Migrants' motivations to work in the care sector: experiences from England within the context of EU enlargement

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Abstract Migrant workers are considered an economic utility, especially for secondary labour markets such as that of long-term care. The dynamics of migrant workers across the globe are governed by interacting macro, state level, and micro, personal level, factors. On the macro level immigration policies, historical and current political and economic links between countries play a crucial part in such dynamics. On an individual level, choices, actions and motivations to migrate and work in certain labour sectors are entangled with and governed by macro level policies. Since 2003, the enlargement of the European Economic Area (EEA) has enabled employers in the UK to freely recruit staff from EEA countries. This article investigates reported individual motivations and the decision making process while accounting for macro factors, specifically ease of labour mobility within the EEA versus a more elaborate process when migrating to work in social care in the UK from outside the EEA. Face to face interviews were conducted with 96 migrant social care and social work staff in six diverse areas of England (2007–2009). The analysis indicates differences in stated motivations to migrate to the UK and to work in the care sector among different groups of migrants, particularly among those from Commonwealth countries, from the EEA, and migrants from other parts of

the globe. The findings highlight the importance of taking into account the role of immigration policies and consequently immigration status when investigating the policy framework and delivery of care services for older people.

Keywords Migration · Aged care · Long-term care · Workforce · European Union · Labour mobility · Motivations

Introduction

The need for long-term care and support for some older people is increasing globally. It stems from population ageing, high levels of female employment resulting in fewer family carers, and greater longevity among people with long-term health conditions and disabilities (Redfoot and Houser 2008; Fernandez et al. 2009). Consequently, the demand for paid care workers in OECD countries is expected to double at least by the year 2050 (Colombo et al. 2011). In the shorter term in the United Kingdom (UK) this is predicted to require 128,000 extra jobs by 2017, in addition to an extra 525,000 people needed to replace those retiring and leaving the care sector (Skills for Care & Development 2010). The focus of this paper is on migrants working as part of the social care workforce and what motivates them to migrate to the UK and work in this sector. The social care sector in the UK includes care homes and home care services [excluding primary health care and hospital services which are the responsibility of the statutory National Health Service (NHS)]. Its workforce also provides older people with other services, such as social work support and day care. In the UK the great majority of services are run by private or profit-making businesses, with costs met by a mixture of public and personal monies.

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As in other developed countries, UK policy makers have sought to meet escalating demand for care and health workers, professionally qualified and unqualified, through a variety of measures (Department of Health 2009). The UK has traditionally resolved labour shortages in many parts of its economy by employing migrants, some of whom are recruited directly from their home countries, or through intermediary agencies; or from migrants already in the UK.

Due to overall low wages and status, the care sector can be considered as a secondary labour market and employs considerable numbers of qualified and unqualified migrants in many developed countries such as England, Australia and Ireland (Rodriguez 2004; Cunliffe and Bahiraei 2006; Fine and Mitchell 2007; Walsh and O'Shea 2009). In England, migrants comprise an estimated 16–20 % of the adult care workforce and reach as high as 40 % of this workforce in London and other major cities (Office of National Statistics 2006; Cangiano et al. 2009; Hussein 2011a).

The profile of migrant care workers in the UK changed following European Union (and, therefore, the European Economic Area—EEA) enlargement, with the inclusion of the new accession A8¹ states (Hussein et al. 2010a; Walsh et al. 2010). Previously, in the 1950s and 1960s, the UK had often met labour shortages by recruiting from the Commonwealth, countries formerly part of the British Empire (other countries with a colonial history have similarly drawn on their own links, see Redfoot and Houser 2008). The UK government then gradually restricted migration from the Commonwealth and began to align its migration policies to economic imperatives such as redressing specific workforce shortages (e.g. in nursing and medicine). However, the UK was one of a minority of EEA states that permitted free labour flows after A8 accession in 2003 (Portes and French 2005). As a consequence, the top three countries of origin reported in a large national sample of migrant workers working in the English care sector in 2011 include the Philippines, India and the A8 state of Poland (Hussein 2011a). Migrants from the first two of these countries require work permits or permissions, with certain conditions on levels of qualifications, skills and language proficiency, while Polish citizens do not.

