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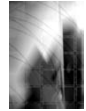
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Abstract

Older adult care in Ireland and the UK has seen substantial recruitment of migrant registered nurses and care assistants. However, there is little information on recruitment methods in this sector and on how the current immigration systems influence these strategies. This article aims to address this topic through a survey of care organizations and interviews with employers and migrant carers in Ireland and the UK. Recruitment of migrant carers is based on a combination of conventional approaches, informal networks and recruitment agencies. Choice of strategy is dependent on occupation type and the targeted labour pools. Findings demonstrate that immigration regulations effectively dictate the recruitment pools and shape employer recruitment methods.

Keywords

care worker recruitment, immigration regulations, migrant carers, older adult care

Introduction

Older adult long-term care has traditionally been considered a disadvantaged labour market (Smith and Mackintosh, 2007). Within this context, there has been significant growth in the recruitment of migrant care workers in the Irish and UK long-term care sectors.

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The shift in population age structures, coupled with the difficulty in employing indigenous carers, has meant that migrant registered nurses and migrant care assistants are now embedded in the care systems of the two countries. However, little is known about recruitment practices for migrant carers and how the disadvantage of the sector itself might drive that recruitment. Furthermore, there is little consideration of how immigration regulations in the UK and Ireland might facilitate, hinder or shape recruitment strategies and the international labour pools that they target. From a comparative perspective, whether the regulatory and sector contexts in Ireland and the UK have a differential impact on recruitment strategies and patterns is also unknown.

Using original data from employers and migrant carers, this article explores employer recruitment practices for migrant nurses and migrant care assistants in the Irish and UK older adult care sectors; it also analyses the effects of the migration systems on recruitment processes, the sector, employers and migrant carers and how these effects might differ for the two occupations and the two jurisdictions. Ireland and the UK offer intriguing contexts for this comparative article. Cultural, socio-economic and socio-political similarities are clearly evident across the two jurisdictions. Migration policies in the two countries also share common principles and similar regulatory structures. Despite the different respective immigration histories, this suggests that recruitment pools and methods might possess comparable similarities. Nevertheless, the different scales of migration and care labour markets¹ and the specific features of the two care sectors introduce interesting differences in terms of policy, practice and regulation. Therefore, this comparative study also sheds some light on the role of these contextual factors in generating differential outcomes in the recruitment experiences of employers and migrant carers.

Older adult care and migrant recruitment: literature and theoretical framework

There is concurrent recruitment at both ends of the caregiver skill spectrum for older adult care workers: professionally qualified nurses at one end and social care orientated carers at the other. While literature exists on the employment of migrant women by private households for care, highlighting the potential for exploitation, few studies focus on formal care assistants (Doyle and Timonen, 2009). Moreover, literature on formal care worker migration concentrates on 'high skilled' health care professionals (e.g. Buchan, 2007), with only a small number of studies on care assistants (Hussein et al., 2010). There has been no research looking at the degree to which recruitment strategies for migrant nurses and migrant care assistants differ by skill level.

Theory on hiring migrant workers, particularly in terms of a sociological understanding, is not well developed. Indeed, the role of employers and recruiters in general is not well documented (Bach, 2007; Rodriguez, 2004). Therefore meaningful studies on recruitment practices for hiring migrant workers are rare (Fellini et al., 2007). Where theory does exist, conceptualization focuses more on *why* migrant workers are recruited than on *how*. The two aspects are however intrinsically related – i.e. employers may need to use different recruitment channels to access different types of workers. Research on demand for migrant labour increasingly points to the limitation of one-sided perspectives. To account for the complex relationship between who recruits, who is recruited

(i.e. nationality and skill level) and how – and for the role of other multiple factors in the recruitment process (i.e. the state, informal networks and recruitment agencies) – the conceptual underpinnings of international literature are drawn upon, to explore the tensions between the older adult care sector and its labour market structure, sector employers (and their recruitment practices) and the state.

As a context for migrant worker recruitment, the characteristics of the older adult care sector itself must be considered. Concerns about funding, regulatory structures, sector credibility, gendered social roles, availability of training for carer staff and the quality of care provision are synonymous with older adult care in both countries. Traditionally, the sector is considered to be at the lower end of the medical care hierarchy and representative of both social class and gender divisions (Smith and Mackintosh, 2007). While the care of older people in Ireland and the UK represents a mixed model of provision involving public, private and voluntary actors, it is dominated by public funding and private sector providers. However, as a share of GDP, public spending on long-term care in both countries (although higher in the UK) is relatively low when compared to other OECD nations (OECD, 2011). Thus, many organizations rely on increasingly limited public funding to operate. Previous studies have shown that where care providers are subject to low-cost tendering as a part of publicly funded ‘partnership’ contracts there is increased pressure to be competitive (Cunningham and Nickson, 2010). It is unsurprising then that older adult care in the UK and Ireland is considered a disadvantaged employment sector characterized by low pay, poor working conditions and high vacancy and turnover rates (Eborall et al., 2010; Walsh and O’Shea, 2009). As testified by the steady increase in the reliance on migrant workers in the last decade (Cangiano et al., 2009), such issues may undermine employers’ ability to attract workers from the domestic labour market and incentivize recruitment of low-cost migrant labour (Cunningham and James, 2009).

