

# The Role of Migrant Care Workers in Ageing Societies: Context and Experiences in Ireland

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*“When older people...  
have had to endure fragmented,  
under resourced and inequitable  
care provision, the value we  
place on their care givers...  
also comes under question.”*

## Background

This report explores the role and potential of migrant care workers in caring for older people in Ireland. The proportion of migrant carers caring for Irish older people has increased over recent years, reflecting a broader global trend in care worker migration and thus, a highly competitive global market for migrant carers.

However, there has been relatively little effort to understand the implications of these cultural changes in our care workforce. Such a gap in current knowledge means that there are questions around the demand for migrant carers in older adult care, the impact of the current economic decline on future demand, the experiences of migrant carers caring for older people and the impact of employing migrant carers on the well-being of older people. Without an understanding of the various factors that can influence the sustainability of the migrant care workforce in Ireland, our ability to identify and address regulatory and practice issues in the sector and our capacity for workforce policy and planning may be fundamentally undermined.

Furthermore, migrant workers and older people are often considered to be marginalised sections of the population. The issue from a policy and regulatory standpoint is to ensure that the entitlements of both older people and migrant carers are upheld, thereby maintaining the human and civil rights of both groups. In essence, if this symmetry does not exist then there is likely to be serious implications for the quality of older adult care in Ireland and the future of the sector. Although this report only focuses on Ireland, the research was completed as a part of a larger collaborative cross-national project looking at Ireland, the UK, the US and Canada.

## Aim and Objectives

The aim of the research is to explore the implications of the recruitment of migrant carers for the delivery of health and social care to older people, for the living and working conditions of the migrant carers, and for immigration, integration and older adult care policies. In the context of this report 'migrant carers' refers to foreign national citizens working as registered nurses or care assistants in Ireland. The research involves the following set of objectives:

- 1 Analyse factors that determine the current and future demand for migrant carers in the health and social care of older people in Ireland.
- 2 Examine the migration and work experiences of care workers: the means and motivation for migration, the role of recruitment agencies, choice of employment and working life.
- 3 Explore the current and future role of migrant carers in health and social care and their impact on the structure of care and independent living of older people.
- 4 Investigate the impact of employing migrant care workers on older people, their families, the quality of care and the carer-care recipient relationship.
- 5 Explore the most effective and ethical policies to regulate the admission, employment and integration of registered nurses and care assistants in the older adult care sector.

## Methodology

Existing national and official data on this topic is limited in Ireland. Information on nationality has only been collected recently and typically applies on an aggregate basis rather than on a sector specific level. As a result, this report relies on primary data collected from migrant care workers, older adult care users and employers through a set of qualitative and quantitative research instruments. Stakeholder focus groups and expert papers were also used to provide a background and context for the work. The details of all methodological components are outlined below.

**Stakeholder Focus Group (background component 1):** A focus group was organised with national voluntary and statutory stakeholders from both the migrant worker and ageing sectors. The purpose of the discussions was to draw on the experiences of the participants to identify the key issues affecting migrant care workers in the ageing sectors.

**Expert Papers (background component 2):** Three expert papers provide the context for the research in this report. The first describes the older adult health and social care sector in Ireland. The second explores migration trends and public policy for immigration in Ireland and the third analyses the broad determinants of demand for migrant care workers and presents projections for the future.

**Migrant Care Workers:** Individual semi-structured interviews were conducted with 34 migrant carers to gather their experiences, opinions and future intentions concerning the older adult health and social care sector. A focus group was organised with a further six migrant carers to explore similar topics in a group setting. The participants were recruited from several sources (e.g. migrant and community organisations and health and social care networks) across Galway, Cork and Dublin.

**Employers:** A postal survey was distributed to all long-stay care institutions in Ireland and to all known home care organisations in the country (N=570). The purpose of the survey was to gather both quantitative and qualitative information on reasons for hiring, and experiences with, migrant care workers. More than 50% of surveys were returned. Follow-up telephone interviews were conducted with 16 employers to elicit more in-depth information regarding their experiences with migrant care workers. The participants were selected from the survey respondents and were representative of a range of employer organisations and geographical locations.

**Older Adult Focus Group Discussions:** Three focus groups were organised with older adults to gather their opinions of and experiences with migrant care workers in the health and social care sector. The focus groups also explored the participants' thoughts on Ireland as a multicultural society, their own preferences for care, their future plans for care provision and their perceptions of negative and positive aspects of migrant care workers caring for older people. The focus group participants included prospective users of care, who lived in the community, and current users of care, who were resident in a nursing home.