Focusing on older people's care services (by far the largest element of the care sector), the difficulties facing social care employers in the UK and the options taken up by some to recruit migrant workers are frequently reported (Rubery et al. 2011). In terms of specific motivations or reasons for working in social care the literature highlights a mix of altruistic, career and pragmatic factors but some of this evidence was collected prior to EU enlargement

(Christie and Kruk's 1998, study of social workers) or concentrates on single sub-sectors of social care. For example, Francis and Netten (2003, p. 15) found that flexibility of the hours and perceptions of home care as being a 'people job' were most frequently given as motivations to work in the sector by home care workers in one part of England. Stevens et al. (2012a) have characterised the combinations of people's motivations to be social workers, as intrinsic (altruistic) and extrinsic (career and pragmatic factors), following self-determination theory (Ryan and Deci 2000) but this study was confined to student social workers and may not be readily extendable to people lacking higher education qualifications such as direct care workers who constitute the large majority of this workforce. In contrast, studies that span social care and the wider health care workforce have found that people specifically recruited from outside the UK to work in both these sectors (Larsen et al. 2005) reveal that many had invested time and resources in training in their home country to render them eligible to be recruited to work in these sectors and that these are further motivating factors. However, Alexis and Vydelingum (2007) found that many 'overseas' or migrant nurses recruited to work in the UK National Health Service (NHS) were initially motivated by desires to improve their status and prospects but were disappointed to find that career progression is not so readily available in the less professionalised social care sector. More recently, the experiences of 56 care workers in residential and home settings (Cangiano et al. 2009) were also published during the course of this present study's fieldwork and, as will be observed in this paper, there were commonalities of themes, although their study did not conduct analyses by EEA, Commonwealth and 'Other country' dimensions. Further their study did not include professionally qualified staff, such as social workers, who are also part of the social care workforce (Moriarty et al. 2012).

This article presents and discusses findings related to the relationships between stated personal motivations and belonging to a group of countries whose citizens are affected by UK immigration policy in different ways. One group comprised those affected by the free labour movement approach to the EEA adopted by the UK whereby citizens of EEA states may freely enter the UK in search of work or for other reasons. The other potential group is that of migrants from countries outside the EEA who are given permission to work in specific jobs and who may be tied by work permits to work for specific employers. Reasons to work in older people's care services may vary individually but an understanding of the influence of immigration contexts may enhance the retention of good quality staff and thereby improve care quality. The potential importance of these questions for older people directly is related to the

¹ A8 includes The Czech Republic, Estonia, Hungary, Latvia, Lithuania, Poland, Slovakia and Slovenia.

interactions between choice of worker and the quality and continuity of their care (Woodward et al. 2004).

Methods

Study design

This paper reports on part of a multi-site, mixed-methods study, which took place in six diverse areas in England between July 2007 and September 2009. The study was funded by the Department of Health. A mixed-methods study was undertaken (Stake 1995) in six diverse areas in England collecting and analysing qualitative and quantitative data from a range of participants including migrant workers, UK born workers, employers, policy stakeholders and people using social care services and carers (Hussein et al. 2010a). The analysis focuses on 96 interviews with migrant workers (professionally qualified and non-qualified in social care and social work) that were central to the study. Qualitative interviews were chosen for this part of the study since these would assist in providing in-depth and interpreted understandings of migrant workers in the care sector by eliciting their social and material circumstances, their experiences, perspectives and life histories. Such methods often involve close contact between interviewers and research participants, allowing for emergent points to be explored; as a consequence data may be nuanced, information rich and extensive (Moriarty 2011). Other themes, such as experiences of racism and drivers for recruiting migrant care workers have been reported elsewhere (Stevens et al. 2012b; Hussein et al. 2011a).

