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## “We are not just carers, we are humans”. Migrant and minority ethnic care workers’ experiences of discrimination and racism in elderly care

### Introduction

“We are not just carers, we are humans”. I met Mary, a 20-year-old care assistant who identified as “Black British” in a care home in Greater London. When I asked Mary about her daily interactions with residents, she complained about being continuously exposed to racist comments addressed to her by residents she cared for. Mary was deploring the lack of support that characterised her work environment. What harmed Mary were not the words pronounced by these residents, as she was more than anyone else aware that uninhibited behaviour might be caused by various conditions such as dementia; the real harm was caused by the silencing of these experiences.

As much as recent publications have contributed to our knowledge about the working conditions and trajectories of migrant care workers in the UK (Cangiano et al. 2009; Stevens et al. 2011; Cuban 2013; Anderson and Shutes 2014; Christensen and Guldvi 2014), they have also raised more specific and targeted questions. In spite of some evidence, there is indeed limited research on the “negative attitudes and behaviour towards ethnic minority staff” (Cangiano et al. 2009, 143). Stevens and colleagues have for instance relied on the typology of racism elaborated by Gawronski, Peters, Brochu and Strack (2008) of old-fashioned, modern and aversive prejudice in their analysis of migrant care workers’ experiences of racism and discrimination and have concluded that there is a need for further research in order to relate these experiences to differentiated forms of racism. Furthermore, the intersection of gender, class and ethnicity /“race” has not been explored adequately in the literature about paid care outside of the United States (Datta et al. 2006, 6). This article aims to contribute

to existing knowledge about experiences of racism and discrimination of migrant care workers by confronting data from this research with previous findings and raising issues that have not yet been explored fully.

This article looks into the work experiences of racialised care workers, either born in the UK or coming from outside the EU, and employed in for-profit care homes for the elderly. It analyses racialised care workers' narratives around experiences of discrimination and racism and scrutinises manifestations of racism and discrimination from their perspective. The paper attempts to answer the following question: How are these experiences embedded into institutionalised forms of racism?

The theoretical concepts mobilised for the purpose of this analysis are presented in the first section. The second section addresses how migration policies for non-EU migrants produce racist outcomes on the one hand, and how these shape migrant workers' experiences of racism on the other hand, by looking into the manifestations of racism perceived at the workplace level. It analyses the practices of the perpetrators and their effects upon workers, not the actual intentions that are beyond the scope of this article. The last point of this section looks at how migrant and minority ethnic care workers cope with situations in which they face racism.

While experiencing racism and discrimination is not rare and has been described by several care workers as being characteristic of the sector, it is important to mention that in this research one quarter of the interviewees shared experiences, past or present, related to racism in the workplace. It needs also to be added that by focusing on experiences of racism and discrimination, this article does not recount the positive experiences of care workers and does not analyse what elements contribute to job satisfaction and perceptions of fairness. This is due to a selective analysis of the data for the purpose of this article, and does not mean, in any case, that these elements were absent from the data.

## Methods and respondents' background

The methodology followed for this research is institutional ethnography (Smith 1987, 2005) through qualitative semi-structured interviews. This paper is based on fieldwork conducted in the Greater London Region between December 2013 and March 2014. Data analysed included 36 interviews: 23 semi-structured interviews with migrant care workers, 3 with minority ethnic care workers, 5 with migrant nurses and one activity leader, and 7 expert interviews with trade union officers (4), third sector activists (2) and one researcher. Access to care was initiated through a union where I accompanied union officers on their recruitment visits. Once a contact had been established in several homes, I subsequently returned for interviews with care workers directly. I relied on the snowballing

method to expand my sample and this gave me access to workplaces that were not visited by unions. These interviews took place in coffee shops as well as in care homes, mostly behind closed doors, and on rare occasions in a lounge where residents were present at a distance. I usually spent several hours in a home on one visit and was immersed into the workplace atmosphere, observing daily working routines in the lounges and corridors. Interviews lasted from 35 minutes to over 2 hours and were about one hour on average. All interviews were tape-recorded and transcribed. The qualitative data analysis software Nvivo was used for coding and analysing the collected data.

