'What I do, it's not little, it's really something.' A political economy of migrant and minority ethnic care workers' experiences in private older-age care in London, Paris and Madrid.

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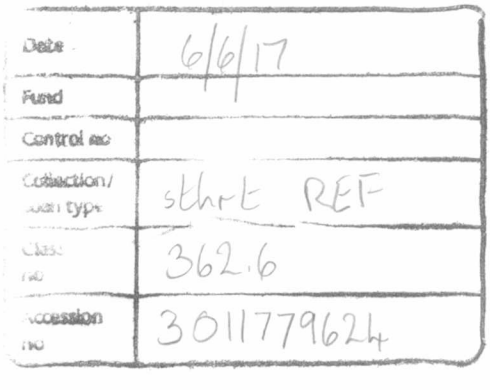
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Abstract

In London, Paris and Madrid the reliance on migrant and minority ethnic workers for older-age care is related to patterns of inequality at the intersection of gender, employment, migration and care regimes. Building upon the possibilities opened up by the cross-national dimension of this research, the thesis presents a gendered political economy analysis of care assistants' work and life experiences in the context of for-profit and not-for-profit private care provision. Inspired by institutional ethnography (Smith, 2005), the analysis draws upon 82 semi-structured interviews with migrant and minority ethnic care workers. The overarching theoretical framework of the thesis is embedded in a transnational political economy of care (Williams, 2011a) and brings into the analysis the perspective of feminist moral philosophy (Tronto, 2013; Molinier, 2013).

First, the social implications of labour market segmentation are scrutinized in a comparative perspective through the study of care workers' routes into the care sector, the role of intermediaries, the profile of the workforce and respondents' trajectories and aspirations within the sector. Second, a political economy analysis of workers' employment terms and working conditions is conducted by revisiting the concepts of precarious employment and precarious work from a feminist perspective. This leads to an analysis of emotional labour from the standpoint of migrant and minority ethnic workers. Finally, lived experiences of racism and discrimination come to the fore in respondents' narratives and these are also examined from a political economy perspective.

The thesis contributes to the existing literature on migrant and minority ethnic workers' collective role and individual experiences in the context of labour shortages and marginalisation of paid care in European capitals. The cross-national design of this research allows for a differentiated analysis of the role of migration, employment and care regimes in three sites where similar challenges are observed but where policies diverge. The thesis brings into dialogue two fields of literature – the feminist ethics of care and the political economy of gendered and racialised labour in care – that have remained separated for decades until more recent developments initiated a conversation (Mahon and Robinson, 2011) to which this thesis contributes.

Acknowledgements

I am infinitely grateful to all the persons who were willing to spend time with me, to tell me about their lives, and to share with me some of their hopes and of their concerns. If I could not have conducted this research without their trust, I also want to emphasise how much these encounters have transformed me as a person. Just like the blurred boundaries between a labour of care and personal life that I write about in the thesis, my research has also impacted my life in many ways. I am deeply indebted for this unique experience to all those I've met along the way and to whom I refer here as 'respondents'.

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I dedicate this thesis to my parents, who achieved so much that they opened up for me a whole new world of possibilities. I thank my life partner for embarking on this adventure with me without a shadow of a doubt.

This thesis is a collective work, I am deeply convinced that all forms of knowledge are co-produced in many ways; I thus thank all the persons with whom I engaged on these themes, I am ultimately indebted to all of them.

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INTRODUCTION

> France is a country with rights. So give me my rights. A little bit of rights, because in a way I'm doing something for France. (…) Who will do it? It's not François Hollande [French President elected in 2012] who'll do it, it's not his wife, it's the miserable wretched care assistants. What I do, it's not little, it's really something[1]. (Fouzia, 43, Algeria, Paris)

Fouzia had been living in France for 12 years when I met her. She came to France from Algeria and had been working for a couple of years as a care assistant in domiciliary care at the time of the interview. The interview took place in a Parisian hospital: Fouzia did not have much time for herself and the only time she could devote to an interview was when the older woman she took care of was being looked after by healthcare professionals in hospital. During that time we met for two hours in the hospital cafeteria. Fouzia was satisfied with her job and seemed to enjoy talking about it. She appeared to be highly engaged with her work and each story she told served to develop her reflections on what constitutes good care and the difficulties this work entails. The pride she took in her daily work was, however, disregarded by her friends, family and society at large. Fouzia's trajectory is in many ways very different from most of those portrayed in the following chapters. A former ministry employee in Algeria and a former bank employee in France, Fouzia decided to change her profession after the death of her mother in Algeria, guided by her sense of guilt over not having been able to take care of her. Being in this profession out of choice, Fouzia met with incomprehension from her family, friends and sometimes even the relatives of the older persons she took care of. She felt the importance of her work was not recognised, neither by society at large nor by the state through its policies, in spite of the central role caring relationships play in sustaining the well-being of older people in society. Fouzia lamented her low earnings and the absence of supplementary health insurance (which in practice means that many medical treatments are only partially covered by social security), and deplored the lack of access to further training, which was contrary to the life-long learning opportunities enshrined in French labour law, as well as the lack of paid holidays. These are the rights Fouzia talks about in the introductory quotation and their

[1] I conducted interviews in Paris and Madrid in French and Spanish respectively and I translated the quotes that appear in this thesis.

absence constituted for her the symptom of society's disdain for her work. Fouzia ironically speaks of the 'miserable wretched care assistant' to contrast that figure with the actual importance of her work, so invisible to most people, including those close to her.

In many ways this statement by Fouzia encapsulates the research project that this thesis undertakes. With anger, she exposed this fundamental paradox. While families increasingly need to rely on paid care to provide for the needs of older relatives, the work of sustaining life is devalued, marginalised and widely disregarded. In the context of ageing populations, increasing female labour market participation, greater geographical mobility, social care policies that facilitate greater private provision of care services, and, most importantly, global inequalities, migration and paid care work in European capitalist economies tend to be increasingly connected. This growing reliance is however embedded into broader gender inequalities and racialisation processes.

Projections of the old-dependency ratio hint at the size of the challenge that providing for older-age care represents for the future of European societies (as detailed in Chapter 1). The old-dependency ratio (i.e. population 65 and over to population 15 to 64) is estimated to increase by 48% in the UK, 50% in France and 125% in Spain by 2050, reaching 45, 46 and 48 per cent at the end of the period in the UK, France and Spain respectively (Eurostat, 2015). In the aftermath of the 2008 financial crisis the number of foreign-born people working in residential care grew by 44.5% between 2008 and 2012 (OECD, 2013) in OECD European countries. Older-age care represents one of the few sectors experiencing labour shortages; urban centres are especially affected by these shortages and the reliance on migrant and minority ethnic labour is likely to grow. Against this background, working conditions in the sector remain characterised by low pay, long hours, job instability, health implications and lack of career advancement opportunities. The reliance on migrant and minority ethnic workers, symptomatic of the multiple inequalities faced by these workers, is related to the workings of various fields of policy. As argued by Williams: 'this is not simply the consequence of the supply and demand for labour in a free market, but one shaped by the restructuring of European welfare states and their policies for care of older,

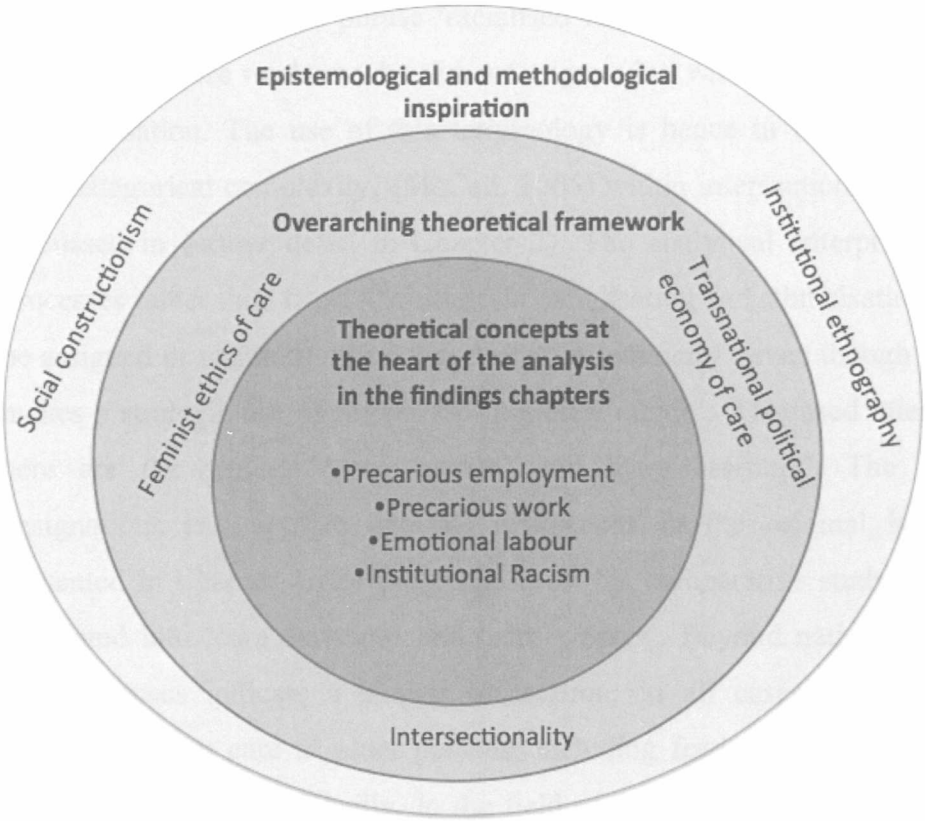
disabled people and young children, as well as by their migration and employment policies' (Williams, 2011c, p. 42). Since the care industry is meant to expand, and the role of migrant workers within it is expected to grow, researching migrant and minority ethnic care workers' experiences contributes to our understanding of this central challenge for European societies.

