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## Experiences of racism and discrimination among migrant care workers in England: findings from a mixed-methods research project

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### ► To cite this version:

Martin Stevens, Shereen Hussein, Jill Manthorpe. Experiences of racism and discrimination among migrant care workers in England: findings from a mixed-methods research project. *Ethnic and Racial Studies*, 2011, PP (PP), pp.1. 10.1080/01419870.2011.574714 . hal-00709554

**HAL Id: hal-00709554**

**<https://hal.science/hal-00709554>**

Submitted on 19 Jun 2012

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**Experiences of racism and discrimination among migrant care workers in England: findings from a mixed-methods research project**

Journal:	<i>Ethnic and Racial Studies</i>
Manuscript ID:	RERS-2010-0066.R3
Manuscript Type:	Original Manuscript
Keywords:	Employment, Migration, Racism, International Labour Migration, Social Identities, United Kingdom

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4 **Experiences of racism and discrimination among migrant care**  
5 **workers in England: findings from a mixed-methods research**  
6 **project**  
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11  
12 **Abstract**  
13

14 This article reports part of the findings of research undertaken in 2007-09  
15 that aimed to investigate the contribution made by migrant workers to the  
16 care workforce in England. The study involved analysis of national  
17 statistics on social care and social workers and semi-structured interviews  
18 with a wide range of stakeholders, including 96 migrant care workers. The  
19 interviews elicited some accounts relating experiences of racism and  
20 discrimination from some people using social care services, employers  
21 and UK born care workers. This included directly racist comments and  
22 refusal to receive services from workers from a visibly different ethnicity  
23 alongside more subtle racism. The research highlights the different kinds  
24 of racism experienced by migrant care workers and the importance of the  
25 support they receive in terms of balancing their right to protection,  
26 managing the workforce and respecting the choice of people using social  
27 care services.  
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**Keywords**, Employment, Migration, Racism, International Labour  
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4 **Experiences of racism and discrimination among migrant care**  
5 **workers in England: findings from a mixed-methods research**  
6 **project**  
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11  
12 **Introduction**  
13

14  
15 In the UK, migrants have been found to be more likely to experience  
16 racism both in the workplace and in the community (Kofman et al.  
17 2009) than UK nationals from Black and Minority Ethnic (BME)  
18 groups. This includes those from Eastern European countries which  
19 joined the European Union (EU) in 2005 (the 'A8' European states),  
20 as well as other migrants. Racism and discrimination may take a  
21 number of forms, varying from individual racist comments, or a  
22 refusal to receive services from workers of visibly different ethnicity  
23 (McGregor 2007, Cangiano et al. 2009), to the under-representation  
24 of migrants in managerial and professional positions (Kofman et al.  
25 2009). Migrant workers may face further elements of discrimination  
26 as a result of language difficulties or cultural misunderstanding;  
27 these can vary in relation to their country of birth (Cangiano et al.  
28 2009, Doyle and Timonen 2009).  
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51 This article reports the accounts of migrant care workers, UK  
52 born care workers and managers taking part in research undertaken  
53 by (Hussein et al 2010a), which was funded by (to be inserted after  
54 review). This is one of the first studies to explore the experiences of  
55 large numbers of migrant workers and others involved in the UK  
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3 care sector, an area where little systematic research has been  
4 undertaken (Evans and Huxley 2004).The research aimed to  
5 investigate the contribution to the care workforce in England made  
6 by migrant social workers and care workers, who work in care  
7 homes or in home care services for older or disabled people. The  
8 findings contribute to a better understanding of migrant workers'  
9 experiences of racism and to the exploration of contributory factors  
10 and approaches to supporting workers. We defined migrant workers  
11 as both those who were recruited directly from outside the UK, and  
12 those who were recruited after having migrated to the UK within  
13 three years prior to the study.  
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32 Following Harman (2010), we use a broad definition of  
33 racism, as less favourable or hostile treatment of 'individuals or  
34 groups based on perceived "racial" and cultural differences' (p. 177).  
35 Solomos and Back (1996) argue that racism has always been  
36 conceptualised in relation to a range of political movements and  
37 cultural contexts, making a single definition impossible. However,  
38 the common thread is that racism involves an 'Attempt to fix human  
39 social groups in terms of *natural* properties of belonging within  
40 particular political and geographical contexts' (p. 27, emphasis in the  
41 original). These authors also stress the importance of  
42 contextualising experiences of racism in relation to a range of  
43 factors, including other sources of potential discrimination. Another  
44 key feature of racism is 'positioning of particular groups or  
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3 individuals as superior in relation to others' (Burnett 2001, p. 105).