## Key Findings

There has been a significant increase in the number of migrant nurses and care assistants in the older adult health and social care sector in recent years. While the economic decline may exert downward pressure on the demand and supply of foreign national carers in the short term, migrant carers will continue to be a feature of older adult care in Ireland in both the medium and longer term. For that reason, this report is necessary and timely to inform future policy and practice. The conclusions of the report, the key points of which are outlined below, illustrate that in the context of the older adult health and social care sector, it is impossible to separate the fate of migrant care workers from that of the older people under their care.

## Demand and Supply

The projected need for migrant care workers into the future is likely to be significant. It is unlikely that the current economic decline will be sufficient to reverse the long-term trend of increased reliance on migrant care workers in the health and social care system in Ireland. The strongest determinant of the demand for foreign national care workers is the difficulty in hiring and retaining Irish carers, especially registered nurses. This difficulty appears to be linked to negative perceptions of caring for older people, lack of career pathways, general under funding in the sector and a reluctance to work shift hours.

Migrant care workers make up almost a third of all care workers in the various care settings responding to this survey. Migrant carers were represented in all organisation types (home care and institutional) with the largest proportion in private home care and private long-stay care settings. Overall, there is a higher proportion of migrant registered nurses than care assistants in the sector. India, followed by the Philippines, is the primary source country for nurses, whereas Poland, followed again by the Philippines, is the primary source country for care assistants.

The primary reason for migrant carers entering older adult care is linked to opportunities for employment, although for some individuals the decision to remain in the sector was linked to an attachment to caring for older people. Almost 75% of participants interviewed intended to stay in the older adult care sector. Informal networks featured strongly as pathways to employment for migrant carers. However, 40% of employers used recruitment agencies to employ migrant care workers – predominately for nurses. While reducing paperwork was considered to be the main advantage of using recruitment agencies, issues of post-hire support and recruited staff quality were also highlighted.

## Migrant Workers as Carers

The caring relationship between migrant carers and older people is complex and multifaceted. Care provision is both emotionally and physically demanding, which involves dealing with multiple transitions, losses and degenerative and debilitating conditions. Feelings of making a difference, emotional attachment, friendship and personal growth are all positive aspects of caring for older people, as expressed by migrant workers themselves. Care for older people extends, therefore, beyond simple service provision.

Although not characteristic of the experiences of all migrant carers, discrimination was a significant issue for some carers. The drivers of discrimination included those factors that contributed to the construction of exploitative or discriminatory conditions (e.g. employment and immigration regulations and private home settings) and issues around race and socially constructed images pertaining to cultural identity. However, it can be difficult sometimes to separate genuine personal care preferences of older people from latent feelings

of prejudice and discrimination. Consideration must be given to such sensitivities for a balanced care environment. In many instances though, issues around the acceptance of migrant carers by older people and staff were concentrated in the initial period of employment and dissipated over time.

Migrant workers did not identify wage discrimination as a serious problem within the sector. This was mainly because poor pay was perceived as a problem generally in the older adult care sector and was not specific to migrant carers. However, there was evidence that poor rates of remuneration did lead to low morale, higher rates of turnover and ultimately poorer quality of care delivery among all carers.

### **Older People and Migrant Carers: Perceptions and Experiences**

Language and communication was a significant challenge for migrant carers, employers and older people. Problems in language proficiency was a central issue in the caring relationship between migrant care workers and older people, but was exacerbated by regional accents, colloquialisms and telephone contact. Communication challenges, therefore underpinned many of the other issues concerning labour market and social integration. Poor knowledge of Irish culture among migrant carers was also identified as an issue, undermining the sense of shared cultural experience for the older person. By contrast, similar religious beliefs facilitated a greater acceptance of migrant carers by older people. Differences in cultural approaches to care of older people were also evident, particularly in relation to person-centred care. This was in part due to carers being sourced from acute sectors in countries with primarily informal systems of older adult care, leading to them having little experience of care within long-stay settings.

