White Rose Research Online

eprints@whiterose.ac.uk
https://eprints.whiterose.ac.uk
Universities of Leeds, Sheffield and York

Deposited via The University of Sheffield.

White Rose Research Online URL for this paper:
https://eprints.whiterose.ac.uk/id/eprint/207147/

Version: Accepted Version

Article:
Hussein, S., Kilkey, M. and Tawodzera, O. (2023) The vulnerability of Central & Eastern European and Zimbabwean migrant home care workers' wellbeing in the UK: the intersectional effects of migration and social care systems. Journal of Ethnic and Migration Studies, 50 (5). pp. 1118-1137. ISSN: 1369-183X

https://doi.org/10.1080/1369183x.2023.2279716

This is an Accepted Manuscript of an article published by Taylor & Francis in Journal of Ethnic and Migration Studies on 11/12/2023, available online: http://www.tandfonline.com/10.1080/1369183X.2023.2279716.

Reuse
Items deposited in White Rose Research Online are protected by copyright, with all rights reserved unless indicated otherwise. They may be downloaded and/or printed for private study, or other acts as permitted by national copyright laws. The publisher or other rights holders may allow further reproduction and re-use of the full text version. This is indicated by the licence information on the White Rose Research Online record for the item.

Takedown
If you consider content in White Rose Research Online to be in breach of UK law, please notify us by emailing eprints@whiterose.ac.uk including the URL of the record and the reason for the withdrawal request.

UNIVERSITY OF LEEDS
University of Sheffield
UNIVERSITY of York

The vulnerability of Central & Eastern European and Zimbabwean migrant home care workers' wellbeing in the UK: The intersectional effects of migration and social care systems

Shereen Hussein[1], Majella Kilkey[2] and Obert Tawodzera[3]

[1] Department of Health Services Research and Policy, London School of Hygiene & Tropical Medicine, UK

[2] Department of Sociological Studies, University of Sheffield, UK

[3] Department of Social Work and Social Care, University of Birmingham, UK

Author Accepted Manuscript

Published version at: DOI: 10.1080/1369183X.2023.2279716

To cite this article: Shereen Hussein, Majella Kilkey & Obert Tawodzera (11 Dec 2023): The vulnerability of Central & Eastern European and Zimbabwean migrant home care workers' wellbeing in the UK: the intersectional effects of migration and social care systems, Journal of Ethnic and Migration Studies, DOI: 10.1080/1369183X.2023.2279716 To link to this article: https://doi.org/10.1080/1369183X.2023.2279716

Abstract

The UK welfare system and growth in social care escalate the demand for migrant care workers (MCWs) as a system-level intervention. However, the UK migration regime creates structural barriers and facilitators for different groups of MCWs. The nature of the UK migration and social care policies, combined with societal systems, including racism, affect the wellbeing of MCWs. This article addresses current literature gaps investigating the interplay of migration governance and social care systems' effects on MCWs' wellbeing. We utilise qualitative interviews collected from two groups of MCWs: Zimbabwean and Central East European migrants. These two groups have been subject to differentiated migration policies and societal perceptions during the data collection (2019), which coincided with the Brexit process. Data were analysed thematically guided by a wellbeing of care workers' framework while allowing for new themes specific to the intersectionality of migration and social care systems to emerge. The analysis highlights that migration shapes MCWs' wellbeing through two distinct mechanisms. First, the migration experience interacts with the same underlying factors that influence all care workers' dimensions of wellbeing at work. Second, migration and the specific profile of migrant social care adds a new layer of factors that influence MCWs' wellbeing in additional ways. The latter is affected by structural systems, such as the migration regime, and systemic challenges, such as the experience of inequalities and racism, exacerbated by the migration regime.

1. Introduction

Social care provision and services span a broad spectrum linked directly to the specific individual needs across the life course (Humphries, 2022). In the United Kingdom (UK), social care is organised and provided by a mix of formal and informal support systems. It is recognised as vital in ensuring the health and wellbeing of individuals needing support, such as older or disabled people. The growth in the demand for social care, combined with

a shrinking local labour market supply, has driven the reliance on migrant care workers as a system intervention, both explicitly and implicitly, in many countries (Anderson et al., 2021; Lutz & Palenga-Möllenbeck, 2010; Hussein et al., 2011). Migrant labour flows are governed by structural factors, including migration and welfare regimes and historical, cultural and geographical links between receiving and sending countries (Williams, 2018). Interacting with these structural factors are meso-level processes such as labour market intermediaries (Leiber et al., 2019) and individual-level factors, including migrants' agency, defined as an intentional process mediated by broader socio-cultural context, shaping specific migration pathways and migrant decision-making (Christensen et al., 2017). Receiving countries' care and migration regimes and their interactions influence the levels and types of reliance on migrant care workers (MCWs) (Williams, 2018). Within such dynamics, migrants would be more or less likely to contribute to different types of care, such as live-in or live-out home care or formal care settings like care homes.

For decades, the UK has relied on migrants to fill gaps in its social care workforce (OECD, 2020). In England, migrants are over-represented in social care jobs at 19 per cent compared to 10 per cent among the general population (Skills for Care, 2022). While the UK migration system has been subjected to many reforms over the past decades, the contribution of migrants to social care has remained constant at around a fifth of its 1.6 million workers (ibid). The UK government’s decision for a ‘hard Brexit’ with no Freedom of Movement (FoM) is disrupting migration pathways into social care from Central & Eastern Europe (CEE) that have dominated since European Union (EU) enlargement in 2004 and reigniting old pathways from countries such as India, the Philippines, Ghana and Zimbabwe. These trends align with expert views that the UK will continue relying on migrants to sustain its social care system post-Brexit, albeit with changes in migrant profiles, particularly in the country of origin (Turnpenny & Hussein, 2022).

Given the importance of ensuring the flow of MCWs as a system intervention to meet local demands, there is growing interest in understanding workers' experiences, including their wellbeing. The latter usually operates at the system level to enhance the system's productivity, retention and cost-effectiveness (DiMaria et al., 2020; Hussein, 2022; Zhou et al., 2022). In organisational psychology, workers' wellbeing is affected by workplace factors, their lives outside of work, and how they interact. Work-related wellbeing has gained international recognition as a critical determinant of productivity, effectiveness and, in health and care sectors, the quality of care and users' outcomes (Vermeerbergen et al., 2017). Furthermore, there are direct links between wellbeing at work and workers' physical and mental health outcomes. In the context of low-paid, low-status jobs with high turnover and vacancy rates, like those in the UK social care sector, workers' wellbeing at work is directly linked to the quality of care they provide (Maben, 2012).

The current international evidence on the constructs of social care workers' wellbeing at work is usually focused on specific settings or certain groups of workers. In the context of informal (unpaid) caregiving, Keating and colleagues (2021) highlight three main constructs that formulate wellbeing: a personal, subjective evaluation of one's situation, an objective state arising from having sufficient material resources and a social or relational dimension. They argue that in the context of caregiving, the third dimension is especially relevant and reflects 'what they [caregivers] can do through their relations with others' (pg. 614).