4  
5 Hancock (2007) similarly argues that experiences of racism are  
6  
7 inherently complex, being part of a set of potential factors that  
8  
9 intersect.  
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14  
15 Visible markers such as skin colour are one way in which  
16  
17 people are grouped, despite the evidence that such characteristics  
18  
19 are not associated with physiological differences (Hauskeller 2006).  
20  
21 They have become erroneously associated with a set of  
22  
23 characteristics and practices and a 'normative order' of ethnic  
24  
25 groupings that is internalised by majority populations (Li 2008, p.  
26  
27 22). Cultural differences too are an important source of racism  
28  
29 (Bowyer 2009). Furthermore, language and skin colour may be used  
30  
31 as markers to classify, and negatively evaluate, others' cultures  
32  
33 (Johnstone and Kanitsaki 2008), leading to discrimination and  
34  
35 racism.  
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43  
44 The extent to which such visible markers are explicitly  
45  
46 referenced as the source of racism indicates something about the  
47  
48 nature of racist attitudes and behaviour. Gawronski et al. (2008)  
49  
50 distinguish between 'old fashioned', 'modern' and 'aversive' racism.  
51  
52 'Old fashioned' racism tends to be open and direct and is associated  
53  
54 with non-egalitarian beliefs, particularly in the superiority of white  
55  
56 people. 'Modern' racism involves negative feelings towards people  
57  
58 from different ethnic groups, which persist despite avowed belief in  
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3 egalitarianism. The negative feelings are associated with beliefs that  
4  
5 discrimination no longer exists and that members of ethnic minorities  
6  
7 therefore do not deserve the benefit of special policies that are  
8  
9 believed to favour these groups. Tarman and Sears (2005) describe  
10  
11 a very similar pattern of beliefs, feelings and behaviours as  
12  
13 'Symbolic' racism, which is also based on a belief that discrimination  
14  
15 no longer exists and therefore any special efforts to ameliorate its  
16  
17 effects are unjustifiable. 'Aversive' racists have implicit, often  
18  
19 unacknowledged negative feelings that endure despite egalitarian  
20  
21 beliefs and acceptance of the continued disadvantages of people  
22  
23 from BME groups. This is manifested in avoidance or feelings of  
24  
25 being uncomfortable with people from different ethnic groups  
26  
27 (Gawronski et al. 2008). In all of these forms of racism, the negative  
28  
29 feelings focus on groupings created through beliefs about the role of  
30  
31 different social markers such as skin colour or culture.  
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41 As Solomos and Back (1996) argue, it is important to  
42  
43 contextualise experiences within a particular political and social  
44  
45 setting, in order to interpret their nature and impact. Migrants to  
46  
47 developed countries have been found disproportionately to occupy  
48  
49 roles in what segmented labour market theory identifies as a  
50  
51 'secondary labour market', with low wages and low status, which  
52  
53 makes it hard to recruit sufficient workers from the host country  
54  
55 (Castles and Miller 2003). Social care work, which is typically low  
56  
57 paid and of low status, is a good example of such a secondary  
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3 labour market. Migrant workers are estimated to constitute about 16  
4  
5 percent of the adult social care workforce (including social care and  
6  
7 social workers) in England (Experian 2007), partly resulting from  
8  
9 higher than average vacancy levels compared with many  
10  
11 occupations across the country (Eborall, Fenton and Woodrow 2010,  
12  
13 Commission for Social Care Inspection (CSCI) 2006, Moriarty et al.  
14  
15 2008). Precise figures are hard to ascertain, owing to general  
16  
17 difficulties in establishing immigration levels and the reluctance of  
18  
19 employers in the sector to reveal commercially sensitive information  
20  
21 (Moriarty et al. 2008). However, the current UK Coalition  
22  
23 government, following the May 2010 general election, has decided  
24  
25 to limit immigration from outside the EU, to 'graduate level jobs'  
26  
27 (Home Secretary, 2010) and has placed a cap on non-EU  
28  
29 immigration. As a result, further demand for migrant care workers is  
30  
31 likely to be met by EU migration, as we note elsewhere (Hussein et  
32  
33 al In Press)  
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43  
44 There is evidence that employers use racial and national  
45  
46 stereotypes in their recruitment of migrants to work in the care sector  
47  
48 (Anderson and Rogaly 2005, Doyle and Timonen 2009). However,  
49  
50 workers from different ethnic groups are also likely to experience  
51  
52 different levels of discrimination, in relation to different elements in  
53  
54 their workplace. Perhaps most obvious is the difference between  
55  
56 workers from white and those from black ethnic groups, with the  
57  
58 latter tending to experience the most direct racism, particularly from  
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3 people using services (Holgate 2005, Cangiano et al., 2009).  
4  
5  
6 Meintel, Fortin and Gognet (2006) also found that migrant  
7  
8 'auxillaires' (home care workers in Montreal, Canada) experienced  
9  
10 racism combined with generally negative treatment (being seen as  
11  
12 servants, for example) by service users from the same ethnic group  
13  
14 and countries of origin in addition to white service users. Racism and  
15  
16 discrimination from employers are typically manifested in conditions  
17  
18 of service, work allocation and progression opportunities (McGregor  
19  
20 2007, Kofman et al. 2009, Cangiano et al. 2009). Meyer, Schwartz  
21  
22 and Frost (2008) undertook research testing some of the predictions  
23  
24 of social stress theory. This proposes that unfavourable social  
25  
26 conditions create increased levels of both general stress and that  
27  
28 caused directly by prejudice. Meyer, Schwartz and Frost (2008)  
29  
30 found that experiencing racism was closely linked to higher levels of  
31  
32 stress, increasing the risk of various physical and mental health  
33  
34 problems.  
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43 Moriarty et al. (2008) also report a suggestion of high levels of  
44  
45 illegal working in care homes, although they note that this has been  
46  
47 contested by employers. Data concerning private home care and  
48  
49 domestic service that merges into care and support are notably  
50  
51 absent. While the current financial climate (2010) is likely to lead to  
52  
53 increasing unemployment, demographic trends render it likely that  
54  
55 the care sector will continue to grow in the UK and other developed  
56  
57 countries (Eborall, Fenton and Woodrow, 2010, Moriarty et al. 2008,  
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3 Fraher, Carpenter and Broome 2009), meaning demand for migrant  
4 care workers will continue.  
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10 Migrant workers have often been treated as a homogenous  
11 group, with little acknowledgement of those people with good  
12 English skills or different reasons for choosing to work in social care  
13 (e.g. as a general route into the labour market, as a temporary job  
14 while studying, as a stepping stone to professional work in the UK or  
15 to facilitate further migration to other developed countries). The  
16 literature has also not usually distinguished the experiences of care  
17 workers who originated in, for example, the A8 countries from those  
18 from the Philippines, India or countries in Africa. It seems likely that  
19 their experiences might be different.  
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36 This article presents migrant workers' accounts of racism and  
37 mistreatment they experienced in the course of their work, and also  
38 related by UK care workers and employers who took part in the  
39 research. Issues of 'racialised' perceptions related to visible social  
40 markers such as skin colour and belonging were evident in the  
41 accounts of racism that were given by participants in the research.  
42 We relate such issues in our interpretation of the potential impact  
43 and implications for migrant workers and the social care workforce.  
44 This will be contextualised with other research about experiences of  
45 racism both within and outside social care. Indeed, within the study,  
46 some UK workers from BME groups described similar experiences.  
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3 In the final section, the connections with previous research will be  
4 explored and implications for promoting healthy workplaces  
5 suggested.  
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## 10 11 **Methods**

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14 A mixed-method exploratory approach to the research was  
15 undertaken, including re-analysis of national data sets and  
16 qualitative methods across six research sites, in order to examine  
17 the contribution made by migrant social care workers in the adult  
18 care sector in England. Details of methods are presented in the main  
19 report of the research (Hussein et al. 2010). A literature review was  
20 informed by a systematic search of several databases,<sup>1</sup>  
21 supplemented by hand searches and existing knowledge of the  
22 literature among the research team. Secondary analysis was  
23 undertaken of data from the National Minimum Data Set for Social  
24 Care (NMDS-SC) concerning social care workers whose previous  
25 job was 'abroad' and data from the General Social Care Council  
26 (GSCC) concerning social workers who qualified outside the UK.  
27 Interviews were undertaken with national samples of recruitment  
28 agency managers (20) and other stakeholders (15).  
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52 Six research sites were selected, using maximum variation  
53 sampling in order to ensure the research covered areas of high and  
54 low levels of immigration and also to include inner city areas, other  
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<sup>1</sup> Applied Social Sciences Index and Abstracts (ASSIA) / Social Services Abstracts (SSA) / Sociological Abstracts (SA) / Health Management Information Consortium (HMIC) & Social Care Online (SCO) and narrative review

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3 mixed locations and more rural counties. In the study sites we  
4  
5 undertook semi-structured interviews with employers (26), Human  
6  
7 Resources (HR) UK-born managers (12), migrant workers (96) and  
8  
9 UK-born care workers (27) in the public and independent sectors  
10  
11 along with people using social care services and carers (35).  
12  
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17 Finally, we undertook a sub-study of semi-structured  
18  
19 interviews with a national sample of refugees and asylum seekers  
20  
21 (18), and representatives of organizations supporting refugees (5)  
22  
23 exploring their potential as care workers. These interviews were  
24  
25 separated because it was thought likely that they would have  
26  
27 particular perspectives and experiences of migration and working in  
28  
29 UK care sector. Their experiences formed a sub-study which is  
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31 reported separately (Manthorpe et al. in press a). This article does  
32  
33 not directly include data from this group.  
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41  
42 The research received appropriate ethics and governance  
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44 approvals<sup>2</sup>. The main ethical issue that emerged in the conduct of  
45  
46 the research was distress felt by field workers, arising from some of  
47  
48 the interviews with migrant workers and refugees and asylum  
49  
50 seekers on hearing their histories. Members of the research team  
51  
52 offered debriefing sessions to allow fieldworkers to talk about any  
53  
54 particularly upsetting experiences.  
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<sup>2</sup> The project was given research ethics approval by (authors' institution) and research governance approval from the six local authority research sites