The structure of the older adult care labour market and the role of migrant workers in the sector are usefully described by the segmented labour market theory (Piore, 1979, 1986). The notion of a labour intensive secondary sector characterized by low paid jobs, little opportunity for advancement, uncertainty, poor working conditions and high labour turnover (Leontaridi, 1998) reflects the reality of the older adult care labour market. Piore (1979) links segmentation to labour migration, asserting that international migration of what are considered vulnerable workers occurs in response to labour shortages, is demand driven and reinforces the negative characterization of secondary jobs. Segmentation patterns are visible within the general health and social care labour market, where the acute and public sectors (even within older adult care) hold the better paid and more secure jobs. The considerably lower proportion of migrant nurses and carers in the UK’s National Health Service than in the private care sector (RCN, 2007) seems to support Piore’s (1979) argument that the flow of migrants into the secondary sector helps secure jobs for non-migrants in the primary sector and maintain lower wages in jobs no longer wanted by the native born workers.

While the role of employers and other labour market players, i.e. recruitment agencies and informal networks, in shaping demand for migrant labour was long neglected, their importance in the secondary sector is increasingly recognized (Donato et al., 2008; MacKenzie and Forde, 2009; Waldinger and Lichter, 2003). Current thinking highlights the role of cost optimization drivers of employer demand for migrant labour. From a

recruitment perspective, previous studies have pointed to the economic advantage that employers can gain from a 'self-sustaining' labour supply, i.e. by using the social networks of their workforce to reduce the cost of recruitment (e.g. Rodriguez, 2004). In turn, the high reliance on social networks as a recruitment strategy, linked to the significant role of ethnic stereotypes (concerning care giving) in shaping employer preferences for different immigrant groups, reinforces a segmented labour market assimilation of the migrant workforce across ethnic lines (e.g. Waldinger and Lichter, 2003). Informal networks are also linked to the initiation of international migration and finding employment. Whether or not these networks are operational within the recruitment processes of older adult care employers in Ireland and the UK is unknown. Recruitment agencies also play an increasingly prominent role in shaping the workforce of most immigrant receiving countries. Research has demonstrated the function of external recruiters in broadening potential labour market pools and stimulating the migration and facilitating the recruitment of migrant nurses (e.g. Buchan, 2007).

Research on the role of the state has also contributed to the conceptual framing of migrant recruitment in secondary sectors. First, the number of and the skills of foreign recruits available to employers depend on the degree of openness in immigration systems. Second, as outlined in Bauder (2006), the links between international migration and labour market segmentation mean that the state is the primary agent in the recruitment of migrant workers, dictating labour market policy through its regulation and categorization of migrant workers and their skill sets. By constraining migrant mobility, state regulations create and maintain labour market stratification and further exacerbate ethnic inequalities (McGovern, 2012). With a distinction between 'high skilled' desirable occupations and 'low skilled' jobs in the UK and Irish migration systems, employers may have different experiences hiring migrant nurses than hiring migrant care assistants. Finally, state action shapes migration routes by regulating the operation of international recruiters (through bilateral agreements with sending countries, codes of practice and frameworks for the accreditation of foreign qualifications) (Bach, 2007). Outside anecdotal evidence, however, how recruitment strategies for migrant carers function within the regulatory structures of each country is largely unknown. Given the reliance on migrant carers, the relationship between recruitment and migration regulations is likely to be crucial for maintaining the sector's capacity for care delivery. In other sectors (e.g. construction) excessive state bureaucratization has been found to increase the use of temporary work agencies and the prevalence of irregular work (Fellini et al., 2007). For the most part though, studies document the impact of regulations on immigrant workers or on how regulations facilitate discriminatory employment conditions (Anderson, 2010; Donato et al., 2008), with little analysis of the indirect and discrete effects of policy and regulations on strategies for recruitment.

Consideration is given to each of these perspectives in this article. Of particular interest is the impact of external constraining factors on recruitment processes, including the state's migration policy but also the disadvantaged context of the older adult care sector and its public funding/private provision dominance. Also of interest is whether the immigration system constrains migrant care workers and employers to a similar extent in their respective interests of gaining employment and recruiting employees. Linking Piore's notions of the secondary sector to older adult care, and accounting for the role of and

tensions between labour market structure, employers and the state, two main theoretical points are hypothesized. First, the disadvantage of the older adult care labour market, reinforced by the cost-cutting pressure on private care providers from state commissioned contracts, is proposed to decrease the desirability of care positions to indigenous workers, increasing employer demand for migrant carers. Second, it is posited that state immigration regulations shape employer recruitment of migrant carers, by imposing differentiated admission channels based on skill level and by opening up a role for other market players (i.e. informal networks and recruitment agencies).