Hussein and colleagues (2022) aimed to conceptualise social care workers' wellbeing in the UK context. The initial stage of this work reviewed existing concepts specific to social care and, based on 68 publications, they found an absence of agreement on the definition of wellbeing (Silarova et al., 2022). The review indicated that fragmented work organisations and characteristics specific to care work affect social care workers' mental and

physical wellbeing and spill-over from home to work. The study used the review as a starting point to develop a care-work related quality of life at work (CWRQoL) framework through an iterative process of primary data collection from care workers, care managers and stakeholders.

Hussein et al. (2022) identify three main anchors of CWRQoL: mental/emotional, financial/material and physical wellbeing. They also recognise two additional dimensions of social and environmental CWRQoL that were not fully captured in their empirical data or previous research. They further identify key factors influencing CWRQoL, specifically societal recognition of care work, care organisation and characteristics and the nature of care work as the three main domains affecting social care workers' wellbeing. These dimensions might map to a large extent to the dimensions identified by Keating et al. (2021).

While Hussein et al. (2022) examined the specific experience of social care workers in the UK, their sample did not include many migrant workers; hence, potential impacts of structural factors such as migration regimes and racism on CWRQoL are not fully captured. More generally, few studies specifically focus on the wellbeing of MCWs and how it is influenced by the different dimensions of social care work, their position within the receiving country and the interaction between their migration journey and their individual factors, including transnational dynamics. Evidence shows that migrant workers in general in Europe are more likely to be exposed to unfavourable working conditions than native workers, with adverse effects on their physical and psychological health (Ronda Perez et al., 2012). Migrants are more prone to accept precarious and less secure work opportunities and are at higher risks of labour exploitation, bullying and harassment (Dietz, 2010). The specific effects of such experiences are mitigated by various stress-buffering factors such as social support, resilience and individual and collective agency (Bauder, 2011). The literature highlights a high level of resilience employed by different groups

of migrant workers (van der Ham et al., 2014). Social networks in sending and receiving countries play an important role in supporting migrants before, during and after migration (Sørensen, 2012). In some situations, however, these networks lead to worse outcomes, such as enclaved economies and isolation from wider receiving-country communities (Bloch & McKay, 2015).

This article focuses on the specific experiences of MCWs through a wellbeing lens. Reflecting this Special Issue's interest in the nexus between migration governance and other societal systems (see Tagliacozzo, Pisacane & Kilkey, fc in this Special Issue), we focus on how the social care sector and migration systems in England intersect to configure MCWs' wellbeing experiences. While ensuring the effective incorporation of migrant workers into the care sector is paramount for the operation of the care system, the immigration system operates within a different set of drivers and goals. To illuminate the complex and situated experiences that ensue, we focus on a range of social care settings (live-in, home care and assisted living) and two groups of MCWs – those who, at the time of fieldwork (2019), were EU citizen-workers – from CEE - and those who originated outside the EU – from Zimbabwe. The article continues by drawing on existing literature on migrant workers' wellbeing to conceptualise MCWs' wellbeing as an intersectional space between social care and migration systems. It then introduces the study informing the article, before presenting the empirical analysis and discussion.

2. MCWS' wellbeing: between social care and migration systems

The broader literature on migrant labour highlights the importance of working conditions in shaping migrant workers' wellbeing, which in turn, improves system outcomes. We expect that the specific working conditions impact the wellbeing of migrants working in social care within the sector and other migration-specific factors (Bretones et al., 2020; Zhou et al., 2022). The social care sector in Europe occupies a secondary labour market

position with unfavourable working conditions (England & Alcorn, 2018). Furthermore, social care is labour-intensive and emotionally taxing. Specific social care settings, such as live-in care, are characterised by additional strains with potentially adverse effects on MCWs' wellbeing (Ahlberg et al., 2022). In some cases, MCWs resort to displacing their wellbeing from themselves to others in their families or close social networks to mitigate situations where their wellbeing is compromised (Hussein, 2022).

MCWs' wellbeing is also shaped by their positioning within receiving countries' migration regimes and the bordering processes that ensue. We understand bordering processes as entailing migration controls at the external territorial borders of states, and internal migration policies and practices enacted by state and non-state actors, what Yuval Davies et al. (2019) refer to as 'everyday bordering'. The latter has intensified as successive governments seek to create a 'hostile environment' for irregular migrants resident in the UK. Everyday bordering entails the diffusion of the migration system into everyday spaces of society, and the co-option of organisations, such as health and education, and people, such as employers and landlords, as 'de facto immigration officers', responsibilised for checking migrants' rights to reside, work and access services (Griffiths & Yeo, 2021: 523). External and everyday bordering processes intersect to produce and reproduce inequalities along axes such as gender, class, age, nationality, race and ethnicity, following historical patterns of inclusion and exclusion, and also potentially creating new ones.

EU *versus* Third Country citizenship has constituted a fundamental axis of inequality in external bordering processes in the UK. EU Member States differentiate between EU-citizen migrants moving across the internal borders of the EU under FoM rights and migrants moving across the EU's external borders, 'Third Country Nationals' (TCNs). Until the UK's departure from the EU in January 2020, under FoM EU-citizen migrant workers could

move freely to the UK and be joined by their family members (descendant and ascendant). Once resident in the UK, they had the right to equal treatment in employment and social welfare. In contrast, TCNs face significant entry restrictions, and once there, their access to the labour market, social rights and family reunification is limited (Kilkey, 2017).

Interweaving within such external bordering processes, everyday bordering produces new subjectivities and understandings of who belongs and who does not, and is part of a move to increasingly exclusionary and nativist political narratives and agendas within which social diversity and discourses on diversity are challenged (Yuval Davies et al., 2019). In this context, the belonging of all people with a migration background, and especially those from racially minoritised groups, is contested, producing and re-producing hierarchies in and between people that are seen to be migrants and those that are not (Yuval Davies et al., 2019; Griffiths & Yeo, 2021).

Migrants working in social care will have differentiated experiences based on their formal citizenship status and how they are perceived - and othered - by UK society. Visible markers of difference, such as skin colour and language proficiency, influence the latter. The UK's Equality and Human Rights Commission (2022) recently highlighted significant disparities in all employment outcomes between racially minoritised and white low-paid health and social care workers, regardless of nationality. It is important to acknowledge, however, that 'Whiteness' is a heterogeneous category, characterised by 'gradations of whiteness' (Zarycki, 2022), which in a European context span a continuum from 'dirty white' to 'eurowhite' (Böröcz, 2021), mapping on to asymmetrical East-West European geopolitical power relations that have been central in processes of post-2004 European enlargement and ensuing labour movements. Consequently, the CEE workers arriving in the UK since 2004 have been subject to processes of racialisation despite being EU citizens (Fox, Moroşanu & Szilassy, 2012).

The Brexit process has intensified external and everyday bordering for migrants, impacting lived experience within and beyond the workplace. Research has primarily focused on the implications for EU citizens, including those from CEE. In the period between the referendum (2016) and our fieldwork (2019), research evidenced increased experiences among CEE nationals of racism and xenophobia, disruption of feelings of belonging and insecurity around sociolegal status (Guma & Jones, 2019; Rzepnikowska, 2019; Kilkey & Ryan, 2020). While research on the implications of Brexit for TCNs is more limited (Benson et al., 2022), the Brexit process, in reinforcing the nativist turn has had spill-over effects for all migrants and British racially minoritised groups (Nandi & Luthra, 2021).

