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

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Abstract

This article reports part of the findings of research undertaken in 2007-09 that aimed to investigate the contribution made by migrant workers to the care workforce in England. The study involved analysis of national statistics on social care and social workers and semi-structured interviews with a wide range of stakeholders, including 96 migrant care workers. The interviews elicited some accounts relating experiences of racism and discrimination from some people using social care services, employers and UK born care workers. This included directly racist comments and refusal to receive services from workers from a visibly different ethnicity alongside more subtle racism. The research highlights the different kinds of racism experienced by migrant care workers and the importance of the support they receive in terms of balancing their right to protection, managing the workforce and respecting the choice of people using social care services.

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Introduction

In the UK, migrants 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. This includes those from Eastern European countries which joined the European Union (EU) in 2005 (the 'A8' European states), as well as other migrants. 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). 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).

This article reports the accounts of migrant care workers, UK born care workers and managers taking part in research undertaken by (Hussein et al 2010a), which was funded by (to be inserted after review). This is one of the first studies to explore the experiences of large numbers of migrant workers and others involved in the UK

care sector, an area where little systematic research has been undertaken (Evans and Huxley 2004).The research aimed to investigate the contribution to the care workforce in England made by migrant social workers and care workers, who work in care homes or in home care services for older or disabled people. The findings contribute to a better understanding of migrant workers' experiences of racism and to the exploration of contributory factors and approaches to supporting workers. 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.

Following Harman (2010), we use a broad definition of racism, as less favourable or hostile treatment of 'individuals or groups based on perceived "racial" and cultural differences' (p. 177). Solomos and Back (1996) argue that racism has always been conceptualised in relation to a range of political movements and cultural contexts, making a single definition impossible. However, the common thread is that racism involves an 'Attempt to fix human social groups in terms of *natural* properties of belonging within particular political and geographical contexts' (p. 27, emphasis in the original). These authors also stress the importance of contextualising experiences of racism in relation to a range of factors, including other sources of potential discrimination. Another key feature of racism is 'positioning of particular groups or

individuals as superior in relation to others' (Burnett 2001, p. 105). Hancock (2007) similarly argues that experiences of racism are inherently complex, being part of a set of potential factors that intersect.

Visible markers such as skin colour are one way in which people are grouped, despite the evidence that such characteristics are not associated with physiological differences (Hauskeller 2006). They have become erroneously associated with a set of characteristics and practices and a 'normative order' of ethnic groupings that is internalised by majority populations (Li 2008, p. 22). Cultural differences too are an important source of racism (Bowyer 2009). Furthermore, language and skin colour may be used as markers to classify, and negatively evaluate, others' cultures (Johnstone and Kanitsaki 2008), leading to discrimination and racism.

The extent to which such visible markers are explicitly referenced as the source of racism indicates something about the nature of racist attitudes and behaviour. Gawronski et al. (2008) distinguish between 'old fashioned', 'modern' and 'aversive' racism. 'Old fashioned' racism tends to be open and direct and is associated with non-egalitarian beliefs, particularly in the superiority of white people. 'Modern' racism involves negative feelings towards people from different ethnic groups, which persist despite avowed belief in

egalitarianism. The negative feelings are associated with beliefs that discrimination no longer exists and that members of ethnic minorities therefore do not deserve the benefit of special policies that are believed to favour these groups. Tarman and Sears (2005) describe a very similar pattern of beliefs, feelings and behaviours as 'Symbolic' racism, which is also based on a belief that discrimination no longer exists and therefore any special efforts to ameliorate its effects are unjustifiable. 'Aversive' racists have implicit, often unacknowledged negative feelings that endure despite egalitarian beliefs and acceptance of the continued disadvantages of people from BME groups. This is manifested in avoidance or feelings of being uncomfortable with people from different ethnic groups (Gawronski et al. 2008). In all of these forms of racism, the negative feelings focus on groupings created through beliefs about the role of different social markers such as skin colour or culture.

