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Social Policy and Ageing Research Centre

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Understanding the Policy Implications of Migrant Workers' Employment in the Long-term Care Sector in Ireland.

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Introduction

Migrant workers' presence in the long-term care sector in Ireland is a novel phenomenon that is integrally linked to the country's recent economic and employment growth. The entry of migrant workers into the care workforce has helped to ease labour shortages in both the formal and informal care sectors. While official estimates of the presence of non-Irish nationals in the long-term care sector do not exist, anecdotal and care facility-specific evidence suggests that, in urban areas, in particular, the majority of carers in certain occupational categories in institutional, hospital and domiciliary care settings are migrant workers. While the volume of research on skilled (medical) migrant care workers such as doctors and nurses is relatively large, very little research has to date been carried out on care assistants, care attendants and other low-paid care workers in Ireland and internationally.

This study represents the first foray in the Irish context into a number of important aspects of migrant workers' employment in the long-term care sector. The purpose of the study was fourfold:

- to gain an understanding of migrant care workers' understandings, experiences and aspirations regarding their social protection and the Irish welfare state,
- to explore their personal (transnational) care and support responsibilities,
- to identify their perceptions of the multi-cultural workplace,
- to explore their perceptions of the 'highs' and 'lows' of employment in the Irish long-term care sector.

We believe that these issues are important from both an economic social perspective, not only for the care workers, but also for care service providers employing migrant carers and public bodies financing the delivery of this care. The subject area was also deemed particularly important for policy makers who may be faced with the challenge of retaining and attracting a stable and skilled long-term care workforce in the future. Last but not least, a stable and skilled workforce is naturally better able to deliver high-quality care to the older people who need it.

Research Methods

We deemed qualitative methods the most suitable for this exploratory study. Forty interviews were carried out between January and July 2007. Thirty-two of the interviewees worked in the formal care sector and eight in the informal care sector.

Interviewees were recruited with the assistance of migrant organisations, by utilising the networks of the interviewees and via a small number of service providers. We sampled purposively across the three 'sectors' of formal institutional care, formal domiciliary and informal ('grey market') domiciliary care, and across the three regions of Europe, Africa and Asia (Table 1).

Table 1: Sample characteristics

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

The main strength of our study lies in the fact that it is the first foray (in the Irish context) into a complex area and as such has the potential to shed light on a hitherto poorly understood topic. The main limitations of the study are related to the fact that (due to the small, non-random sample) its findings may not be generalizable and are of uncertain transferability.

For references to journal articles written on this topic, see www.sparc.tcd.ie. This work has been carried out in conjunction with a European network of migrant care work researchers (MILES), funded by NORFACE.
The term 'informal care' is here used to refer to care work that is carried out outside the tax and social security net, sometimes in the absence of a work permit. Most carers who are employed informally work highly irregular hours in the care recipient's home, receiving cash payments from which taxes and employee social security payments have not been deducted.

Summary of Key Findings

Social Protection

The majority of the migrant carers interviewed were very **poorly informed** of their actual or potential entitlements. Many were **reluctant or unable to access benefits** and were critical of fellow migrants' ostensible dependence on the Irish welfare state.

Carers employed in the public sector enjoyed the highest levels of coverage against social risks. With very few exceptions, carers employed in the private sector did not have private or occupational insurances against the social risks of ill-health and old age.

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

Low levels of protection placed a greater need for individualised pensions schemes, health insurance and accumulation of savings to safeguard against periods of unemployment and sickness.

Carers who were **employed informally** or who were sponsored by the client or client's family often had loosely defined employment contracts. Usually there was no written contract and the expectation was that the carer should be flexible with respect to hours of work and work duties.

Work-related benefits were largely at the discretion of the employer and in the majority of cases (particularly for those working informally) there was no entitlement to holiday or sick pay. Many of these carers did not receive wage slips and some had wrongly assumed that their employer was paying pay-related social insurance (PRSI) on their behalf.

Personal (Transnational) Care and Support Responsibilities

The majority of interviewees were regularly **supporting family members in Ireland or abroad,** and in many cases both in Ireland and abroad. Many were 'investing' heavily in their children's education, either by paying for 'better' education in the country of origin or by going to great lengths (for instance working illegally) in order to enable children to obtain education in Ireland.

In contrast to many Irish mothers working full-time, the migrant workers were almost exclusively **relying on *informal* childcare** arrangements. Some 'imported' their parents for lengthy periods of time to act as childminders in the home. Informal (exchange of) childcare was commonplace whereby childcare was obtained (from other migrants) either for a small fee or in exchange for other services,

Fifteen of the women interviewed could be classified as **transnational mothers.** For virtually all of these mothers, the negative consequences of the geographical distance from their children were seen to be counterbalanced by the improvements in their children's education and lifestyle at home, and by the perceived enhancement in their long-term life chances.