Hence, it is crucial to account both for structural factors within migration systems that create wellbeing barriers and facilitators for certain groups of migrants, as well as the individual characteristics of migrants, particularly race and visible markers, as they shape how they are perceived, welcomed or othered by the receiving society. In this article, we undertake a comparative analysis of the wellbeing of two groups of MCWs – CEE and Zimbabwean migrants. Migrants from CEE in the UK at the time of data collection (2019) still had EU FoM rights. However, they were fully aware of the forthcoming changes and uncertainties associated with Brexit. Our CEE participants were all of White ethnicity and less visibly identified as migrants. However, as racialised CEE migrants in the UK, they have experienced a longstanding hostile public opinion around migration (Kilkey & Ryan, 2020). Zimbabwean MCWs had arrived in the UK as TCNs with inferior rights, including around labour market access and family reunification. This group is also more visibly identified and shares various aspects of the less favourable experience of Black British social care workers (EHRC, 2022).

3. **Methods**

This paper draws on data collected as part of the Sustainable Care Project[1]. Our study within that wider project focused on MCWs in England, exploring their experiences of migration and care work, emphasising wellbeing[2]. The study adopted a qualitative research design, using in-depth interviews to understand MCWs' experiences, perceptions and perspectives. 27 MCWs from Zimbabwe, South Africa, Hungary, Czech Republic, Bulgaria, Spain, Lithuania, Norway, Germany, Denmark and France were interviewed in 2019. Participants were recruited through multiple channels, including care provider agencies, social media and researchers' networks. Snowballing was adopted to enhance recruitment: we asked those interviewed to signpost us to potential participants.

The empirical data analysed for this article draw specifically on the Zimbabwean (n=10) and CEE (n=7) MCW participants. This represents all CEE and Zimbabwean participants in the Sample. Tables 1a and 1b present their characteristics. Zimbabwean participants in the study are younger than the CEE participants, reflecting the profile of Zimbabwean migrants in the UK (Mbiba, 2005). There are also more men than women in our Zimbabwean sample. Compared to British men, migrant men are over-represented in care work (Hussein & Christensen, 2017), so it is unsurprising that men are present in our Zimbabwean sample. What is surprising is the degree of their presence in the Zimbabwean sample and their absence in the CEE sample. While our snowballing approach undoubtedly shaped sample characteristics, researcher positionality is another potential explanation: a Zimbabwean male researcher (co-author Obert Tawodzera) led Zimbabwean recruitment, and a female Hungarian researcher led CEE recruitment.

[1] Sustainable Care: connecting people and systems programme, ESRC Grant reference: ES/P009255/1, 2017-21, Principal Investigator Sue Yeandle, University of Sheffield.
[2] We acknowledge the contributions of the wider research team: Magdolna Lörinc, Louise Ryan and Agnes Turnpenny.

All CEE participants worked as live-in carers – living and caring for the client in the client's home. Since migration was envisaged, originally at least, as temporary, they did not have their families in the UK, meaning that they could commit to live-in work patterns. Zimbabwean participants worked variously as live-ins, as home carers (visiting the client in their own home) and in supported living (supporting the client living in an assisted living facility).

Table 1a: Characteristics of Zimbabwean participants

Pseudonym	Sex	Age	Nationality	Year of arrival in UK	Care type
Mandla	Male	45	Zimbabwean	2003	Homecare (visits)
Tendai	Male	26	Zimbabwean	2013	Supported living
Charity	Female	37	Zimbabwean	2010	Homecare (visits)
Alfred	Male	25	Zimbabwean	2013	Homecare (visits)
Blessing	Male	32	Zimbabwean	2008	Homecare (visits)
Danai	Female	20	Zimbabwean/British	2007	Supported living
Linda	Female	35	Zimbabwean	2012	Supported living
Kuda	Male	54	Zimbabwean	2000	Live-in care
Rejoice	Female	24	Zimbabwean	2015	Supported living
Melusi	Male	37	Zimbabwean	2003	Supported living

Table 1b: Characteristics of CEE participants

Pseudonym	Sex	Age	Nationality	Year of arrival in UK	Care type
Szilvia	Female	62	Hungarian	2010	Live-in care
Tímea	Female	46	Hungarian	2012	Live-in care

Adrienne	Female	42	Hungarian	2008	Live-in care
Elisaveta	Female	57	Bulgarian	2014	Live-in care
Ildikó	Female	61	Hungarian/British	2005	Live-in care
Imola	Female	62	Hungarian	2015	Live-in care
Ausra	Female	37	Lithuanian	2012	Live-in care

Interviews covered participants' migration trajectories, care work experiences, caring responsibilities both 'here and there', experiences of discrimination and racism, the impact of the Brexit referendum, and the effect of these on the wellbeing of MCWs. Interviews were audio recorded with participants' consent and fully transcribed and coded in NVivo 12. All participants were given pseudonyms to protect their identities. Data were analysed thematically guided by the wellbeing of care workers' framework developed by Hussein et al. (2022) while allowing for new themes specific to the intersectionality of migration and social care systems to emerge. Analysis continued as the themes were defined and redefined, ensuring all data were represented (Braun & Clarke, 2014).

4. The context of Zimbabwean and CEE social care workers in the UK

Zimbabwean and CEE social care workers in the UK have different migration pathways, legal status, social and economic status and experiences. Zimbabwe was a British colony until 1980, and the UK has a historical and cultural connection with Zimbabwe that can influence the experiences of Zimbabwean migrants in the UK. While Zimbabweans have a long migration history to the UK, the numbers peaked in the early 2000s caused by political instability, economic hardship and social unrest in Zimbabwe (Madziva et al. 2014). Many migrated to seek better opportunities, safety, and the means to support families left in Zimbabwe. On arrival in the UK, Zimbabwean migrants, like many other migrants in the UK, faced

challenges of having their qualifications recognised by UK authorities (Madziva et al. 2014). Those who claimed asylum in the UK were prohibited from working. This made it difficult for them to find employment in their chosen fields, and many found themselves working irregularly in low-paid and low-skilled jobs such as care work (ibid).

Before the 2004 EU enlargement, which resulted in a large-scale population movement from the new CEE Member States, Zimbabweans constituted the highest proportion of migrants employed in the UK social care sector (Skills for Care, 2018). Zimbabwean migrants to the UK are often associated with cleaning and care work and have been scornfully referred to as 'BBC' (British Bottom Cleaners) by Zimbabweans at home (McGregor, 2007). In her work tracing the experiences of Zimbabweans joining the UK's social care sector, McGregor (2007) showed that most had no prior experience in care work, since care for older and disabled people is largely a family responsibility in Zimbabwe. This was also the case for our Zimbabwean participants, most of whom had arrived in the UK to seek asylum. Channelling into the social care sector was through personal networks, friends and family. Despite being caricatured as 'BBC', our participants' remittances accrued through care work were critical for the wellbeing of their 'left behind' families.