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3 This article focuses on findings from semi-structured  
4 interviews with migrant care workers, UK-born care workers, HR  
5 managers and other managers or employers in the research sites  
6 (the experiences of users and carers are covered in Hussein et al  
7 2010). Table 1 shows that similar proportions of migrant workers  
8 identified as Asian (n=29 30%) and Black African (n=28 29%), with a  
9 quarter (n=24 25%) identifying as White Other. Almost three-  
10 quarters (n=20 74%) of frontline UK born workers identified as  
11 'White British', with three identifying as Asian British and one as  
12 Black Caribbean.  
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29 Table 1 about here  
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34 Table 2 shows that a fifth (n=19, 20%) of migrant workers in the  
35 research were male, but only two out of the 27 (7%) of the UK born  
36 care workers. This is a reasonable balance of migrant workers'  
37 gender, although under represents male UK care workers.  
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46 Two linked conceptual frameworks were developed from the  
47 literature, focusing separately on the perspectives of migrant  
48 workers and social care employers. These proposed a link between  
49 factors motivating individuals and those driving recruitment of  
50 migrant workers, with experiences and outcomes for the sector. A  
51 process of open coding was also undertaken, in which a coding  
52 frame was developed following discussion of the themes emerging  
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3 from an initial reading of 40 transcripts by the team. This coding  
4  
5 frame was mapped onto the conceptual framework and used to code  
6  
7 the transcripts, using N-Vivo qualitative analysis software. Codes  
8  
9 were retrieved according to the framework, and examined  
10  
11 differentially according to interviewee group and other  
12  
13 characteristics. The ultimate aim was to use the data to examine the  
14  
15 validity of theoretical relations suggested in the literature and to help  
16  
17 develop the conceptual framework.  
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25 This article presents elements of this analysis that aim to  
26  
27 provide further understanding of the forms and experiences of  
28  
29 racism and bullying, and to suggest variations by ethnicity and 'skin  
30  
31 colour', which emerged as an important feature for many  
32  
33 participants. Approaches to addressing these problems and  
34  
35 supporting workers facing racism and the resultant stress are also  
36  
37 identified.  
38  
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41

## 42 **Results**

43  
44 All the findings reported in this article relate to interviews in the  
45  
46 research sites. Specific accounts of racism relating to visible social  
47  
48 markers are given first, followed by issues related to cultural  
49  
50 differences, which, formed an additional factor underpinning  
51  
52 experiences of racism. The final two sections present views about  
53  
54 the ameliorating effects of time and the importance of support from  
55  
56 managers.  
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1  
2  
3 *Visible and social markers as explanatory of bullying or mistreatment*  
4

5  
6 Over two thirds of the migrant workers in the research sites (68/96)  
7

8 gave accounts of what they interpreted as racist behaviour and  
9

10 attitudes on the part of employers, colleagues and service users.  
11

12 Migrant workers identifying their ethnicity as 'Black African' gave  
13

14 more accounts than others that highlighted 'colour' as a factor.  
15

16 Migrant workers reporting their ethnicity as 'Asian' or 'White Other'  
17

18 gave more accounts focusing on their being from overseas. Issues  
19

20 relating to language were raised by broadly similar numbers of  
21

22 migrant workers with different ethnicities. Racism was often seen to  
23

24 underlie bullying or mistreatment, which did not explicitly involve  
25

26 racist comments relating to visible social markers:  
27  
28  
29  
30

31  
32  
33  
34 Then I noticed some of my colleagues started to, you  
35

36 know, I don't know kind of my colleagues then so I think  
37

38 I noticed that, you know, people really sometimes they  
39

40 bully especially if you're a different colour.  
41  
42

43  
44 (Site 06, Migrant worker – Asian man 607)  
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50 What is striking from these accounts is that the migrant workers  
51

52 were interpreting behaviour as racist, when no explicit racist  
53

54 comments were being made. Such behaviours appear to resonate  
55

56 with the modern or aversive racism described by Gawronski et al.  
57

58 (2008), although this would have to be established with further work.  
59  
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3 It does illustrate how such indirect racism can be perceptible and  
4  
5 possibly damaging.  
6  
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10  
11 However, there were also reports of more direct racism and  
12  
13 bullying by UK-born care workers and managers. At a basic level  
14  
15 this could involve relationships with managers that were less friendly  
16  
17 than those enjoyed by UK-born care workers. The first comment  
18  
19 points to the more general theme of xenophobic attitudes (which  
20  
21 were also evident from experiences with service users), which  
22  
23 suggests xenophobic attitudes. The second illustrates how a relative  
24  
25 lack of language skills could be the focus for racism:  
26  
27  
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31  
32 He was a man [*the manager*] and he was not good. He  
33  
34 treat us differently. If he's with English he will treat  
35  
36 [*them*] very friendly and if you are like [*a foreigner*] he  
37  
38 doesn't treat us properly.  
39

40  
41 (Site 02, Migrant worker – White Other woman 238)  
42  
43  
44

45  
46 Yeah, I think about the reason why they [*UK-born*  
47  
48 *colleagues*] don't like me because of my English.  
49  
50 Sometimes I couldn't understand because they were  
51  
52 talking in strong [*regional*] accent and I would ask what  
53  
54 did you say? And the answer wasn't nice, polite. But  
55  
56 they left.  
57  
58

59  
60 (Site 06, Migrant worker – White Other woman 606)



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6 Both these comments illustrate additional targets of prejudice  
7  
8 faced by migrant care workers..This chimes with what Byrne (2006)  
9  
10 identified as the racialised nature of national identity. She explored  
11  
12 the perspectives of white women in South London on what it was to  
13  
14 be English and concluded that 'it must be acknowledged that 'race'  
15  
16 lies at the heart of Englishness' (Byrne 2006, pp. 526-7). The  
17  
18 second comment turns the focus onto language as a source of  
19  
20 negative reaction, which here was used to isolate the worker.  
21  
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23  
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25  
26

27 Many migrant workers and UK workers also gave accounts of  
28  
29 racist attitudes and comments from service users, which tended to  
30  
31 focus more directly on visible social markers, such as skin colour.  
32  
33 The small number of incidents described by UK-born care workers  
34  
35 from BME groups was very similar to those recounted by migrant  
36  
37 workers, highlighting the common impact of different social markers.  
38  
39 Typically, migrant workers said that they made allowances for  
40  
41 service users' attitudes and behaviour on the grounds that the  
42  
43 service users might have some mental health problems or other  
44  
45 conditions:  
46  
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53 Most are fine, but some clients can be rude and swear  
54  
55 at you they can use racist comments: colour plays a big  
56  
57 part. The excuse is often their mental health.  
58

59 (Site 01, Migrant worker - Black African woman 137)  
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6 Such accounts accord closely with the experiences of migrant  
7  
8 care workers reported in other research (Meintel, Fortin and Gognet  
9  
10 2006; Cangiano et al. 2009). These attitudes appear more typical of  
11  
12 'old fashioned' racism (Gawronski et al. 2008), in terms of the open  
13  
14 reference to a visible social marker (skin colour).  
15  
16

