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## Book Review

Review of Horn, Vincent, Cornelia Schweppe, Anita Boecker, and Maria Bruqueta-Callejo, eds. *The Global Old Age Care Industry: Tapping into Migrants for tackling the Old Age care crisis*. Singapore: Palgrave Macmillan. 2021. pp. 327. Price:\$130.99 (Hardcover)

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## Book Review

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Nearly every country in the world is wrestling with two interconnected issues: care for aging persons and in/out-migration in which poorer countries send workers to richer ones. This edited volume highlights the roles played by migrant care workers across European and East Asian countries and demonstrates “the increasing complexity and entanglements of migration and old-age care at the global level” (3). The first-rate Introduction offers brief summaries of individual contributions to the volume and explains how they illustrate the larger context of a substantial and growing workforce industry. The collection is based on the International Conference “The Long-Term Care Crisis: Tapping into Labour Resources Within and Across National Borders” which took place at the University of Mainz (Germany) in 2019. It includes analyses of migrant carework in Austria, Belgium, Germany, Finland, Japan, Taiwan, and the Netherlands, by scholars from different disciplines including sociology, medical anthropology, public health, nursing, education, law, economics, pedagogy, and gender studies.

The ways migrant care workers are deployed varies by a country’s policies and subsequent regulations for care labor. In Section 1, “Policies and Regimes,” Reiko Ogawa explores Japan’s model, where migrant care workers, by government policy, cannot live in the family home. This differs from models in both Germany and the Netherlands, as a study of live-in care by the book’s editors illustrates. In Chapter 3, Chiaro Giordano discusses how home-based care has created difficult working conditions for migrant workers. In Chapter 4, Bernard Weicht describes entering home-based aged care in Austria.

The contributors in Section 2 focus on the promoters and intermediaries in migrant care work. Simone Leiber and Verena Rossow analyze the roles of labor market representatives and labor recruiting agencies in recruiting migrants in Poland for care work, and Claudia Menebröcker discusses the outreach by the Caritas program in Germany. Caritas has world-wide programs for migrants; in Germany they work especially hard to assure migrants good living conditions. Are migrant care-workers quickly assimilated to their new healthcare work and their new work partners? Not in Finland, as Antero Olakivi and Sirpa Wrede discuss in Chapter 8. Anita Ham’s ethnographic case study of a German nursing home, about which we give further detail below, shows a similar picture.

Another relevant question that is discussed in the third Section of this volume, which emphasizes risks and social protection, is whether the typically overlooked migrant care workers should be considered for protection from abusive or risky situations. Li-Fang Liang shows their vulnerability in Southeast

Asian countries, in contrast to the social protections for migrant care workers in Austria that August Österle and Gudrun Bauer document. Marianne Van Bochove and Duco Zur Kleinsmiede review how migrant care workers in the Netherlands can obtain support within and outside care networks, and Vincent Horn and Cornelia Schweppe close the collection by looking at how migrant care workers can be protected from violence or abuse in Germany. We are led by these chapters to see the need throughout Europe and Southeast Asia for developing greater support and protection for migrant care workers.

Anita Ham's study of how migrant care workers were 'othered' in a German nursing home illustrates the directions taken by the other chapters in *The Global Old Age Care Industry*. The nursing home she observed had set up a three-month training for the newcomers in basic nursing care for older persons and had also given their original workforce "a training to become interculturally competent workers—that is, to develop a collegial attitude of respect, regardless of gender, nationality, ethnic origin, religion, disability, age, or sexual orientation" (195). However, as Ham records, the *established* care workers, regardless of level or status, were unhappy that they had not been included in either the training planning or, well, its establishment. The *outsiders*, the newcomers, were in turn angered and resentful of the gossip and other features of othering from those who had been at the care home longer and had developed interactional habits. In neither case could it be said that the trainings were a success.

As Ham comments, the *established* caregivers ignored their own earlier difficulties in learning to care for aging persons. And shortly, they saw themselves as "us, the hard workers" (209), which of course set up the new group as anything but hard-working. Ham bases this chapter and two earlier articles (2019, 2020) on Norbert Elias's *The Established and the Outsiders* (Elias and Scotson 1965/1994) and on Pierre Bourdieu's concept of habitus. Her use of Elias's framework and incorporation of ethnographic observation expands the factual analyses of the other chapters. Ham focuses on how the *established* could immediately dominate the *outsiders* by excluding them from camaraderie or demonstrations and expectations for learning and practicing on-the-job care skills. They were not seen as threats in the typical sense of causing direct harm, but they were positioned as lazy or uncaring by the permanent staff, which threatened and diminished the chances of camaraderie among work staff as well as quality of care to patients.

The global industry, country by country, hires vulnerable people to care for other vulnerable people. They are both outsiders to the general population in most countries. They are both othered, if for different reasons, and they have few opportunities to confer any kind of power on each other, or to meet expectations from families or types of facilities. Throughout the contributions to this volume, we can see that recommendations for short training courses prior to starting work, or for occasional visits from officials, aren't enough. We will have to focus on finding and implementing more solutions, including small daily ones, to help both the caregiver and the cared-for to become established.

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