The average age of the 26 care workers interviewed is 37. Among the migrant care workers, 9 migrated from the Philippines, 2 from Mauritius, 2 from Somalia, 2 from Bangladesh, 2 from Uganda, and one respectively from India, Sierra Leone, Nigeria, Ghana, Rwanda, and China. Regarding the migration status of the respondents, 10 had acquired British citizenship. On average migrant carers in this research had been in the UK for 8.5 years, the duration of stay ranged from 18 months to 18 years. Carers holding British citizenship had been in the UK for an average of 12 years.

### Defining racism and racial discrimination

First of all, there is no static definition of what constitutes racism. It needs to be acknowledged that racism is embedded in given socio-economic and historical contexts. Stuart Hall writes in that respect: "racism [is] not a permanent human or social deposit which is simply waiting there to be triggered off when the circumstances are right. ... There have been many significantly different racisms — each historically specific and articulated in a different way with the societies in which they appear" (Headley 2000, 244). Gilroy warns in an analogous way against interpretations that would not take into account that racism "exists in plural form, and I have suggested that it can change assuming different shapes and articulating different political relations. Racist ideologies and practices have distinct meanings bounded by historical circumstances and determined in struggle" (Gilroy 2002, 42).

This first point raises thus the question: How does "race" relate to racism? For the content of racism and the meanings upon which it relies are changing, a question emerges as to its definition in a given socio-historical context. The construction of inferiority as well as the discrimination and inequalities that ensue from it might refer to "race", culture, religion, ethnicity, sexual identity, or any other socially constructed category. Some have argued that the term "race" should no longer be used and that racialisation revolves around the notion of "race" as social construct (Miles 1993). "Race" is not necessarily the central category of analysis for the purpose of observing how racialisation processes operate. Acknowledging this supposes a broader understanding of what shapes racism can take in

contemporary societies. While there is no space here to review extensively the existing literature on various typologies of racism, several useful distinctions need to be mentioned. Most importantly, authors tend to agree that racism is becoming less overt and more covert, that “old-fashioned” racism has given way to “modern racism” (Gawronski et al. 2008); in other words that racism tends to be embodied in cultural forms as pointed out by Franz Fanon decades ago (Fanon 1967).

Secondly, the question of intentionality is part of the debate around the concept of racism. Philosophical accounts of racism tend to put the issue of intentionality at the heart of the definition of racism referring for instance to “motivational racism” (Headley 2000). This is not, however, the assumption upon which this paper relies. Following Anthias and Yuval-Davis, it is accepted here that “racist practices do not require the racist intentionality of structures .... Practices may be racist in terms of their effects” (Anthias and Yuval-Davis 1992, 13). In a nutshell, racial discrimination can result from policies and practices, which might or might not be imbued with racist ideology. In that sense, the concept of “institutional racism” proves to be particularly useful to conceptualise racist outcomes without necessarily systematic racist intentionality. In Bourne’s account of the history of the concept, we can read: “He (Macpherson) had, with his concept of institutional racism, broken with cultural explanations and remedies, broken with individualised definitions and ethnic identity and thrown the spotlight on the workings of institutions instead” (Bourne 2001, 12).

The last point in this brief definition concerns power. Power relationships play a central role in the conceptualisation of racism. As stated by Ikuenobe (2010, 162): “not all forms of racial discrimination or prejudice may be characterized as racism. In order for racial discrimination or prejudice to be characterized as racism, it must involve social-political power”. Experiences lived by non-EU migrant workers in the UK are here analysed as racist in the sense that: “xenophobia, or the dislike of the stranger or outsider, ... becomes racism when there are power relations involved. These can then put into practice the sentiments of antipathy and produce racist effects” (Anthias and Yuval-Davis 1992, 12). This distinction is necessary but tends to be blurred by the use of one term, racism, to express both racial prejudice and institutional racism. Sivanandan (1985) distinguishes for instance between what he calls “racialism”, defined as prejudice displayed by individuals, and racism understood as structural racism.

This article equally mobilises the notion of discrimination. While racial discrimination might be caused by various forms of racism, the two concepts cannot be used interchangeably. Discrimination refers to the unfair treatment of certain individuals based upon their alleged belonging to given groups of people, such as gendered or racialised minorities. It implies thus a practice and differs in that sense from the concept of racism that entails a broad range of possible manifestations, racial discrimination constituting one of these.

