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Experiences of racism and discrimination among migrants in adult social care in England: findings from a mixed-methods research project

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Published online 16 June 2011

Citation:

Stevens, M., Hussein, S. & Manthorpe, J., (2012), 'Experiences of racism and discrimination among migrant care workers in England: findings from a mixed-methods research project', *Ethnicity and Racial Studies*. 35(2) 259-280. 0.1080/01419870.2011.574714

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Abstract

Objectives

Migrants to the UK are more likely than UK nationals from Black and Minority Ethnic groups to experience racism both in the workplace and in the community. This article reports part of the findings of research undertaken by (the Social Care Workforce Research Unit), commissioned by The Department of Health in 2007-09. The article reports on parts of research that aimed to investigate the contribution made by migrant workers to the care workforce in England.

Design

A multi-method approach combined analysis of national statistics on social care and social workers with 254 semi structured interviews of national samples of policy stakeholders (15), recruitment agency representatives (20), refugees, asylum seekers and their representatives (22); and interviews in six research sites with migrant workers (96), employers (38), UK staff (28) and service users and carers (35). This is one of the few research studies to elicit the perspectives of such a broad range of stakeholders on the role of migrant workers in the care workforce.

Results

Participants gave many accounts of positive experiences and contribution of migrant workers. However, migrant workers also related experiences of racism and discrimination from some people using social care services, employers and UK frontline workers. In care work, racism and discrimination may be experienced as direct racist comments or refusal to receive services from workers from a visibly different ethnicity as well as other subtle or explicit behaviours.

Conclusion

The research highlights the complexities and the importance of supporting migrant workers who experience racism from colleagues or people using services, in terms of balancing their right to protection, managing the workforce and respecting the choice of service users. This is placed in the context of current policy both in relation to migration, the personalisation agenda and concerns about promoting healthy workplaces.

Keywords: international recruitment: migrant workers: social care: racism: staff support: inequality: stress

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Introduction

Racism is a common feature across all areas of society (Thornberry 2005). In the UK, migrants, including those from the Eastern European countries which joined the European Union (EU) in 2005 and are known as the A8 European states, have been found to be more likely to experience racism both in the workplace and in the community (Kofman *et al.* 2009) than UK nationals from Black and Minority Ethnic (BME) groups. Racism and discrimination may take a number of forms, varying from individual racist comments, or a refusal to receive services from workers of visibly different ethnicity (McGregor 2007, Cangiano *et al.* 2009), to the under-representation of migrants in managerial and professional positions (Kofman *et al.* 2009). Furthermore, migrant workers may face further elements of discrimination as a result of language difficulties or cultural misunderstanding; these can vary in relation to their country of birth (Cangiano *et al.* 2009, Doyle and Timonen 2009). There is also some evidence that employers use racial and national stereotypes in their recruitment of migrants to work in the care sector (Anderson and Rogaly 2005, Doyle and Timonen 2009). Migrants' experience, however, is not unique; workers from different ethnic groups are likely to experience different levels of discrimination, in relation to different elements in their workplace. Perhaps most obvious is the difference between workers from white and those from black ethnic groups, with the latter tending to experience the most direct racism, particularly from people using services (Holgate 2005, Cangiano *et al.* 2009). Racism and discrimination from employers are typically manifested in conditions of service, work allocation and progression opportunities (McGregor 2007, Kofman *et al.* 2009, Cangiano *et al.* 2009). Meyer *et al.* (2008) undertook research testing some of the predictions of social stress theory. This proposes that unfavourable social conditions create increased levels of both general stress and that caused directly by prejudice. Meyer *et al.* (2008) found that experiencing racism was closely linked to higher levels of stress, increasing the risk of various physical and mental health problems.

