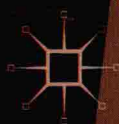


DESKILLING MIGRANT WOMEN IN THE GLOBAL CARE INDUSTRY

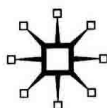


Deskilling Migrant Women in the Global Care Industry

Sondra Cuban

University of Lancaster, UK

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To my parents, Barbara and Larry, with love

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1

Professional Women Migrants Becoming Care Assistants

If you trap the moment before it's ripe
The tears of repentance you'll certainly wipe
But if you let the ripe moment go
You can never wipe off the tears of woe.

(Blake, 1791, in Blake, Erdman, Bloom,
and Golding, 1997, p. 470)

Introduction

This book is about the insidious role of the global care industry in professional migratory flows of women. This case study depicts what happens in England when professional women migrate to take jobs that they initially believe will lift their status but which fail to do so because of their location within the labour market and society. What I will show is that these women didn't move much from where they began. With this, I challenge notions of transnationals and their upward mobility and the highly skilled as privileged. Mei-Li's story illustrates this situation.

In just over a year, Mei-Li went from being a care assistant in a nursing home to being a cashier at McDonald's, where the pay was the same and there was less heartache. She took English and maths courses there because that's what she had done since her arrival on a student visa from China in 2008. She said: 'I have to think: how I will develop myself? So that's the reason why I don't want to work in a nursing home anymore.' Her manager (at her last nursing home) didn't acknowledge her development so she said: 'I just want to try myself.' Worse still, this manager didn't help Mei-Li when she was accused by a British-born colleague of assaulting a client. This colleague claimed Mei-Li was ignorant of the law and couldn't speak English well—an accusation that propelled her

into court, becoming a major obstacle towards pursuing a care career in England—the reason she came in the first place. Mei-Li realized that working in nursing homes was threatening her livelihood.

After the trial, at which she defended herself well and was acquitted, she could not erase the verdict on her criminal record despite having gone to numerous agencies to remove it. She decided to extend her visa for a large sum of money and enrolled in a further education college, attached to a major university, that promised to advance her into the nursing profession. Still, her record raised employers' suspicions and she felt like, 'A total victim and framed. It is a real disgrace and a terrible thing that happened in my life.' Mei-Li added:

I need my human rights back. I am ambitious, well educated and conscientious. I am hoping that I will fulfil my travelled nurse dream...but I never realized that the case will put me in the end of my future.

Mei-Li and other migrant women's skills benefited England's social care system and its public by bettering the quality of care for older persons. But where did it leave the migrant women? I was left with the question as to why so many women professionals like Mei-Li became care assistants and persisted in that role despite so many intractable barriers.

Context for the book

This was one of several questions I asked myself in researching migrant women like Mei-Li, for in trapping the moment, as Blake wrote, it had also trapped her. These questions came to be at the heart of this project: Why do professional women migrate for jobs for which they are overqualified? What strategies do they use to deal with their decisions and disappointments? Two years after meeting Mei-Li, I had responses to the struggles of Mei-Li and 59 other care assistants I listened to across England.

Lasting from 2007 to 2010, this project draws on an Economic and Social Research Council (ESRC) study¹ of a select group of professional women in diverse fields and regions of the world who migrated to England taking jobs in the elder care sector as part of a strategy to improve their capabilities and livelihoods. The study examined the reasons behind their gamble of migrating into an industry and country they believed would improve the quality of their lives. It also examines the effects of their work on the industry itself, especially the quality

of care for clients. The scope of this book focuses on macro, meso and micro levels of analysis.