Due to broadly similar employment, care sector and immigration structures, it is expected that there will be largely similar effects in Ireland and the UK. However, it is anticipated that the smaller scale of the long-term care sector in Ireland might exacerbate the reliance on migrant carers and some of the recruitment challenges. This is consistent with the higher reliance on migrants in the general workforce in Ireland (17%) than in the UK (11%) and with the inverse association between migrant share of the workforce and size of the labour market observed across industrialized countries (OECD, 2012). Further, given the recency of inward migration in Ireland and the UK's long-established role as host nation (Mac Éinrí, 2009), Ireland's immigration regulations may in relative terms be less effective at facilitating the needs of the sector.

Migration policy and regulation in the UK and Ireland

Immigration in Ireland is a relatively recent phenomenon (Mac Éinrí, 2009). By contrast the UK possesses a long tradition as a host nation. Thus, the UK has a more established relationship with many sending nations as exemplified by codes of practice for 'ethical' recruitment of health professionals (Bach, 2007). UK and Irish migration policies include the requirement to prioritize EEA (European Economic Area) nationals for labour market positions and the common decision to allow citizens from the eight accession states to enter their labour markets immediately after the 2004 EU enlargement. There was an expectation in both countries that labour demand for low skilled occupations would be filled primarily by EEA migrants (Mac Éinrí, 2009); however, arrivals of migrant care assistants from these states have declined in recent years (CSO, 2010; Home Office, various years). Common policy also includes a willingness to preserve the Common Travel Area Agreement between the two countries, which gives rights to Irish and UK citizens to work in either jurisdiction without restriction.

In Ireland, a two-tier system of employment permits is used to regulate non-EEA migration. The first permit, a green card, targets high skilled professionals who earn €60,000 per annum or more, or belong to an occupation that is in short supply paying between €30,000 and €59,999 per annum. Registered nurses are in the latter category. A green card lasts for two years after which time it is intended that it can be renewed indefinitely. The second permit type, a work permit, is granted on the basis of an EEA labour market needs test and a minimum salary requirement (€30,000 or more) (Department of Enterprise, Trade and Employment, 2009). Care assistants in theory can apply for a work permit. In the UK, non-EEA workers are regulated by Tier 2, of a five-tier system. Tier 2 allows work permit applications on the basis of either fulfilling a labour market needs test or occupation shortage criteria (Migration Advisory Committee, 2008). Large numbers of

non-EEA registered nurses and senior care workers (carers with certified qualifications and work experience, paid above a minimum wage threshold) have been recruited through this channel. 'Unskilled' care assistants are not facilitated through this channel.² In both countries, work permit holders (but not Irish green card holders) are linked to specific employers and are granted indefinite leave to remain and unrestricted access to the labour market only after five years of continuous employment. In addition, migrants who have been admitted to the UK and Ireland via other immigration channels – e.g. dependants, refugees, students and domestic workers – are granted full or restricted access to the labour market. UK data suggest that these so-called 'non-economic' migrants account for one-third of the foreign born direct care workforce (Cangiano et al., 2009).

Data collection and analysis

The core data for this article come from employers and migrant care workers in Ireland and the UK, collected between 2007 and 2009.

Employers

In Ireland, a postal survey was distributed to all older adult long-stay care institutions (public and voluntary facilities and private nursing homes) and as many home care organizations (which are not regulated in Ireland) as could be identified (N=570). In all, 50 per cent of surveys were returned (N=284), with a 37 per cent response rate for home care providers and a 51 per cent response rate for care institutions. In the UK, a postal survey was sent to a random sample of 3800 organizations drawn from Laing and Buisson's 2007 database. The survey was also sent to 500 home care providers taken from a random sample of UK Homecare Association members. Both surveys were also made available online. Overall, 557 questionnaires were returned providing the same response rate of 12 per cent for care institutions and home care providers. While this response rate is low, it is comparable to previous UK survey work with employers in low-pay sectors (Low Pay Commission, 2009). The survey in Ireland and the UK collected data on: workforce profile; reasons for reliance on migrant workers; the recruitment process; and experiences with government regulations. These themes were mainly explored through five-point Likert scale questions (strongly agree, agree, neither agree nor disagree, disagree, strongly disagree) referring to separate single items (i.e. not mutually exclusive) and were not formally ranked by employers. The survey also featured a number of open comment boxes.

Telephone interviews were conducted with 16 employers in Ireland and 30 employers in the UK to elicit more in-depth information on the survey themes. These participants were selected from the survey respondents and included public, private and voluntary nursing homes and home care organizations.

Migrant care workers

Semi-structured interviews were carried out with 90 migrant carers (registered nurses and care assistants). Migrant carers were not connected to the employers in the research.

The UK sample consisted of two migrant nurses, seven senior care workers and 47 migrant care assistants (N=56), whereas the Irish sample was comprised of 13 migrant nurses and 21 migrant care assistants (N=34). Participants were recruited through migrant, community and religious organizations, health and social care networks and general snowball sampling. Participants were employed in public, private and voluntary institutional and home care settings across Ireland and the UK. The countries of origin of migrant interviewees were India, the Philippines, EU-accession countries, Ukraine (Irish sample), Zimbabwe (UK sample) and Nigeria (Irish sample). Nearly all participants (84 out of 90) had arrived in the UK/Ireland in the 10 years preceding the fieldwork – over half of these interviewees had been resident in the UK/Ireland for five years or less. The interview topics included: channels of entry; pathways to employment in older adult care; employment conditions; and the impact of immigration regulations on work and life experiences.