Migrant workers are estimated to constitute about 16 percent of the adult social care workforce (including social care and social workers) in England (Experian 2007), partly resulting from higher than average vacancy levels compared with many occupations across the country (Eborall 2005, Commission for Social Care Inspection (CSCI) 2006, Moriarty *et al.* 2008). Precise figures are hard to ascertain, owing to general difficulties in establishing immigration levels and the reluctance of employers in the sector to reveal commercially sensitive information (Moriarty *et al.* 2008). These authors also report a suggestion of high levels of illegal working in care homes, although this has been contested by employers. Data concerning private home care and domestic service that merges into care and support are notably absent. While the current financial climate (2010) is likely to lead to increasing unemployment, demographic trends render it likely that the care sector will continue to grow in the UK and other developed countries (Moriarty *et al.* 2008, Fraher *et al.* 2009), meaning that migrant workers will continue to be needed.

This article reports part of the findings of research undertaken by (Hussein *et al.* 2010a), which was commissioned by (to be inserted after review). The research aimed to investigate the contribution made by international social care workers in England to the care workforce. We outline the study in more detail in a later section of this article. For the purposes of the research and this article, we defined migrant workers as both those who were recruited directly from outside the UK, and those who were recruited after having migrated to the UK within three years prior to the study.

The review of literature undertaken as part of the study revealed a lack of research focusing on non-professional social care workers, and the perspectives of managers and service users (McGregor 2007). Migrant workers have often been treated as a homogenous group, with little acknowledgement of those people with good English skills or different reasons for choosing to work in social care (e.g. as a general route into the labour market, as a temporary job while studying, as a stepping stone to professional work in the UK or to facilitate further migration to other developed countries). The literature has also not usually distinguished the experiences of care workers who originated in, for example, the A8 countries from those from the Philippines, India or countries in Africa. It seems likely that their experiences might be different. This article reports on the experiences of racism and mistreatment reported by migrant workers, and also related by UK care workers and employers who took part in the research. This will be contextualised with other research about experiences of racism both within and outside social care. Indeed, within the study, some UK workers from BME groups reported similar experiences. In the final section, the connections with previous research will be explored and implications for promoting healthy workplaces suggested.

Methods

An exploratory approach to the research was undertaken, involving mixed-methods across six research sites, in order to examine the contribution made by international social care workers in the adult care sector in England. Details of methods are presented in the main report of the research (Hussein et al. 2010a). Briefly, the study included:

- Systematic search of databases: 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.
- Analysis of the National Minimum Data Set for Social Care (NMDS-SC) concerning social care workers whose previous job was ‘abroad’.
- Analysis of data from the General Social Care Council (GSCC) concerning social workers who qualified outside of the UK.
- Interviews with national samples of recruitment agencies (20) and other stakeholders (15).
- Selection of six research sites using maximum variation sampling in order to ensure the research covered areas of high and low levels of immigration and also to include inner city areas, other mixed locations and more rural counties.
- Semi-structured interviews with employers (26), Human Resources (HR) managers (12), migrant workers (96) and UK frontline workers (27) in the public and independent sectors along with people using services and carers (35) in each research site.
- Semi-structured interviews with a national sample of refugees and asylum seekers (18), and representatives of organizations supporting refugees (5).

The research received ethics approval from (King’s College London) and research governance approval from the six local authority research sites. The main ethical issue to emerge in the conduct of the research was distress felt by field workers, in relation to some of the interviews with migrant workers and particularly with refugees and asylum seekers. Members of the research team offered debriefing sessions to allow fieldworkers to talk about any particularly upsetting experiences.

This article focuses on findings from semi-structured interviews with migrant workers, UK frontline workers, HR managers and employers in the research sites. Table 1 shows that similar proportions of migrant workers identified as Asian (30%) and Black

African (29%), with a quarter (25%) identifying as White Other. Almost three-quarters (74%) of frontline non-migrant workers identified as ‘White British’, with three identifying as Asian British and one as Black Caribbean. The sample of migrant workers makes it possible to suggest potential differences in terms of experiences of racism between ethnicities.

Table 1. Ethnicity of migrant workers and frontline non-migrant workers participating in the study.