The UK was one of the early countries to allow the free labour mobility of people from the CEE accession countries[3] in 2004; in 2007, the EU expanded to include Romania and Bulgaria. Since then, the profile of MCWs has changed dramatically, shifting towards migrants from CEE until after the implementation of Brexit (Vadean et al., 2020). All our CEE participants came to the UK through exercising FoM. Unlike the Zimbabwean migrants, their move to the UK was work-related. Also, most of them had experience working in care, having done the same job in other EU countries such as

[3] Czech Republic, Estonia, Hungary, Latvia, Lithuania, Poland, Slovakia and Slovenia.

Germany, Austria, Belgium and the Netherlands. Most arrived in the UK with concrete job offers; those who did not had friends and family to assist them in accessing care work.

5. Findings

The thematic analysis focused on how the interplay between migration and social care systems impacted MCWs' wellbeing experiences. The analysis expanded the CWRQoL framework (Hussein et al., 2022) that is specific to working in social care. This framework proposes that care workers' wellbeing has various dimensions, broadly mapping to Keating et al. (2021) three dimensions of subjective, material and relational wellbeing related to informal, unpaid, carers. However, Hussein et al. (2022) further conceptualise three broad underlying factors specific to social care work in the UK: (a) societal recognition of care work; (b) care organisation characteristics; and (c) the nature of care work. The current analysis of primary empirical data highlights the intersectionality of social care work and migration on MCWs' wellbeing in three ways: (i) cross-border caring responsibilities; (ii) structural racism and discrimination; and (iii) lack of social capital and isolation. We present findings on these effects before discussing the impact of the intersectionality of migration with the common care factors on the three main CWRQoL dimensions: (1) material and environmental wellbeing; (2) emotional and social wellbeing; and (3) physical wellbeing (See Figure 1).

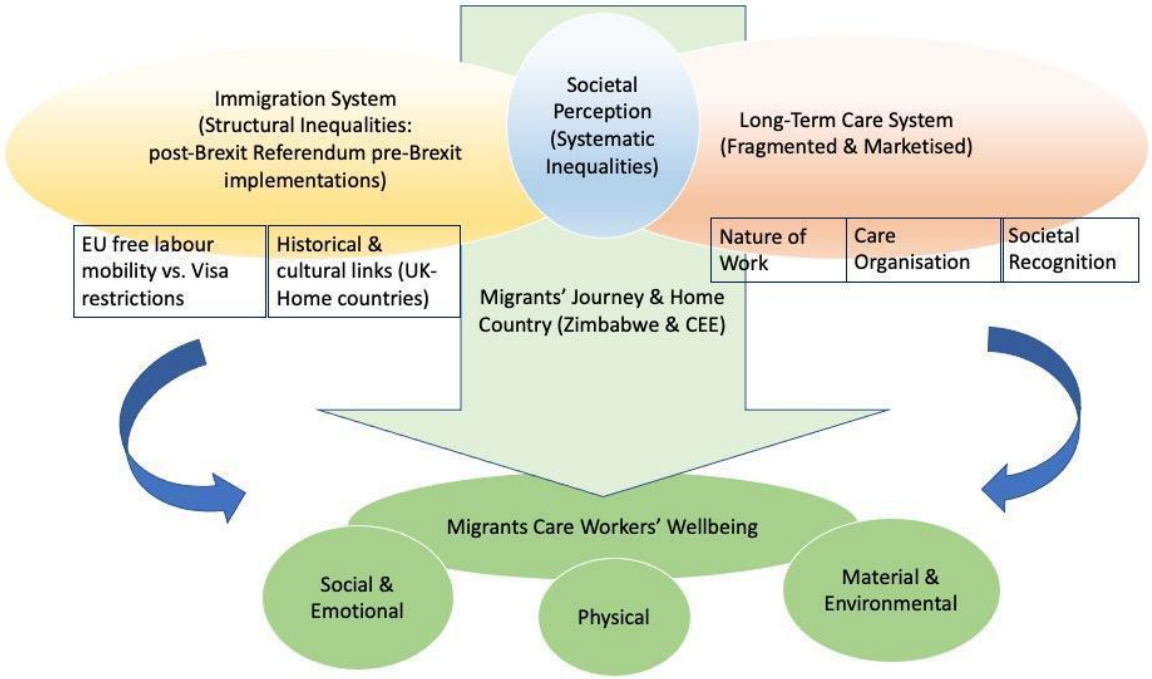

Figure 1 Migrant care workers' wellbeing
[Elaboration on Hussein et al. 2022]

5.1. Migration system as an additional layer influencing MCWs' wellbeing

5.1.1 Bordering and transnational caring responsibilities

Most Zimbabwean participants had entered the UK through the asylum route. In the UK, family reunification rights for asylum seekers granted refugee status do not extend to parents and grandparents. Moreover, while those with UK citizenship or Indefinite Leave to Remain can, in theory, bring older parents via the Adult Dependent Relatives route, the conditions are so strict that the route is all but closed (HoL, 2023; see also Kilkey & Baldassar, fc in this Special Issue). Navigating the bordering of family relationships was, therefore, an essential aspect of Zimbabwean MCWs' lives, and while some had reunited with spouses and children, most retained care responsibilities for other family members, including ageing parents, in Zimbabwe. Care for older parents was undertaken mainly from a distance, through providing emotional support, coordination of care and remitting. Yet, proximity is also integral to transnational care practices, providing important opportunities for physical co-presence that bolster and recharge transnational relationships. There are particular times and

circumstances in the life course, including moments of crisis of acute and chronic illness, death and dying, when the opportunity for proximity may be significant (Merla, Kilkey & Baldassar, 2020). Preclusion of visiting at such moments, however, was a common theme among the Zimbabwean participants and had a negative impact on their wellbeing. In the initial stages of migration, while waiting for their asylum claim, the lack of travel documents prohibited travel. Even with secure migration status, however, a lack of finances to fund air tickets posed a key constraint:

> *Well, when the problem was discovered, mum needed urgent medical attention. That needed about 150 US Dollars straight away in cash. So, then my sisters back home had cash, but it wasn't in the form of US dollars. So, then I had to send that money…I couldn't afford to travel at the time because all the money was now going toward mum's medication.* (Charity, Zimbabwe)

Migration for CEE migrants was envisaged as temporary; hence they did not bring their families to the UK. This way, they could also maximise their earnings. Moreover, all our CEE participants worked in live-in care, which required them to be constantly present and available with little time for their own care responsibilities (Ahlberg et al., 2022). FoM, relative proximity and low-cost transport options made it easier, compared to their Zimbabwean counterparts, for them to travel to see family in their home countries during leave periods:

> *In my off time, I go back to Hungary. Yes, I have a place here as well, but because my mum is elderly and my daughter is at home* [in Hungary]. *And all my relatives. And I have a flat at home. So, I just enjoy going home as well a bit. I don't mind staying here as well, just my mum is over there at the moment.* (Ildiko, Hungary)

5.1.2 Everyday bordering: structural racism and discrimination

Previous research (Madziva et al. 2014) found that racism and discrimination characterised social relations at work and wider society for Zimbabwean MCWs. At work, an insecure migration status in the initial migration phase had rendered them vulnerable to exploitation by employers:

> *This racism is everywhere in the UK, I tell you. At work, because we were known to be dodgy because we did not have papers, we were exploited. You would work 10 hours and get paid for 8. You would not report because if you do you will be arrested for working when you are an asylum seeker.* (Melusi, Zimbabwe)