Findings

Employer data on the reliance on and demand for migrant carers are first presented. The key recruitment strategies used by sector employers are then described, followed finally by data from employers and migrant carers on the impact of immigration regulations.

Reliance, demand and source countries

The survey indicated that there was an overrepresentation of migrant workers in nurse (Ireland: 39%; UK: 35%) and care assistant (Ireland: 27%; UK: 19%) occupations relative to both the overall workforce (Ireland: 15%; UK: 13%) and the general health and social care workforce (CSO, 2009; Cangiano et al., 2009: 58). There was, however, a greater concentration of migrant carers in the private sector (Ireland: 40%; UK: 23%) than in the public sector (Ireland: 13%; UK: 5%), which testifies to the more favourable conditions in public organizations (Eborall et al., 2010).

The high reliance on migrant nurses shows that, despite the low skill categorization of older adult care, overall, demand for high skilled migrant labour was larger. Due to the focus on social care provision this, however, was not true for home care employers. These patterns were supported by the fact that a larger proportion of employers in the survey experienced difficulty in hiring indigenous nurses (Ireland: 80%; UK: 58%) than in hiring indigenous care assistants (Ireland: 44%; UK: 49%). Again, home care employers were more likely to experience difficulty in recruiting native care assistants (Ireland: 67%; UK: 70%). In both countries, private employers were more likely than public employers to experience difficulty.

For both occupations and in both countries, the difficulty in hiring native carers was the primary reason for recruiting migrant workers. In Ireland, 77 per cent of surveyed organizations agreed that recruitment difficulties arose because of a shortage of Irish workers. Survey responses and interviews with Irish employers indicated that this shortage, however, was a function of the general underfunding of the sector, a lack of career pathways and the negative perceptions of older adult care. In the UK, survey respondents were more likely to attribute recruitment difficulties directly to low wages (73% agreed

that UK workers demand higher wages) and working conditions (71% reported that UK workers were unwilling to do shift work). Retention of UK recruits was also a problem for a large number of organizations (67% agreed that UK workers are likely to leave the job). These findings reinforced the notion of older adult care as a source of *secondary* jobs, contributing to the development of demand for migrant care workers and directing indigenous carers into the *primary* and general health and social care sector. The findings also pointed to employers' needs to recruit and retain a low-pay workforce – although this seemed to be more readily accepted by UK employers than by Irish employers.

Survey findings showed that UK and Irish employers largely recruited migrant workers from the same areas of origin. India and the Philippines were ranked as the primary source countries for migrant nurses. Poland was the strongest source country for migrant care assistants in both the UK and Ireland, but the Philippines and other countries in Europe (e.g. Slovakia), sub-Saharan Africa (Zimbabwe, Nigeria) and South Asia (e.g. India) also featured in the two countries.

Recruitment strategies for migrant carers

Employers used a range of recruitment strategies to identify and recruit migrant carers. While this section presents data on each strategy separately, rarely did employers just concentrate on one method for recruitment.

Conventional recruitment techniques involving regional and local advertising were commonly used by employers in Ireland and the UK. For example, 73 per cent of UK home care organizations employing migrant workers used local advertising and 58 per cent advertised in public employment offices. Interview data in both countries illustrated that, while nurse and care assistant positions were advertised, it was only for the care assistant positions that such methods provided regular success. These strategies were not specific to worker nationality and were used as a 'catch-all' technique to recruit indigenous workers and migrant workers already in the country. However, for many employers, job advertisements sometimes only resulted in applications from migrant carers.

We need a certain amount of staff and it's absolutely impossible. We've put numbers of ads in all the local media, paper, shops, everywhere and we cannot find any alternative [to migrant carers]. (Irish private nursing home proprietor)

It was the failure in recruiting indigenous carers and/or migrant workers already in the country that led employers to rely on techniques targeting EEA or international labour markets. Nevertheless, because national advertising served as a labour market needs test in Ireland and the UK, which, aside from hiring nurses in Ireland, was a prerequisite for non-EEA recruitment, it was often the first step in the process.

The role of informal networks featured strongly in the recruitment of migrant carers. For example, 50 per cent of Irish employers agreed that better personal contacts for hiring other migrant carers was an advantage of employing migrant workers.³ In the UK, reliance on informal networks to hire migrants was high (63%) among home care organizations.⁴ Interview data showed that informal networks were operational at a variety of levels including within local and EEA labour markets. Migrant carers in both countries

confirmed that migrant workers, especially care assistants, often referred friends and family for care positions. These networks were utilized both by people already living within the host country and by those still living in their home countries.