As Solomos and Back (1996) argue, it is important to contextualise experiences within a particular political and social setting, in order to interpret their nature and impact. Migrants to developed countries have been found disproportionately to occupy roles in what segmented labour market theory identifies as a 'secondary labour market', with low wages and low status, which makes it hard to recruit sufficient workers from the host country (Castles and Miller 2003). Social care work, which is typically low paid and of low status, is a good example of such a secondary

labour market. 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, Fenton and Woodrow 2010, 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). However, the current UK Coalition government, following the May 2010 general election, has decided to limit immigration from outside the EU, to 'graduate level jobs' (Home Secretary, 2010) and has placed a cap on non-EU immigration. As a result, further demand for migrant care workers is likely to be met by EU migration, as we note elsewhere (Hussein et al In Press)

There is 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). However, workers from different ethnic groups are also 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). Meintel, Fortin and Gognet (2006) also found that migrant 'auxillaires' (home care workers in Montreal, Canada) experienced racism combined with generally negative treatment (being seen as servants, for example) by service users from the same ethnic group and countries of origin in addition to white service users. 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, Schwartz and Frost (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, Schwartz and Frost (2008) found that experiencing racism was closely linked to higher levels of stress, increasing the risk of various physical and mental health problems.

Moriarty et al. (2008) also report a suggestion of high levels of illegal working in care homes, although they note that 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 (Eborall, Fenton and Woodrow, 2010, Moriarty et al. 2008,

Fraher, Carpenter and Broome 2009), meaning demand for migrant care workers will continue.

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 presents migrant workers' accounts of racism and mistreatment they experienced in the course of their work, and also related by UK care workers and employers who took part in the research. Issues of 'racialised' perceptions related to visible social markers such as skin colour and belonging were evident in the accounts of racism that were given by participants in the research. We relate such issues in our interpretation of the potential impact and implications for migrant workers and the social care workforce. 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 described similar experiences.

In the final section, the connections with previous research will be explored and implications for promoting healthy workplaces suggested.

Methods

A mixed-method exploratory approach to the research was undertaken, including re-analysis of national data sets and qualitative methods across six research sites, in order to examine the contribution made by migrant 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. 2010). A literature review was informed by a systematic search of several databases,[1] supplemented by hand searches and existing knowledge of the literature among the research team. Secondary analysis was undertaken of data from the National Minimum Data Set for Social Care (NMDS-SC) concerning social care workers whose previous job was 'abroad' and data from the General Social Care Council (GSCC) concerning social workers who qualified outside the UK. Interviews were undertaken with national samples of recruitment agency managers (20) and other stakeholders (15).

Six research sites were selected, 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

[1] 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

mixed locations and more rural counties. In the study sites we undertook semi-structured interviews with employers (26), Human Resources (HR) UK-born managers (12), migrant workers (96) and UK-born care workers (27) in the public and independent sectors along with people using social care services and carers (35).

Finally, we undertook a sub-study of semi-structured interviews with a national sample of refugees and asylum seekers (18), and representatives of organizations supporting refugees (5) exploring their potential as care workers. These interviews were separated because it was thought likely that they would have particular perspectives and experiences of migration and working in UK care sector. Their experiences formed a sub-study which is reported separately (Manthorpe et al. in press a). This article does not directly include data from this group.

The research received appropriate ethics and governance approvals[2]. The main ethical issue that emerged in the conduct of the research was distress felt by field workers, arising from some of the interviews with migrant workers and refugees and asylum seekers on hearing their histories. Members of the research team offered debriefing sessions to allow fieldworkers to talk about any particularly upsetting experiences.

[2] The project was given research ethics approval by (authors' institution) and research governance approval from the six local authority research sites

This article focuses on findings from semi-structured interviews with migrant care workers, UK-born care workers, HR managers and other managers or employers in the research sites (the experiences of users and carers are covered in Husssein at al 2010). Table 1 shows that similar proportions of migrant workers identified as Asian (n=29 30%) and Black African (n=28 29%), with a quarter (n=24 25%) identifying as White Other. Almost three-quarters (n=20 74%) of frontline UK born workers identified as 'White British', with three identifying as Asian British and one as Black Caribbean.

Table 1 about here

Table 2 shows that a fifth (n=19, 20%) of migrant workers in the research were male, but only two out of the 27 (7%) of the UK born care workers. This is a reasonable balance of migrant workers' gender, although under represents male UK care workers.

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 presents 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. Specific accounts of racism relating to visible social markers are given first, followed by issues related to cultural differences, which, formed an additional factor underpinning experiences of racism. The final two sections present views about the ameliorating effects of time and the importance of support from managers.

Visible and social markers as explanatory of bullying or mistreatment

Over two thirds of the migrant workers in the research sites (68/96) gave accounts of what they interpreted as racist behaviour and attitudes on the part of employers, colleagues and service users. Migrant workers identifying 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 bullying or mistreatment, which did not explicitly involve racist comments relating to visible social markers:

> 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 man 607)

What is striking from these accounts is that the migrant workers were interpreting behaviour as racist, when no explicit racist comments were being made. Such behaviours appear to resonate with the modern or aversive racism described by Gawronski et al. (2008), although this would have to be established with further work.