Gaining secure migration status did not ameliorate the pervasive racism and discrimination experienced because of their skin colour, with participants reporting being given heavy tasks, or asked to work with demanding clients, or as in the case of Kuda being overlooked for promotion to senior positions:

> *In care work it's just a matter of when positions to further up come. When I left my last job, when I was working in a supported living house, I was the most senior person there, but they did not offer me that position. Some young person just came from nowhere and he took the job, even though I had applied, and had the experience.* (Kuda, Zimbabwe)

Kuda's statement shows how MCWs' perception of being overlooked for promotion, despite having the necessary experience, can be seen to be a result of systemic racism and discrimination. This can be frustrating and demotivating for migrants and lead to feeling undervalued and underappreciated in the workplace. The statement also highlights their work's lack of prospects and insecurity, which will likely impact their wellbeing. Participants also indicated that they experienced racist language from clients:

> *I've been somewhere before; the service user has called me a* [expletive] *black. But it is what it is. Half the time they don't even know. They're just saying it, and some of them don't even mean it, but only because of the pain they are facing that time, that's just the way they can express themselves.* (Tendai, Zimbabwe)

Racism and discrimination were not only experienced in the workplace. Zimbabwean participants also experienced a racially hostile environment and xenophobia in their communities. Mandla explains how he experienced verbal racist abuse, victimisation and harassment, which left him feeling extremely stressed, isolated and questioning his decision to migrate to the UK:

> *I suffered a lot of racism in this country. ... The locals were so nasty. I had rotten eggs thrown at my windows and walking down the streets was just a difficult task, you were called all sorts of names and told to* [expletive] *back where you came from… It was terrible. I remember sitting in my room on a cold afternoon with nothing to do asking myself serious questions. Is it worth it, why am I subjecting myself to this?* (Mandla, Zimbabwe)

Zimbabwean participants also spoke about the more macro-level hostility emanating from migration and asylum policies, which portrayed them as a potential threat to the UK way of life, something they argue was not experienced by CEE migrants:

> *The asylum system was cruel to us. When they were telling us all the things about trying to kick us out of the country, that we are coming stealing their jobs, their women, their welfare, the same was not being said about people coming from Eastern Europe, people coming from Poland or Romania.* (Kuda, Zimbabwe)

Despite Kuda's assumption that CEE migrants had not experienced hostility, several of our CEE participants reported racism and discrimination. The

difference for them was that the racism they experienced was not because of their physical characteristics but due to their presumed cultural and language differences:

> *I do not* [experience racism]*. But I have some client comment that he didn't understand me because I don't speak English or what I am telling him is not English or very good English. And here and there I do hear comments when people realise I am not English.* (Adrienne, Hungary)

Following the Brexit Referendum, anti-EU migration hostilities increasingly became part of the UK public and political discourse (Nandi & Luthra, 2021). CEE participants indicated that the racism and discrimination they experienced post-Referendum negatively affected their emotional wellbeing and impacted their everyday practices, such as speaking their language:

> *So many times, so many times, yeah, many times* [experiences of racism and discrimination] *in the UK. It's very easy for the English person. They are pretending they don't understand you, that's all, and just ignore you. Or misunderstanding, and you feel very bad and, even, you don't want to talk again.* (Ildiko, Hungary)

5.1.3 Lack of social capital in the UK and isolation

Both groups of participants experienced isolation and reduced social capital while working in social care. This was particularly felt when participants had to leave their immediate family in the country of origin, especially young children:

> *I had Ukrainians and Estonians and Polish* [Friends], *no one Hungarian. And I didn't mind like I can't talk Hungarian, because yeah, especially if you come into a country you speak a language at home. You think you speak, and you find out you don't [laughing].* (Timea, Hungary)

Live-in care work added to CEE migrants' sense of isolation and lack of social capital. Live-in care workers may struggle to maintain a healthy work-life balance due to the nature of their work, which requires them to be available to their clients all the time (Cohen-Manfeild & Golander 2021). The fact that many could not freely leave their clients' houses - their place of work and residence - meant they could not maintain any personal social life outside the structured activities with their clients. Social activities were reduced to social media and virtual texting and messaging:

> *And at the end of four weeks or six weeks, you are tired. But regarding social life, it's not possible, just maybe by Skype, but it's not a kind of social life, just a conversation on Skype or Messenger, or Twitter, or what.* (Imola, Hungary)

For some, social media and technology provided a saviour from complete isolation from their families back home. This was particularly evidenced among Zimbabwean participants who, prior to free social media channels, were not able to call their families due to the cost of calls:

> *You see, this is the beauty of this new technology because you can now be there, even if you are not there. Between 2003 and 2009 when I was here, I felt like I was in prison because communication back home was scarce; my wife was divorcing me; I had no money to call, to buy phone cards, and I lived in West Yorkshire where there were no friends. But, now it's okay.* (Kuda, Zimbabwe)

5.2 MCWs' wellbeing dimensions: intersecting migration and social care systems

5.2.1 Material and environmental wellbeing

Remittances played an important role in shaping MCWs' material wellbeing. The demand for and ability to remit, which is directly linked to the poor

financial return for care work, were two critical determinants of material wellbeing. MCWs, like many native care workers, were forced to work long hours to secure sufficient income. Higher demand to remit, due to the specific context of migrants' situation and their responsibilities back home, also limits their ability to seek other work or challenge their working arrangements.

Due to the challenging economic conditions in Zimbabwe, participants from this group were sending remittances home regularly. As Blessing explained:

> *I send money every month, and they expect me to…. I do it because it's the only way I can help and feel I'm doing something for them.* (Blessing, Zimbabwe)

For some Zimbabwean participants, remitting was their specific role in a division of labour between siblings designed to care for ageing parents. Melusi, whose father required medication for diabetes that could only be purchased in neighbouring South Africa, outlined his family's care configuration:

> *Financially I am the one that takes all, they chip in by other means, for example, my brother goes to buy medicine in South Africa and my sisters come in as hands-on carers as you call it.*

Describing himself as the *'send money guy'*, Melusi, however, expressed frustration that new technologies such as WhatsApp meant that it was easier for his family members to request money and to do so for things beyond the care of his father:

> *Now that they* [family members in Zimbabwe] *can call whenever they please my life is ruined. Every now and then my brother calls and talks about this project and that in the village and I can tell he has recruited my father as well because they always want me to send money. For that I curse WhatsApp.* (Melusi, Zimbabwe)

Communication technologies can be a double-edged sword for migrants as they can be exploited by left-behind family members to pressure them to

send money home (Madziva, 2016). Melusi's statement highlights the negative impact of new communication technologies on migrants' wellbeing.