Following the receipt of full ethics and research governance approvals, migrants working in the social care sector were recruited in six purposefully selected socially and geographically diverse areas of England (including inner city sites, rural areas and coastal towns), to maximise variation in experience. We asked a sample of employers from the public sector (local government), private and voluntary sector organisations, including care homes, social work services and private companies providing home care, to circulate invitations to their employees to participate in the study. The invitation was addressed to recent migrants, non-British citizens who arrived to the UK during the previous 3–5 years at the time of the study. Additionally, we approached local migrant care workers through advertisements in local newsagents and attending job fairs. Informed consent for the interviews was obtained, and all personal information was anonymised. Interviews were conducted face to face and were held in private at a location of the participant's choice. Almost all were conducted in English using semi-structured interview schedules; few were conducted in French or Arabic then

professionally translated. Data collection ceased at 96 interviews when data were saturated; that is no new themes seemed to be emerging.

Analysis

Analysis was based both on our review of the literature and a process of open coding. The literature review suggested that contemporary motivations would influence expectations, experiences, career progression and future plans. We developed an overarching coding frame based on this model. A process of open coding was also undertaken, in which the coding frame was refined following discussion of the themes emerging from reading an initial sample of 40 transcripts by the team. This final coding frame was used to code all transcripts, using N-Vivo qualitative analysis software to organise the data. Following this, we investigated if there were differences in personal reasons to migrate to the UK and to work in social care among different migrant groups; according to their status as EEA citizens (freely allowed to work in the UK), Commonwealth citizens and citizens of other countries (separately identifying those from the Philippines) who required work permits to be legally employed in the UK. This differed from the classifications employed in an earlier study of Cangiolo et al. (2009) discussed above, where participants were classified by continent of origin: Africa, Asia and Eastern Europe.

Sample description

Table 1 presents the distribution of migrants who participated in the study by country of birth and gender, which are grouped by regional variations in UK immigration history and policy. Among the 96 people interviewed, a third were from Commonwealth countries (41 = 33 %); a quarter from EEA countries (23 = 24 %) and just under a third were from the Philippines and other parts of the globe (32 %). Just under half (44 %) of the migrants from a Commonwealth country had been either recruited directly from their home countries or had been offered a work permit for a specific job in the UK. The majority of the 21 workers from the Philippines had been recruited directly in their home country or had been offered a work permit for subsequent job when in the UK. In contrast, only 9 out of the 23 workers from any of the EEA countries had been recruited from their home countries for a specific job; most of these 9 had been recruited originally as au pairs (family assistants providing child care), subsequently taking up jobs in the adult social care sector following their move to the UK.

Consistent with the overall gender structure of the care workforce, the majority of participants were women; however, relatively more men than average ($n = 20$), the

Table 1 Distribution of migrant care workers who participated in the study by world and political region of birth country and by gender ($n = 96$)

Country of birth, with world region (subtotals)	Gender		Total
	Male	Female	
European Economic Area (all)	(4)	(19)	(23)
EU14 (excluding UK)			
Germany	0	4	4
Sweden	0	3	3
Netherlands	0	1	1
EUA8- EUA2- other EEA			
Poland	4	6	10
Lithuania	0	2	2
Czech Republic	0	1	1
Romania	0	1	1
Portugal	0	1	1
Commonwealth (all)	(10)	(31)	(41)
New Zealand	1	1	2
Canada	0	3	3
India	1	5	6
Malaysia	1	0	1
Gambia	0	1	1
Ghana	1	2	3
Kenya	0	1	1
Malawi	0	2	2
Namibia	0	1	1
Nigeria	3	1	4
South Africa	1	3	4
Uganda	0	3	3
Zambia	0	5	5
Zimbabwe	2	3	5
Other countries (all)	(6)	(26)	(32)
The Philippines	5	16	21
USA	0	1	1
Congo	1	0	1
Tanzania	0	1	1
Nepal	0	2	2
Burma	0	1	1
Iran	0	1	1
China	0	2	2
Jamaica	0	1	1
Russia	0	1	1
Total	20	76	96

later is consistent with findings based on national data indicating men are over represented among migrant than British citizens in the care sector (Hussein 2011b). Over two-thirds (65; 67 %) of the whole sample were working as care workers (including senior care workers) in care homes for older people; 19 % (18) worked as social workers/care

managers arranging care services; 12 % (11) as nurses (in care homes for older people not in the NHS) or as other professionals, such as occupational therapists and 2 % (two people) were support/ancillary staff. All worked with older people, whether in specialist care settings or in community services.