Against this background, the overarching research question addressed here is the following: How do processes of precarisation intersect with racialisation, gender and migration-related inequalities from the perspective of migrant and minority ethnic workers within private older-age care in three European capital cities?

This question is addressed in five findings chapters through additional research questions, each of which addresses a specific aspect within this broader framework. The overall theoretical approach of the thesis is depicted in Figure 1. The theoretical framework within which the analysis is conducted is a key element of this research's originality. This research brings together a feminist literature on an ethics of care (Gilligan, 2003; Tronto, 2013) with empirical work on migrant and racialised labour in older-age care. The thesis relies furthermore on the theoretical framework of a transnational political economy of care (Williams, 2011a, 2011b) that highlights the intersection of various regimes as defined by Williams: 'a country's *care regime* intersects with its *migration regime* and its *employment regime* which provides the institutional context that shapes the experiences of both migrant women employed in domestic/care work and their employers, as well as the patterns of migrant care work to be found in different countries' (Williams, 2014, p. 17, emphasis in original). For its part, the 'care ethics' paradigm brings 'care' from the margins to the centre of society, while feminist moral philosophy politicises the distribution of care responsibilities: 'democratic politics should centre upon assigning responsibilities for care, and for ensuring that democratic citizens are as capable as possible of participating in this assignment of responsibilities of care' (Tronto, 2013, p.140). The contribution is precisely situated at the intersection of the literature on an ethics of care and sociological and political economy studies of care work (Mahon and Robinson, 2011; Molinier, 2013).

By combining feminist moral philosophy with a transnational political economy of care, the thesis claims to contribute to a nascent field of literature and to initiate new theoretical conversations. For this purpose, each findings chapter relies in addition on theoretical concepts chosen for their relevance both to the analysis of the empirical data and to the theoretical conversation conducted within the broader theoretical framework of the thesis; these are precarious employment and work, emotional labour and institutional racism. 'Precarious employment' was preferred to the concept of 'vulnerability', as explained in Chapter 4, for the latter concept risks a naturalisation of the situation while the notion of precarious employment is embedded in a political economy literature. The concept of precarious work opens in addition further areas of analysis based on the distinction between employment and work, and it also offers the opportunity to bring in the notion of precariousness as developed within feminist moral philosophy. Then, the concept of 'emotional labour', also initially stemming from the sociology of work, is scrutinized here from a different angle thanks to the contributions of the overarching theoretical framework. Finally, institutional racism appeared to be a crucial concept for the study of racism and discrimination from a political economy perspective as other approaches to racism could have concealed broader social implications and power relationships. Figure 1 presents how these theoretical levels are articulated.

Figure 1: The theoretical map of the thesis



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The cross-national design of this research along with its particular focus on the experiences of migrant and minority ethnic workers employed by private care providers, mostly in residential care homes, constitutes an original use of the literature on care ethics and thus contributes to the development of this emerging field. This research feeds furthermore into the feminist 'ethics of care' argument linking care responsibilities with issues of justice by analysing the enduring patterns of inequality that characterise this work.

This research makes use of social categories that need to be defined in relation to the existing literature. First, this research brings together non-EU migrant workers and minority ethnic workers. The first chapter justifies this choice in light of the dominant paradigms in the field and the empirical contexts of the research. The phrase 'migrant workers' systematically refers in this thesis to non-EU migrants. The phrase 'minority ethnic' is here used for the purpose of clarity even though Chapter 7 offers a theoretical discussion around the use of this phrase and argues for replacing the concept of 'ethnicity' with that of 'ethnicisation', drawing on

theoretical discussions in British and French scholarly literature. It is here used interchangeably with the phrase 'racialised worker'. 'Minority ethnic' designates in this thesis care workers who did not migrate but who are exposed to processes of racialisation. The use of this terminology is hence in line with the idea of 'intercategorical complexity' (McCall, 2005) within intersectional approaches (as discussed in further detail in Chapter 2). The analytical enterprise focuses on processes rather than fixed identities: on racialisation and ethnicisation (which can be assigned or claimed) rather than 'race' or 'ethnicity', even though the wording makes a strategic use of the phrase 'minority ethnic'. Also used interchangeably here are the phrases 'care worker' and 'care assistant'. The professional designations and notable national differences in the original languages are presented in Chapter 1; for the purpose of this comparative study they are here translated into 'care assistant' and 'care worker'. Beyond national specificities, these statuses indicate a similar occupation: in all cases the work is about providing direct care to older persons, including feeding, personal hygiene and other daily life needs. Finally, in the field of sociology of ageing, certain terms, which were formerly used, are no longer considered to be adequate. Terms such as 'the aged', 'the elderly', 'old people' and 'old age' used to be present in academic writing but they have been progressively abandoned (Settersten and Angel, 2011). Two reasons can be mentioned here: on the one hand, the field of sociology of ageing came to include the study of ageing throughout the course of life and, on the other, phrases such as 'the old' or 'the elderly' began to be perceived as essentialising. On the other, the renunciation of the phrase 'the elderly' or 'the old' highlights that the meanings of age are socially constructed in the sense that 'chronological age is itself a poor proxy for the biological, psychological, or social statuses of individuals' (Settersten and Angel, 2011, p. 7). In this thesis, I refer to 'older-age' care to reflect these terminological developments within the field of sociology of ageing. Also, I avoid the use of 'the elderly' or 'the old' due to the homogenising implication of these phrases. The thesis nevertheless refers to 'elderly people' or 'older people' in the spirit of the 'intercategorical complexity' (McCall, 2005) mentioned above. Settersten and Angel point out that 'in the face of concerns about ageism, the field of gerontology has, ironically, become rather ageless' (Settersten and Angel, 2011, p. 7). The use of 'elderly people' or 'older people' thus aims at designating

residents or service users in this research, without suggesting the existence of homogeneous groups, but maintaining the focus on 'later life'.

The following overview of the thesis outline briefly explains how each individual chapter contributes to the thesis overall. Chapter 1 discusses the scholarly, theoretical, and empirical contexts of this research. It presents in further detail how a feminist moral philosophy and a transnational political economy of care are brought together within the theoretical framework and justifies these choices. It equally presents the relevant regime contexts, given that the three fieldwork sites – London, Paris and Madrid – while facing overall similar challenges in terms of labour needs within older-age care, are situated within significantly different care, migration and employment regimes. The choice of these fieldwork sites is justified in Chapter 2, along with the main methodological choices. At the epistemological level, the thesis relies on the assumptions of social constructionism, the methodology is inspired by institutional ethnography, and the analysis of the data is imbued with intersectional approaches. Chapter 2 also presents my reflections upon some of the challenges encountered while conducting this research. The thesis is further divided into five findings chapters, each of which addresses a specific aspect of the main research question presented above.

Chapter 3 starts out with an analysis of migrant and racialised workers' employment trajectories into and within the care sector. It considers how employment, migration and care regimes differently shaped respondents' trajectories into and within older-age care. The chapter looks at how labour market segmentation occurs on the ground in three sets of regimes. After a comparative analysis of the role of intermediaries in respondents' entry into the care sector, the chapter offers a typology of the employment trajectories into and within the care sector. Professional mobility and career prospects are equally scrutinised. The cross-national design of the research enables the identification of differentiated outcomes and thus of distinct regime intersections.

Chapters 4 and 5 question the concept of precarious employment and work within older-age care from several perspectives. Both chapters undertake the task of

reflecting upon these concepts from the specific standpoint of migrant and minority ethnic care workers. Paying attention to the configurations created by the interplay of migration, employment and care regimes in the three sites, the analysis of respondents' discourses brings about new understandings of precarious employment and work. Chapter 4 looks into job stability, levels of earnings, rights at work and the role of unions. It highlights how precarisation processes transfer socio-economic costs onto workers, and demonstrates the need to broaden the type of indicators mobilised for the study of employment precariousness. In Chapter 5, the very content of care work is brought to the fore in order to analyse work precariousness. Building on existing literature on precarious employment and work as well as on the paradigm of 'care ethics' highlighting the very precariousness of life, the psychological and physical implications of older-age care work are analysed along with respondents' well-being and work-life balance (or lack of it).