The **remittances** sent by the carers varied from 80 percent of monthly income to small monetary gifts sent only intermittently. In certain cases, the income earned in Ireland was used to support a family business at home, to purchase land or property, or to finance the upkeep of an existent house. Superior medical care also became available to children, parents and other kin members thanks to these remittances.

Multi-cultural Workplace

African carers frequently experienced discrimination in their daily work. Live-in workers (in our sample predominantly from the Philippines) were prone to higher levels of exploitation than other carers.

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.

While many of our interviewees 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.

A small number of interviewees mentioned how the nationality of the manager affected the nationality of the broader care workforce within a particular institution. Some interviewees stated a preference for Irish managers, usually because they were seen to be better at managing inter-cultural relationships in the workplace.

There were considerable inter-cultural and inter-racial tensions in the horizontal working relationships in institutional care settings. In contrast to racism on the part of a small minority of care recipients (which was universally understood and forgiven by the care workers), racism from co-workers was experienced as extremely hurtful and in some cases led to complaints to management and even resignation.

A number expressed a preference towards workplaces which were not dominated by one nationality, since this had in their experience led to carers communicating in their own language and excluding other care workers.

The 'Highs' of Care Work

The development of interpersonal relationship(s) between the carer and care recipient(s) brought many positive rewards, with the development of **compassionate and close relationships** being one of the most central benefits of care work.

For those with considerable previous experience in the care sector, career **progression and advancement within the sector** were viewed as realistic. Frequently, future employment as a nurse or more senior health or social care worker was aspired to.

The European and Asian respondents perceived care jobs as **easy to access.** Many (particularly 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 workers keen to improve their language skills. For instance, night-time care work which demanded less advanced communication skills was often viewed as a starter job that could lead to day-time work once **English language skills improved.**

For many, care work granted greater **mobility** and **flexibility** than other available jobs. The ability to work on a flexible time schedule was particularly attractive for those pursuing educational courses and for those who wished to tailor their work schedule to accommodate childcare duties.

Of the employment options perceived to be available to migrant workers, care work was viewed as having comparatively **high rates of remuneration.**

The 'Lows' of Care Work

Black African women encountered most **discrimination** which they perceived as largely race-related. Discrimination was not only experienced on the job but also in gaining access to care work.

There were **no formal support mechanisms** or **complaints channels** to assist carers who had experienced racial discrimination in the workplace. Instead, the workers were required to deal with the situation themselves which generally entailed either confronting the perpetrator directly or downplaying the significance of the event and attempting to forget the incident.

Personal freedom was limited for **live-in carers** who were expected to provide or be ready to provide care round-the-clock. Some felt obliged to continually shadow their client for fear that something would happen to the client in their absence.

Various levels of **physical exertion** were required when delivering care. The physical nature of the work usually related to the requirement to lift clients throughout the day. Care work was also perceived to be **emotionally demanding** particularly when dealing with older people who suffered from cognitive impairments.

In many cases, the migrant care workers had to take a **'step down' on the career progression ladder** in order to secure a job in Ireland. Several had third-level qualifications and had previously worked in jobs that were perceived to be far superior to care work.

Policy Recommendations

Polices 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 (as is the case with most agency care workers) and those who may need to take extended breaks from work to care for children or ageing relatives.

Expansion of the formal long-term care sector should be accompanied by improved labour market conditions for care workers. 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.

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.

Greater attention needs to be given to the special situation of these workers. Role expectations on the part of families can conflict with acceptable formal employment protocols, suggesting that 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.

It is important that **transparent complaint channels** are available to those experiencing discrimination in both domiciliary and institutional care settings.

The **positive carer-care recipient relationships** should be highlighted, nurtured and 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.

About the Centre

The Social Policy and Ageing Research Centre (SPARC) provides fresh, rigorous thinking on social policy as it relates to the ageing population in Ireland and internationally. The Centre draws on policy and practice in Ireland and abroad to generate insights into ways in which social polices can better serve older people. The first research centre of its kind in Ireland, SPARC was established in 2005. In addition to generating high-quality research, the Centre hosts graduate students working towards policy-relevant PhDs. Researchers from the Centre are members of an inter-disciplinary team working on the Irish longitudinal study of ageing (TILDA). If you wish to give us any feedback or advice regarding this and proposed future work, please contact us at:

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