## Institutional racism embedded in migration policies

Being a migrant from a non-EU country exposes many care workers to different manifestations of racism. All migrant carers in this research came from outside of the EU and further research could uncover the differentiated dynamics within the care sector that affect EU and non-EU migrants. In this research, the migrant status played a key role in shaping power relationships. Clearly, racialisation based solely on social markers attached to physical appearance does not produce the same set of relations as the combination of racialisation and migration; migrant and minority ethnic workers were thus in significantly different positions. The exclusion from full citizenship and the denial of rights to migrant workers constructs an "institutional uncertainty" (Anderson 2010). Furthermore, recently arrived migrants tend to have little knowledge of their rights and limited capacity to speak up because of language barriers and absence of representation. The xenophobic harassment by a manager of her staff that is described below amounted to more than just xenophobia. It transposed power relationships derived from the migration regime onto individual relationships and shaped racial prejudice. Grace, a 61-year-old Filipina nurse, made the point that bullying happens as a result of a power relationship between the employer and the migrant employee who has fewer options than native workers. This imbalance is created by an articulation of migration policies and professional hierarchies:

She (the manager) doesn't do that (bullying) to the White ones who are there, like you know who can just drop everything and go. She doesn't do that to them. That's the difference she doesn't insult them like that. She does it to the foreigners.

The legal status of migrant care workers exposed them to bullying as well as exploitation and other malpractices such as visa withholding. The more dependant migrant workers were on their employer to support their work permit and provide their accommodation, the more they were exposed to abuse. Equally, a limited knowledge of their rights or a lack of language skills worsened their experiences. Isabel's first employer in the UK attempted to forcibly retain her in a job in which she faced abusive practices; she was required to work any shifts that the employer saw fit, as he had provided her accommodation in a room adjacent to the care home, and she had her wages withheld. Isabel came from the Philippines; she was 37 years old at the time of the interview and worked as a care assistant:

The environment is not really good they are bullying, they are abusing us because they knew that we are new and that we are foreigners. So we filed a resignation but they didn't accept it they wanted us to stay though it is our right if you're not happy you can go, yeah? We asked permission, we asked properly that we don't stay here any longer but they didn't allow us so we just leave.

Racist behaviour and harassment amount to institutional racism, when these practices become prevalent in a given organisation and no effective measures are taken to tackle it. Moreover, migration policies and the range of statuses

that they engender have long-lasting effects, and a change in legal status does not erase the categorisation it created in the first place. Sameera, a 32-year-old care assistant from Mauritius, described how she felt oppressed in her workplace where she experienced bullying but felt completely powerless and unable to challenge these behaviours. Her account shows that the stigma of being a migrant goes beyond her legal status. For this reason, she did not expect the planned acquisition of British citizenship to have any impact on how she will be perceived by managers and colleagues in the workplace and thus on their abusive attitudes towards her.

And me as migrant I can't even open my mouth, you understand? How can I? Because these people is more powerful than me. You understand? Even I've got 10 years now, I'm married, my status changed, tomorrow I apply for British (passport), I will get it because my husband is British it's still... I will be considered like different level, you understand? Because of my background, where I come from, because maybe of my skin colour, you understand? This is always something which is always... how can I say... always inside you but you can't open your mouth and talk about it. Sometimes you feel you just want to shout, you want to explode. But what can you do? You're scared, you do your job .... It's a big dilemma in care sector, not only here, I think maybe anywhere which I've worked, which I've witnessed.

The figure of the migrant worker and the way it legitimises the denial of certain rights sticks to the body of the migrant worker, who continues to be perceived as the one whose presence is less legitimate, less desirable. The following section distinguishes between relationships with residents, colleagues and managers at the workplace level in order to address their respective specificities.