Chapter 6 deepens the analysis initiated in Chapter 5: it interrogates the concept of emotional labour on the basis of respondents' everyday experiences as illustrated by their narratives as well as their discourses around the role of emotions. While exploring the concept of emotional labour as initially formulated by Hochschild (1983/2003), the chapter draws on feminist moral philosophy to account for the complexities encountered in respondents' narratives around this theme. It thus reveals some of the shortcomings of the concept of emotional labour in relation to care work and formulates a critique building on the theoretical possibilities opened up by bridging feminist moral philosophy and the empirical study of care work.

Finally, Chapter 7 focuses on respondents' perceptions and experiences of racism and discrimination; it differentiates between the position of migrant and minority ethnic workers and explores the structural conditions that foster such abuse as well as respondents' coping strategies. It sketches out various forms of institutional racism as emerging from respondents' narratives and as embedded in three national contexts. The cross-national comparison reveals how intersecting inequalities are inflected by diverse institutional practices that are symptomatic of different forms of institutional racism and differing discourses around ethnicity.

CHAPTER 1: Situating migrant and minority ethnic care workers in scholarly debates and empirical contexts

Introduction

This first chapter situates the current research within the existing literature around migrant and minority ethnic workers in older-age care through a critical review of its main orientations, and of some of its limitations. It presents the theoretical framework and outlines the specific contributions of this research at the level of theory. The chapter presents contextual data relevant to the empirical chapters and develops the points briefly mentioned in Introduction.

The first section of this chapter provides a brief overview of the literature to which this research contributes and presents the theoretical framework of the thesis. It describes the overarching theoretical framework drawn upon by all the empirical chapters, thus consequently forming a theoretical 'umbrella' under which all chapters are connected. It therefore explains what feminist moral philosophy consists of and how it is here combined with a transnational political economy of care from the standpoint of migrant and minority ethnic workers. It outlines the contributions this research seeks to make to the nascent field of literature at the intersection of, on the one hand, philosophical accounts derived from the 'care ethics' paradigm and, on the other, empirical study of care work. In addition, as presented in the theoretical map of the thesis in Introduction, each findings chapter (Chapters 3 to 7) mobilises specific concepts within this framework. The theoretical background that relates to these concepts is presented in the corresponding findings chapters. This structure is meant to address the most relevant theoretical discussions – 'borrowed' from various scholarly traditions – with the empirical data analysed in the empirical chapters.

In a second section, the chapter presents the background knowledge relevant to the findings chapters in this thesis. Echoing the theoretical approach, context data are here presented along the lines of the different regimes key to the analysis: gender, migration, older-age care and employment regimes. These descriptions

constitute selective presentations of these regimes for each country under study, as they focus on the most relevant elements for the analysis presented in this research. Finally, the specific context of each of the three European capitals studied here, London, Paris and Madrid, is presented in further detail in terms of the role migrant and minority ethnic labour plays in the care sector.

Relevant streams of literature and contributions of this research

Existing literature on migrant and minority ethnic labour in older-age care

First, the literature on migrant domestic workers constitutes a major site of encounter of migration and care related research. This literature provides theoretical paradigms relevant to the study of both domiciliary and residential older-age care. Major works in the field include Anderson's *Doing the dirty work? The global politics of domestic labour* (Anderson, 2000) and *Servants of Globalization* by Parrenas (2001). In the former, Anderson uncovered the ways in which migrant women performing domestic work find themselves in a site of multiple tensions. The commodification of domestic work and the role of migrant women within these processes reveal how class and 'race' play out within gendered hierarchies. In the latter, Parrenas problematised the global role of migrant domestic workers, notably through the concept of 'international division of reproductive labour' in her study of Filipina domestic workers in Los Angeles and Rome. The literature has been further developed through numerous case studies and monographs such as those brought together in the collective volumes *Migration and Domestic Work: A European Perspective on a Global Theme*, edited by Lutz (2008) and *When Care Work Goes Global: Locating the Social Relations of Domestic Work*, edited by Romero, Preston and Giles (2014). The literature on migrant domestic workers constitutes a tangential field of analysis that feeds into this research in that many of the themes central to this field of literature are highly relevant to this study, notably issues revolving around the commodification of care, the impact of migration policies on migrant workers' lives, and the racialised hierarchies at work within the care sector.

This research also draws on works coming from a political economy perspective, which define 'care' broadly as including all forms of social care, such as care for

children, for older adults and for disabled persons. The edited volume by Anderson and Shutes, *Migration and Care Labour Theory, Policy and Politics* (2014), offers for instance ethnographic insights into case studies on care and domestic work, while contributing to the theorisation of the role of migrants in paid care. Another volume of similar standing, *Feminist ethics and social policy: Towards a new global political economy of care*, edited by Mahon and Robinson (2011), while it does not focus on migrant labour, equally informs the theoretical perspectives on which this research relies and to which it seeks to contribute. The latter volume is part of an emerging field of literature, presented in further detail below, which aims at bridging empirical research on care work with feminist moral philosophy as conceptualised by Tronto (2013), amongst others. This challenge is also what brought Datta and colleagues to formulate the concept of a 'migrant ethics of care' (Datta et al., 2006) and Molinier (2013) to conduct an extensive ethnographic research-action project in a Parisian care home.

In addition, the literature on migration and social reproduction is mobilised to conceptualise the political economy implications of emerging findings. *Gendered migrations and global social reproduction* by Kofman and Raghuram (2015) offers an overview of the theoretical developments in this field. Such a global perspective is also adopted by the literature on 'global care chains' (Hochschild, 2000; Parrenas, 2001; Yeates, 2009), a major research theme within studies on migrant healthcare and domestic workers. This particular field is brought in here only to a limited extent, due to the primary focus on the cross-national analysis of respondents' work experiences in three European capital cities and not on the whole chain of care arrangements triggered by this migration. The existence of transnational care responsibilities and the role of remittances are nevertheless part of the analysis to the extent that they are part of the lived experience in Europe. A shared characteristic of the literature inscribed into these frameworks is their focus on migrant workers, leaving aside the specific position of minority ethnic workers in the care industry, which is nevertheless significant in some countries.

Finally, an important body of literature provides country- and city-specific knowledge about migrant and minority ethnic care workers in the care industry. Quantitative and qualitative studies, as well as monographs, have thus informed

this research at the stages of both research design and data analysis. In the UK, a pioneering report published by COMPAS researchers in 2009 sketched out the contribution of migrant care workers to the sector (Cangiano et al., 2009). In addition, a series of publications on this theme by Hussein, Stevens and Manthorpe analysed the relative position of ethnic minority and migrant care workers in the sector (Hussein et al., 2011; Stevens et al., 2012). Cuban's (2013) volume offered an ethnographic insight into domiciliary and residential care and a detailed analysis of processes of deskilling. Christensen and Guldvik (2014), in their comparative study of migrant care workers in Norway and in the UK, focused on care work with disabled persons and shed light on deskilling through migration policies and power relationships in the work setting, among other issues. Studies on the role of migrant workers in care in France have so far focused on domiciliary care (Lada, 2011). Several specific difficulties emerge when studying the role of migrant and minority ethnic workers in the care sector in the French context. The categorisation of 'social care' familiar to the British context, or that of 'cuidados' in Spain, has no direct equivalent in France (Martin, 2008). Care is most often apprehended in academic work through the proxy category of 'services à la personne', which encompasses all services perfomed as paid economic activity in private households. While it mostly concerns care and domestic work, this statistical category also includes activities such as gardening. This makes it difficult to group together all care-related activities and renders the care sector as such statistically invisible (Jany-Catrice, 2013). In regard to the third site of fieldwork, two major sector-specific publications offer rich context data on the work of migrant care assistants in Spain (IMSERSO, 2005) and in the autonomous region of Madrid more specifically (Rodríguez, 2012). These two collective volumes provide a large amount of descriptive quantitative and qualitative data about the participation of migrant workers in care. It offers valuable knowledge on the role of migrants in the formal care sector but also detailed insights into the informal sector, of significant importance in Spain.

On the whole, the research streams briefly presented above tend to focus overwhelmingly on migrant care workers and rarely include minority ethnic workers in their analysis, with the exception of several studies conducted in the UK (Cangiano et al., 2009; Stevens et al., 2011). A focus on migrant workers

serves the purposes of illuminating the global politics of migrant labour and of shedding light on the relationship between the 'care deficit' in the so-called Global North and the feminisation of migration from the so-called Global South. It is argued here that these analytical lenses, while important, conceal at the same time the role of minority ethnic workers in the sector, and thus the racialisation processes through which care workers' bodies are categorised, not only in articulation with the migrant status. The share of minority ethnic workers differs greatly in terms of volume of workers in each site of fieldwork. In this research, racialised workers (other than migrants) represented a significant share of the workforce in London and in Paris but not in Madrid, reflecting national differences in terms of migration history and policies. With a primary focus on migrant workers, the design of this research nevertheless included minority ethnic workers in order to grasp differentiated patterns of racialisation while avoiding neglect of its specific dynamics. The analysis presented in this research thus contributes to the existing literature on migrant care labour by extending the focus and illuminating both the commonalities and the divergences that govern racialisation processes and their material implications for racialised workers.