Though some of our CEE participants also felt the pressure to remit, it was less pronounced than for the Zimbabwean participants, whose migration, was, in the first place, shaped by the need to look after family back home. This pressure to remit provided a strong push for our Zimbabwean participants to enter care work. It also ensured that they remained in care work despite the poor working conditions and abuses incurred in the workplace. As Kuda explained:

> *If I stop working now, I wouldn't be able to send my parents some money for their upkeep. I just have to persevere and wait for the right job. Maybe one day God will smile at me and give me a better job, but for now, this one pays the bills even though it is not desirable.* (Kuda, Zimbabwe)

While Kuda felt that his job allowed him to make 'ends meet', other participants experienced financial hardship:

> *There was a time when I could not afford to send money home. I think that was when I just got released from* [asylum] *detention, so that was after six months of sending nothing. As soon as I was out, I was eager to cover the gap when I started care work, but the money was not enough. Sometimes I would send all my weekly wages home and use my asylum allowance on me. When this stopped, I started taking loans from money lenders like payday loans, and it just spiralled out of control. Up to now, my credit history is poor.* (Melusi, Zimbabwe)

Low pay in the UK's social care sector is widely reported, as is the common flouting of minimum wage legislation (Hussein, 2017). Due to the location of this work in people's private homes, live-in care work, however, is

particularly vulnerable to non-compliance with legal requirements (Ahlberg et al., 2022). Like domestic work, live-in care work is at risk of not being constructed as 'work', as one of our CEE participants found:

> *They told me it's not necessary to pay the minimum wage because this is a kind of au-pair job because I am living there, eating there, and watching telly.* (Adrienne, Hungary)

Low pay intersected with other conditions in live-in care to further undermine material wellbeing. For example, not all live-in care placements allowed our participants to cook their own food. This is an example of the effects on migrants' environmental wellbeing, where they lack control over their basic needs within the environment they live and work in. While in such circumstances, staff received a food allowance from the agency employing them, this was often insufficient:

> *I can't cook in every place, so the food is kind of an issue for us. Because some places don't give enough money to buy enough food, for example. We have a food allowance, £7 a day from the company, but sometimes we spend our money to buy food for ourselves.* (Timea, Hungary)

Low pay forced many of our participants to work longer hours than they preferred:

> *Now I need money, so I'm working three weeks* [a three-week shift]*. But I don't know how long. Maybe next year if I will still be in good health, I will work just two weeks* [a two-week shift]*.* (Szilvia, Hungary)

5.2.2 Emotional and social wellbeing

Both groups of participants widely reported shift patterns as problematic for social relations beyond work. Ausra from Lithuania describes the problems she encountered over a prolonged period, and how the need for

more balance between work and the rest of her life drove her to change her working patterns:

> *You want to spend time, yeah, you want to enjoy life, in other words. So at some point, I started to try to figure out how to still have a job, an income, but not to be away for far too long. Because I want to go out with my friends, because every time somebody texts me, I was like, "I'm working, I'm working, oh sorry, I can't, I'm working." People stop texting you because you always say you're at work.* (Ausra, Lithuania)

Ausra challenges what she felt to be a common stereotype that migrants do not have lives beyond paid work in their country of destination. Such essentialising of migrants as workers (Kilkey, Merla & Baldassar, 2018), she believed, contributes to an assumption on the part of employers that they are willing to work long and unsocial hours, sacrificing the quality of life 'here' to support family 'there' and /or their future life 'there'.

Ausra's desire for a life beyond work was echoed by other participants, including those from Zimbabwe who had managed to bring their spouses and children to live with them in the UK. However, for Linda, proximate family responsibilities rendered live-in care work untenable, so she switched to supported living work with a daily shift pattern:

> *My children came from Zimbabwe then it became a problem. In live-in care, you don't get your own time to call your family or your husband. I hated it. I used to do two weeks on and one week off. Whenever I was on shift, I would miss my husband and worry about him a lot and my children too... The problem is when you are in live-in you are at work 24/7 non-stop.* (Linda, Zimbabwe)

The low pay reported in the previous section rendered the costs of visits home to Zimbabwe prohibitive. In addition, not being able to visit at times of crisis impacted emotional wellbeing, as Charity described when speaking of her mother's suspected heart attack:

I couldn't go at that time because I knew mum was with my sisters in safe hands and also financially I could not afford to travel…. You still feel bad because you're not physically seeing her. You're only being told. And you don't know whether whatever they're telling you is only to make you feel better, they don't want you to worry, you're not sure, is it true that this has happened? So that guilt in you, that you're not there when others are trying to do something about it. (Charity, Zimbabwe)

In contrast, at the time of fieldwork, all of our CEE participants were working in the UK under FoM. Moreover, as noted above, the definition of 'family' for family reunification purposes is much broader under FoM law than it is in UK refugee/migration law and allows for the reunification of dependent ascendant relatives – i.e. parents and grandparents. As a result, and as illustrated by Ausra, some participants contemplated bringing parents to the UK in the future to care for them:

Oh, yeah, I'm not going back, not a chance. … There is nothing left in that country for me. Well, my mum. I'm not going to live with my mum. I mean, yeah, it's just – and if it comes that my mum needs care, she will need to come here to live with me… [Ausra, Lithuania]

5.2.3 Physical wellbeing

Many participants indicated high levels of fatigue and physical exhaustion. They attributed this to their constant need to work and lack of autonomy over their time to look after themselves.

I don't have any spare time. For somebody who works nights, your schedule is destroyed already because, by the time you get home the next morning you want to, especially for parents like myself, I want to get home, cook, and then sleep, pick them up at school, want to have family time. So there is no particular spare time whenever you're doing this kind of a job because they're long

hours … Sometimes if you're somebody who works a lot then you should expect your body to break down at some point. (Linda, Zimbabwe)

Participants who were live-in care workers expressed many practical challenges in maintaining general physical health and wellbeing, including a lack of control over sleeping arrangements and nutrition and not having space and time to exercise:

I couldn't do anything really, because it was a small room. I couldn't exercise because it was a very small room, it's four-square meters or something. I cannot handle the stress or something. Yeah. We don't eat well, we don't sleep, which is affecting the brain. We cannot sleep, we don't have a normal routine. We are very isolated. (Adrienne, Hungary)

Some participants felt a complete lack of control in looking after themselves, even in meeting their basic physiological needs like going to the toilet or shower:

I am always feeling controlled. It was a high stress factor, really and I can't sneak into the toilet, you know [laughs] or just to the bathroom. Yeah, so I have to think and put something on [laughs], you know what I mean. (Timea, Hungary)

Some of the experiences above will likely be shared with British care workers (Hussein et al., 2022). However, these adverse experiences are intensified by the effects of being migrants with limited social networks, insecurities and restrictions linked to migration status, transnational care responsibilities, and in the case of live-in care workers, the lack of an actual 'home' in the UK to return to.

6. Discussion and conclusion

MCWs are increasingly becoming an explicit or implicit solution to social care systems that suffer from chronic labour shortages and supply challenges (Anderson et al., 2021; Hussein, 2022). Ensuring the recruitment and retention of MCWs is important to effectively maintain social care systems. MCWs' wellbeing is a crucial determinant of care system outcomes and the quality of care provided to care users. However, MCWs' wellbeing is rarely studied in the literature, despite increased attention to wellbeing and quality of life among different groups of workers and the importance of wellbeing to the care system and delivery of services (Keating, McGregor & Yeandle, 2021; Hussein, 2022). The analysis presented here attempted to fill this knowledge gap and examined how wellbeing is influenced not only by the specific context of social care work, but also by the differential experiences of MCWs. We examined the differential experiences related to race and mobility by comparing the experiences of CEE and Zimbabwean MCWs during the UK's Brexit transition period. MCWs' wellbeing experiences were not only shaped by social care-specific factors as identified in the literature but also by the intersectionality of migration and social care policies in the receiving country and their own responsibilities and social networks in countries of origin and destination.