Ethnicity	Migrant workers (%)		Frontline non-migrant workers (%)		Total (%)	
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)

Interviews lasted from 1 to 2 hours and were recorded, with permission, and transcribed. Permission to record was granted in all but six interviews (four migrant workers and two managers), during which notes were taken. Two linked conceptual frameworks were developed from the literature, focusing separately on the perspectives of migrant workers and social care employers. These proposed a link between factors motivating individuals and those driving recruitment of migrant workers, with experiences and outcomes for the sector. A process of open coding was also undertaken, in which a coding frame was developed following discussion of the themes emerging from an initial reading of 40 transcripts by the team. This coding frame was mapped onto the conceptual framework and used to code the transcripts, using N-Vivo qualitative analysis software. Codes were retrieved according to the framework, and examined differentially according to interviewee group and other characteristics. The ultimate aim was to use the data to examine the validity of theoretical relations suggested in the literature and to help develop the conceptual framework.

This article reports on elements of this analysis that aim to provide further understanding of the forms and experiences of racism and bullying, and to suggest variations by ethnicity and ‘skin colour’, which emerged as an important feature for many participants . Approaches to addressing these problems and supporting workers facing racism and the resultant stress are also identified.

Results

All the findings reported in this article relate to interviews in the research sites. Three key elements are reported. First is a set of cultural issues, in which some of the experiences of bullying and racism subsequently reported may originate. Potential links are suggested in the text. Second is a set of more clearly negative experiences, often characterised as ‘bullying’, which were focused both at an interpersonal and procedural level. Finally, we present

experiences characterised more clearly as racism, which was often suspected to underlie some of the bullying behaviour described above.

Working with people from different cultures

In the past few decades, the English care sector has seen both workforce and users becoming more diverse; an important development, given that care work, particularly with older people, is by nature culturally sensitive. Migrant workers often work with people with very different cultural heritages, whether from the UK or from other countries. This generates a complex web of cultural relationships, where language and skin colour may be used as markers to classify, and negatively evaluate, others' cultures (Johnstone and Kanitsaki 2008). In this research, understanding different cultures was widely seen as being an important part of working in the UK, creating positive and negative consequences. While links with racism are suggested by this section, treating these issues separately provides a means of throwing light on the connection.

Breaking cultural rules

Many migrant workers illustrated how potential problems could arise inadvertently as a result of different cultural expectations. This was a strong theme among migrant workers of all ethnicities. Everyday interactions between people of different cultures could create problems, often as a consequence of different expectations in terms of day-to-day behaviours and experiences. For example, in this migrant worker's home culture, maintaining eye contact with older people was seen as disrespectful. This worker knew that the reverse was true for most people in the UK, but it is easy to see how a lack of this kind of awareness could make it harder to develop good relationships between care workers and service users:

...difficult at first, for example, we from my country would never have eye contact with older people, you would never confront older people. You respect an older person that does not happen; the eye contact, people in Britain would think it very rude if you did not look them in the eye when talking to them, all these things to learn.

(Site 01, Migrant worker – Black African 137)

Interaction with personalities and relationships

The interaction between personality, relationships and cultural differences was another strong theme. A small number of participants in all groups (employers, migrants, UK-born workers and service users) expressed a view that individual characteristics could outweigh cultural factors in these situations:

If you are open and if you are caring, sending you for calls, it's not a problem. Your character is a problem.

(Site 06, Migrant worker – White Other 630)

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 managers. For example, while this manager acknowledged how stressed 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 104)

In many ways the cultural misunderstanding offered as explanation for the conflict, could also represent the context for racism. Indeed, another employer referred to the site in the above quote as being a 'racist' town. The different discourses used to explain such conflicts have implications for the kinds of response made.

Time was felt by some migrant workers and employers to help overcome some of the misunderstandings that might initially emerge as a result of different cultural practices:

It's just misunderstanding, the first few years, you tend to misunderstand each other. You are just coming in and maybe not have that point of view. Sometimes in the beginning, you feel like your colleagues are getting at you or something. But as you come to know each other and be friendly, they will know part [of] you and you know part of them and get along.