Like some of her [his mother's] friends were living in Ireland already and they said we have some vacancies so ... It's like I came in the evening, we are showed the nursing home ... then we were showed the house and next morning we start to work. (Latvian male migrant care assistant in Ireland)

Many Irish and UK employers described how they had come to rely on such networks as a part of their recruitment process.

Word of mouth seems to get out around. We'll say we have a migrant worker here, he'd tell someone back home ... so we're getting CVs and applications all the time from abroad. (Irish private nursing home proprietor)

Informal networks facilitated a cost efficient means of recruitment for employers. While informal networks were to some degree operational in hiring both migrant care assistants and migrant nurses, interviews with employers showed that informal networks were mostly used for hiring migrant care assistants from inside the EEA and for hiring African migrant care assistants, who moved to the UK and Ireland mainly through non-economic immigration channels (e.g. asylum, student).

For skilled carers (migrant nurses in Ireland; migrant nurses and senior care workers in the UK) recruited outside the EEA via work permit routes, it was more common that recruitment agencies featured in the recruitment process. Overall, 42 per cent of employers surveyed in Ireland and 33 per cent in the UK used recruitment agencies to recruit migrant carers. In Ireland, 69 per cent of those employers who used recruitment agencies said that the organizations were more useful for recruiting migrant nurses. In the UK, recruitment agencies were used to hire both migrant senior care workers and migrant nurses. In both Ireland and the UK recruitment agencies were often used to recruit from the Philippines and India, reflecting the main source countries for migrant nurses and senior care workers. However, British employers indicated that recruitment agencies were also used within EEA labour markets.

Differences in reliance on recruitment agencies by type of organization largely reflected the care services that were being provided. For example, in the case of Irish home care organizations who only recruited care assistants, only 11 per cent reported using recruitment agencies. In the UK, home care organizations (25%) were considerably less likely than nursing homes (40%) to use recruitment agencies. Irish public long-stay facilities were also less likely to use recruitment agencies. This was likely to be because fewer public employers reported difficulty in hiring native carers and because of in-house and sometimes regionally centralized recruitment departments.

Employers' motivations for using recruitment agencies were remarkably similar across UK and Irish survey responses. In the UK and Ireland 81 per cent and 89 per cent of employers respectively agreed that taking care of immigration paperwork was the primary reason. Over 60 per cent of employers in both countries agreed that migrant carers were difficult to recruit without recruitment agencies. Less than half of participants using

recruitment agencies (Ireland: 49%; UK: 43%) agreed that they provide high-quality staff. Only 19 per cent of UK employers and 26 per cent of Irish employers felt that agencies were cheaper than self-managed recruitment.

A large number of employers in telephone interviews mentioned the advantages of using recruitment agencies to handle immigration regulations, but also noted the high costs involved. Recruitment agencies bringing in non-EEA migrant care assistants via non-labour channels (e.g. working holidaymakers) were also reported by UK employers, confirming their role in widening recruitment pools by shaping recruitment strategies around regulations. Interviews with Filipino and Indian nurses (in Ireland) and senior care workers (in the UK) confirmed that many of them had their employment arranged by agencies prior to moving. Migrant interviewees raised issues such as the high fees charged by agencies, the transparency of the process and the inaccuracy of the information provided by recruiters.

In summary, Irish and UK employers used:

- 1) traditional methods to recruit migrant care assistants already resident in Ireland and the UK;
- 2) informal networks to hire migrant care assistants already resident in the host nations and from the EEA labour pool; and
- 3) recruitment agencies to hire skilled workers from outside the EEA (Irish employers) and from outside the EEA and, to a lesser extent, from inside the EEA (UK employers).

Recruitment and the impact of migration regulations

In the previous section, ‘taking care of immigration paperwork’ was a major reason for Irish and UK employers using recruitment agencies, indicating that employers viewed the bureaucracy of migration systems as a challenge. More conclusive evidence concerning the influence of migration policy on recruitment strategies was drawn from data on employer experiences with immigration regulations. In the UK and Ireland 59 per cent and 56 per cent of employers respectively experienced problems with immigration regulations when hiring migrant carers. Of these, and with reference to Figure 1, almost 90 per cent of employers in Ireland and the UK experienced delays in visa processing. Approximately 80 per cent of employers in both countries agreed that time consuming paperwork was also a source of problems.

In telephone interviews, Irish and UK employers questioned the effectiveness of the system through which applications were processed, rejected and appealed. Lack of clarity in permit application criteria was a concern to 69 per cent of survey respondents in the UK and 74 per cent in Ireland. Employers also highlighted the constant changes in regulations:

Just jumping over hurdles to meet the requirements for the work permits and visas. I know the government change the rules every so often, to keep us on our toes I suppose. But it has been a headache trying to keep up to date with everything, because nobody informs us of any changes to the law. (UK private nursing home proprietor)