Furthermore, the literature on migrant domestic workers and the global politics of domestic work does not place its primary focus on care work. While migrant domestic workers came to epitomise the multiple inequalities faced by female migrants from the 'Global South' and became a site of research that paved the way for major theoretical contributions, as mentioned above, less emblematic sites of work remained somehow on the margins of this field of literature. Situated in the 'private' sphere of the home, research into the experiences, trajectories and role of migrant domestic workers often leaves out an analysis in terms of the care industry and the actual content of care work in this context. This research, through its focus on migrant and minority ethnic workers within private older-age residential care (and to a smaller extent in domiciliary care) addresses questions that have attracted less attention in academic research as compared to the existent publications on the theme of migrant domestic workers. Researching work within older-age care provides indeed an interesting starting point for a cross-national analysis. The institutional context of residential care offers valuable insights into the intersection of migration, employment and care policies. This thesis thus

provides cross-national insights into work within residential older-age care, while empirical academic research on this theme tends to focus on single country case studies (Rodriquez, 2014; Molinier, 2013). The analysis in terms of a 'transnational political economy of care' (Williams, 2011a) – presented in further detail below – is carried out here from the starting point of private residential care. In a nutshell, this research combines feminist writings on domestic work (Federici, 2012) and critical understandings of the role of migrant domestic workers (Anderson, 2000) within intersecting regimes (Williams, 2011b) with reflections upon care work (Nakano Glenn, 2010; Folbre, 2012) and care ethics (Gilligan, 2003; Tronto, 2013).

The following section presents the overall theoretical framework within which the findings chapters are inscribed; it justifies the choice of this theoretical approach and describes how the association of the empirical research with these theoretical lenses allows for the formulation of original arguments.

Contributing to new research paths: combining feminist moral philosophy with transnational political economy of care

In this research, I combine two fields of literature: feminist moral philosophy and a transnational political economy of care. This scholarly development has been initiated by Robinson and Mahon in Canada (2011) and Molinier in France (2013). The present research seeks thus to contribute to the conversation initiated between on the one hand feminist writings on 'ethics of care' and political economy analyses of care work on the other. This task is carried out from the standpoint of migrant and minority ethnic workers whose position is here considered as constituting a 'privileged standpoint' for the emergence of knowledge, as argued by feminist standpoint theory in reference to the notion of epistemic privilege (Smith, 2005). Adopting this standpoint is also informed by the democratic aspiration of a feminist democratic ethics of care, as argued by Tronto: 'in any form of care that is congruent with a democratic society, a democratic standard for judging the adequacy of care becomes important' (Tronto, 2013, p.140).

My analysis is inspired by writings within the field of a 'feminist moral philosophy' or 'feminist ethics of care' at the meta-level. The particular development of feminist moral philosophy relevant to this research is rooted into the paradigm shift initiated by Gilligan in her book *In a different voice*. She questioned Kohlberg's moral development theory and uncovered the gendered bias of his conceptualisation by shedding light on the unheard voices of women (Gilligan, 1982/2003). Gilligan argued that men achieved higher moral development scores due to the gendered scale of assessment that focused on rights and rules while the 'different voice' of women emphasised relationships and responsibilities, a tone illegible to the masculinised theory of moral development prevalent at that time in the discipline of psychology. While Gilligan's writings paved the way for theoretical developments as well as criticism in various disciplines, I focus here on the role it played in feminist moral philosophy and in particular in relation to an 'ethics of care'.

In *Moral Boundaries*, Tronto considered Gilligan's contribution from the perspective of moral philosophy and reflected upon the gendered dimension of 'morality' (Tronto, 1993). Her theorisations offer to go beyond the gendered lenses applied by Gilligan in order to uncover the political potential of Gilligan's contribution. Starting from the ontological assumption that human beings are not independent but permanently *in relationships*, an 'ethics of care' conceives of all humans as vulnerable and fragile and as both recipients and givers of care (Tronto, 2011a). In *Caring Democracy*, Tronto (2013) elaborates on what she calls 'a feminist democratic ethics of care'. At the heart of this approach lies the argument that 'democratic politics should center upon assigning responsibilities for care, and for ensuring that democratic citizens are as capable as possible of participating in the assignment of caring responsibilities' (Tronto, 2013, p. 7). The 'ethics of care' as conceptualised by Tronto thus brings care into the centre of society and of its democratic foundations: 'Since all relationships of care inevitably involve power, and often involve deep power differentials, all care relations are in an important way, political' (Tronto, 2013, p. 33). This effort to politicise the 'ethics of care' challenges many of Gilligan's critics who attempted to contain her contribution within the boundaries of gendered social roles along the classical public/private divide. Tronto goes beyond acknowledging an equal

contribution of the language of rights and rules and that of responsibilities and care in the formation of morality; she draws out the implications of the ontological shift achieved by an 'ethics of care' to redefine democracy and justice altogether.

While these theoretical developments remained virtually separated from empirical research within care work, the conversation has begun in recent years from at least two locations. Mahon and Robinson edited a collective volume 'to elucidate the theoretical and practical relationship between aspects of care that have, for the most part, been treated separately, that is, the ethics of care, developments in the social politics of care, and the impact of transnationalization, including the formation of a "global care chain" (Hochschild, 2000)' (2011, p. 1). Bringing together feminist ethics of care and social care studies, the book opened up a new path for care-related research. A second location of conversation is to be found in the work of Molinier (2013), who mobilised the ethics of care literature in her ethnographic research action project conducted in a care home for older persons in Paris. Her book *Le travail du care* focuses on the voices of care workers, from which an ethics of care inscribed in their everyday work emerges, but conflicts with institutional and professional dynamics implemented by management on one level and social care policies on the other. Molinier links care workers' discourses with feminist moral philosophy and by doing so she effectively acknowledges the epistemic privilege of care workers in that their voices become the beating heart of an ethics of care. This constitutes a significant contribution to the conversation between philosophers, psychologists and sociologists around care: thinking through care responsibilities in society at large can build upon the ethics of care articulated by care workers on the one hand, and on sociological analysis of the work experiences of care workers on the other. This research seeks to contribute to this nascent field of literature by continuing the conversation with the added characteristic of situating the analysis within a political economy framework as detailed below.

Conceptualisations by Williams (2011a, 2011b) of a 'transnational political economy of care' have been highly influential on my understanding of intersecting regimes: 'a country's *care regime* intersects with its *migration regime*

and its *employment regime* which provides the institutional context that shapes the experiences of both migrant women employed in domestic/care work and their employers, as well as the patterns of migrant care work to be found in different countries' (Williams, 2014, p. 17, emphasis in original). Working with this framework I have also been attentive to its articulation with gender regimes (Lutz and Palenga-Möllenbeck, 2011). The first operating concept here is that of 'regime'. Borrowed from Esping-Andersen's categorisation of welfare regimes (1990), the term covers 'the organization and the corresponding cultural codes of social policy and social practice in which the relationship between social actors (state, labour market and family) is articulated and negotiated' (Lutz, 2008). Included in this definition are 'clusters of policies, practices, legacies, discourses, social relations and forms of contestation' (Williams, 2012, p. 371). Table 13 presents the indicators attached to each regime as elaborated by Williams (2012, pp. 371-372).

Table 13: Williams' indicators for cross-national comparison

Care regime	Migration regime	Employment regime
(a) the extent of care provision for children under school age, older and disabled people; (b) whether it is provided by the public, voluntary or private sectors and how that mirrors the balance between formal and informal care; (c) the instruments used – for example direct payments, care allowances, cash benefits, tax credits; (d) the gendered and racialised basis of the care workforce, its hierarchies of skill and the relationship of these to workers' remuneration; (e) the histories of care policies and the relational practices of care/domestic work in the home; (f) 'care cultures' that is, dominant national and local cultural discourses on what constitutes appropriate care and who should provide it; (g) political negotiation and struggle at supranational, national and local policy-making levels.	(a) immigration policies – rules permitting country entrance and exit as well as special arrangements such as quotas for care/domestic workers, bilateral arrangements, and rules in relation to skills, gender and family dependents; (b) residency, settlement and naturalisation rules in combination with social, economic, political, legal and civil rights; (c) national norms and practices governing relationships between majority and minority groups and anti-discriminatory laws against discrimination or for multiculturalism; (d) the extent of mobilisation of migrant worker activity through advocacy groups and trade unions as well as international non-governmental organisations; (e) national and transnational histories, for example colonialism, old trade routes, and shared political, economic or religious alliances.	(a) existing labour market divisions in terms of gender, ethnicity, migration and nationality; (b) the impact of deregulation in shaping precarious employment in the migrant care labour market; (c) how far forms of social protection such as eligibility for unemployment and sickness benefits, pensions, minimum wage, and rights attached to care responsibilities are extended to migrant care workers; (d) discourses, policies and cultural practices around work-life balance; (e) the forms of political mobilisation and policy negotiation at national and supra-national levels; (f) national histories' dependence on and treatment of migrant and indentured labour.