It does illustrate how such indirect racism can be perceptible and possibly damaging.

However, there were also reports of more direct racism and bullying by UK-born care workers and managers. At a basic level this could involve relationships with managers that were less friendly than those enjoyed by UK-born care workers. The first comment points to the more general theme of xenophobic attitudes (which were also evident from experiences with service users), which suggests xenophobic attitudes. The second illustrates how a relative lack of language skills could be the focus for racism:

> 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 – White Other woman 238)

> Yeah, I think about the reason why they *[UK-born colleagues]* 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 woman 606)

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

Many migrant workers and UK workers also gave accounts of racist attitudes and comments from service users, which tended to focus more directly on visible social markers, such as skin colour. The small number of incidents described by UK-born care workers from BME groups was 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 woman 137)

Such accounts accord closely with the experiences of migrant care workers reported in other research (Meintel, Fortin and Gognet 2006; Cangiano et al. 2009). These attitudes appear more typical of 'old fashioned' racism (Gawronski et al. 2008), in terms of the open reference to a visible social marker (skin colour).

Working with people from different cultures

Reflecting wider changes in population, the English care sector has seen both workforce and users becoming more diverse (Torry 2005). This is an important development, given that care work, particularly with older people, is by nature culturally sensitive, requiring a good understanding of appropriate eye contact or forms of address, for example (see Houston 2002 for a discussion of the importance of culturally sensitive social work). Furthermore, migrant workers often work alongside people with very different cultural heritages, whether from the UK or from other countries. This generates a complex web of cultural relationships, and greater opportunity for misunderstandings. In this research, understanding different cultures was widely seen as being an important part of working in the UK, creating positive and negative consequences.

Breaking cultural rules

Many migrant workers described 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 woman 137)

Such inadvertent cultural 'mistakes' are of great importance in care work and therefore potentially a particular difficulty for migrant workers (Cangiano et al. 2009). Some of the auxillaires taking part in Meintel, Fortin and Gognet's (2006) research described the converse situation, where service users expected them *not* to look them in the eye, for similar reasons. This was experienced as discriminatory and demeaning by the workers involved, which suggests the complexity of managing cultural differences when

undertaking care work. Practically, this points to the need for a focus on cultural understanding during induction and initial training, as recommended by the English Department of Health (DH) in guidelines for recruiting health care professionals (DH 2004).

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 (to answer a bell denoting a need for assistance), it's not a problem. Your character is a problem.
>
> (Site 06, Migrant worker – White Other woman 630)

Such a view chimes with views that time reduces the experiences of racism, because of the development of good relationships which can overcome initial racism or cultural misunderstanding (see below). Such a perspective supports a more '*laissez-faire'* approach to such situations on behalf of managers, which, as we relate below, can also have quite serious and negative consequences for migrant care workers.

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

2009). 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.

The time factor

The passage of time was felt by some migrant workers and employers to help overcome racist attitudes and responses, and some of the misunderstandings that initially emerge as a result of different cultural practices. Such improvements were felt to arise from the time taken to develop good relationships and the time needed for migrant workers to prove themselves to be good at the job, although the feelings of difference persisted. 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 and colleagues:

> 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 woman 445)

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*'. A small number of managers also related how they had made specific attempts to work with service users and carers to '*explain the situation':*

> 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 woman 135)

Time and familiarity have been identified as reducing some racist behaviour in research focusing on other areas, such as attitudes towards children with mixed parentage (Harman 2009). However, this does not necessarily mean that time changes racist attitudes. In her study, time sometimes changed the manifestation of racism, although in more extreme situations had no effect. Bowyer (2009) found that English white people were less likely to have negative attitudes towards Black Caribbean compared with Pakistani/Bangladeshi people. This was, he argued, partly due to the fact that the large-scale migration of Black Caribbean people to the UK had taken place some time before people from

Pakistan/Bangladesh, suggesting that time had played a part in reducing racist attitudes.

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 even less common. A positive response from managers in these situations was felt to be crucial by the small number of migrant workers who gave accounts of the support provided. Where it was good it was seen as helpful in reducing 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 woman 210)

In the following example, a migrant worker described how his 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 man 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 or 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 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.