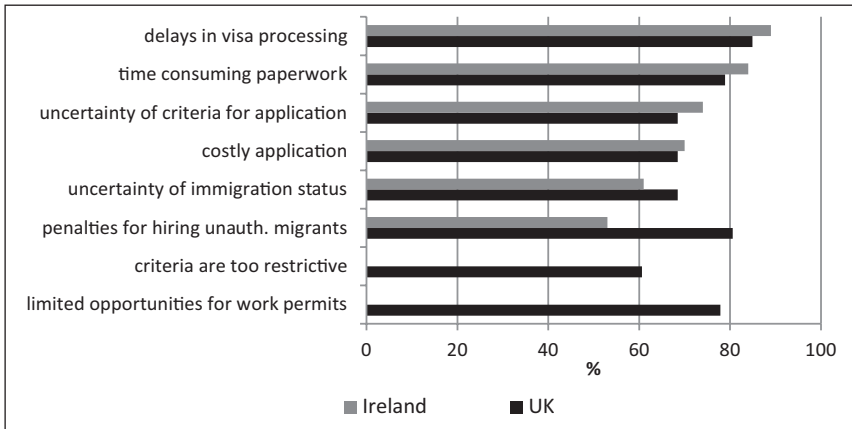


Figure 1. Problems with migration regulations: percentage of employers experiencing problems with immigration regulations who agreed or strongly agreed with statements.

Source: UK and Irish employer surveys.

Employers’ difficulties in understanding immigration regulations resulted in problems ascertaining if migrant carers had a legal work status (Ireland: 61%; UK: 68%). The possibility that ‘difficulties in understanding regulations’ could mask other motives for not ensuring migrant worker legality cannot be ruled out. Interestingly, a much higher proportion of UK employers (81%) than of Irish employers (53%) were concerned with the possible penalties for hiring unauthorized migrant workers. The reliance on recruitment agencies for hiring non-EEA carers illustrates how state immigration regulations in Ireland and the UK were shaping one aspect of migrant care worker recruitment.

In the UK, 61 per cent of employers felt that the criteria for hiring migrant carers were too restrictive and 78 per cent felt that opportunities to obtain work permits were limited.⁵ These findings pointed to the frustration of employers in recruiting workers through the existing system. In the telephone interviews, Irish and UK employers referred to the wage thresholds for non-EEA carers (Ireland: care assistants; UK: senior care workers) as unrealistic. Industry wage standards in both countries are close to the national minimum wage, demonstrating again the low-pay status of older adult care and the pressure and perhaps the desire to maintain that status. In the UK, the wage threshold limited employers’ opportunities to recruit non-EEA senior care workers. In Ireland, the salary restriction effectively meant that only nurses were recruited from outside the EEA, reflecting the use of recruitment agencies to only hire non-EEA nurses. In turn, these restrictions increased the emphasis that employers in both countries placed on other recruitment strategies for hiring migrant care assistants. Again, this pointed to the role of the state in shaping recruitment and the links between international migration and labour market segmentation.

The requirement to prioritize EEA nationals was also an issue for Irish and UK employers interviewed. There was a perception that such restrictions were compromis-

ing the effectiveness of care organizations by undermining their ability to generate sufficient staff capacity:

I think this business about saying that there is no need for these people, I think is blatantly rubbish. I think they [UK Border Agency] need to be a bit more realistic in terms of who they do not let in ... I mean basically there are not enough people to do the job and therefore there is a huge unmet care need. (UK private residential home manager)

Some Irish employers felt that the requirement to prioritize EEA nationals for posts was a factor potentially compromising the suitability of care staff, with consequences for the quality of care delivered.

What really irritates me is the fact they [Department of Enterprise, Trade and Employment, Ireland] don't make it easy for us in getting staff. We are forced to take these people [EEA nationals] on, when there might be other people out there who are more qualified, more suitable.... (Irish private nursing home proprietor)

In some cases, permit renewals had been rejected unless it could be proved that an EEA worker could not replace the work permit holder. In other cases, renewals had been denied after changes in application criteria were applied retrospectively. Finally, employers stressed the adverse consequences of short-term renewals: for them, in terms of repeated paperwork and discontinuity of care staff and care relationships; and for their migrant employees, in terms of insecurity of status and future residency.

Problems faced by employers were largely mirrored by the experiences of migrant carers. The restrictiveness, the bureaucracy and the delays associated with application processing were fundamental issues for carers. Moving jobs through the work permit system was a significant concern. These problems became more serious when a carer was attempting to leave an exploitative situation. Evidence of exploitation and discrimination by employers was found in the research, but a detailed discussion is outside the scope of this article. The following quote, however, is helpful in highlighting the vulnerability of carers within the current regulatory system and in particular how the regulations could serve to bond workers to employers, reinforcing the power advantage held by employers:

Even though we are not treated well, we are scared to move. We are more afraid that we would be denied for the application for the work permit ... We had to reapply for our work permit from our first employer but once you transfer to the next employer it took me three appeals because it was denied the first time. (Female Filipino nurse in Ireland)

Migrant carers also noted that the favouritism shown towards EEA workers for vacant positions hindered their employment opportunities. For one individual, this criterion was cited several times as grounds for permit renewal. Employers and migrant interviewees also suggested that failure to renew a work permit could push migrants into irregular employment. This indicates that restrictive renewal procedures may have the unintended consequence of fostering undocumented labour.