### 17 18 19 *Working with people from different cultures*

20  
21 Reflecting wider changes in population, the English care  
22  
23 sector has seen both workforce and users becoming more diverse  
24  
25 (Torry 2005). This is an important development, given that care  
26  
27 work, particularly with older people, is by nature culturally sensitive,  
28  
29 requiring a good understanding of appropriate eye contact or forms  
30  
31 of address, for example (see Houston 2002 for a discussion of the  
32  
33 importance of culturally sensitive social work). Furthermore, migrant  
34  
35 workers often work alongside people with very different cultural  
36  
37 heritages, whether from the UK or from other countries. This  
38  
39 generates a complex web of cultural relationships, and greater  
40  
41 opportunity for misunderstandings. In this research, understanding  
42  
43 different cultures was widely seen as being an important part of  
44  
45 working in the UK, creating positive and negative consequences.  
46  
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### 51 52 53 *Breaking cultural rules*

54  
55 Many migrant workers described how potential problems could arise  
56  
57 inadvertently as a result of different cultural expectations. This was a  
58  
59 strong theme among migrant workers of all ethnicities. Everyday  
60

1  
2  
3 interactions between people of different cultures could create  
4  
5 problems, often as a consequence of different expectations in terms  
6  
7 of day-to-day behaviours and experiences. For example, in this  
8  
9 migrant worker's home culture, maintaining eye contact with older  
10  
11 people was seen as disrespectful. This worker knew that the reverse  
12  
13 was true for most people in the UK, but it is easy to see how a lack  
14  
15 of this kind of awareness could make it harder to develop good  
16  
17 relationships between care workers and service users:  
18  
19  
20  
21  
22  
23

24 ...difficult at first, for example, we from my country would  
25  
26 never have eye contact with older people, you would  
27  
28 never confront older people. You respect an older  
29  
30 person that does not happen; the eye contact, people in  
31  
32 Britain would think it very rude if you did not look them  
33  
34 in the eye when talking to them, all these things to learn.  
35  
36  
37

38 (Site 01, Migrant worker – Black African woman 137)  
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42

43 Such inadvertent cultural 'mistakes' are of great importance in  
44  
45 care work and therefore potentially a particular difficulty for migrant  
46  
47 workers (Cangiano et al. 2009). Some of the auxillaires taking part in  
48  
49 Meintel, Fortin and Gognet's (2006) research described the  
50  
51 converse situation, where service users expected them *not* to look  
52  
53 them in the eye, for similar reasons. This was experienced as  
54  
55 discriminatory and demeaning by the workers involved, which  
56  
57 suggests the complexity of managing cultural differences when  
58  
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1  
2  
3 undertaking care work. Practically, this points to the need for a focus  
4 on cultural understanding during induction and initial training, as  
5 recommended by the English Department of Health (DH) in  
6 guidelines for recruiting health care professionals (DH 2004).  
7  
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12  
13  
14 *Interaction with personalities and relationships*

15  
16 The interaction between personality, relationships and cultural  
17 differences was another strong theme. A small number of  
18 participants in all groups (employers, migrants, UK-born workers and  
19 service users) expressed a view that individual characteristics could  
20 outweigh cultural factors in these situations:  
21  
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30  
31 If you are open and if you are caring, sending you for  
32 calls (to answer a bell denoting a need for assistance),  
33 it's not a problem. Your character is a problem.  
34  
35  
36  
37

38 (Site 06, Migrant worker – White Other woman 630)  
39  
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41

42  
43 Such a view chimes with views that time reduces the  
44 experiences of racism, because of the development of good  
45 relationships which can overcome initial racism or cultural  
46 misunderstanding (see below). Such a perspective supports a more  
47 'laissez-faire' approach to such situations on behalf of managers,  
48 which, as we relate below, can also have quite serious and negative  
49 consequences for migrant care workers.  
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Personal characteristics can also interact with the specific nature of local cultures in complex ways, which can be quite problematic for migrant workers, their colleagues and UK-born managers. For example, while this manager acknowledged how upset a migrant worker had been about the behaviour of some colleagues, she felt that this was due to staff misunderstanding, rather than deliberate racism or discrimination:

Yes, and the staff were just like 'oh it happens every day, it is the norm of our culture, people say things, they don't all run off like that', but what it did do is bring home to them how deeply, I mean she was genuinely upset, shocked... I mean she is not like somebody who had come in and spent some time in this country and been initiated to, she was very much thrown in the deep end and [town] is not an easy place to come in to which is a very 'in your face' culture isn't it, and people are quite expressive in their language and attitudes with their hands and gestures etc., and she was just very, very demonstrably upset by it.

(Site 01, Employer –White British woman 104)

In many ways the 'cultural misunderstanding' offered as explanation for the conflict can also be seen as racism, given the key role of cultural differences in racism (Burnett 2001, Harman

1  
2  
3 2009). Indeed, another employer referred to the site in the above  
4  
5 quote as being a 'racist' town. The different discourses used to  
6  
7 explain such conflicts have implications for the kinds of response  
8  
9 made.  
10

### 11 12 13 *The time factor*

14  
15 The passage of time was felt by some migrant workers and  
16  
17 employers to help overcome racist attitudes and responses, and  
18  
19 some of the misunderstandings that initially emerge as a result of  
20  
21 different cultural practices. Such improvements were felt to arise  
22  
23 from the time taken to develop good relationships and the time  
24  
25 needed for migrant workers to prove themselves to be good at the  
26  
27 job, although the feelings of difference persisted. Individual  
28  
29 relationships were seen by these managers as having the potential  
30  
31 to overcome generic attitudes, or at least to lead to less challenging  
32  
33 behaviour from service users and colleagues:  
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42  
43 Some [staff] treat you like maybe racially. But then,  
44  
45 afterwards, some of them when they come to know that  
46  
47 you are there to work, they are okay. But some cannot  
48  
49 just—you really feel that you are being treated  
50  
51 differently.  
52

53  
54 (Site 04, Migrant worker – Black African woman 445)  
55  
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58  
59 Service users were also said by a small number of employers  
60  
to become more accepting of workers from different ethnic groups

1  
2  
3 'once they got to know them'. A small number of managers also  
4  
5 related how they had made specific attempts to work with service  
6  
7 users and carers to 'explain the situation':  
8  
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10  
11  
12 We have experienced some fairly racist reactions from  
13  
14 the service users, I have to say, initially. However,  
15  
16 we've found that once we've gone out and kind of  
17  
18 explained the situation and asked the service user to try  
19  
20 and work with the carer (care worker) that we've put in  
21  
22 place that actually they end up completely changing  
23  
24 their minds.  
25  
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28  
29 (Site 01, Employer – White British woman 135)  
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34 Time and familiarity have been identified as reducing some  
35  
36 racist behaviour in research focusing on other areas, such as  
37  
38 attitudes towards children with mixed parentage (Harman 2009).  
39  
40 However, this does not necessarily mean that time changes racist  
41  
42 attitudes. In her study, time sometimes changed the manifestation of  
43  
44 racism, although in more extreme situations had no effect. Bowyer  
45  
46 (2009) found that English white people were less likely to have  
47  
48 negative attitudes towards Black Caribbean compared with  
49  
50 Pakistani/Bangladeshi people. This was, he argued, partly due to the  
51  
52 fact that the large-scale migration of Black Caribbean people to the  
53  
54 UK had taken place some time before people from  
55  
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3 Pakistan/Bangladesh, suggesting that time had played a part in  
4  
5 reducing racist attitudes.  
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7