Concentrating too much on the macro level would give the study an overwhelming structural emphasis that would lose unique dimensions of migrant women's experiences. Macro levels are therefore integrated into the analysis to focus on the roles that the law, institutions, and policies, in both sending and destination countries, play that account for migrant women's status in this gendered employment niche. This part of the analysis was derived from a synthesis of theories and research studies, including interviews with over 60 experts in the fields of labour, care, migration, and English to Speakers of Other Languages (ESOL) as well as a literature review of other countries' care systems. A meso level of analysis focuses on migrants' networks and their transnational status in straddling different worlds. This level of data utilizes observations of the participants not only in their communities but also in their workplaces, and includes the perspectives of clients and other workers. Finally, a micro-analysis that focuses too heavily on individual experiences without attention to social context would not explain behaviour, attitudes, and practices of a group of migrant women struggling with similar issues. So drawing from interviews with 60 migrant women care assistants and their narratives of mobility in England, including their strategies, identities, aspirations, and actions, makes possible integrating the micro-analysis with the meso and macro levels.

My reasons for writing this book are threefold: (1) to sort out a muddled debate about exactly who the migrants who become care assistants are and what they do, (2) to correct a gender gap in the research on professional migrants, and (3) to advocate for migrant women working in this industry. Most literature on this subject only touches on these issues. First, real differences in 'care work' are under-theorized in the literature. Migrant nurses, domestics, and care assistants as well as nannies and au pairs, for example, are all classed as 'care workers' along a skills spectrum (Brush and Vasupuram, 2006; Huang, Yeoh, and Toyota, 2012) while other related occupations, such as teaching, are excluded. Second, the literature assumes a male migration model of professional migrants with high-tech and finance sectors highlighted, in which women feature as spouses to the global elite and are homogenized as passive followers. Factoring in both gender and care work into the picture warrants the existence of women pioneer migrants who are breadwinners and highly skilled, even if they are not viewed as such. Third, academic perspectives tend to rely on structural explanations of these migrant women's circumstances, overlooking the diversity of their voices and

experiences, while mainstream media accounts highlight individual testimonies without reference to global migration and the labour market, conveying the impression that all care employees have the same issues and that interventions would be in their hands alone. This study emphasizes the roles these women play in the care industry but also their diverse strategies for settling into, adjusting to, as well as leaving it.

The participants in this study came from a variety of professions, many of which were in health care fields, like Mei-Li. Their reasons for migrating were diverse, and after migrating they went through a range of experiences in their care assistant posts. All of them, however, perceived themselves as being deskilled in one way or another. The book will focus attention on the ways they coped with this 'race to the bottom'; some felt duped, others felt unlucky and some re-evaluated the bargain they had made. Their reactions ranged from wanting to escape from their situations to desiring retribution, to feeling paralysed to act. Some attempted to use these jobs as a 'foot in the door' to advance to other sectors and positions. Still others embraced care work, toiling away as near-saints, deepening their relations with clients, and reframing their aspirations. Some even became whistle-blowers on companies and advocates for their clients. In clinging to their former identities and in using their skills and dispositions, they were able to survive in a new place of settlement and eke out new roles as well as consider different destinations for the future. This book, then, offers a dynamic profile of women migrants with myriad motivations and experiences. This diversity is important in understanding the growing trend of the 'feminization of migration' under globalization pressures and the resiliency of migrant women in adapting to, and even transforming their workplaces. In writing the book, I attempt to open up new conversations about gender and care work in terms of who does it and its meaning in society. While it is common knowledge that migrant women become downwardly mobile—Arlie Hochschild's landmark 'global care chains' (2000) begins with a story about a college-educated former schoolteacher turned nanny and housekeeper—the mechanisms for how this happens and the relationships between migration and skills, as well as the outcomes of deskilling for migrant women, are little known.

This chapter focuses on the post-welfare society and its dependence on gendered skilled migrant care. First, I introduce the issues of these migrant women care assistants who were once professionals. Then, I address concepts used in the literature and common occupational definitions focused on care for older persons. Next, I map the reach of the global care industry with its recruitment and retention of women from

emerging nations to major advanced economies like England. I present the issues of staffing the industry, including supply and demand of the workforce with ageing populations and welfare reform to be discussed in Chapter 3. I follow this with a description of the participants' issues surrounding their opportunities, qualifications, and education, which are covered in depth in chapters 5 and 7. The ways they negotiate these transnational identities and networks inside and outside of the workplace are introduced and then explored in depth in chapters 4 and 6.