(Site 01, Migrant worker – Black African 117)

Bullying and unfair treatment from employers and colleagues

Over half, 54, of the 97 migrant worker participants in this study described experiencing some form of bullying or unfair treatment, which they often attributed to racism or discrimination against foreigners. There was almost an even split in accounts of such treatment from service users (30) or other staff members (26), with 16 describing mistreatment from employers. This section reports some of the different forms of mistreatment recounted by migrant workers and other participants. While there were also accounts of general bullying behaviour by managers, which has been seen to be an increasing problem in the workplace across many sectors (Hoel and Beale 2006), there was a strong sense that participants' status as migrants was a factor.

A wide range of managerial and other staff behaviours was described as bullying or seen as being unfair, relating both to the way work was conducted and more personal issues such as a general lack of respect or even directly insulting behaviour of various kinds.

Workload related

Many migrant workers complained that they were expected to do more than a fair share of work; this may be linked to employers' awareness of their need for extra money, although there were reports that UK colleagues also expected them to work harder. More general feelings of lack of support were also common. For example, this migrant worker gave an account of being left to do more than she felt was appropriate, being laughed at by her colleagues and not being given any support when learning how to do the job:

Well, it's sometime just even though it's not your job, they're going to ask you to do it. Sometimes they're just, you know, they're going to laugh at you, they're going to just leave it to you then they're going away, you know, they just leave you there for nothing, not teaching you what to do really.

(Site 06, Migrant worker – Asian 607)

Other migrant workers described being treated unfairly in terms of work allocation, and suffering a lack of respect for their skills and authority:

Well, you know, with the patients you have got I will say the difficult ones [*service users*], the easy ones, or the more challenging ones like I used to do, they were on constant observation. They would put all the Black staff on the more challenging ones, that is what they used to do and you just have to do what you are told, just get on with it.

(Site 02, Migrant worker – Black African 210)

So they are not very pleased about the fact that all of us who are basically their bosses are not English.

(Site 02, Migrant worker – White Other 244)

Interpersonal bullying

At a basic level there were descriptions by migrant workers of relationships with managers that were less friendly than those enjoyed by UK frontline colleagues, although these were less common than workload related issues:

He was a man [*the manager*] and he was not good. He treat us differently. If he's with English he will treat [*them*] very friendly and if you are like [*a foreigner*] he doesn't treat us properly.

(Site 02, Migrant worker – Other 238)

More seriously, bullying could take the form of being humiliated in front of colleagues by managers, or being verbally abused more generally. The following quote represented an extreme example and the only one where the migrant worker took any action (some details are not included here to preserve anonymity):

But still, as I go along, it happens everywhere that is like people are shouting, even in front of a crowd which is something degrading. It happens to me, so I believe it is really unprofessional. I call her attention and just to inform her that this is unhealthy and a lot of stuff that happens.

(Site 06, Migrant worker – Asian 613)

Experiences of racism

Over two thirds of the migrant workers in the research sites (68/96) gave accounts of what were interpreted as racist behaviour and attitudes on the part of employers, colleagues and service users, or at least of less favourable treatment on the basis of visible social markers, such as colour or other aspects of ethnicity. Migrant workers reporting their ethnicity as 'Black African' gave more accounts than others that highlighted 'colour' as a factor. Migrant workers reporting their ethnicity as 'Asian' or 'White Other' gave more accounts focusing on their being from overseas. Issues relating to language were raised by broadly similar numbers of migrant workers with different ethnicities. Racism was often seen to underlie some of the bullying or mistreatment described in the previous section. However, there were some experiences of racism reducing over time, echoing the views about cultural differences presented earlier. Staff shortages or the demographics of the local community were felt to affect such behaviours. Support from management was seen as crucial and potentially effective in reducing the occurrence and impact of racist or discriminatory behaviour.