8  
9 *Support in addressing mistreatment and racism*

10  
11 Almost equal numbers of migrant workers reported that managers  
12  
13 had or had not supported them in dealing with racism from service  
14  
15 users. Accounts of support offered to address problems encountered  
16  
17 with other staff were even less common. A positive response from  
18  
19 managers in these situations was felt to be crucial by the small  
20  
21 number of migrant workers who gave accounts of the support  
22  
23 provided. Where it was good it was seen as helpful in reducing the  
24  
25 impact of racism:  
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32  
33 Yes, imagine: to me that [*incident leading to*  
34  
35 *intervention*] was nothing, and they did do something  
36  
37 about it, so I know if anything said it happens I would be  
38  
39 confident that I would be able to go in and report it and I  
40  
41 know something is going to be done.  
42  
43

44  
45 (Site 02, Migrant worker – Black African woman 210)  
46  
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50  
51 In the following example, a migrant worker described how his  
52  
53 manager had '*gone the extra mile*' to help him continue to work with  
54  
55 a service user who had initially rejected him as a worker because of  
56  
57 his ethnic group:  
58  
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3 ...but if my manager had not been the type that would  
4  
5 always go extra mile, if he had been, the one who would  
6  
7 say, "Oh, I don't want any problem, I will just leave it like  
8  
9 that, I will just re-allocate the case." Then I will feel bad  
10  
11 because before you know it, I'll start thinking, "Oh  
12  
13 maybe because I'm Black." You know what I mean? But  
14  
15 he was so sure in saying that, "Oh, let me get to the  
16  
17 bottom of this and what's happened" and then everyone  
18  
19 was happy.  
20  
21  
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24  
25 (Site 06, Migrant worker – Black African man 602)  
26  
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29  
30 Providing support in such circumstances was not  
31  
32 straightforward, however. The complexities of supporting workers  
33  
34 faced with racism from service users are illustrated by comments  
35  
36 from a small number of managers, who described how they tried not  
37  
38 to allocate migrant workers to work with service users who were felt  
39  
40 to be likely to behave in this way. They felt that this was supporting  
41  
42 the worker, although such an approach would not have been  
43  
44 considered as supportive by the migrant worker in the previous  
45  
46 example or possibly many others:  
47  
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52  
53 What I try to do is support staff if they come up against  
54  
55 that and try not to expose them to it, really. Like key  
56  
57 workers, I wouldn't put a key worker from another  
58  
59 country with a client that I knew would not accept them.  
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(Site 01, Employer - White British woman 122)

Many of the HR managers and employers who gave accounts of migrant workers facing racism from service users described some form of direct intervention with service users to address the situation. These usually took the form of informal conversations, although more formal approaches were also used. For example, this HR manager had called a meeting where a very clear message had been given to a group of service users about the unacceptability of the racist abuse they had been giving a member of staff:

It [*racist abuse of black staff*] was extremely blatant.

There was a meeting held at the unit; the social worker, families and residents all at the meeting. They were told very clearly that they had to stop the behaviour and insults that they were throwing at these staff...

(Site 01, Employer – White Other woman 123)

A small number of migrant workers described how the training they had received promoted an understanding that people with dementia were not responsible for their behaviour:

Not only that, we undergo a training of which they explain what is expectations and that you look at them as if not supposed to use that word, but as a client you know the reason why they are in a certain place.

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2  
3 (Site 01, Migrant worker – Black African woman 106)  
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8 While such training can be supportive in helping understand  
9 the causes of the behaviour, there was a sense in which, having  
10 been trained, migrant care workers were expected to cope with  
11 racist behaviour and other mistreatment without support. This  
12 perhaps represents a modern and indirect form of racism  
13 (Gawronski et al. 2008) on the part of employers: a failure to identify  
14 and accept the full implications of the discrimination experienced.  
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27 More seriously, while most employers and HR managers  
28 described action they had taken to support staff facing such attitudes  
29 from service users, a small number appeared to have taken no  
30 action and expected workers to be able to '*take it on the chin*':  
31  
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39 I have to be honest; the staff that we have employed  
40 can just take it on the chin. And just get on with it, they  
41 accept it. I actually feel quite embarrassed for them. It's  
42 not very nice some of the things that they do say to  
43 them, especially the older clients, but...  
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50 (Site 05, HR – Ethnicity not known 504)  
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55 Where no action was taken, which was reported in a small  
56 number of cases, it had a powerful and negative impact. This  
57 migrant worker said that his employer had offered no support after  
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3 he had been racially abused, but was more concerned that the  
4  
5 worker did not react badly to the service user:  
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10  
11 *Participant:* No, just being told that if people say that,  
12  
13 just stay back, you know, don't confront  
14  
15 them like you know sometimes they are  
16  
17 confused. So we have no rights to do  
18  
19 such... and what I did just report it to the  
20  
21 staff nurse. So that they document it,  
22  
23 looking everything that happened.  
24  
25

26  
27 *Interviewer:* So it would be noted then by the staff  
28  
29 nurse?  
30

31  
32 *Participant:* Yeah.  
33

34  
35 *Interviewer:* And would anything happen about that or  
36  
37 it just gets noted?  
38

39  
40 *Participant:* It's just noted... Yeah. Left it to myself  
41  
42 and just talk to my wife so that you know  
43  
44 at least you got someone to talk to me.  
45

46 (Site 06, Migrant worker – Asian man 607)  
47  
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50  
51 Such situations can have extremely negative effects on  
52  
53 workers (Holgate et al. in press). Migrant care workers are in a  
54  
55 particularly vulnerable position. Not only are some reliant on  
56  
57 uninterrupted work in order to guarantee the renewal of work  
58  
59 permits, necessary to enable them to remain in the UK, but also  
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2  
3 because they work in low status, predominantly non unionised  
4  
5 occupations. The support they get is therefore dependent on the  
6  
7 attitudes of and the specific approach taken by managers.  
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10 Managers' personal attitudes should be tempered by the duty of  
11  
12 care owed to all workers, which is enshrined in employment law. In  
13  
14 other sectors, such as the food industry, however, such protection  
15  
16 has been found to be minimal and difficult to enforce (Holgate et al.  
17  
18 in press).  
19  
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## 22 23 **Discussion and conclusion**

24  
25 While the themes and insights reported in the article can be seen as  
26  
27 valid in terms of the meanings ascribed by participants, the study  
28  
29 was not intended to identify levels of racism or discrimination  
30  
31 experienced by migrant workers, which would need research with  
32  
33 randomly selected large samples and a means to measure  
34  
35 experiences and subsequent impact in terms of stress levels.  
36  
37 Given the large (for a qualitative study) sample and the comparisons  
38  
39 possible with the views of employers, UK-born care workers and  
40  
41 service users, the study provides valuable insights into this area.  
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50 Other elements of the research indicated that working in the  
51  
52 UK care sector offered many positive and enriching experiences for  
53  
54 migrant workers, their colleagues and service users (Hussein et al.  
55  
56 2010). It is important to remember therefore that the experiences of  
57  
58 racism related here are in the minority. Accounts were given of  
59  
60 discriminatory behaviour exhibited in the workplace by employers