Source: Table based on Williams, 2012, pp. 371-371

Given that this research starts from the everyday experiences of migrant and minority ethnic care workers, the indicators presented in Table 13 are not addressed one by one in the analysis; rather they are mobilised as they emerge from the data and it is in particular the intersection of these elements that is

studied. Furthermore, in addition to the migration, care and employment regimes, the feminisation of the workforce and its implications requires attentiveness to what Lutz and Palenga-Möllenbeck name the 'gender regime'. They argue that 'household and care work organization can be seen as the expression of a specifically gendered cultural script in which tasks and responsibilities are coded as either feminine or masculine' (Lutz and Palenga-Möllenbeck, 2011, p. 350). Gender regimes play out at various levels: they contribute to shaping the care sector's qualifications schemes and working conditions, while the distribution of reproductive work impacts on women's labour market opportunities.

A transnational political economy of care also implies looking into the transnational dynamics that shape the intersections of these regimes. Williams highlights in this regard the 'transnational movement of care labour', 'the transnational dynamics of care commitments as people move and leave behind younger or older people to be cared for at a distance', 'the transnational movement of care capital' and 'national, transnational and international political actors and discourses' (Williams, 2014, pp. 22-23). This research addresses these dimensions in relation to the role and experiences of migrant and minority ethnic workers in older-age care in European capital cities, while the implications in terms of care provision in the places of origin of migrant care workers remain outside the scope of this research as presented in Introduction.

Building upon the research orientations presented above, the following section outlines the characteristics of gender, migration, care and employment regimes for the three national contexts of relevance to this research. The section focuses on a selection of regime characteristics for the purpose of providing the context knowledge that informed the analysis developed in the following chapters.

Existent empirical knowledge by regime type

Gender regimes: a highly determining structure

The gender regime, defined as the way in which 'tasks and responsibilities are coded as either feminine or masculine' (Lutz and Palenga-Möllenbeck, 2011, p.

350), assigns caring responsibilities primarily to women within the domestic sphere in all three countries studied here, relying on, and at the same time reinforcing, stereotypes around the caring skills of women. Care work remains associated in contemporary European societies with women's work and with a labour of love (Folbre, 2012). Feminist sociologists have de-constructed the public/private divide, reflected upon its function in patriarchal and capitalist societies and uncovered its gendered implications (Delphy, 2013; Federici, 2012). Reproductive labour has been conceived of as women's responsibilities in the bourgeois model of the family that emerged in the 19th century, and the feminisation of the labour market in the 20th century left men's disengagement from household work and caring duties mostly unaffected. Rather, the burden was placed on other women as pointed out by the literature on global care chains (Hochschild, 2000) or the international division of reproductive labour (Parrenas, 2000). The emancipation of middle-class women is indeed indebted to the subordination of working-class, migrant and minority ethnic women. The cultural imaginaries attached to these inequalities were clearly transposed within the labour market. Empirical research in the UK has for instance demonstrated that within the care sector, the closer the roles are to direct care, the more the workforce is feminised (Shutes, 2011). The labour market being embedded in society as a whole, gender inequalities are not only consubstantial with the labour market, but the workings of the labour market actually rely on these very inequalities. As argued by feminist sociologists since the 1970s (Delphy, 2013), patriarchal capitalist societies rely on women's subordination in the domestic sphere. In the perspective of segmented labour markets, the security enjoyed in the centre relies on the precariousness of those in the margins. In that sense, segments of the labour market do not simply represent a gradation of working conditions from better to worse; they are intrinsically interdependent. The feminisation of the care sector is thus the outcome of deeply rooted cultural norms: 84% in France (Pardini, 2013); 87.9% in the UK[2]; and over 90% in Spain (Leon, 2010). Beyond slight differences in proportions, the extent of this feminisation reflects the social weight of gender roles and its implications in terms of labour market segmentation.

[2] NMSD-SC database last accessed August 3rd, 2015: https://www.nmds-sc-online.org.uk/reportengine/GuestDashboard.aspx?type=Gender

In addition, the construction of care work as gendered underpins the gendered bias on which the concept of 'skill' relies. The public/private divide has confined non-paid care to the private realm and associated it with feelings of love. Notions of 'skill' and 'profession' are fully embedded in the 'public' realm and have thus been constructed in opposition to the private realm, which supposedly revolves around personalised relations and feelings. Consequently, a structuring dynamic shaped the positions of various occupations in professional hierarchies. The more a skill was seen as technical, a celebration of post-Enlightenment values of individuality and rationality, the higher it scored in the race to professionalism. In contrast, the more an occupation could be associated with women's unpaid work, the less it would deserve to be seen as skilled. Ehrenreich and English have demonstrated how, in parallel to the progressive emergence of modern medical science, the knowledge of women who were involved in medicine was marginalised, notably through fierce legal battles, and women could only re-enter the healthcare professional hierarchy in the lowest positions (aides and nurses) where they were 'alienated from the scientific substance of their work, restricted to the "womanly" business of nurturing and housekeeping' (1973/2010, p. 27). The relegation of women at the bottom of medical professional hierarchies to occupations deemed more caring than technical (nurses and care workers vs. doctors and surgeons) took place in spite of the knowledge accumulated by women in the medical sphere prior to its formalisation (Ehrenreich and English, 1973/2010).

The following section moves to a description of migration, minority and anti-discrimination regimes; three components essential to providing an overview of the policy and discourse contexts relevant to racialised care workers.

Migration, minority and anti-discrimination regimes: commonalities and variations

Migration regimes

Migration regimes come to play an essential role in migrant workers' trajectories and individual decision-making. The notion of migration regimes includes here

national policies and discourses around multiculturalism. The UK, France and Spain are former colonial empires whose colonial history played a role in shaping their migration policies to date. The UK has a long immigration history that goes back, for the modern period, to the Irish and Russian Jewish workers who came in the 19th century. France has been an immigration country since the late 19th century. Already in the 1920s, foreigners represented 7% of the population (Noiriel, 1988) and came mainly from Belgium, Italy, Spain, and Poland. The economic crisis in the 1930s and the Second World War led to a decline before new migration waves resumed after 1945. In the post-war period migration patterns changed, European migration was mainly Portuguese and colonial and post-colonial migration patterns grew, with increasing migration from North Africa (mainly Algeria and Morocco), South East Asia (Cambodia, Laos, Vietnam) and French territories such as Guadeloupe and Martinique. Nowadays, one in four persons in France has an immigrant parent or grandparent (Tribalat, 2004). Spain, in contrast, used to be an emigration country, and Latin and Caribbean countries, formerly under Spanish rule, represented a destination of migration for Spaniards since the 16th century (Anton, De Bustillo and Carrera, 2010). After the Second World War Spanish workers migrated to Western Europe, to countries such as France, Germany and Switzerland. Only in the mid-1980s did migration flows to Spain begin to rise and they increased significantly throughout the 1990s (Sole and Parella, 2003). Table 1 presents the share of migrants in the population of each of these countries as well as the four main countries of origin in each case.

Table 1: Immigrant population in the UK, France and Spain

	United Kingdom	**France**	**Spain**
Immigrant population	5.2 million in 2014, i.e. 8% of total population	5.6 million in 2011, i.e. 9% of total population	5 million in 2013, i.e. 11% of total population
Main countries of origin	India, Poland, Pakistan, Republic of Ireland[3]	Algeria, Morocco, Portugal, Italy	Romania, Morocco, the UK, Ecuador

Source: OECD (2015), own compilation

[3] http://www.ons.gov.uk/ons/dcp171776_414724.pdf, Last accessed February 2016

Against this background, London, Paris and Madrid constitute cosmopolitan cities with a significant share of migrants. The foreign-born population represented 37% of the Inner London population and 33% of the Outer London population in 2013[4]. In Paris and in Madrid, the share of those born abroad was respectively 15% and 15.5% in 2012[5]. Another point relevant to the comparison is the EU/non-EU line of division amongst migrants in the framework of the European free movement principle (including right to work) applied to all members except Croatia, for which several countries, and notably the UK, maintained immigration restrictions[6]. Overall, in all three countries under study here, there exist simultaneously at least 2 migration regimes, one designed for EU nationals and another for third country nationals according to EU terminology. This supposes two very different sets of rights and entitlements with differentiated implications for migrant workers according to their country of origin. In spite of the overarching European framework, these migration regimes present national specificities, in that they coincide with various degrees of capitalist utilitarianism and different forms of postcolonial racialisation. National migration policies implemented by individual European countries tend to follow this logic: non-EU labour migration is facilitated for the 'highly skilled' with paths to permanent migration, whereas 'low-skilled' migration is strictly limited, sector-specific and temporary (Stasiulis, 2008). This outlook reproduces a gendered understanding of what constitutes a 'skill' in that it labels as unskilled all social reproduction-related work, notably care and paid household activities. If European migration regimes rely to a certain extent on a categorisation of migrants according to their skills and the potential use of these skills in the national economy, it is certainly the British immigration points-based system that has pushed this logic the furthest. As a consequence, it is very difficult to migrate to the UK for work purposes from outside the EU unless one holds a qualification mentioned in the occupation shortage list, is highly skilled (according to the government classification), or plans to invest in the British economy. Illustrative of this logic is the introduction of a £35,000 salary threshold for non-EU migrant workers