Discussion

Evidence presented in this article shows that while the recruitment strategies of employers were varied, they were for the most part influenced by occupation type and source country and therefore immigration status. Professionally trained carers (nurses and senior care workers) were recruited mostly from outside the EEA (particularly India and the Philippines), via labour migration channels for skilled workers and with the help of recruitment agencies in source nations. Conversely, migrant care assistants were mostly hired after moving to the UK/Ireland or were recruited directly from EU accession countries. Those recruited locally were typically from either within the EEA or had entered the host countries as refugees, spouses of permit holders or, in the UK, on other visa categories carrying a right to limited work (e.g. student visas). Informal networks were especially prominent in recruiting migrant care assistants and within the national and EEA region.

More importantly, this analysis showed that immigration regulations influenced both the recruitment pools and the recruitment methods used by employers in the sector. The use of recruitment agencies to hire migrant nurses and senior care workers was directly related to challenges in negotiating immigration regulations. For migrant care assistants, the restrictiveness of the labour migration channels helped to explain why employers relied on the existing stock of carers in the two countries and on the EEA labour market. This forced a reliance on local advertising and informal networks. While employers described how such networks were low cost and hassle free, they felt that relying solely on such techniques limited their recruitment pool. While many migrant carers viewed informal networks as a valuable resource for finding employment, not all carers were likely to have been connected to such networks. Yet, in this study there was no evidence to suggest that informal networks served to exclude migrant carers or particular groups of carers. Immigration regulations were the dominant influence on who was recruited as a migrant care assistant and therefore how they were recruited.

The implications of a migration system that directly shaped recruitment pools and recruitment strategies in the care labour market are profound. From an organizational perspective, bureaucratic regulations and the restricted opportunities to recruit outside the EEA affected the effectiveness of the recruitment process and, according to some employers, compromised the quality of available recruits. From migrant workers' perspectives, reduced labour mobility and the uncertain outcomes of permit renewals could impact on employment opportunities and career development. More worryingly and as documented elsewhere (Anderson, 2010; Donato et al., 2008) these restrictions could keep migrant carers in vulnerable situations. As found by Fellini et al. (2007), there was evidence, albeit limited, that regulatory barriers could undermine the linkages between demand and supply and result in irregular employment practices, such as overstaying temporary visas. Such trends contributed to the vulnerability of migrant carers, further emphasizing the links between international migration and labour segmentation. They might also contribute to downward pressure on wages, reinforcing characteristics of a *secondary sector* and increasing pressure on documented migrant carers to be more 'flexible' and 'competitive' (Bauder, 2006).

Employers spoke about the need to address labour shortages as the primary driver of demand for migrant carers. To ensure appropriate staff capacity and staff quality, they also spoke about the desire for a more streamlined recruitment process for non-EEA workers and for greater access to non-EEA care assistant labour pools. However, given the vulnerability of migrant workers (especially non-EEA workers subject to immigration regulations), it should be acknowledged that some employers may be more focused on securing cost-effective and 'flexible' workers than on enhancing organizational capacity. Restricted labour mobility, acceptance of poor pay and conditions and a 'willingness' to work shifts may be just some of the reasons why migrant workers are recruited (Cangiano et al., 2009; Walsh and O'Shea, 2009). For employers operating within tight budgetary margins, driven by low-cost tendering for public contracts, such labour force characteristics may be desirable. Therefore, while employers and migrant carers shared similar experiences with respect to the migration system, employers possessed an inherent power advantage over migrant carers, with this advantage sometimes being mediated and more seldom restricted by immigration regulations. Such findings have been documented elsewhere (Anderson, 2010). Nonetheless, the limited scope of this article precludes us from identifying the degree to which such factors were operational in this research.

Even with different migration histories, variations in economies of scale and some specificity in immigration regulations, the experiences of employers and migrant carers were remarkably similar in Ireland and the UK. Undoubtedly, the comparable demographic structures and the common migration policy (e.g. labour market access for EU accession countries) have helped to construct these similarities. It may be argued that the UK possesses a more developed immigration system and therefore the experiences of both nations should be less alike. The findings, however, are consistent with the view that Ireland's political experience of immigration is following a similar path to traditional host nations, but at an accelerated pace (Messina, 2009). The higher reliance on migrant carers in Ireland is also consistent with the observation that migrant workers occupy a larger share of the workforce in smaller labour markets across industrialized countries (OECD, 2012). Additionally, the similar characteristics of the sector in the two countries and the common patterns of disadvantage relative to the general health and social care sector appear to be important. The lack of prioritization and budgetary resources given to care for older people in both countries effectively sets the parameters of labour demand, in terms of skill, conditions and wages and therefore to an extent the parameters of regulation. As picked up in the discussion below, the limited but dominant public funding sources and the devolved provision to private and voluntary providers are also likely to be key factors.