1  
2  
3 and colleagues, although racist comments and behaviour from  
4  
5 service users, including refusing to receive services from particular  
6  
7 migrant workers, were reported more often. Participants indicated  
8  
9 that visible social markers such as dress code, skin colour and  
10  
11 English accent/proficiency are used to classify workers; skin colour  
12  
13 was the strongest indicator for incidences of discrimination and  
14  
15 racism, suffered particularly by migrant workers identifying as Black  
16  
17 African. Support from managers was identified as an important  
18  
19 factor in mediating the outcome of experiences of racism. As we  
20  
21 have suggested in the Findings section, these experiences indicate  
22  
23 the presence of 'old fashioned' racism, where 'colour' or another  
24  
25 social marker is explicitly used as a reason for negative treatment,  
26  
27 as well as 'modern' and 'aversive' racism, to use Gawronski et al.'s  
28  
29 (2008) terminology or 'symbolic' racism, in Tarman and Sears'  
30  
31 (2005) terms. Accounts were given of all forms of racism from  
32  
33 managers and UK workers, but there was a tendency for service  
34  
35 users to display more old fashioned racism. This may be because  
36  
37 managers and colleagues who are openly racist are at risk of  
38  
39 challenge and such attitudes, where they exist, are more likely to be  
40  
41 expressed obliquely. For the small number of people using services  
42  
43 with racist attitudes, there are fewer external reasons to avoid open  
44  
45 expression and some symptoms of cognitive decline or mental  
46  
47 distress may lessen inhibitions.  
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3 The research suggests a complex interplay between cultural  
4 understanding, attitudes of employers, staff and service users,  
5 language ability and local or regional elements. Time was also  
6 identified as a potential protective factor: experiences of racism were  
7 felt to reduce and cultural understanding to increase over time.  
8 However, migrant workers may have become accustomed to being  
9 treated badly; some reported having moved away from jobs where  
10 there was no support from employers. This was also the experience  
11 of some of the migrant workers taking part in Holgate and  
12 colleagues' study (in press).  
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29 Many of the experiences related by participants in the  
30 research echo previous findings from the UK and Ireland (McGregor  
31 2007, Cangiano et al. 2009, Doyle and Timonen 2009). The  
32 relatively common experience of racism and bad treatment accords  
33 with understandings of racism within British society (Thornberry  
34 2005), and the sense that workers in less diverse communities  
35 experienced greater levels of racism also accords with other  
36 understandings of experiences of racism (Garland and Chakraborti  
37 2006).  
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53 Migrant care workers were subject to multiple forms of  
54 discrimination. Issues of language, cultural misunderstanding, and  
55 uncertainty in terms of immigration status were seen to coincide with  
56 racism and more general bullying. Further, they face the additional  
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3 discrimination on the grounds of not being English, which as Byrne  
4 (2006) argues is a racialised identity. Finally, migrant care workers,  
5 particularly those working in direct care positions, face the additional  
6 vulnerability of working in a low status, low paid and predominantly  
7 non unionised occupation, which increases the likelihood of being  
8 discriminated against and having little redress, and increases  
9 reliance on the positive attitudes of employers (Holgate et al. in  
10 press). Service users too tend to be in a powerless position and  
11 often in situations of stress or distress, which may result in the  
12 veneer of modern racism being peeled back, to allow the old  
13 attitudes to be revealed.  
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31 As we outline above, two conceptual frameworks were  
32 developed for the research from the literature review (Hussein et al.  
33 2010). At an individual level, the framework proposed that migrant  
34 workers' experiences of racism were influenced by intermediate  
35 factors, such as time in the UK, level of skills, issues relating to the  
36 connection between birth countries and the UK, and other personal  
37 factors such as age or gender and motivation to work in the sector. It  
38 was ultimately proposed that these factors influenced future plans,  
39 career progression and workplace dynamics. However, we have not  
40 explored the impact of gender and age on experiences of racism.  
41 This would require further analysis; we felt that addressing  
42 experiences of racism warranted the level of attention given here.  
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3 At a broader level, we proposed that experiences of racism  
4 were an outcome of drivers for recruitment into the English care  
5 sector, particularly the need to meet shortages in the workforce and  
6 the consequent recruitment and induction processes. Other  
7 outcomes were also proposed in relation to the stability of the  
8 workforce, and quality of service.  
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20 It emerged from the analysis that experiences of racism and  
21 discrimination were most clearly influenced by time spent in the UK  
22 and skills, particularly in terms of language proficiency. However, the  
23 role of visible social markers such as skin colour appeared to  
24 underpin much of the racism experienced, either directly  
25 acknowledged or through negative treatment not openly connected  
26 with such characteristics. This was not highlighted in our initial  
27 conceptual framework. The analysis also suggested the importance  
28 of support from managers after experiencing racist or discriminatory  
29 behaviour in reducing the impact on job plans and wellbeing on an  
30 individual level. From a broader perspective, experiences of racism  
31 and other mistreatment, particularly if migrant workers are not  
32 supported, may affect the wellbeing and stability of the workforce  
33 and potentially quality of service. Both levels of impact are illustrated  
34 in Figure 1. It is important to remember that such connections must  
35 be seen as tentative. The findings have suggested how and why  
36 certain influences may work. Further research would be needed to  
37 explore these connections and establish their relative importance.  
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3 However, the connection is in line with quantitative research  
4  
5 undertaken by Shields and Wheatley-Price (2002), who found that  
6  
7 nurses experiencing racism were significantly less satisfied with their  
8  
9 jobs and that low job satisfaction was a major determinant of  
10  
11 intentions to leave the NHS.  
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15  
16  
17 Figure 1 about here  
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21

22 More concretely, the research highlights the importance of  
23  
24 supporting migrant workers experiencing racism and discrimination.  
25  
26 This was seen to require a sensitive understanding of the migrant  
27  
28 worker involved and the personalities, workplace and geographical  
29  
30 contexts, given the contradictory responses to similar ways of  
31  
32 providing support. Such a response will also have to balance  
33  
34 employees' right to protection against pressure to offer greater  
35  
36 choice to people using services: these situations represent genuine  
37  
38 ethical dilemmas. Given the likely importance of migrant workers to  
39  
40 the UK care sector for some time to come (Hussein et al. In Press),  
41  
42 it will be important to develop ways not only of supporting them but  
43  
44 also of raising colleagues and service users' awareness of their  
45  
46 importance to the sector. If anything, the recent changes to  
47  
48 immigration regulation, particularly the restriction of 'tier two'  
49  
50 immigration (skilled workers) to graduate professions, places even  
51  
52 more emphasis on the need to retain workers already in the sector.  
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60 This is also likely to enhance workplace integration and morale, and