In this chapter I set forth the main argument about the high-stakes wager these women made to migrate for care work. Theories that address engendering transnationalism frame the argument. Then I return to issues that capture the discrimination with which participants like Mei-Li struggled. The last part of this chapter consists of a socio-demographic profile of the sample that will reveal the themes in the book.

Terminology

This book focuses on care for older persons. Known as 'women's work,' this type of care is part of 'intimate labour,' requiring touch, personal attention, and closeness in face-to-face encounters (Boris and Parrenas, 2010, p. 11). This book focuses on this type of care as part of a global *industry* that reflects its marketization and the risks for its migrant workers (Yeates, 2009, p. 33). Elder care employers and recruiters, operating in tandem with states, produce a 'migration industrial complex' (Yeates, 2009, p. 86) that is composed 'of institutionalized networks with complex profit and loss accounts including a set of institutions, agents, and individuals each of which stands to make a commercial gain' (Salt and Stein, 1997, p. 468). Intermediaries or brokers (like recruiting agencies), in selecting the workforce, turn care work into something that 'migrant women do' (Kofman, Phizacklea, Raghuram, and Sales, 2000, p. 25). This industry expands faster than other sectors by lowering prices to compete. It attracts low-paid and skilled migrant labour by crossing international borders, much like manufacturing. Saskia Sassen (1998) discusses the economic links that are established by companies and states in the organized export of a low-wage female workforce. As chapters 5 and 7 show, 'development' increases opportunities for women to receive a higher education in emerging countries and raises their information levels, at the same time that it reduces their opportunities due to weak labour markets. The Philippines, for example, is a

middle-income 'developing country' where wage differentials compared to those in England are significant (Portes, 2009).

The book also focuses specifically on labour migration and its feminization, where distinctions between the two are not often clear. While international figures show that women make up about half of all international migrants, what is less clear is how many of them migrate specifically for work (Parrenas, 2008). With this, the term 'migrants' is used throughout the book to connect to 'migrant workers' and their labour, an important point for those engaging in paid care which is often not considered 'work' (Ackers, 2004). These migrant workers often lived 'betwixt and between' two or more worlds at once (Grillo, 2007, p. 199). Although they travelled along care trade routes, they are not referred to here as 'transmigrants' because 'nothing is gained by calling immigrants "transmigrants," when the earlier and more familiar term is perfectly adequate' (Portes, Guarnizo, and Landolt, 1999, p. 219). While definitions of migrants vary, basically they are viewed as foreign born, having just moved to a country for a year or more, and are 'recent arrivals' (Anderson and Blinder, 2011, p. 2). Yet even these terms are unsatisfactory.

'Migrant worker' also connects to 'care worker,' a common term used in the literature along with 'migrant care worker' or 'international,' 'foreign,' or 'overseas social care workers' or 'assistants' (Cangiano, Shutes, Spencer, and Leeson, 2009; Hussein, Stevens, and Manthorpe, 2010; Spencer, Martin, Bourgeault, and O'Shea, 2010). A 'care assistant' for older persons signifies a *paid* care employee as opposed to an unpaid 'carer' who does similar work and may receive a stipend but is not bound to a 'legal' employment-based contract. Yet this distinction also undervalues the 'work' that unpaid carers do as a 'labour of love' and which is, in the public imagination, often considered to be of a high level due to its divorce from pay (Anttonen and Zechner, 2011). Although 'worker' is a progressive title that valorizes women's labour (e.g. 'sex worker' or 'domestic worker') it did not fit with the participants' identities as they referred to themselves as 'carers.' To be precise, this book calls them 'care assistants' to fit with the industrial vocabulary, job titles, and advertisements, as well as the work itself, which focuses on supporting and assisting older persons through agencies in private homes, and residential and nursing homes, as well as assisted-living or sheltered homes and day care centres for older people. The definition of this work, provided by the International Labour Organization (ILO) (ILO, 2008, ISCO 08 Code 5322),² entails provision of 'bathing, dressing, or grooming, to elderly, convalescent, or disabled persons.' According to the ILO

classification, care assistants also maintain records of clients, help them move, provide them with emotional support, clean, read aloud, plan and serve meals, and ensure that clients take their medicine.