## Racism embedded in power relationships at the workplace level

### Racial prejudice by residents and conditions under which it amounts to racism

The exposure of migrant and minority ethnic care workers to racist comments and attitudes by care home residents or service users has been discussed in the existing literature. Datta and colleagues recount for instance racist preferences of service users and the insults that this triggers (Datta et al. 2006, 19). Others have suggested that whenever training was provided carers were simply expected to cope with racist behaviours (Stevens et al. 2011, 272). In the present research similar situations have been reported on several occasions. These were exacerbated by the feeling of powerlessness of racialised workers, all the more that they worked in for-profit facilities that rely upon a customer-oriented management due to which clients take precedence over staff. No intervention of managers to change service users' attitudes was mentioned in any of the interviews, contrary to experiences reported by some migrant care workers providing home care services interviewed for the COMPAS report (Cangiano et al. 2009, 152). The prevalent attitude was to comply, as far as possible, with the residents' preferences, which

confirms a trend identified in the previous research (Stevens et al. 2011, 271). The most harmful aspect of this exposure to racial prejudice was precisely the absence of any support. Mary, quoted in the introduction of this paper, deplores the lack of acknowledgement of the harmful implications of these racist attitudes:

They get really picky about your colour and your skin, and your accent, anything that does not sound or look English to them they don't like, which sometimes it does get to me because you're human, you can't stop yourself from feeling a bit sad most of the time. Sometimes as well you just have a thick skin to things like that, it's just an age thing, an era thing... you know most of the time it still can be a bit nasty. These days nobody goes around making racist remarks but most of the residents do and there is no excuse for it, they are allowed to do it because they are residents which is a bit silly sometimes because we are not just carers we are humans as well, we do have emotions, we do have feelings, if someone called you a nasty name you would feel it you know.

In her interview, Mary described a continuous exposure to racist comments by residents. Highly aware of the fact that these were caused by uninhibited behaviours related to old age, Mary was most affected by the negligence of the managers and their systematic compliance with residents' preferences, leaving unaddressed the harm these comments might have caused. Managers were themselves trapped in a customer-oriented approach that guided their priorities and imposed upon them to make sure residents won't complain to their relatives.

#### Racial prejudice by colleagues and how it relates to racism

Racialised care workers do not only suffer from racist comments by residents, they also have at times to deal with bullying attitudes by colleagues. This happened often in combination with discriminatory practices by managers. The fact that bullying was tolerated by certain managers — in the sense that no action was taken upon report of these situations — constituted a discriminatory practice by management and exacerbated the harm that such bullying produced. The following account describes the pervasive attitude of Sameera's colleagues, that she could not understand until she realised that their attitude was motivated by racial prejudice:

And when I was working I could feel, they wouldn't even look at you while you're sitting, they just move when you come to the staff room, you sit next to them, they move. I was thinking... what happened? I was thinking maybe I'm smelly... You know? Maybe something wrong with me, maybe my cloth is dirty... Me I shower every day... slowly slowly I feel the attitude. Now I start feeling what this is you know. And then there was a girl over there I will never forget, the way she treats you... how can I say. It's like you're nothing.

Another care worker also described how bullying demeaned the person. Isabel, who started a Masters degree in her home country, felt deeply insulted by her colleagues' comments:

I have experience in the previous job you know there are some people you know.... Racists... When I started there they said, one of the carer asked me, because I'm reading a newspaper in front of a resident, then she just asked me, oh can you read English? I said yes I can't come here

if I don't know how to read English. "oh I see"... and then I am using the remote control because one of the resident asked me to turn on the TV and set it on a program. "Oh do you know how to use that?". As if they are thinking I am ignorant or I'm illiterate because I'm foreigner I don't know... They are just degrading you.

This form of inter-personal interaction illustrates racial prejudice at the individual level. In the first case, the attitude of the migrant carer's colleagues could be analysed as "aversive racism" (Byrd 2011; Gawronski et al. 2008). Negative feelings towards a racialised person are expressed by this behaviour but no opinion is voiced against egalitarian values per se. The harm that such "subtle racism" (Byrd 2011) causes should not be overlooked in spite of the specific challenges that tackling such racial prejudice supposes (Ahmed et al. 2000). Cases of "aversive racism" were indeed rarely challenged by respondents because of their diffuse nature. When the issue was informally raised with a deputy manager or a manager, the result was in several cases to move the victim to another floor or unit. This was, however, sending out the wrong message as to who was to blame and therefore weakened the position of the affected worker. In these cases, institutional practices effectively transformed the experience of individual prejudice into a form of institutional racism given the position of power in which managers found themselves.