Findings

Motivations to move to the UK

Many participants distinguished their motivations for working in the care sector from their general reasons for moving to the UK and we report these motivations separately. Several motivations to move to the UK were provided by participants, the relative importance of which varied by country of birth. Figure 1 represents visually the four most commonly mentioned reasons identified by migrants from different countries. For those from outside the EEA, the most common motive for moving to the UK was having a generally positive impression of the country. Overall this perspective was cited by over a quarter of interviewees. Some simply stated that *'it's my dream to come here to England'* (care worker—Philippines; 506) while others mentioned specific characteristics that were most appealing to them, such as the mix and diversity of the UK population. Others, particularly from Commonwealth countries, valued the close relationships between their home countries, some of which were based on family links, expressing a positive perception of English culture and the attitudes of English people in general:

(My country) has always been a British colony [until recently]. England came into my life from a young age. Later on, my sister got married to somebody from England and settled [here]. So, my interest in England just grew and grew and grew'.

(Nurse in care home, Commonwealth—410).

While economic motives were discussed, these were less commonly voiced than positive views of the UK and the opportunity to build on work experience. However, income factors were described as important especially by migrants from the Philippines:

Maybe, obviously working in the UK in first place, when you compare Philippine money to pounds, there is quite a big difference, obviously.

(Senior care worker, Philippines—222).

Many observed that incomes in the UK seemed very attractive in the beginning, when compared to their earning potential at home, but pointed out that they were not that high in reality, particularly when living expenses were

Fig. 1 Migrants' main motivations to move to the UK according to birth country region

Commonwealth	Philippines	EEA	Other countries
<ul style="list-style-type: none"> • Positive views of UK • Builds on previous work • Broaden horizon • Stepping stone 	<ul style="list-style-type: none"> • Financial • Builds on previous work • Positive view of UK • Bringing family 	<ul style="list-style-type: none"> • Passion for language • Following spouse • Financial • Gain qualifications 	<ul style="list-style-type: none"> • Builds on previous work • Following spouse • Positive views of UK • Passion for language

considered. A small minority indicated that their primary motive had changed over time; for example, having been able to move to the UK they were now using their experience of care work to increase their knowledge, an asset if moving to another job or subsequently to another country and is highly linked to those from the EEA, or an ambition after gaining full British residency, and their ability to move freely within the EU.

Another reason voiced behind a move to the UK related to a wish to 'broaden one's horizons', particularly for migrants from Commonwealth countries who often envisaged returning to an original profession (in almost all cases this was nursing or a medical discipline) and saw UK work experience as part of knowing more about the country as well as making economic sense if travelling or accompanying family members studying in the UK. Many EEA migrants had accompanied their spouses/partners or other family members to the UK, which may explain why their main reason for moving to the UK was 'following spouse', which was less often reported by migrants from 'Commonwealth'.

I left Sweden because of the fact that my husband to be lost his job and didn't speak Swedish (husband not from EU), so we had to come here, because it would be easier for him to find a job here, because of the language ... I was accompanying a family member, ... because I'm a European Union member, so I don't need any work permits or anything like that.
(Personal care worker, EEA—Sweden, 628).

The opportunity to improve English language skills attracted some people to the UK, particularly those from the EEA and 'Other countries'. English language acquisition as a motive was understandably much less pronounced among workers from the Commonwealth or the Philippines who generally already possessed or had acquired some English language proficiency prior to moving to work in the UK, in most cases as a pre-requisite to gain entry. For some EEA as well as 'Other countries' migrants, improving their English language skills appeared to facilitate a

further move to other English speaking locations perceived to be more desirable, such as North America or Australia.

I had an economic situation in my country so I came to the UK ... I see this job as an entrance to another work that is more related to my skills, I am a linguist (my) speciality is German ... I would like to travel to many countries.

(Care assistant, EEA Poland—114).