[4] http://www.migrationobservatory.ox.ac.uk/briefings/migrants-uk-overview, Last accessed February 2016

[5] http://ec.europa.eu/eurostat/statistics-explained/index.php/Migration_and_migrant_population_statistics, Last accessed February 2016

[6] http://ec.europa.eu/social/main.jsp?catId=1067, Last accessed February 2016

coming into effect in April 2016[7]. The Royal College of Nursing has warned against the threat this created to the possibility of thousands of non-EU migrant nurses being able to remain in the UK[8]. Obviously non-EU migrant care workers' wages do not reach this threshold either. Deemed unskilled, care work is not on the shortage list. As a consequence, there exists no legal route for non-EU migrant workers to migrate to the UK in order to work in residential care.

Table 2: Migration inflow by category of entry in 2013

	United Kingdom	France	Spain
Work	29.7%	10.3%	20.4%
Family	22.2%	40.3%	21.1%
Humanitarian	7.1%	4.5%	0.2%
Free movement	33.8%	36.9%	53.8%
Others	7.1%	8.1%	4.5%

Source: OECD (2015), own compilation

The scarcity of legal routes available to non-EU migrants for work-related purposes is equally reflected in the distribution of entry categories, as illustrated by Table 2 for countries included in this research. Family reunification constitutes a more frequent category of entry to France and Spain than work-related visas, in the case of France the proportion being 4 to 1. This point should not, however, conceal the fact that the type of entry is only indicative of administrative categories created by migration policies: non-EU migrants who are in employment might have come through a variety of routes. Those who came through family reunification or as asylum seekers are likely to be employed in 'low-skilled' sectors of the economy. In his study of the migrant labour force in care throughout Europe, Cangiano observes: 'a second recruitment pool is the migrant population already residing in the country, admitted via so-called non-economic immigration channels such as family reunification, asylum and study' (Cangiano, 2014, p. 140). Needs for 'low-skilled' labour are however continuously played down (Kofman, 2008) and the trend is to further restrict legal routes of entry to the European Union other than those targeting the 'highly skilled'. These restrictive policies produce vulnerable workers due to the

[7]https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/420536/20150406_immigration_rules_appendix_i_final.pdf, Last accessed February 2016
[8] http://www.bbc.com/news/health-33201189, Last accessed February 2016

limitation of rights they engender. Illustrative of this trend is the tightening of family reunification possibilities (Kofman, 2008). In France, in the 2000s under Nicolas Sarkozy, first in the Home Office and later as President, additional requirements for family reunification were introduced (notably a longer stay required prior to an application, shorter residence permit granted to the spouse, language tests, and resource thresholds). In Spain, the *Ley de Extranjería* enacted in 2000 regulated family reunification for the first time, as the 1985 immigration law did not address this right. Since then, it has been amended four times and the conditions for family reunification were restricted each time as to the requirements for the person applying in Spain and his or her family members (Montiel and Vintila, 2011). In the UK, the Home Office's £18,600 minimum income threshold for family reunification (only for a spouse; the threshold increases with children) was confirmed in the Court of Appeal in July 2015[9].

EU governments equally use rights as a means to bargain temporariness for 'low-skilled' workers. Menz and Caviedes (2010) have argued that migration policies came to be increasingly shaped by non-state actors and notably employers' organisations. There exists indeed a business case for more migration to answer labour shortages, but acknowledging these needs conflicts with populist and xenophobic electoral strategies. In this context, reiterating post-war projections over migration, governments aspire to 'import labour but not people' (Castles, 2006, p. 742). This pattern of migration is viewed as a response to sector specific shortages (Fargues, 2008) that minimises the social impact of immigration (McLoughlin and Münz, 2011). To ensure that workers only come for pre-established periods of time, rights of temporary workers are limited. Rights to reside and work depend strictly on employment, and employer-sponsored visa schemes limit the possibility for workers to change employers. According to Stasiulis, 'eligibility to change status to permanent residence and the right to family reunification are the two rights that most clearly bleed particular temporary worker schemes into long-term resident migration' (2008, p. 107).

[9] http://www.bbc.com/news/uk-28267305, Last accessed February 2016

Citizenship laws also present significant differences, between countries and between various groups within one country. In Spain, the general rule requires 10 years of legal residence before one is allowed to apply for Spanish citizenship. Some countries are nevertheless exempted from this rule and the required period of time is reduced to 2 years for people from Latin American countries, Andorra, the Philippines, Equatorial Guinea, and Portugal, and for people of Sephardi origin[10]. This creates significant differences between migrant communities in terms of rights and reflects broader racialisation processes that enshrine in law assumptions related to colonial history, language and religion. In France and in the UK no official distinction is drawn between nationalities and the duration of legal residency required prior to a citizenship application is 5 years. The concept of 'denizen' captures the idea of differentiated rights within the same geographical space according to one's legal and economic status (Standing, 2011; De Genova, 2013) while the notion of 'revisited citizenship' (citoyenneté revisitée) highlights how the concept of citizenship is transformed by international migration (Wihtol de Wenden, 2010).

Minority regimes

The colonial history of the three countries under study here also contributed to shaping past patterns of migration that resulted in the presence of minorities, differently defined in terms of ethnicity, religion or nationality according to different societal contexts. This research includes minority ethnic care workers in the case of London and Paris, reflecting the profile of the workforce present on site during fieldwork. While in Spain, minorities are also present, for instance communities of Chinese and Moroccans born in Spain, these are not the workers commonly present in the older-age care industry. The absence of analysis in terms of minority ethnic workers in Madrid thus results from the characteristics of this study; it should however not conceal the presence of such minorities in society at large.

[10]http://www.mjusticia.gob.es/cs/Satellite/es/1215198282620/Estructura_P/1215198291413/Detalle.html, Last accessed February 2016

In contrast, the presence of minority ethnic workers in Paris and in London harks back, at least partially, to states' policies aiming at providing labour to the metropolitan health and care systems. For instance, the volume of migrants from French overseas departments to metropolitan France increased rapidly from the 1950s to the 1970s (Marie and Temporal, 2011, p. 487). Many of the women who migrated during this period started working in public healthcare facilities, notably hospitals (Condon, 2000). Overall, it is estimated that about 9% of the French population either came from French overseas departments or were born to parents from these departments, according to a recent study of the French Institute of Demographic Studies[11].

In the UK, postcolonial migration that took place mainly after the Second World War from South Asia and the Caribbean contributed to the formation of ethnic minorities. Black Caribbeans were for instance directly recruited to fill vacancies for nurses in the NHS (Heath and Cheung, 2007, p. 510). In 1948 the British Nationality Act gave access to the UK to all residents of British colonies past and present by creating the citizenship of the United Kingdom and Colonies and the citizenship of Independent Commonwealth Countries. From 1962 onwards, starting with the British Commonwealth Act, the legislation became more restrictive with each amendment. First, a voucher system was put into place and then a yearly entry limit. In 1971, the Immigration Act introduced the concept of 'patriality' according to which the right to migrate was conditional on the fact that at least one parent or grandparent was born in Britain. Ten years later, in 1981, the privileges given to Commonwealth citizens were once more cut down by the introduction of the 'British Nationality Act' which distinguishes British Overseas Citizenship and Dependent Territories Citizenship, none giving the right to enter the UK. In today's Britain, one in five persons identifies with an ethnic group other than White British (Jivraj, 2013). The largest groups are Indians (2.5%) and Pakistanis (2%), followed by Black Caribbean, Black Africans and Bangladeshis. The category 'mixed' has almost doubled since 2001.