Racist attitudes of service users

Many migrant workers and UK workers gave accounts of racist attitudes and comments from service users, which accords closely with the findings of Cangiano *et al.* (2009). The small

number of incidents described by UK frontline workers from BME groups were very similar to those recounted by migrant workers, highlighting the common impact of different social markers. Typically, migrant workers said that they made allowances for service users' attitudes and behaviour on the grounds that the service users might have some mental health problems or other conditions:

Most are fine, but some clients can be rude and swear at you they can use racist comments: colour plays a big part. The excuse is often their mental health.

(Site 01, Migrant worker - Black African 137)

Furthermore, 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.

(Site 01, Migrant worker – Black African 106)

Social markers as explanatory of bullying or mistreatment

Visible or clearly noticeable social markers such as skin colour or language proficiency were often used to categorise and negatively evaluate migrant and UK-born workers. Many migrant workers felt that such attitudes underpinned some of the bullying and mistreatment they had experienced:

Then I noticed some of my colleagues started to, you know, I don't know kind of my colleagues then so I think I noticed that, you know, people really sometimes they bully especially if you're a different colour.

(Site 06, Migrant worker – Asian 607)

Yeah, I think about the reason why they don't like me because of my English. Sometimes I couldn't understand because they were talking in strong [*regional*] accent and I would ask what did you say? And the answer wasn't nice, polite. But they left.

(Site 06, Migrant worker – White Other 606)

The time factor

As discussed earlier, individual relationships are likely to improve over time. Consistent with this, some migrant workers felt that the racist attitudes of other staff reduced after they had got to know each other and the migrant workers had proved themselves to be good at the job, although the feelings of difference persisted. Service users were also said by a small number of employers to become more accepting of workers from different ethnic groups '*once they got to know them*'. Individual relationships were seen by these managers as having the potential to overcome generic attitudes, or at least to lead to less challenging behaviour from service users:

Some [*staff*] treat you like maybe racially. But then, afterwards, some of them when they come to know that you are there to work, they are okay. But some cannot just—you really feel that you are being treated differently.

(Site 04, Migrant worker – Black African 245)

Some employers also felt that service users' racist responses could reduce over time, after specific attempts to work with service users and carers to '*explain the situation*', if they subsequently had a fairly good experience with workers:

We have experienced some fairly racist reactions from the service users, I have to say, initially. However, we've found that once we've gone out and kind of explained the situation and asked the service user to try and work with the carer (care worker) that we've put in place that actually they end up completely changing their minds.

(Site 01, Employer – White British 135)

Factors leading to racist behaviour

Racist attitudes and behaviour from staff were said by a small number of migrant workers to be connected with periods of added stress and difficulties over language. One migrant worker described how, during a period of being understaffed, 'tiredness' seemed to increase conflicts arising from racist attitudes. Problems over language could also exacerbate racist attitudes, noted by a small number of migrant workers:

You just realise that two people are talking about maybe you made a statement not, no if correct grammatically but maybe your pronunciation or maybe, yes, something like that or maybe you don't know the name of a particular British food.

(Site 06, Migrant worker – Black African 602)

A small number of employers and HR managers stressed the importance of local population makeup as a factor in the attitudes of service users to workers from different ethnic groups. High levels of diversity were felt to reduce the probability of racist attitudes, whereas areas with lower proportions of people from BME groups were believed to suffer an increased likelihood of such behaviour:

Clients need to give international workers a chance; it is our experience once clients gain experience of international workers there is no problems. [*Town*] is a very racist place and we are getting more cosmopolitan, things are changing, people's attitudes will change the more they see and experience people from abroad.

(Site 01, Employer – White British 134)

Support in addressing mistreatment and racism

Almost equal numbers of migrant workers reported that managers had or had not supported them in dealing with racism from service users. Accounts of support offered to address problems encountered with other staff were less common. A positive response from managers in these situations was felt to be critical by the small number of migrant workers who gave accounts of the support provided. Where it was good it was seen as crucial to reduce the impact of racism:

Yes, imagine: to me that [*incident leading to intervention*] was nothing, and they did do something about it, so I know if anything said it happens I would be confident that I would be able to go in and report it and I know something is going to be done.