Gaining UK qualifications was an important motive for non-EEA migrants, but not for those from the EEA. Factors that featured highly among non-EEA migrants, such as 'building on previous skills' and 'positive views' of the UK, were regarded as important by only a few EEA migrants. While migrants from the EEA shared some motivations with those from other countries, there were greater commonalities between the motivations of migrants from Commonwealth countries, the Philippines and 'Other countries' to move to the UK.

Main motivations to work in the UK care sector

Thematic analysis of migrant workers' accounts revealed four main themes underlying their motives to work in the care sector: altruistic motivations (or a desire to help others), ease of getting jobs in the sector, career opportunities and better work experiences than previous jobs in the UK. The relative importance of these motivations varied by migrants' migration status or countries of origin. There were no substantial differences between reasons for starting work in the sector and continuing to do so.

For non-EEA workers altruistic motivations, or a wish to help others, were combined with ease of getting care jobs and the potential for advancement. Some non-EEA migrants who accompanied other family members to the UK said that care work offered not only more flexible but also more satisfying experiences than other jobs in the UK. Altruistic motivations were expressed by some EEA migrants but altruism was given as the prime motive for

working in the care sector by all migrants from non-EEA countries, particularly those from the Philippines. Some talked about ‘connecting’ emotionally with older people and deriving satisfaction from being able to help older people:

It’s that, whenever I see vulnerable people or old aged people, it’s that it really touches my heart.
(Senior care worker, Commonwealth—508).

That’s why I decided to go to the nursing home; maybe I can help, if I can’t serve even my mother, just to serve the elderly that is my purpose ... I really love the residents and treat them as my own mother.
(Care assistant, The Philippines—604).

Participants knew that the English care sector had numerous job vacancies and, at the times of the interviews, there were no firm plans to reduce the numbers of work permits or entry criteria for staff such as non-EEA senior care workers or social workers, who were later removed from the UK Tier 2 Immigration Shortage list in 2011.² The ease of finding employment was acknowledged particularly not only by workers from the Philippines (who were generally working as senior care workers in care homes for older people) but also among some workers from the EEA and from Commonwealth countries:

A friend gave me this newspaper article saying, England were desperately searching for social workers and there was some sort of organisation/association who kind of helped German social workers finding jobs in England.
(Social Worker, Germany—447).

For some migrants, the flexibility of working hours, for example, being able to choose shifts, work extra hours or at specific times usefully added to its other advantages:

The best thing about my job, apart from it being what I want it to be, is that it’s really flexible and I find it easy to get work.
(Care assistant, Commonwealth—501).

Being able to develop a career or business in the care sector was cited as a motivating factor by 15 of the participants (out of 96), the majority of whom were from Zimbabwe, Nigeria and other African Commonwealth countries. Those without relevant qualifications, particularly from A8 countries, viewed social care work as an opportunity to enhance their English language skills and sometimes to gain experience in the sector before applying to university to undertake a professional qualification in social work or another related subject rather than a springboard to social

care businesses or private enterprise. Others viewed their care work experiences as equipping them with more generic skills or experiences that might enable them to change sectors, for example to accountancy, or to take up opportunities that they considered more personally attractive:

Working in one sector will make you ready to work in another sector. You don’t need other training to work in one place. With your experience you can work in other places.
(Social worker, Commonwealth—615).

I want start my hairdressing course because I love to cut hair. I have to finish my English school ... This (care work) is a stepping stone, if you like.
(Home care worker, EEA Poland—335).

Despite this last illustrative quotation, a particular reason given by EEA migrants (especially from A8 countries) to work in the social care was their perception that it offered better working conditions and higher job satisfaction levels than their previous jobs in the UK. Other migrants recruited directly from their home countries to social care jobs were not able to draw such comparisons easily. While they acknowledged that care work was hard and offered relatively poor pay, non professional EEA migrants also felt it had the potential to be much more rewarding than their previous jobs, often in agriculture, catering or leisure services. Interaction with older people needing and appreciating care could become more central to their satisfaction when compared to other work opportunities, and could express itself as the feeling of doing something ‘valuable’:

‘Well, I did work in a different place, at first when I came to the UK, I worked in a restaurant and then in the office and so on. I took this on as an extra role. It’s very flexible hours and everything, plus I did find myself quite caring and I think I’m responsible’.
(Care assistant, EEA Poland—630).