#### Racist practices by managers and harassment

Discriminatory practices carried out by managers ranged from unfair workloads in comparison with non-migrant colleagues to absence of training and promotions, to lack of support and unfair complaint processing, and to direct bullying and stigmatisation. In several cases all of these practices were present. The unfair division of tasks, as identified by Cangiano and colleagues in their study, constitutes a common form of discrimination in the care sector (Cangiano et al. 2009, 137). An excessive workload was indeed experienced in Sameera's case and she believed it was due to her being a migrant:

She favours certain persons, she give other people easy calls some get hard ones, why? Whoever is like me we all get the hard ones. I'm not complaining I'm doing it but why? Everybody has to do. That lady I'm telling you, it should be fair. I have her Monday, somebody has Tuesday, you have her Wednesday and then you won't feel it. If me or another person has her every single day that Sikh lady, you really feel it, you feel your back is going, you are exhausted because you're doing more than others. Other people have easy ones, you don't even have to do anything just go and give medication. Why? This is not fair!

In some cases this type of discriminatory practices took place with the managers directly harassing foreign workers. Jenifer, a 24-year-old minority ethnic care assistant, described a case of harassment of foreigners at her workplace. The dependence of non-EU migrant workers upon their employers' sponsorship puts employers in a position in which they can abuse their power at no cost as the



limited rights granted to non-EU workers make any complaint or protest very unlikely:

And she has been reported by several witnesses on one day, she went upstairs and was telling, because it's mostly Filipinos and a few Asian people on the first floor, she was going around and telling you're lucky you're in your jobs otherwise you could be back home, if you're not happy where you're working you should go back home to your own country.

Last but not least, the absence of transparency regarding promotion routes was equally perceived as potentially covering up discrimination. In a situation described by the above quoted Grace, the lack of proper procedures for recruitment and feedback to internal applicants was understood as being the result of managers' favouritism and arbitrary practices:

There's no proper assessment of who is the best candidate for that job. You apply for the job it's too late because she already appointed somebody. To just show that she has advertised it, thinking that everything is going to be fair they will apply but she never goes back and say sorry the post is already filled, sorry you didn't get the job, or sorry I can't recommend you for your training. She doesn't say that she just leave it.

The failure to ensure transparent routes for promotions, in this case in a large company, and the absence of any repercussions further to such malpractices, severely undermined fairness in the workplace.

The situations described in this section illustrate different aspects of residents-carers and carers-managers relationships, in which the statuses of "client" and "service provider" play an undeniable role. In implicit or explicit forms, power relationships underlie each of these situations. Mary's frustration stemmed from colleagues' and managers' indifference to the racial abuse that migrant and minority ethnic carers endure on a daily basis. Quotes from Isabel, Grace, Jenifer and Sameera illustrated in different ways how biased power relationships take away from the workers the ability to challenge the behaviour of the powerful. The voices of workers who are discriminated against are not heard; their oppression is thus invisible to the institution. The following section addresses how care workers who suffered from such experiences coped with these situations.

### How do care workers cope with discrimination and racism?

As mentioned above, one of the central aspects of bullying and discrimination is the absence of support or the complicit silence of managers when it is not due to managers' behaviour directly. These situations frequently remained unchallenged and sometimes managers' responses deepened the actual feeling of unfairness. In several cases, the response of managers has been to move the complainer and victim of bullying to a different unit or floor with no implications for the perpetrator(s). In the manager's eyes this might have looked like an easy solution but this type of management definitely worsened the perception of injustice and

further weakened the relative position of migrant and minority ethnic workers in the workplace. It needs moreover to be emphasised that the care sector is generally characterised by low levels of unionisation. The continuous outsourcing of care services since the 1980s exacerbates this challenge for union organisers, as is the case for the public service union UNISON (Interview with UNISON officers, October 2014). The need to operate in the context of private employment relations constitutes, however, only part of the difficulties; high turnover and very low levels of pay definitely add to the challenge faced by unions in their efforts to recruit and organise care workers, and in particular migrant care workers.

Contradictory views were expressed as to the role that unions could play in supporting migrant workers. None of the respondents requested a union for support in a discrimination case and their expectations regarding unions clearly differed. Isabel, the Filipina care worker who experienced abuse in her first workplace in the UK, thought unions could have effectively supported her if she had asked them for help:

Because here in this country racism and bullying is a really big issue they don't really allow it. It's not a crime but it's really a big issue for them. ... I can get a big support from union if I were a union member when that experience happened, when that incident happened because what I have experienced there is really racism, bullying, abuse.