(Site 01, Migrant worker – Black African woman 106)

While such training can be supportive in helping understand the causes of the behaviour, there was a sense in which, having been trained, migrant care workers were expected to cope with racist behaviour and other mistreatment without support. This perhaps represents a modern and indirect form of racism (Gawronski et al. 2008) on the part of employers: a failure to identify and accept the full implications of the discrimination experienced.

More seriously, while most employers and HR managers described 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 – Ethnicity 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 his employer had offered no support after

he 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 man 607)

Such situations can have extremely negative effects on workers (Holgate et al. in press). Migrant care workers are in a particularly vulnerable position. Not only are some reliant on uninterrupted work in order to guarantee the renewal of work permits, necessary to enable them to remain in the UK, but also

because they work in low status, predominantly non unionised occupations. The support they get is therefore dependent on the attitudes of and the specific approach taken by managers. Managers' personal attitudes should be tempered by the duty of care owed to all workers, which is enshrined in employment law. In other sectors, such as the food industry, however, such protection has been found to be minimal and difficult to enforce (Holgate et al. in press).

Discussion and conclusion

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. Given the large (for a qualitative study) sample and the comparisons possible with the views of employers, UK-born care workers and service users, the study provides valuable insights into this area.

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. 2010). It is important to remember therefore that the experiences of racism related here are in the minority. Accounts were given of discriminatory behaviour exhibited in the workplace by employers

and colleagues, although racist comments and behaviour from service users, including refusing to receive services from particular migrant workers, were reported more often. 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, suffered particularly by migrant workers identifying as Black African. Support from managers was identified as an important factor in mediating the outcome of experiences of racism. As we have suggested in the Findings section, these experiences indicate the presence of 'old fashioned' racism, where 'colour' or another social marker is explicitly used as a reason for negative treatment, as well as 'modern' and 'aversive' racism, to use Gawronski et al.'s (2008) terminology or 'symbolic' racism, in Tarman and Sears' (2005) terms. Accounts were given of all forms of racism from managers and UK workers, but there was a tendency for service users to display more old fashioned racism. This may be because managers and colleagues who are openly racist are at risk of challenge and such attitudes, where they exist, are more likely to be expressed obliquely. For the small number of people using services with racist attitudes, there are fewer external reasons to avoid open expression and some symptoms of cognitive decline or mental distress may lessen inhibitions.

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 a potential protective factor: experiences of racism were felt to reduce and cultural understanding to increase over time. However, migrant workers may have become accustomed to being treated badly; some reported having moved away from jobs where there was no support from employers. This was also the experience of some of the migrant workers taking part in Holgate and colleagues' study (in press).

Many of the experiences related by participants in the research echo 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).

Migrant care workers were subject to multiple forms of discrimination. Issues of language, cultural misunderstanding, and uncertainty in terms of immigration status were seen to coincide with racism and more general bullying. Further, they face the additional

discrimination on the grounds of not being English, which as Byrne (2006) argues is a racialised identity. Finally, migrant care workers, particularly those working in direct care positions, face the additional vulnerability of working in a low status, low paid and predominantly non unionised occupation, which increases the likelihood of being discriminated against and having little redress, and increases reliance on the positive attitudes of employers (Holgate et al. in press). Service users too tend to be in a powerless position and often in situations of stress or distress, which may result in the veneer of modern racism being peeled back, to allow the old attitudes to be revealed.

As we outline above, two conceptual frameworks were developed for the research from the literature review (Hussein et al. 2010). 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. However, we have not explored the impact of gender and age on experiences of racism. This would require further analysis; we felt that addressing experiences of racism warranted the level of attention given here.

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 proficiency. However, the role of visible social markers such as skin colour appeared to underpin much of the racism experienced, either directly acknowledged or through negative treatment not openly connected with such characteristics. This 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 potentially quality of service. Both levels of impact are illustrated in Figure 1. 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.

Figure 1 about here

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 involved and the personalities, workplace and geographical contexts, given the contradictory responses to similar ways of providing support. Such a response will also have to balance employees' right to protection against 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. In Press), 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. If anything, the recent changes to immigration regulation, particularly the restriction of 'tier two' immigration (skilled workers) to graduate professions, places even more emphasis on the need to retain workers already in the sector. This is also 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, Schwartz and Frost 2008). This may also 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.

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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)

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

	Migrant workers	(%)	Frontline non-migrant workers	(%)	Total	(%)
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:*