(Site 02, Migrant worker – Black African 210)

In the following example, the migrant worker described how the manager had 'gone the extra mile' to help him continue to work with a service user who had initially rejected him as a worker because of his ethnic group:

...but if my manager had not been the type that would always go extra mile, if he had been, the one who would say, "Oh, I don't want any problem, I will just leave it like that, I will just re-allocate the case." Then I will feel bad because before you know it, I'll start thinking, "Oh maybe because I'm Black." You know what I mean? But he was so sure in saying that, "Oh, let me get to the bottom of this and what's happened" and then everyone was happy.

(Site 06, Migrant worker – Black African 602)

Providing support in such circumstances was not straightforward, however. The complexities of supporting workers faced with racism from service users are illustrated by comments from a small number of managers, who described how they tried not to allocate migrant workers to work with service users who were felt to be likely to behave in this way. They felt that this was supporting the worker, although such an approach would not have been considered as supportive by the migrant worker in the previous example and possibly many others:

What I try to do is support staff if they come up against that and try not to expose them to it, really. Like key workers, I wouldn't put a key worker from another country with a client that I knew would not accept them.

(Site 01, Employer - White British 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 other123)

Although most employers and HR managers reported action they had taken to support staff facing such attitudes from service users, a small number appeared to have taken no action and expected workers to be able to '*take it on the chin*':

I have to be honest, the staff that we have employed can just take it on the chin. And just get on with it, they accept it. I actually feel quite embarrassed for them. It's not very nice some of the things that they do say to them, especially the older clients, but...

(Site 05, HR – Not known 504)

Where no action was taken, which was reported in a small number of cases, it had a powerful and negative impact. This migrant worker said that her employer had offered no support after she had been racially abused, but was more concerned that the worker did not react badly to the service user:

Participant: No, just being told that if people say that, just stay back, you know, don't confront them like you know sometimes they are confused. So we have no rights to do such...and what I did just report it to the staff nurse. So that they document it looking everything that happened.

Interviewer: So it would be noted then by the staff nurse?
Participant: Yeah.
Interviewer: And would anything happen about that or it just gets noted?
Participant: It's just noted... Yeah. Left it to myself and just talk to my wife so that you know at least you got someone to talk to me.

(Site 06, Migrant worker – Asian 607)

Discussion

The findings reported in this article contribute to a better understanding of migrant workers' experiences of racism and to the exploration of contributory factors and approaches to supporting workers. The current study is one of the first studies to explore the experiences of migrant workers in the care sector, about which little systematic research had been undertaken previously (Evans and Huxley 2004). Given the large (for a qualitative study) sample and the comparisons possible with the views of employers, UK frontline workers and service users, the study provides valuable insights into this area. While the themes and insights reported in the article can be seen as valid in terms of the meanings ascribed by participants, the study was not intended to identify levels of racism or discrimination experienced by migrant workers, which would need research with randomly selected large samples and a means to measure experiences and subsequent impact in terms of stress levels.

Other elements of the research indicated that working in the UK care sector offered many positive and enriching experiences for migrant workers, their colleagues and service users (Hussein et al 2010a). However, this article reports evidence of racism, bullying and discrimination being experienced by migrant workers. Accounts were given of discriminatory behaviour exhibited in the workplace by employers and colleagues in which migrant workers felt that they were given more work, were expected to work longer or perform harder jobs, and that they were being given less management support and guidance. However, accounts of racist comments and behaviour from service users, including refusing to receive services from particular migrant workers, were more common. Participants indicated that visible social markers such as dress code, skin colour and English accent/proficiency are used to classify workers; skin colour was the strongest indicator for incidences of discrimination and racism. Support from managers was identified as an important factor in mediating the outcome of experiences of racism.