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3 in turn the health and wellbeing of the workforce, given the potential  
4  
5 link between experiencing racism and stress levels (Meyer,  
6  
7 Schwartz and Frost 2008). This may also be an element in  
8  
9 improving retention of care workers, including migrants and UK  
10  
11 workers from BME groups, given the potential link between  
12  
13 experiencing racism and intentions to leave a job (Shields and  
14  
15 Wheatley-Price 2002). The research suggests that awareness of  
16  
17 potential factors, including subtle cultural difficulties in addition to  
18  
19 more obviously racist attitudes, is required in order to support staff  
20  
21 and address these issues. The research highlights the importance of  
22  
23 open styles of management, where workers feel able to report  
24  
25 problems in the expectation of being taken seriously. Balanced  
26  
27 approaches to supporting workers are also to be promoted,  
28  
29 combining help with managing situations and developing cultural  
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31 and language skills with direct intervention with staff and service  
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33 users.  
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#### 44 **Acknowledgements and disclaimer**

45  
46 We are grateful to our team of interviewers and colleagues, and for the  
47  
48 continuous support of the (name) advisory group. We thank all the  
49  
50 participants in this study who took the time to talk to us and share their  
51  
52 experiences. This research was funded by the Department of Health under  
53  
54 the Social Care Workforce Research Initiative; views expressed are those  
55  
56 of the authors and are not necessarily shared by the funder.  
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## References

- ANDERSON, BRIDGET and ROGALY, BEN 2005. *Forced labour and migration to the UK: Study prepared by COMPAS in collaboration with the Trades Union Congress*, Oxford, Centre on Migration, Policy and Society (COMPAS), Oxford University.
- BOWYER, BENJAMIN J. 2009. 'The Contextual Determinants of Whites' Racial Attitudes in England', *British Journal of Political Science*, Vol. 39, No. 3, pp. 559-586.
- BURNETT, BRUCE 2001. 'Coming to Terms with Culture and Racism', *Contemporary Issues in Early Childhood*, Vol. 2, No. 1, pp. 105-109.
- BYRNE, BRIDGET 2006. 'England – whose England? Narratives of nostalgia, emptiness and evasion in imaginations of national identity', *The Sociological Review*, Vol. 55, No. 3, pp. 509-530.
- CANGIANO, ALESSIO; SHUTES, ISABEL; SPENCER, SARAH and LEESON, GEORGE 2009. *Migrant Care Workers in Ageing Societies: Research Findings in the United Kingdom* [online], Oxford, ESRC Centre on Migration.
- [http://www.compas.ox.ac.uk/fileadmin/files/pdfs/Migrant\\_Care\\_Workers/Migrant%20Care%20Workers%20Executive%20Summary%20-%20website%20version.pdf](http://www.compas.ox.ac.uk/fileadmin/files/pdfs/Migrant_Care_Workers/Migrant%20Care%20Workers%20Executive%20Summary%20-%20website%20version.pdf) [Accessed 2 February 2010].

1  
2  
3 CASTLES, STEPHEN and MILLER, MARK J. 2009. *The Age of*  
4  
5 *Migration: International Population Movements in the Modern*  
6  
7 *World*, Basingstoke, Palgrave Macmillan.  
8  
9

10  
11 COMMISSION FOR SOCIAL CARE INSPECTION 2006. *The State*  
12  
13 *of Social Care in England 2005-2006*, London, CSCI.  
14  
15

16  
17 DEPARTMENT OF HEALTH 2004. *Code of Practice for the*  
18  
19 *International Recruitment of Healthcare Professionals*, London,  
20  
21 The Stationery Office. Available from:  
22  
23 [http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/Pu](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4097730)  
24  
25 [blicationsPolicyAndGuidance/DH\\_4097730](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4097730) (Checked 16-08-  
26  
27 2010).  
28  
29  
30

31  
32 DOYLE, MARTHA and TIMONEN, VIRPI 2009. 'The Different Faces  
33  
34 of Care Work: Understanding the Experiences of the Multi-  
35  
36 Cultural Care Workforce', *Ageing & Society*, Vol. 29 No. 3, pp.  
37  
38 337-50.  
39  
40

41  
42 EBORALL, CHRISTINE, FENTON, WILL AND WOODROW,  
43  
44 SARAH 2010. *The State of the Adult Social Care Workforce in*  
45  
46 *England, 2010*, London, Skills for Care. Available from:  
47  
48 [http://www.skillsforcare.org.uk/research/research\\_reports/annual\\_](http://www.skillsforcare.org.uk/research/research_reports/annual_reports_SCW.aspx)  
49  
50 [reports\\_SCW.aspx](http://www.skillsforcare.org.uk/research/research_reports/annual_reports_SCW.aspx) (checked 18/08/2010)  
51  
52  
53

54  
55 EVANS, SHERRILL and HUXLEY, PETER 2004. *International*  
56  
57 *Recruitment of Social Care Staff in the UK - A Systematic Review*  
58  
59  
60

1  
2  
3  
4  
5  
6  
7  
8  
9  
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46  
47  
48  
49  
50  
51  
52  
53  
54  
55  
56  
57  
58  
59  
60

*of Evidence*, London, Social Care Workforce Research Unit,  
King's College London.

EXPERIAN 2007. *Overseas Workers in the UK Social Care,  
Children and Young People Sector*, Nottingham, Experian.

FRAHER, ERIN; CARPENTER, JESSICA and BROOME, SARAH  
2009. 'Health care employment and the current economic  
recession', *North Carolina Medical Journal*, Vol. 70, No. 4, pp.  
331-36.

GARLAND, JON and CHAKRABORTI, NEIL 2007. "Protean  
Times?" Exploring the Relationships between Policing,  
Community and 'Race' in Rural England', *Criminology and  
Criminal Justice*, Vol. 7, No. 4, pp. 347-65.

GAWRONSKI, BERTRAM; PETERS, KURT, R.; BROCHU, PAULA,  
M. and STRACK, FRITZ 2008.. 'Understanding the Relations  
Between Different Forms of Racial Prejudice: A Cognitive  
Consistency Perspective', *Personality and Social Psychology  
Bulletin*, Vol. 34, No. 5. pp. 648-665.

HANCOCK, ANGE-MARIE 2007. 'When Multiplication Doesn't Equal  
Quick Addition: Examining Intersectionality as a Research  
Paradigm', *Perspectives on Politics*, Vol. 5, No. 1, pp. 63-79.