Parallels were drawn between the value systems of some nationalities and what was perceived to be our own family-centred approach to caring for older people in the past. A shared experience with migrant workers with respect to emigration was also evident among some older people who themselves, or their families, had emigrated to find work. There was a strong sense of admiration and respect for labour migrants who saved money to support family and to achieve a better life. While some older participants felt that this shared experience would help Irish people accept migrant carers, others felt that Ireland's historical lack of experience with other cultures would serve as a major barrier to accepting foreign national carers.

The majority of employers surveyed stated that the quality of care did not change with the employment of migrant care workers; quality was at the very least maintained and sometimes improved. There was consensus, however, that education, training and orientation was necessary to ensure that migrant care workers could deliver appropriate person-centred care. Both employers and older people agreed that without the migrant workforce there would be a shortage of care staff to care for older people in Ireland and that many of the current issues around migrant carers caring for older people reflected broader problems in the older adult health and social care sector concerning funding and prioritisation. For example, training for person-centred care provision is necessary for all care providers and not just migrant carers.

The majority of employers surveyed felt that the older adult health and social care sector in Ireland is under resourced and under funded. A number of migrant carers questioned the value that is placed on care for older people in Ireland, when the rates of pay for such a demanding role are generally so poor. Older people did not believe that they are being given the priority they deserve, whether in respect of social valuation or health and social care provision.

## Policy and Regulations

The immigration and employment regulations had a significant impact across both work and social domains. The primary issues for employers included delays in processing applications, time-consuming paperwork and uncertain application criteria. Similarly, restrictiveness, bureaucracy, frustration and delays in processing characterised the experiences of many migrant carers with regard to immigration and employment regulations. The regulatory system appeared to reduce the opportunities for employment and increased the vulnerability of people to exploitation. The short-term duration of the work permit system may also threaten the continuity of care for older people. Issues surrounding long-term residency and family reunification also impact on the lives of migrant carers and resulted in feelings of uncertainty with respect to staying in Ireland. That said, the majority of migrant carers intended to be still living in Ireland in five years time.

The conceptualisation of skill level in care giving needs to be reassessed – particularly for care assistants. Being a good carer requires a person to be compassionate and kind, as well as having the required professional qualifications. Therefore, personal care should not be conceived as low-skilled given the requirements necessary to deliver person-centred care. The current immigration channels for care workers should be examined to take account of a recalibration of perceived skill sets for caring.

The regulation of older adult care in Ireland has been less than satisfactory in the past. The implementation of the new ‘National Quality Standards for Residential Care Settings for Older People in Ireland’ will improve matters in that regard. However, the continued absence of regulation in the private home care sector means that older people may be at risk in their own homes. Minimum standards of training should be set for all care positions and across all settings in the older adult health and social care sector.

The older adult health and social care sector in Ireland is disadvantaged and marginalised. This exacerbates the problems for migrant carers caring for older people. There is significant overlap in relation to legislative standards, policy and practice for the protection of older people and migrant carers. Current policy and regulatory development does not reflect this overlap, remaining largely separate and disjointed. If this lack of integration continues to be a feature of the sector, the issues and challenges highlighted in this report will become more serious and the opportunities for the development and sustainability of the migrant labour force in the care of older people will become fewer.

## Recommendations

There are eight recommendations arising from this report. These are as follows:

- 1 Pathways for greater person-centred care for older people that acknowledge the role of migrant carers must be formulated and implemented as part of the promised National Strategy for Older People.
- 2 The racial and cultural differences of care providers and recipients of care must be respected within domestic and long-stay care settings. Older residents, their families and the public need to be assisted in adapting to changes in the ethnic and cultural mix of care staff taking place within care organisations.
- 3 Increased resources and support structures for education, training, orientation and integration should be introduced for migrant carers and Irish staff to cope with multicultural care environments.
- 4 Appropriate structures for the reporting of racial abuse and labour exploitation should be put in place at organisational, regional and national levels.

- 5 The new system of registration and inspection for residential care settings must be extended to home care settings.
- 6 Information provision on migrant's rights and entitlements should be improved, particularly with respect to employment and equality regulations.
- 7 A more coordinated comprehensive approach to policy development for migrant workers is necessary to address issues around long-term residency, family reunification, permit system efficiency and the conceptualisation of care skill level.
- 8 Significant public investment in older adult care is required to tackle the disadvantage inherent in the sector, thereby enhancing the experience of care providers and care users alike. The issues affecting migrant carers and older care recipients are intertwined and thus it is necessary to focus on the overlapping rights and entitlements of both groups in addressing problems in the sector.



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