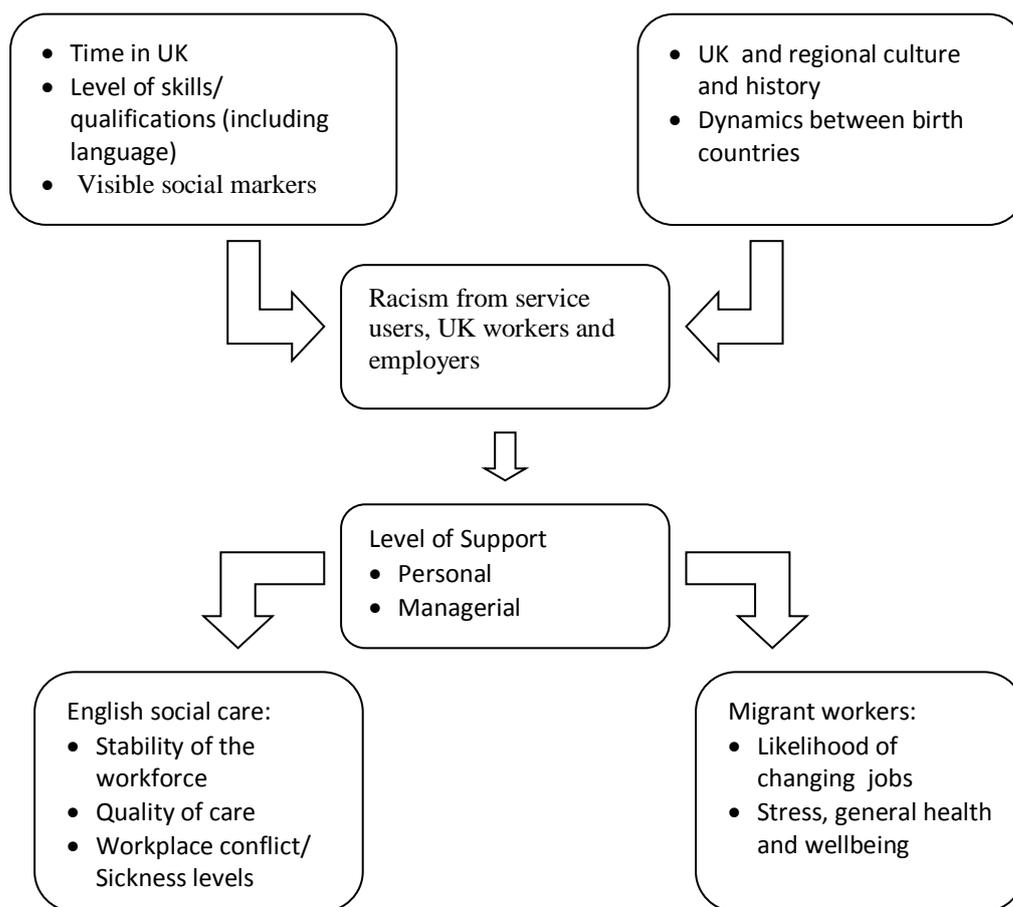
The research suggests a complex interplay between cultural understanding, attitudes of employers, staff and service users, language ability and local or regional elements. Time was also identified as key: experiences of racism were felt to reduce and cultural understanding to increase over time. However, this may be complex; migrant workers may have become accustomed to being treated badly, or have moved away from jobs where there was no support from employers.

Many of the experiences related by participants in the research fit with previous findings from the UK and Ireland (McGregor 2007; Cangiano *et al.* 2009, Doyle and Timonen 2009). The relatively common experience of racism and bad treatment accords with understandings of racism within British society (Thornberry 2005), and the sense that workers in less diverse communities experienced greater levels of racism also accords with other understandings of experiences of racism (Garland and Chakraborti 2006). Issues of language, cultural misunderstanding, and uncertainty in terms of immigration status were seen to coincide with racism and more general bullying. This indicates the vulnerable position of many migrant workers, perhaps particularly those working in direct care positions. As such, the experiences of migrant workers are a good illustration of intersectionality (Hancock 2007). Not only are they prone to multiple sources of discrimination but their identities are not fixed, as they become more or less integrated over time.