HARMAN, VICKI 2010. 'Experiences of racism and the changing  
nature of white privilege among lone white mothers of mixed-

1  
2  
3 parentage children in the UK', *Ethnic and Racial Studies*, Vol. 2,  
4  
5 No 3. pp. 176-94.  
6  
7

8  
9 HAUSKELLER, CHRISTINE 2006. *Human Genomics as Identity*  
10  
11 *Politics*, Exeter, ESRC Centre for Genomics in Society.  
12  
13

14  
15 HOLGATE, JANE 2005. 'Organizing Migrant Workers: A Case Study  
16  
17 of Working Conditions and Unionization in a London Sandwich  
18  
19 Factory', *Work, Employment and Society*, Vol.19, No. 3, pp. 463-  
20  
21 80.  
22  
23

24  
25 HOLGATE, JANE; POLLERT, ANNE; KELES, JANROJ and  
26  
27 KUMARAPPAN, LEENA, in press. 'Geographies of isolation: how  
28  
29 workers (don't) access support for problems at work', *Antipode*.  
30  
31

32  
33 HOME SECRETARY 2010. *Immigration limits*. Oral statement to the  
34  
35 House of Commons, 23/11/2010  
36  
37 [http://www.homeoffice.gov.uk/publications/parliamentary-](http://www.homeoffice.gov.uk/publications/parliamentary-business/oral-statements/limits-statement/?view=Standard&pubID=844290)  
38  
39 [business/oral-statements/limits-](http://www.homeoffice.gov.uk/publications/parliamentary-business/oral-statements/limits-statement/?view=Standard&pubID=844290)  
40  
41 [statement/?view=Standard&pubID=844290](http://www.homeoffice.gov.uk/publications/parliamentary-business/oral-statements/limits-statement/?view=Standard&pubID=844290) (Checked  
42  
43  
44  
45 03/12/2010)  
46  
47

48  
49 HOUSTON, STAN 2002. 'Reflecting on Habitus, Field and Capital:  
50  
51 Towards a Culturally Sensitive Social Work', *Journal of Social*  
52  
53 *Work*, Vol 2, No. 2, pp. 149-167.  
54  
55

56  
57 HUSSEIN, SHEREEN; STEVENS, MARTIN and MANTHORPE,  
58  
59 JILL. (2010a) *International Social Care Workers In England:*  
60

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
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49  
50  
51  
52  
53  
54  
55  
56  
57  
58  
59  
60

*Profile, Motivations, Experiences And Future Expectations: Final Report.* London, The Social Care Workforce Research Unit

HUSSEIN, SHEREEN; MANTHORPE, JILL and STEVENS, MARTIN (In Press) 'What drives the recruitment of migrant workers to work in social care in England?', *Social Policy and Society*.

JOHNSTONE, MEGAN-JANE and KANITSAKI, OLGA 2008. 'Cultural racism, language prejudice and discrimination in hospital contexts: an Australian study', *Diversity in Health and Social Care*, Vol. 5, No. 1, pp. 19-30.

KOFMAN, ELEONORE; LUKES, SUE; D'ANGELO, ALESSIO and MONTAGNA, NICOLA 2009. *The equality implications of being a migrant in Britain* [online], London, Equality and Human Rights Commission.  
<http://edit.equalityhumanrights.com/en/policyresearch/research/pages/theequalityimplicationsofbeingamigrantinbritainareview.aspx>  
[Accessed 11 October 2009].

LI, PETER S. 2008. 'The market value and social value of race', in WALLIS MARIA, A, and MING KWOK, SUI-MING, *Daily Struggles: The Deepening Racialization and Feminization of Poverty in Canada*, Toronto, Canadian Scholars' Press.

MANTHORPE, JILL; HUSSEIN, S. AND STEVENS, MARTIN (In Press a) 'Exploring the potential of refugees and asylum seekers



1  
2  
3 for social care work in England: a qualitative study', *Health and*  
4  
5  
6 *Social Care in the Community*.

7  
8  
9 MCGREGOR, JOANN 2007. 'Joining the BBC (British Bottom  
10  
11 Cleaners): Zimbabwean Migrants and the UK Care Industry',  
12  
13 *Journal of Ethnic and Migration Studies*, Vol. 33, No. 5, pp. 801–  
14  
15  
16 24.

17  
18  
19 MEINTEL, DEIRDRE , FORTIN, SYLVIE and COGNET,  
20  
21 MARGUERITE 2006. 'On the Road and on their Own: Autonomy  
22  
23 and Giving in Home Health Care in Quebec', *Gender, Place &*  
24  
25  
26 *Culture*, Vol. 13, No. 5, pp. 563-80.

27  
28  
29 MEYER, ILAN; SCWARTZ, SHARON and FROST, DAVID M. 2008.  
30  
31 'Social patterning of stress and coping: Does disadvantaged  
32  
33 social statuses confer more stress and fewer coping resources?',  
34  
35  
36 *Social Science and Medicine*, Vol. 67, No. 3, pp. 368–79.

37  
38  
39 MORIARTY, JO; MANTHORPE, JILL; HUSSEIN, SHEREEN and  
40  
41 CORNES, MICHELLE 2008. *Staff shortages and immigration in*  
42  
43 *the social care sector*, London, Migration Advisory Committee.  
44  
45  
46 [http://www.ukba.homeoffice.gov.uk/sitecontent/documents/aboutu](http://www.ukba.homeoffice.gov.uk/sitecontent/documents/aboutus/workingwithus/mac/239769/moriarty2008)  
47  
48  
49 [s/workingwithus/mac/239769/moriarty2008](http://www.ukba.homeoffice.gov.uk/sitecontent/documents/aboutus/workingwithus/mac/239769/moriarty2008) [Accessed 18 August  
50  
51  
52 2010].

53  
54  
55 SHIELDS, MICHAEL A and WHEATLEY-PRICE, STEPHEN 2002.  
56  
57 'Racial Harassment, Job Satisfaction and Intentions to Quit:  
58  
59  
60

1  
2  
3 Evidence from the British Nursing Profession', *Economica, New*  
4  
5  
6 *Series*, Vol. 69, No. 274, pp. 295-326.  
7

8  
9 SOLOMOS, JOHN and BACK, LES 1996. *Racism and Society*,  
10  
11 London, Macmillan.  
12

13  
14 TARMAN, CHRISTOPHER and SEARS, DAVID, O. 2005. 'The  
15  
16 Conceptualization and Measurement of Symbolic Racism', *The*  
17  
18 *Journal of Politics*, Vol. 67, No. 3, pp. 731–761.  
19  
20

21  
22 THORNBERRY, PATRICK 2005. 'Confronting racial discrimination:  
23  
24 a CERD perspective', *Human Rights Law Review*, Vol. 5, No. 2,  
25  
26 pp. 239-269  
27  
28

29  
30 TORRY, BREN 2005. 'Transcultural competence in health care  
31  
32 practice: the development of shared resources for practitioners',  
33  
34 *Practice*, Vol. 17, No. 4, pp. 257-266.  
35  
36  
37  
38  
39  
40  
41  
42  
43  
44  
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**Table 1.** *Ethnicity of migrant workers and frontline non-migrant workers participating in the study.*

Ethnicity	Migrant		Frontline		Total (%)	
	workers	(%)	non-migrant	workers (%)		
Asian	29	(30)			29	(24)
Asian British			3	(11)	3	(2)
Black African	28	(29)			28	(23)
White Other	24	(25)			24	(20)
Other	10	(10)			10	(8)
Chinese	1	(1)			1	(1)
Mixed	1	(1)			1	(1)
Black Caribbean	1	(1)	1	(4)	2	(2)
White British			20	(74)	20	(16)
Not Known	2	(2)	3	(11)	5	(4)
Total	(96)	(100)	27	(100)	123	(100)

**Table 2.** *Gender of migrant workers and frontline non-migrant workers participating in the study.*

	Migrant		Frontline non-		Total (%)	
	workers		migrant	workers		
	(%)		(%)			
Female	74	(80)	25	(93)	99	(83)
Male	19	(20)	2	(7)	21	(18)
Grand Total	93	(100)	27	(100)	120	(100)

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## Experiences of racism and discrimination among migrant care workers in England: findings from a mixed-methods research project

**Figure 1.** *Impact of racism at individual and workforce levels:*