Migrants from outside the EEA also generally sought to develop their skills and to recoup some of the financial investment associated with their move. Many had worked in the care or nursing sectors prior to moving to the UK. Those holding nursing qualifications (mainly from countries in Africa and the Philippines) described the opportunity to work in the UK care sector as a way of building on and applying their previous experience and knowledge:

I read in the newspapers and watching the television. I’ve heard of loads of nursing home in this place (in England). I decided (to come to England) because, before in my country, I’m (I was) working in the

² UK Border Agency <http://www.ukba.homeoffice.gov.uk/sitecontent/newsarticles/2011/March/10-mac-uk-shortage-occ-lists>.

hospital and I've experience in homes for the aged as well.
(Nurse, Commonwealth—412).

Discussion

This study is one of the few that has explored the relationships between motivations to migrate to the UK and to work in the care sector in relation to immigration feasibility, specifically from within or outside the EEA. Care work is often stratified by factors, typically gender and ethnicity, that are associated with different experiences and work trajectories (Yeates 2009). The current analysis provided insight into EEA, Commonwealth and non-EEA migrants' motivations both to come to the UK and to work in the English care sector. Theoretical concepts such as altruism play a part in the motivations of migrant care workers, but need to be considered as one of many motivating factors as Fig. 1 summarises. A person may wish to work with older people but they may not wish to do so in the UK and see the UK as a stepping stone to other destinations or to another career. Another important theme is the continued influence of Commonwealth or colonial links and traditions. Such links may be attractive to employers because workers are likely to speak English and be familiar with British cultural traditions. However, Commonwealth citizens may only be able to stay in the UK for limited time periods and their choice of occupation is becoming increasingly limited (Jones 2012). This means that they may be seeking temporary employment and that investment in their training may not appear cost-effective to employers.

The analysis suggests an interaction between micro and macro factors influencing motivations, rather than a hierarchical model. Variations between EEA and non-EEA migrant workers appear to reflect differences in the freedom of each group to live and work in the UK. In the context of current immigration policies, non-EEA migrants are currently (2012) required to have a certain level of care-related skills or qualifications and proof of English proficiency as a starting point to apply for entry to the UK to work in social care and as social workers. None of these are required of EEA migrants, who are free to apply for any job for which they meet the basic specifications, as long as they are registered to work in the UK. For the care sector, with its secondary position in the labour market, requirements in terms of qualifications, for example, are not particularly high and many jobs come with training opportunities under the Qualifications Credit Framework [the successor to National Vocational Qualifications (NVQ)]. Therefore, care work may continue to be seen by EEA migrants as an opportunity to gain a foothold in the

English labour market, temporarily or as a stepping stone to other opportunities (Hussein et al. 2011b).

Our analysis separated generic motivations to move to England from specific motives to work in social care. This revealed a mix of financial and stability factors, which interacted with motivations to work in social care. For example, staff shortages in the sector are the reasons behind less stringent UK immigration rules for those eligible. This attracts people from outside the EEA to work in social care and social work, thus increasing the relevance of this kind of motivation to work in the sector. It is clear from the analysis that people from outside the EEA will have made many decisions prior to the point of migration about their job prospects. Subsequently, their migration process including choice of work is much more elaborate and thought through than many migrants from the EEA.

Unsurprisingly, the most commonly observed motives among migrant care workers by the participants in the national sample of recruitment agencies and other stakeholders in the current study were economic (Hussein et al. 2010b; Manthorpe et al. 2010). However, the data presented in this current paper reveal that many non-EEA migrants hold very positive views of England and about older people. Those migrants who were particularly interested in developing English language skills seemed to be able to satisfy their ambition by temporarily taking up jobs in care work which may not suit the needs of some older people, some of whom greatly value continuity of relationships (Bourgeault et al. 2010).