However, the views of an experienced Filipina nurse were more disillusioned:

We live in a false world, what you see is not always what it is. Everybody is making money, even unions sometimes they're making money, they collect all the membership and they don't support you when you need them, they're collecting money, everything is business nowadays. So when it comes to litigations, when it comes to spending so much money, to fight your case, goodbye to you, they don't want to know. ... Unless you're a strong person that you can go through this hassle and this trouble, forget it, because it's a very lengthy procedure and you need a lot of evidence to prove that.

In spite of a certain disappointment regarding unions' bargaining power, unions definitely have a role to play in informing care workers about their rights, organising, and making collective bargaining happen. In the context of increasing outsourcing of care homes' management to private providers, this is the only currently available leverage to limit the fragmentation of the workforce.

## Conclusion

According to the results of this research, racism and bullying are commonplace for migrant and minority ethnic care workers, which is in line with previous studies about the migrant care workforce in the UK. It confirms several findings around the scope and forms of racism experienced by migrant and minority ethnic carers. Whilst the concepts of "modern racism" or "aversive racism" (Gawronski et al. 2008; Byrd 2011) mentioned here are analytically useful to account for

these experiences, the paper argues for the need to shed light on the role of structures and institutions in shaping the manifestations of racism and the consequent coping strategies. This task is all the more important given that victims of racism point to the diffuse nature of these experiences, embodied in implicit attitudes and comments, that render the denunciation difficult and the fight for justice challenging. Different manifestations of racism are often intertwined and cumulative, stemming from service users, colleagues and management, implicitly or explicitly in the framework of power relationships derived from migration and employment regimes as well as professional hierarchies. Managers' failure to ensure a fair work environment can range from a lack of transparency in managing practices, a failure to take action when staff members are bullied by other staff, to direct bullying and harassment by management itself. Carers who are victims of such practices are left with very few resources to challenge these behaviours in a sector where levels of unionisation are particularly low. Given the important share of migrant and minority ethnic workers in the care sector, expanding our knowledge in this field is necessary for better working conditions to emerge. The market-driven elderly care industry gives, however, currently limited incentives to all stakeholders to take institutional racism seriously and to effectively challenge both manifest and latent forms of racism at the workplace level. Better regulation and active grassroots campaigning might play a role in enhancing the means available to care workers in challenging these situations and improving employers' practices.

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## "We are not just carers, we are humans". Migrant and minority ethnic care workers' experiences of discrimination and racism in elderly care

### Abstract

This paper looks into migrant and minority ethnic care workers' experiences of racism and discrimination in London. It is based upon 26 semi-structured interviews with non-EU migrant and EU-born minority ethnic care workers. Findings from this qualitative research indicate that such experiences are not rare in the for-profit elderly care sector. This article argues that migration policies as well as employment and care regimes play a major role in shaping these experiences and in framing consequent coping strategies. The paper looks into how various manifestations of racism are embedded in institutional racism.

„Nie jesteśmy tylko opiekunkami, jesteśmy ludźmi”.

Dyskryminacja i rasizm w usługach opiekuńczych nad osobami starszymi  
w doświadczeniach opiekunek należących do środowisk migrantów  
i mniejszości etnicznych

#### Abstrakt

Niniejszy artykuł analizuje doświadczenia dyskryminacji i rasizmu wobec opiekunek należących do środowisk migrantów i mniejszości etnicznych w Londynie. Artykuł opiera się na 26 częściowo ustrukturyzowanych wywiadach z opiekunkami migrantkami spoza Unii Europejskiej i urodzonymi w Unii Europejskiej opiekunkami — przedstawicielkami mniejszości etnicznych. Wyniki badania jakościowego wskazują, że doświadczenia dyskryminacji i rasizmu nie są rzadkością w sektorze płatnej opieki nad osobami starszymi. Artykuł dowodzi, że polityka migracji, jak również systemy zatrudnienia i opieki odgrywają ważną rolę w kształtowaniu tych doświadczeń, nadając ramy wywodzącym się z nich strategiom działania. Praca pokazuje także, w jaki sposób różne przejawy rasizmu są osadzone w rasizmie zinstytucjonalizowanym.