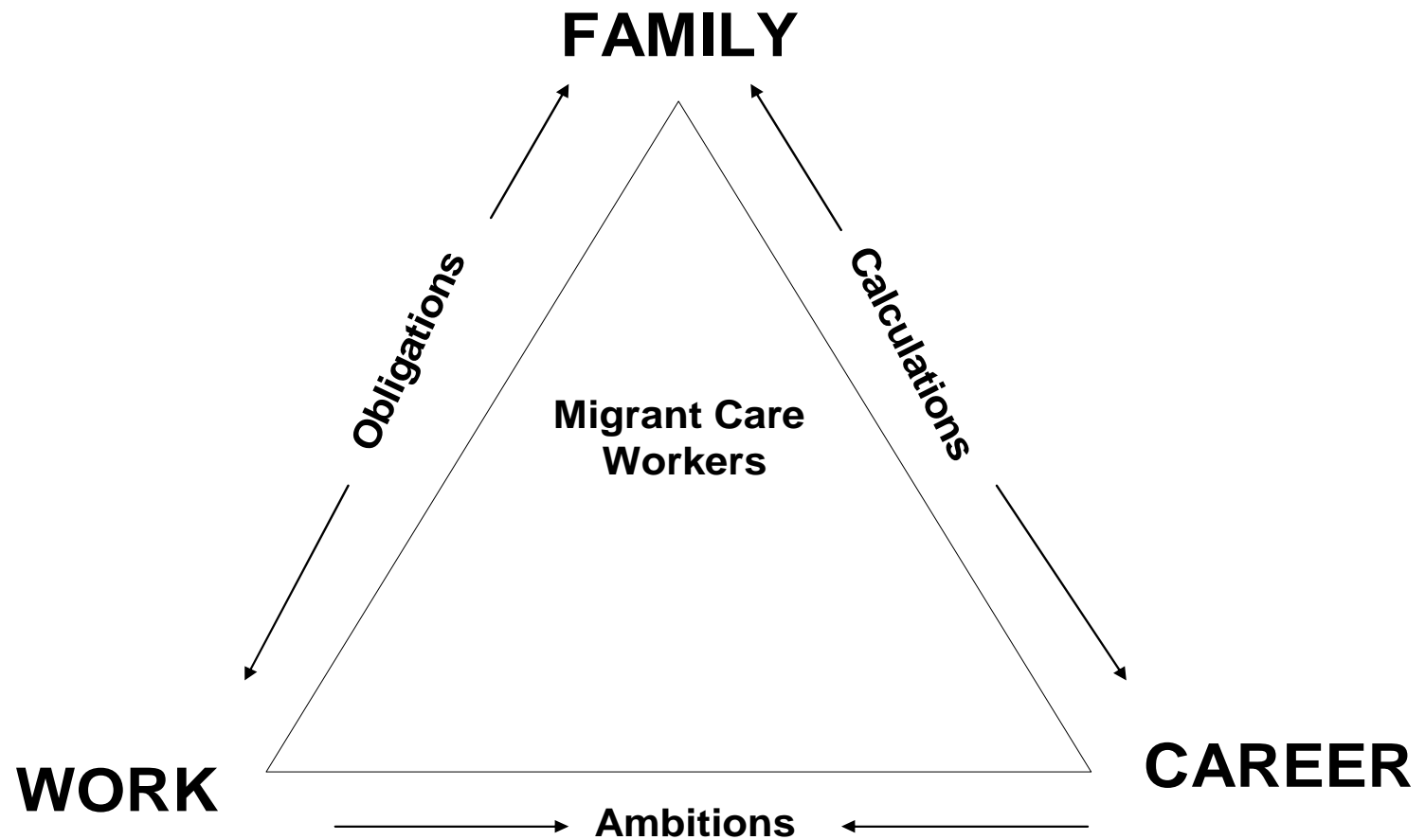
⑥ Many of these relationships were long-term, lasting from three months to six years.

→ 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 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 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
 - ‘in this place, a bad nursing home you can find...people who don’t have a choice at all. They have to work, they have to earn money, and they are desperate’.

European Care Workers (II)

- All but three had third-level educational qualifications
- Provided an opportunity to improve their English language skills
- Care work viewed as an entry-level job, temporary
- Optimistic about ability to progress into more senior or otherwise more desirable jobs in (or outside) the care sector

Conclusions I

- Highly positive carer-care recipient relationships – where racism → written off or dealt with personally
- Significant racial and cultural tensions were evident within the horizontal relationships in the care workplace – racism experienced as extremely hurtful, unfair
- Some members of the long-term care workforce more likely to confront obstacles and discrimination than others

Conclusions II

- Experiences of European, South Asian and African carers significantly different:
European: expected mobility,
Asian: dependency on employer,
African: racism and discrimination
- Findings indicative of a relationship between carer's region of origin and her experience of care work (sector), employment mobility and long-term plans for remaining within the sector

Implications: Policy & Research

- Future: more unequal and segmented care workforce?
- Acknowledging the barriers and obstacles faced by some populations of care workers
- Anti-discriminatory workplaces and practices in the long-term care sector
- Strive for a better understanding of the changing profile and needs of both care recipients and their (migrant) caregivers