It is no surprise that one of the main motives to move to England among migrants from the Philippines was to build on previous work and skills, as the global demand for nurses (in social care as well as healthcare) has generated a rapidly growing nursing education sector for export in the Philippines with an estimated 85 % of its nurses currently working overseas (Lorenzo et al. 2007). Older people and their carers may appreciate such skills (Manthorpe et al. 2011) and may be encouraged that the stated motives behind migration further relate to positive views of England and what it has to offer.

These motivations were also expressed by other migrant workers and will have different implications for care work and those older people receiving care. Altruistic motives were particularly strong among those from the Commonwealth and 'Other' countries. However, some participants from these countries reported having deliberately chosen nurse training as a strategy for migration, suggesting a more instrumental drive to work in the sector may be evident alongside, or instead of, altruistic motivations. While the same set of motivations appeared to be slightly less important to workers from EEA countries, which resonated with some of the recruitment agencies' and policy stakeholders' perceptions in this study (Hussein et al.

2010b), it was generally suggested by the latter that those recruited directly from their home countries for jobs in the care sector were more likely to express concern for the wellbeing of older people than those who had arrived from the EEA and were seeking work more generally and speculatively. For EEA migrants, social care work is often one option among many, and, therefore, the nature, flexibility and availability of jobs in the sector may be important. As Pemberton and Stevens (2010) pointed out, such an approach to addressing labour shortages among the care workforce may not be a viable long-term solution.

EEA migrants who provided care for older people were more likely to be ‘trailing’ migrants than others, those who followed partners and other family members, finding it relatively easy to secure jobs in this sector. In contrast, migrants from the Philippines, for example, identified bringing their family to the UK as one of their main motives. Longitudinal research would be necessary to see if certain groups change jobs more than others and if they leave care work altogether as well as the impact of being with immediate family compared with being apart. For older people high turnover of staff is generally unwelcome (Woodward et al. 2004) but they may be sympathetic to staff who have left their family behind in a search for work.

This study is limited in that participants may have been trying to depict themselves in a good light and to present their motivations positively. Interviewers were careful in explaining that they were not part of any government or regulatory body and that they were genuinely interested in and non-judgemental about people’s motivations. When comparing EEA workers with others, it needs to be acknowledged that the numbers of these participants were small and not equal, making the links we found between geographic origin and motivational patterns tentative. It should also be noted that the migrant care workers were recruited to the study via employers and were all legally employed and had permission to work in the UK. Other European studies taking different recruitment routes have accessed many migrant workers who are not legally employed (Bettio et al. 2006). Further studies could usefully collect data about migrants’ perceptions of their own ageing.

Conclusion

The current analysis shows that migrants take up jobs in social care for a number of reasons, including an attraction to the host country, a desire to take up opportunities for professional or career development, a need for income or a wish to learn or improve English in one dimension as well as ease of migrating for some and availability of jobs for others. Such factors have different implications for

workforce retention and efforts to improve the quality of care for older people. For example, non-EEA migrants may need to stay working in social care services in order to remain in the UK and so, while there may be staff turnover as people move jobs, it may be that many are retained within the care sector. EEA migrants, who are free to work elsewhere, may well have less compelling reasons to continue working in social care if it does not meet their needs. This may suggest that if the sector wishes to retain them then it should consider offering better opportunities for training and skills development. This is particularly relevant within the current UK immigration policy which is increasingly restricting direct recruitment of non-EEA nationals with specific qualifications and language skills. Variations in the economic conditions of migrants’ home countries or greater personal proficiency in English language skills may hasten some migrants’ return home or lead them to move sectors or to a new country (Humphries et al. 2009). Such factors are largely outside the control of older people’s care providers. Current UK immigration policy, including an immigration cap on non-EEA migrants introduced in April 2011 (Shutes 2011; Pemberton and Stevens 2010), may likely reduce the numbers of non-EEA migrants working in the English care sector. The research community will need to be alert to such changes to provide a fresh evidence base about the impact of such changes. It will also need to build on theoretical insights into both migration and its effects on the quality of care for older people.

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