These effects were differentiated in their presence and intensity by visible markers and structural racism in the UK and migration policies. For example, while CEE MCWs had more freedom of mobility at the time, they were experiencing public attitude shifts towards all migrants (Böröcz, 2021). At the same time, the visible markers of Zimbabwean MCWs, their positioning within the migration system and reduced mobility introduced further challenges to this group (Madziva et al. 2014).

This article expanded on Hussein et al.'s (2022) framework of CWRQoL by exploring the intersectionality of structural, those built within migration and welfare systems, and systematic, socially constructed and persistent

attitudes, barriers these two groups of MCWs face. Further implications for MCWs' wellbeing were linked to their migratory routes, which determined how migrants are positioned concerning territorial bordering processes, and racism and discrimination, which are features of everyday bordering (Yuval-Davis, Wemyss & Cassidy, 2019). Data collection occurred just before implementing the UK's 'hard Brexit' and introducing new migration rules for EU citizens in 2021. However, the data captured the impact of these emerging reforms on two of the most significant groups of MCWs in the UK and the intersectionality of changing migration and welfare regimes on MCWs and their cross-border relations (Kilkey, 2017).

The interplay of societal perception, migration and social care systems shaped MCWs' wellbeing through two distinct mechanisms. First, the migration experience interacted with the same underlying factors that influence all care workers' different dimensions of CWRQoL. Second, migration, and the specific profile of migrant social care, added a new layer of factors that influence MCWs' wellbeing in three additional ways. The latter is affected by the structural systems, such as the migration regime, and systematic challenges, such as a more significant experience of racism among some groups, exacerbated by everyday bordering processes.

Everyday bordering experienced within a context of structural racism and discrimination adversely impacted MCWs. In particular, the group of Zimbabwean MCWs were othered within their workplace and local communities. Having experienced worklessness during periods of seeking asylum some found out that their qualifications from Zimbabwe were not recognised in the UK, trapping them in precarious work. This, combined with a less secure migration status and fewer rights among this group, led to a high burden and cost on their wellbeing. Gaining citizenship did not appear to mitigate the adverse effects of racism and discrimination within and outside social care work.

The third way migration directly influenced MCWs' wellbeing was through increased isolation and reduced social capital. MCWs from both groups felt lonely and isolated from the wider UK society due to the nature of work. Live-in care workers, who were mainly CEE migrants, felt a deep sense of isolation as they had very little control over their time or space.

Migration also interacted with the structure and nature of care work to affect the three dimensions of wellbeing as identified by Hussein et al. (2022). Regarding material and environmental wellbeing, remitting to the home country was seen as an essential role of migrants, particularly among our Zimbabwean participants. Paradoxically, the advances and increased accessibility of technology and social media - while helping some to feel less isolated and more connected to their home social networks - increased the demands for remitting, adversely affecting MCWs' financial wellbeing. Social care work is characterised by low pay, and recent evidence highlights that many care workers in the UK suffer from in-work poverty (Allen et al., 2022). Low pay and pressures to remit forced participants to increase their workload, with further negative consequences on all aspects of their wellbeing.

Driven by rising social care needs, the shrinkage of working-age populations, and the weak social care jobs market position, the UK, like many other European countries, will continue relying on MCWs as an important element of their social care systems. The current paper furthers the understanding of the additional structural layer affecting MCWs' wellbeing: a hierarchical layer beyond the individual subjective assessment, their relationships with individuals within their workspace and environment and the objective resources they might access. We argue that addressing MCWs' wellbeing should be considered an essential component of the care system functioning. Identifying the spill-over effects of other systems and factors on MCWs' wellbeing enables devising strategies and support

mechanisms to mitigate these effects and enhance system and individual level outcomes.

References

Ahlberg, M., Emberson, C., Granada, L., Hussein, S. and Turnpenny, A. (2022) *'The vulnerability of paid, migrant, live-in care workers in London to modern slavery'*, Rights Lab University of Nottingham. Available at: www.nottingham.ac.uk/Research/ Beacons-of-Excellence/Rights-Lab/resources/reports-and-briefings/2022/July/The- vulnerability-of-paid-migrant-live-in-care-workers-in-London-to-modern-slavery.pdf.

Allen, L., Williamson, S., Berry, E. and Alderwick, H. (2022) The cost of caring: poverty and deprivation among residential care workers in the UK. The Health Foundation: London.

Anderson, B., Poeschel, F. & Ruhs, M. Rethinking labour migration: Covid-19, essential work, and systemic resilience. *CMS* **9**, 45. https://doi.org/10.1186/s40878-021-00252-2

Bauder H. (2011). *Immigration dialectic: imagining community, economy and nation*. Toronto: University of Toronto Press.

Benson, M., Sigona, N., Zambelli, E. and Craven, C. (2022) Review: From the state of the art to new directions in researching what Brexit means for migration and migrants. *Migration Studies*, 10, 2, 374-390.

Bloch, A., & McKay, S. (2015). Employment, social networks and undocumented migrants: The employer perspective. *Sociology*, 49 (1), 38-55.

Böröcz, J. (2021) 'Eurowhite' Conceit, 'Dirty White' Ressentment: 'Race' in Europe. Sociological Forum, 36, 4, 1116-1134.

Braun V, Clarke V. 2014. What can "thematic analysis" offer health and wellbeing researchers? *International Journal of Qualitative Studies Health Well-Being*. 9 (1), 26152.

Bretones, F.D.; Jain, A.; Leka, S.; García-López, P.A. (2020) Psychosocial Working Conditions and Well-Being of Migrant Workers in Spain. *Int. J. Environ. Res. Public Health* 2020, (17), 2547.

Christensen, K., Hussein, S. & Ismail, M. (2017) Migrants' decision-process shaping work destination choice: The case of long-term care work in the United Kingdom and Norway. *European Journal of Ageing*, *14*, 219-232.

Cohen-Mansfield, J. and Golander, H. (2021) Predictors of Migrant Live-in Care Workers' Burden/Burnout and Job Satisfaction When Caring for Frail Older Persons in Israel, *The Journals of Gerontology: Series B*, 76, (6), 1151–1160,

Dietz, J. (2010) Introduction to the special issue on employment discrimination against immigrants. *Journal of Managerial Psychology* , *25*, 104–112.

England, K. and Alcorn, C. (2018) Growing care gaps, shrinking state? Home care workers and the Fair Labour Standards Act, *Cambridge Journal of Regions, Economy and Society*, Volume 11, (3) 443–457.

Equality and Human Rights Commission (2022) Annual report and accounts 2021–22. Available at: https://www.equalityhumanrights.com/sites/default/files/ehrc-annual-report-accounts-2021-22.pdf [Accessed 18/10.2022]

Fox, J. E., Moroşanu, L. and Szilassy, E. (2012) The Racialization of the New European Migration to the UK. *Sociology*, 46, 4, 680-695.

Griffiths, M. & Yeo, C. (2021) 'The UK's hostile environment: Deputising immigration control', *Critical Social* Policy, 41: 4, 521-544.

Guma, T. & Jones, R.D. (2019) "Where are we going to now?" European Union migrants' experiences of hostility, anxiety, and (non-)belonging during Brexit. *Population, Space and Place* 25, 1, 1-10.