Prior to being care assistants the participants were 'former professionals,' a topic that is explored in chapters 3 and 5 and which is important in view of the neglect of these women's status in immigration and employment policies. To clarify, the term 'professional' suggests a person whose occupation is founded upon specialized educational training and standards that are regulated through professional associations and governments. In England the care industry is referred to as a 'sector,' with Chapter 3 describing its composition, including the different types of care homes and services that this system provides. These care assistants worked in nursing and residential homes, private homes (through agencies), day care centres, and sheltered homes or assisted-living homes. It is *social care* that is highlighted in this book, which focuses on long-term care for older persons, including institutional and private home-based settings. This differs from *health care*, which refers to hospital settings run by licensed professionals (Spencer et al., 2010, p. 17).

This book highlights the participants' qualifications, and I call them 'skilled,' as a proxy for education levels but also because they skilfully managed clients. The category 'highly skilled' usually refers to having both tertiary education and a specialized occupation. This leads to deskilling—a topic nearly always mentioned in the care migration literature, but rarely highlighted. Lastly, this book focuses on gender, which sees it structuring and constraining women's opportunities. A 'gender contract' is the logic whereby women commonly engage in care activities (paid and unpaid)—ones that are sanctioned by family, state, and the market (Anderson, 2000). Women engage gender through their caring roles, responsibilities, and practices.

Mapping staffing issues: Surplus and demand in the care industry

Care, once thought of as out of the market is now squarely in the market (Held, 2002). It is part of the new service economy, which has grown over the last three decades (Harvey, 2005). Unlike other service industries, however, care work is place-based; in other words, care for children and older persons is immovable to the extent that it cannot be outsourced to other countries (Crozier, 2010).³ The workers, however, move. The rise of the service economy, and the care industry in particular, matched the surge in labour migration during the 1990s as

income levels in advanced economies for those who could afford care services peaked. Neo-liberal policies, with free market principles, created weak workplace regulations enabling employers to drive down wages (McDowell, 2004). By outsourcing (or sub-contracting), this industry generated more low-paid labour (Wills, Datta, Evans, Herbert, May and McIlwaine, 2010). This move separated the men from the women, with over 80 per cent of women working in the service sector, especially in care (McDowell, 2004, p. 146). Care as a top growth industry relies on a female workforce for their soft skills and high-productivity performance.

The care industry, already gendered, became immigrant-intensified as a quick fix for solving labour shortages due to the low wages. Migrant women have a 'dual frame of reference,' comparing wages from their home countries to where they want to go, and often have few choices other than to accept jobs that no one else wants (Wills et al., 2010, p. 7). This global supply of female migrant labour is viewed as unethical because in caring for at-risk clients, workers are defenceless in negotiating for better conditions and pay (Crozier, 2010). This also creates a type of servant class (Cox, 2006).

England as a case study

England is an example of a 'migrant in the market' care model with its extensive outsourcing of services and high demand for low-cost workers (van Hooren, 2012, p. 12). England has a liberal system of social care that is heavily privatized and organized through means-testing (for determining ability to pay for services) and direct cash payments, with independent contractors providing most care services (Froggatt, Davies and Meyer, 2009). The government has promoted migration as a means of counterbalancing its vast ageing population with welfare reform. Care employers want to 'attract talent' through overseas recruitment of a population believed to have higher than average qualifications over British-born workers (Skills for Care, 2007). They do this by lobbying the government to brand care as an occupation with 'skills shortages' that can only be met through migrants. In reality, these 'shortages' are relative to sudden spikes in demand, 'inflexible' supplies of workers, and the fact that the state disbars certain work from paying (Ruhs and Anderson, 2010, p. 4). Standard economic rules—shortages incurring better wages, producing more supply—don't apply in this industry because of the existence of immigration laws and other constraining gender-based and industry factors (Spencer et al., 2010).

As subsequent chapters will show, the participants were self-selecting. But they were also aggressively recruited both inside and outside