[11] http://www.lemonde.fr/societe/article/2016/01/08/les-enfants-d-immigres-s-integrent-mais-restent-victimes-du-chomage-et-de-la-discrimination_4843872_3224.html, Last accessed February 2016

Scholarly traditions used to oppose France and Great Britain as illustrating two very different 'models'. From this perspective, France represents a 'republican model' that rejects any form of distinction based on ethno-racial elements because it presumably contradicts the French conception of civic citizenship. The British model is based, in contrast, on a 'plural' form of liberalism in which minority groups are fully recognised and benefit from programmes of equal opportunity (Bertossi, 2007, p. 4). Bertossi notes however that researchers have moved away in recent years from this fixed opposition to acknowledge that in practice every country deviates from the 'model'; he identifies several ruptures in the so-called 'models', notably a shift from ethnicity to religion that can be observed in the labelling of certain minorities in both countries. It appears that both countries have to some extent reviewed their narratives and policies, which do not always fit the excessively rigid divide between a republican vs. a multicultural 'model'. For instance, in 2003, the French government established the French Council of the Muslim Faith (Conseil Français du Culte Musulman) in order to have a formal interlocutor on religious issues; while in Britain, the introduction of 'community cohesion' has assimilationist overtones through its emphasis on 'shared values, national identity and civic virtue' (Bertossi, 2007).

In Spain, given the relatively recent history of immigration in the country, some authors speak of the Spanish 'non-model of integration' to describe the absence of an ideology fuelling the design of integration policies (Carrera, 2009, p. 432). Corkill notes, 'there has been little synchronization between the growing need for foreign workers and the social integration of an expanding immigrant population' (2001, p. 830). Succeeding Spanish governments tended thus to draw on European policies in the field and to look at other European countries in search of best practices (Carrera, 2009). Furthermore, the design and implementation of the 'Strategic Plan of Citizenship and Integration' (first one: 2007-2010, second one: 2011-2014) fall partly under the prerogatives of Autonomous Communities, in particular in relation to education, employment, housing and health (Cachon, 2008; Hemerijck et al., 2013). Consequently, some authors speak of the 'patchwork model' (De Lizarrondo Artola, 2009) to illustrate the broad scope of policies implemented in different autonomous communities.

Anti-discrimination legislation

The UK was the first country in Europe to implement anti-discrimination legislation with the 1965 Race Relations Act that made discrimination in public places unlawful (Heath and Cheung, 2007, p. 508). Labour market related discrimination was also soon to be outlawed through the 1968 Race Relations Act that forbade employers to 'discriminate on grounds of colour, race, or ethnic or national origins in recruitment, training, promotion, dismissals, and terms and conditions of employment'. The 1976 Race Relations Act extended the definition of discrimination to include indirect discrimination and established the Commission for Racial Equality. The Race Relations (Amendment) Act passed in 2000 extended further the 1976 Act in relation to public authorities, particularly to the police, and assigned to public authorities 'a "general duty" to prevent discrimination, promote equality of opportunity [...] as well as a "specific duty" to draw up a race equality scheme' (Cantle, 2008). Finally, the 2010 Equality Act brought together several regulations and in relation to discrimination added 'harassment by a third party' to the existing categories of 'direct discrimination', 'discrimination by association', 'discrimination by perception', 'indirect discrimination', 'harassment' and 'victimisation' (ACAS, 2011). In the background of these legislative developments, government-commissioned reports influenced the way racism was thought through in public spheres. After the arrival to power of a Labour government in 1997, the 1999 Macpherson Report blamed institutional racism for the flawed investigation in the case of the Stephen Lawrence murder that took place in 1993. Racist practices within the London Metropolitan Police were suddenly exposed to the public (Rattansi, 2011). Macpherson underlined that 'there must be an unequivocal acceptance of institutional racism and its nature before it can be addressed' (Macpherson, 1999). This ground-breaking evolution in the narrative engendered what Bourne calls a 'watershed in British race relations' (Bourne, 2001, p. 8). The early implementation of anti-discrimination policies and the identification of institutional racism, unheard of in continental Europe, did not however eliminate widespread discrimination. In spite of the tremendous change that it brought about at the discourse level, Macpherson's definition of 'institutional racism' did not include explicitly 'state racism' which needed to be tackled because the

government might well try to ensure equality of opportunity with one hand and introduce new forms of institutional racism with the other (Bourne, 2001). The full implications of the concept as theorised by the Black Power movement are yet to be acknowledged. Furthermore, the paradigm shift that followed the 2001 Oldham riots with the Cantle report and its discourse of 'community cohesion' and 'parallel lives' (Cantle, 2001) reversed this trend and arguably represented a backlash against the prominence of the concept of 'institutional racism'.

Unlike the UK, France's 'republican model' has historically imposed colour-blind assumptions in public policies. The past two decades witnessed however the progressive articulation of social and 'racial'/ 'ethnic' issues, as argued by Éric Fassin and Didier Fassin in a collective volume (2006), *From a social issue to a racial issue?* [12]. A debate emerged indeed in the 1990s around racial discrimination. In 1998, the High Council for Integration[13], a governmental advisory body, recommended setting up an institution similar to the British Commission for Racial Equality to tackle cases of racial discrimination (Rattansi, 2011). For this purpose the 'Group for the study and fight against racial discriminations'[14] was established in 1999. The legislation started to evolve in the 2000s, admittedly against the background of these debates, but mainly as a consequence of EU regulations, notably the Employment Equality Framework Directive and the Racial Equality Directive adopted in 2000. The French law adopted in 2001 extended the definition of discrimination to indirect discrimination and reversed the burden of proof from the victim to the perpetrator (Fassin and Fassin, 2006).

In Spain, EU directives constituted a major impetus for anti-discrimination regulations and legislation. One of the first academic studies on racial discrimination in the labour market was published in the early 1990s (Solé and Parella, 2003), but nothing was achieved at the policy level before the entry into force of the European directives. The Colectivo Ioé, a significant network of sociologists in Spain, published in 2002 a report on the discrimination

[12] Original title: De la question sociale à la question raciale?
[13] In French : Haut Conseil à l'Intégration
[14] Groupe d'Etude et de Lutte contre les Discriminations Raciales

experienced by migrants. The authors did not recognise the existence of indirect discrimination, as they considered intention to be necessarily part of an act of discrimination (Colectivo Ioé, 2003, p. 10). With the same logic they dismissed the concept of 'institutional discrimination' in order to focus on discrimination as a phenomenon that arises between individuals. Until recently, racial discrimination tended thus to be strictly understood as an interpersonal phenomenon caused by racist motives, while institutional racism as a concept was absent from mainstream academic literature and policy debates. The introduction of the European vocabulary of indirect and multiple forms of discrimination therefore brought significant changes at the policy level. In June 2007, Spain received a formal notice for not implementing the Directive correctly and for failing to publish the required data. A Council for the Promotion of Equal Opportunities and Non-Discrimination on the Ground of Ethnic and Racial Origin was created the same year and in 2011 a 'Comprehensive Strategy against Racism, Racial Discrimination, Xenophobia and Related Forms of Intolerance' was adopted by the Council of Ministers (ENAR, 2013).

After this brief overview of migrant, minority and anti-discrimination regimes in the three national contexts, the following section describes the main characteristics of older-age care regimes.

Older-age care regimes: similar challenges, different policy choices?

As outlined in Introduction, the ageing of the population, combined with societal changes (such as increasing female employment rates, greater geographical mobility, and work patterns) makes care for older adults a major challenge for the future well-being of European societies. Table 3 presents a series of indicators that illustrate this challenge. It shows that in the case of the three countries under study here, the share of the population over 65 is of comparable proportion, as is the older-age dependency ratio ('population 65+' divided by 'population 15-64'), with France situated slightly above the EU average of 26.7% and Spain and the UK a little below. The three countries present, however, different profiles as to the relative importance of migration in population change: in Spain demographic growth was mainly due to net migration, while in the UK and in France it

accounted respectively for half and for a third of population change between 2002 and 2011. Finally, in all three countries, female labour force participation rates are above EU average. If the UK presents the highest rate amongst these three countries, the growth in labour force participation for Spanish women is particularly high: it increased by 16.6 percentage points within a decade.

Table 3: Population ageing, net migration and female labour force participation indicators

	Population 65+ (%)	Older-age dependency ratio in 2012	Net migration (% of total population change) 2002-11	Female labour force participation rate in 2011 in %	Change in female labour participation rate 2001-10
EU-27	17.8	26.7	75.0	64.8	+4.6
France	17.3	26.9	32.2	66.2	+3.9
Spain	17.4	25.8	82.3	67.0	+16.6
UK	16.9	25.7	53.9	69.7	+2.0

Source: Eurostat (Cangiano, 2014, p. 133, own selection of countries)

Projections of the older-age dependency ratio suggest furthermore a rapidly growing challenge to the current care regimes and the associated care provision 'mixes'. Table 4 presents the Eurostat projections by 2080. Here again, projected trajectories of the three countries relevant to this research reveal variations in terms of speed of change and demographic profile of the population at different points in time. Spain is ageing the fastest in this regard with a 125 per cent increase in the older-age dependency ratio between 2015 and 2050, as compared to a 48 and 50 per cent rise for the UK and France respectively.