HoL (House of Lords) (2023) *All families matter: An enquiry into family migration*, https://publications.parliament.uk/pa/ld5803/ldselect/ldjusthom/144/14403.htm

Humphries, R. (2022) Ending the Social Care Crisis. A New Road to Reform. Policy Press: Bristol.

Hussein, S. and Christensen, K. (2017) Migration, gender and low-paid work: on migrant men's entry dynamics into the feminised social care work in the UK, *Journal of Ethnic and Migration Studies*, 43:5, 749-765.

Hussein, S. (2017) 'We don't do it for the money'... The scale and reasons of poverty-pay among frontline long-term care workers in England. *Health and Social Care in the Community.* 25(6), 1817-1826.

Hussein, S. (2022). The Global Demand for Migrant Care Workers: Drivers and Implications on Migrants' Wellbeing. *Sustainability*, *14*, 10612. https://doi.org/10.3390/su141710612

Hussein, S., Stevens, M., & Manthorpe, J. (2011). What Drives the Recruitment of Migrant Workers to Work in Social Care in England? *Social Policy and Society,10*(3), 285-298.

Hussein, S., Towers, A-M., Palmer, S., Brookes, N., Silarova, B., Mäkelä, P. (2022). Developing a Scale of Care Work-Related Quality of Life (CWRQoL) for Long-Term Care Workers in England. *International Journal of Environmental Research and Public Health*. 19(2): 945.

Keating, N., McGregor, J.A. & Yeandle, S. (2021) 'Sustainable Care: theorising the wellbeing of caregivers to older persons', *Journal of Care and Caring*, 5: 4, 611-630.

Kilkey, M. (2017) 'Conditioning Family-life at the Intersection of Migration and Welfare: The Implications for "Brexit Families"', *Journal of Social Policy* 46: 4, 797 – 814.

Kilkey, M., & Baldassar, L. (fc) Conditioning grandparent care-labour mobility at the care-migration systems nexus: Australia and the UK. Journal of Ethnic & Migration Studies.

Kilkey, M., Merla, L. & Baldassar, L. (2018) 'Editorial', Special Issue - The Social Reproductive Worlds of Migrants. *Journal of Family S*tudies, 24:1, 1-4.

Kilkey, M**.**, & Ryan, L. (2020) 'Unsettling Events: Understanding Migrants' Responses to Geopolitical Transformative Episodes through a Life-Course Lens', *International Migration Review,* 55, 1, 227-253.

Leiber, S., Matuszczyk, K. & Rossow, K. (2019) Private Labor Market Intermediaries in the Europeanized Live-in Care Market between Germany and Poland: A Typology. *ZSR*, 65 (3) 365-392.

Lutz, H. & Palenga-Möllenbeck, E. (2010) Care Work Migration in Germany: Semi-Compliance and Complicity. *Social Policy & Society*, 9:3, 419-430.

Madziva, R., McGrath, S. and Thondhlana, J., (2014) The hidden face of discrimination in the global labour market: the case of Zimbabwean highly skilled migrants in the UK. In Invisible visible minority-confronting Afrophobia and advancing equality for people of African descent and Black Europeans. ENAR

Madziva, R., (2016) Transnational parenthood and forced migration: the case of asylum-seeking parents who are forcibly separated from their families by immigration laws. *Families, Relationships and Societies*, *5*(2), 281-297.

Mbiba, Beacon (2005) *Zimbabwe's global citizens in 'Harare North': overview and implications for development.* Peri-NET Working Paper (14). The Urban and Peri-Urban Research Network (Africa), London, UK.

McGregor, J. (2007) 'Joining the BBC (British Bottom Cleaners)': Zimbabwean Migrants and the UK Care Industry, *Journal of Ethnic and Migration Studies*, 33:5, 801-824.

Merla, L., Kilkey, M. & Baldassar, L. (2020) 'Examining transnational care circulation trajectories within immobilizing regimes of migration: Implications for proximate care', *Journal of Family Research*, 32:3, 514-536.

Nandi, A., & Luthra, R. R. (2021). The EU Referendum and Experiences and Fear of Ethnic and Racial Harassment: Variation across individuals and communities in England. *Frontiers in sociology*, *6*, 660286.

OECD (2020) *Who Cares? Attracting and Retaining Care Workers for the Elderly*, Paris: OECD.

Ronda Pérez, E., Benavides, FG., Levecque, K., Love, JG., Felt, E. & Van Rossem R. (2012) Differences in working conditions and employment arrangements among migrant and non-migrant workers in Europe. *Ethnicity and Health* 17, 6, 563-77.

Rzepnikowska, A. (2019) Racism and xenophobia experienced by Polish migrants in the UK before and after Brexit vote. *Journal of Ethnic and Migration Studies* 45, 1, 61-77.

Skills for Care (2018) The state of the adult social care sector and workforce in England. [online] Available at www.basw.co.uk/system/files/resources/The-state-of-the-adult-social-care-sector-and-workforce-2018.pdf (Accessed 18/07/2019)

Skills for Care (2022) Adult Social Care Workforce data, 2021-2022. Available at: https://www.skillsforcare.org.uk/adult-social-care-workforce-data/Workforce-intelligence/publications/Topics/Workforce-nationality.aspx [Accessed 18/07/2022]

Sørensen, N. N. (2012). Revisiting the migration–development nexus: From social networks and remittances to markets for migration control. *International migration*, 50 (3), 61-76.

Tagliacozzo, S., Pisacane, L., & Kilkey, M. (fc) A system-thinking approach for migration studies: An introduction. Journal of Ethnic & Migration Studies.

Turnpenny, A., Hussein, S. (2022) Migrant Home Care Workers in the UK: a Scoping Review of Outcomes and Sustainability and Implications in the

Context of Brexit. *Int. Migration & Integration* **23**, 23–42 . https://doi.org/10.1007/s12134-021-00807-3

Vadean, F., Hussein, S., Turnpenny, A. and Saloniki, E. (2020). Migrant workers and the resilience of the long-term care sector in England. Commentary No. 6 of the MigResHub at the Migration Policy Centre, RSCAS, European University Institute. https://migrationpolicycentre.eu/docs/migreshub/MigResHub-commentary-No6.pdf

van der Ham, A. J., Ujano-Batangan, M. T., Ignacio, R., & Wolffers, I. (2014). Toward healthy migration: An exploratory study on the resilience of migrant domestic workers from the Philippines. *Transcultural psychiatry*, *51*(4), 545-568.

Williams, F. (2018), Care: Intersections of scales, inequalities and crises. *Current Sociology Monograph*, 66, 4, 547-561.

Yuval-Davis, N, G Wemyss, and K Cassidy. (2019) *Bordering*. Cambridge: Polity Press.

Zarycki, T. (2022) On the Relevance of the Polish and East European Experiences in the Study of Global 'Race' Regimes. *Sociological Forum*, 37, 1, 326-332.

Zhou, X., Sun, N., Zhao, X., Wang, L., & Tong, R. (2023). Revealing the practical strategies for promoting Chinese migrant workers' health and well-being: Organizational empowerment perspective. *Applied Psychology: Health and Well-Being*, 15(3), 1085–1109.