As we outline above, two conceptual frameworks were developed for the research from the literature review (Hussein et al. 2010a). At an individual level, the framework proposed that migrant workers' experiences of racism were influenced by intermediate factors, such as time in the UK, level of skills, issues relating to the connection between birth countries and the UK, and other personal factors such as age or gender and motivation to work in the sector. It was ultimately proposed that these factors influenced future plans, career progression and workplace dynamics. At a broader level, we proposed that experiences of racism were an outcome of drivers for recruitment into the English care sector, particularly the need to meet shortages in the workforce and the consequent recruitment and induction processes. Other outcomes were also proposed in relation to the stability of the workforce, and quality of service.

It emerged from the analysis that experiences of racism and discrimination were most clearly influenced by time spent in the UK and skills, particularly in terms of language. The role of visible social markers such as skin colour appeared to underpin much of the racism experienced, which was not highlighted in our initial conceptual framework. The analysis also suggested the importance of support from managers after experiencing racist or discriminatory behaviour in reducing the impact on job plans and wellbeing on an individual level. From a broader perspective, experiences of racism and other mistreatment, particularly if migrant workers are not supported, may affect the wellbeing and stability of the workforce and therefore potentially quality of service. Both levels of impact are illustrated in Figure 1. However, it is important to remember that such connections must be seen as tentative. The findings have suggested how and why certain influences may work. Further research would be needed to explore these connections and establish their relative importance. However, the connection is in line with quantitative research undertaken by Shields and Wheatley-Price (2002), who found that nurses experiencing racism were significantly less satisfied with their jobs and that low job satisfaction was a major determinant of intentions to leave the NHS.

More concretely, the research highlights the importance of supporting migrant workers experiencing racism and discrimination. This was seen to require a sensitive understanding of the migrant worker, given the contradictory responses to similar occurrences. Such a response will also have to balance employees' right to protection and pressure to offer greater choice to people using services: these situations represent genuine ethical dilemmas. Given the likely importance of migrant workers to the UK care sector for some time to come (Hussein et al 2008), it will be important to develop ways not only of supporting them but also of raising colleagues and service users' awareness of their importance to the sector. This is likely to enhance workplace integration and morale, and in turn the health and wellbeing of the workforce, given the potential link between experiencing racism and stress levels (Meyer *et al.* 2008). This is likely also to be an element in improving retention of care workers including migrants and UK workers from BME groups, given the potential link between experiencing racism and intentions to leave a job (Shields and Wheatley-Price 2002). The research suggests that awareness of potential factors, including subtle cultural difficulties in addition to more obviously racist attitudes, is required in order to support staff and address these issues. The research highlights the importance of open styles of management, where workers feel able to report problems in the expectation of being taken seriously. Balanced approaches to supporting workers are also to be promoted, combining help with managing situations and developing cultural and language skills with direct intervention with staff and service users.



Key messages

Much of the bullying and mistreatment of migrant workers in the care sector in England was found to be linked to the racist attitudes of staff and service users. Sensitive support from managers was identified as a crucial mediating factor, which could reduce the effect of such experiences; where support was absent, the effects were felt to be increased. Taken together, the experience of racism, coupled with levels of support, were theorised to influence both individual migrant workers’ career plans and their health and wellbeing, and on a broader level to impact on workforce stability and the quality of care services.

Acknowledgements

We are very grateful to our dedicated team of interviewers and colleagues and for the kind and continuous support of the (name) advisory group who shared their views and opinions. And, of course, we are very thankful to all the participants in this study; international care workers, employers, frontline workers, recruitment agencies’ representatives, policy stakeholders, human resource managers, refugees, asylum seekers, service users and carers, and chairs of refugee support organisations, who took the time to talk to us and share their experiences. This research was funded by (to be inserted after review); any views expressed are those of the authors and are not necessarily shared by the funders. The research team is grateful for funding received and to [Name] and other support staff in (in the funding organisation).

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