At a theoretical level, the findings confirm that an effective conceptual framework for the sector must take into account the complex links between labour market structure and segmentation, employer decision making and state immigration regulations. While segmentation characterizes the labour market of older adult care, Piore's (1979, 1986) dual labour market theory is limited in terms of the insight it offers into *how* employers recruit migrant workers. Nevertheless, the conceptual links between labour market segmentation and international migration were useful and have helped to frame key elements of recruitment in the sector. These links have also helped to interrogate the two theoretical posits

concerning the role of and the tensions between labour market structure, employer recruitment practices and state immigration regulations that were suggested at the beginning of this article.

Firstly and as a structural determinant of demand, the disadvantage of the secondary older adult care sector, which was reinforced in part by the cost-cutting pressure on private care providers from state commissioned contracts, drives the recruitment of migrant workers as a flexible and low-wage market alternative. Employers in this research tended to view themselves as having to operate within the limitations of sector funding and publicly funded contracts. Therefore, they typically considered themselves outside the wage setting process. Nevertheless, maintaining costs and recruiting workers within a certain budget is likely to have been a key consideration for employers. As Cunningham and James (2009) have highlighted, this may be a product of sector incentivized competition and the low levels of spending on long-term care in both jurisdictions (OECD, 2011). Conversely, the lack of career pathways, job uncertainty and the poor pay and working conditions, which reflect secondary job characteristics, may explain the reluctance of Irish and UK workers to enter the sector, thereby increasing employer demand for migrant carers even further.

Secondly, state immigration regulations shape employer recruitment of migrant carers and help to create a vulnerable category of worker by restricting access to and mobility within the labour market. The UK and Irish migration systems, which are regulating the presence and participation of migration carers and as Bauder (2006) highlights are effectively dictating labour market policy, reinforce the segmentation along ethnic lines. Employers adopt a combination of recruitment strategies that are specific to the labour pool they target on the basis of cost minimizing (i.e. informal networks) and perceived effectiveness (i.e. recruitment agencies) within the regulatory context in which they operate. These systems also go somewhat toward reinforcing segmentation within the sector, adopting a more favourable approach to the regulation of migrant nurses than migrant care assistants. The migration system, therefore, not only works differently for the two occupations in Ireland and the UK but, from an employer and care worker perspective, works more effectively for non-EEA migrant nurses than non-EEA migrant care assistants. It is not suggested that recruitment practices in the secondary older adult care labour market are necessarily different from those in the primary general health and social care labour market. Informal networks and recruitment agencies are also likely to feature in the recruitment of migrant carers in the primary sector. Instead, it is the supply of indigenous carers, the overall level of recruitment of migrant carers and, to an extent, the role of cost optimization as a driver of demand, that are likely to differ.

It may be argued that these features are common to all low-pay sectors. However, it is the services' users, who are considered vulnerable themselves, as well as the requirement for skilled health workers (i.e. nurses) and social care workers (i.e. care assistants) that set this sector apart. This analysis raises questions about the conception of skill that is used as a basis for work permit allocation and, in particular, as justification for categorizing care assistants as low skilled, less desirable workers. While a system based on formal qualifications, measurable skills and employment conditions is representative of most migration regulation models, it may not be appropriate for meeting social care needs within the long-term care sector. The intimate and sensitive nature of care work and the requirement

for personal investment in the caring relationship removes the care assistant position from the traditional construction of low skilled employment – not just anybody can deliver care. While there is significant rhetoric around the importance of ‘soft’ skills in care policy, the definitions and operational criteria identifying ‘high skilled’ and ‘low skilled’ workers within migration policies fail to reflect the actual capacity and qualities needed. Moreover, the idea that caring for older people is a job for ‘low skilled’ workers reinforces perceptions of low status, with potential consequences for labour supply and the segmentation of the care labour market. Future work needs to explore more appropriate conceptions of ‘skill sets’ in the context of care provision and immigration regulations.

There are a number of limitations to this article. These include: an absence of a comparison between recruitment strategies for migrant and non-migrant carers; a lack of national employment data by sector, particularly in the Irish context; and limitations to empirical data collection (number of interviews in Ireland; low response rate in the UK survey). The analysis also does not consider the full complexity of demand and supply and push and pull factors for labour migrants in older adult care.

However, the work has offered several important insights into an area that has not been well documented in the literature. The findings suggest that a two-pronged approach is required to address the issues outlined in this article. On one level, reform of the sector is necessary to adjust employment conditions and sector credibility. In the absence of such reform, it is likely that as the migrant workforce becomes more integrated into the care labour force they too will move away from the sector, sustaining issues around turnover and sector capacity. On the other level, researchers and policy makers need to focus on creating regulatory structures that reflect a better understanding of the dynamics of a care environment. Without a reassessment of how care work is conceptualized both in the context of the older adult care sector and migration channels, the capacity for sustainable care delivery to older people will always be in question.

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Notes

1. The proportion of the health sector workforce employed in residential care is lower in Ireland (10%) than in the UK (20%), while the home care workforce is roughly the same (26–7%) according to the Eurostat Labour Market Statistics online database, consulted November 2012.
2. With the 2011 review, senior care assistants were excluded from Tier 2.
3. Not asked in the UK survey.
4. Only asked of UK home care organizations.
5. Not asked in the Irish survey.

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