Table 4: Projections of older-age dependency ratio

	2015	2030	2050	2080
EU 28	28.8	39.0	49.4	51.0
France	29.2	39.0	43.8	46.4
Spain	27.8	39.6	62.5	48.3
UK	27.4	34.9	40.6	44.7

Source: Eurostat, 2015[15], own compilation

[15] http://appsso.eurostat.ec.europa.eu/nui/submitViewTableAction.do, Last accessed December 30, 2015

Data compiled by Cangiano (2014) offer further key insights into how care for older people is provided in different European countries and the relative weight of each form of care provision. The table reproduced below captures first a fundamental difference as to the weight of informal care in the 'care mix' of each care regime. In Spain as many as 66.7% of older persons receive care only from family caregivers vs. 20.2% in France. The level of formalisation of care services affects the relative size of the care workforce: representing 8.8%of the total workforce in France, this proportion is situated slightly above the EU average of 5.6% in the UK (6.2%) and in Spain (6.4%). It shapes equally the employment characteristics of the care sector: the very low share of household employers in the UK hints at a limited size of the informal sector in relation to paid care. While home care providers represent the most common employer in the UK, care institutions still employ 44.4% of the care workforce. In contrast, the high share of households acting as employers in Spain (59%) reveals a preference for this particular form of care provision and suggests the existence of a significant informal sector. In this country, care institutions employ 22% of the care workforce. France presents yet another 'care mix'. If care institutions employ 26.8% of the care workforce, a preference for home care services is visible (47.5%) along with an above-average share of household employers (25.6%). In spite of these major differences, Simonazzi identifies common trends in the social care policies implemented in Europe. This shared orientation is to be found in a triple shift towards home care, private provision and monetary transfers (Simonazzi, 2009). The latter corresponds to the transfer of cash for the purchase of care services (Ungerson, 2003).

Table 5: 'Care mixes' by country

TABLE 2 Type of care provided to the elderly population (2005–09) and care sector workforce (2012) in selected EU countries

Country	Elderly beneficiaries of informal and formal care (%)			Care workforce (2012)[d]				
		Long-term care[b]				Distribution by type of employer (%)		
	Informal care[a]	Institutional	Home care[c]	Total care workforce (thousand)	Percent of total workforce	Care institutions	Home care providers	Households
EU-27	**50.8[e]**	**4.1[e]**	**8.7[e]**	**11,794**	**5.6**	**37.8**	**40.6**	**21.6**
Austria	57.6	3.3	14.4	139	3.4	55.5	36.9	7.6
Belgium	27.5	6.6	7.4	362	8.1	47.8	47.5	4.7
Denmark	29.7	2.5	20.0	317	12.1	37.1	61.1	1.8
Finland	—	3.1	6.3	221	9.1	38.4	58.2	3.4
France	20.2	6.7	6.5	2,253	8.8	26.8	47.6	25.6
Germany	64.6	3.5	6.6	2,226	5.7	50.6	40.1	9.3
Greece	86.7	0.6	5.6	88	2.4	10.5	26.1	63.5
Ireland	54.5	3.9	6.5	94	5.2	25.2	66.5	8.3
Italy	72.1	3.0	4.9	1,185	5.3	21.0	19.0	60.0
Netherlands	25.9	6.3	21.0	752	9.1	52.8	47.2	—
Portugal	—	3.4	4.3	272	6.3	32.4	21.4	46.3
Spain	66.7	4.4	4.7	1,104	6.4	21.9	19.2	58.9
Sweden	53.2	5.8	9.4	395	8.8	55.7	44.3	—
UK	—	4.2	6.9	1,777	6.2	44.4	53.0	2.6
Bulgaria	—	—	—	48	1.7	32.0	56.0	12.0
Poland	100.0	=1.0	=1.7	248	1.6	39.9	48.9	11.2
Romania	—	0.5	0.3	125	1.4	31.9	27.1	41.0

[a]Percent of severely disabled older people (65+) who receive regular care only from family caregivers.
[b]Percent of population aged 65+ receiving long-term care.
[c]Home care data are not entirely comparable across countries because of differences in definitions. A number of countries separately report semi-residential services (i.e. community care facilities), namely Greece, Finland, Portugal, and Denmark. In other countries, notably Austria, home care is overestimated because beneficiaries of (extensive) cash-for-care schemes are included.
[d]The care sector workforce is here identified on the basis of the statistical classification of economic activities (NACE rev. 2). Workers directly employed by households are included to capture the extensive use of this type of care provision in some EU countries. However, the data do include households without elderly members.
[e]Unweighted average for available country data.
SOURCES: Bettio and Verashchagina (2010), Tab. A1 (based on national data sources) and A2 (based on SHARE 2006/2007 data); Eurostat online database.

Source: Cangiano (2014, p. 135)

These 'care mixes' rely on different financing systems and degrees of privatisation. The table reproduced below shows that residential care is privatised to a significant extent in England and in Spain, respectively to the levels of 76% and 60%. In France, the share of private residential care represents 40% of existing facilities, with the majority of care homes being state-funded (Simonazzi, 2009). While Simonazzi's study mentions a market share of 14%, more recent data situates this share at the level of 25%.[16] The capital that funds this residential

[16] http://www.alternatives-economiques.fr/le-marche-des-maisons-de-retraite_fr_art_1094_54438.html, Last accessed February 10, 2016

care is increasingly transnational due to mergers aiming at economies of scale. Several for-profit private care providers share most of the market in the UK, France and Spain, with some of these companies being found in several countries.

Table 6: Public, non-profit and for-profit care providers by country

Table 2. *Domiciliary and residential care by type of care provider (as a percentage of the total number of organisations), 2003–06*

	Public	Non-profit	For-profit
Germany			
Home care	2	43	55
Nursing homes	7	56	37
Austria			
Home care	90		10
Residential care	51	27	22
France			
Home care	35	60	5
Residential care[a]	60	26	14
Italy			
Home care[b]	NA	69	NA
Residential care	48	35	17
Spain			
Social Services[c]	19	69	12
Residential care	40		60
England			
Home care[d]	28	72	
Residential care[a]	10	14	76

Notes: [a]number of beds; [b]percentage of social workers; [c]around 50% of the companies active in social services care for elderly and disabled; [d]expenditure.
Source: National Reports.

Source: Simonazzi, 2009, p. 217

The UK represents a case of extended privatisation through the contracting out of services and the implementation of cash allowances, the share of the public sector being significantly reduced since the 1980s. Residential care, historically the responsibility of local councils, which used to provide these care services, has been progressively outsourced to private providers, following plans to implement a 'mixed economy' (Glendinning, 2013). Choice is at the heart of the consumerist agenda applied to care provision and justifies cash-for-care schemes. This form of care financing bears nevertheless social consequences for the workforce in terms of earnings, qualifications and working conditions, while approximately one in 16 workers in the UK is employed in the social care sector (around 1.8 million

individuals)[17]. The marketisation of care services 'has put pressure on costs, encouraging the development of a low paid and casualised workforce' (Simonazzi, 2009, p. 227). A UNISON survey found that 41% of homecare workers were on zero hours contracts (UNISON, 2013). In the context of privatisation of public services, home and social care represents the sector where the highest increase in the use of zero hours contracts took place.

In France, cash-for-care schemes were introduced in the late 1990s with the Dependency allowance (*Prestation spécifique dépendance*) in 1997 and the Personal autonomy allowance (*Allocation personnalisée à l'autonomie*) in 2002, which can fund both domiciliary and residential care. Furthermore, the 'Borloo Law', named after the Minister who drafted it, and passed in 2003, serves the purpose of developing 'personal services' which group together domiciliary care and domestic work, but also private lessons, gardening, home improvement small jobs etc.; in other words all services related to the 'domestic sphere' (Aldeghi and Loones, 2010). As noted by Simonazzi: 'in France, the policy on care allowances has been distinctive by explicitly linking the provision of services to the elderly (and other family services) with the creation of jobs, the specific intention being to reduce long-term unemployment and to drain the informal market' (2009, p. 217). When the Borloo Law was passed the government publicised the fact that 'personal services' represented the sector with the biggest growth in employment: 5.5% per year since 1990 (Aldeghi and Loones, 2010). Korczyk warns, however, that 'private contracts tend to pay less than formal jobs offered by private or government agencies, and they do not offer a career ladder' (2004, p. 14). The cash transfer can be transferred to older people living at home or in institutions and its amount depends on the assessed level of dependency. The distinctive feature of this scheme is that the purchase of the care package is determined by healthcare professionals and the use of the benefit is monitored (Le Bihan and Martin, 2010). In terms of residential care, since 2002, all institutions were grouped under the same name: *EHPAD, établissement d'hébergement pour personnes âgées dépendantes* (Le Bihan and Martin, 2010). The for-profit private sector is growing significantly: between 2005 and 2008, 70% of new places

[17] http://www.theguardian.com/social-care-network/2013/sep/30/where-social-care-jobs-future, Last accessed February 10, 2016

available were created by for-profit private providers[18]. The industry shows growing revenues[19] and increasing concentration through mergers (Ernst & Young Advisory, 2008).

The Spanish care regime is shaped by weak welfare and a strong reliance on the family (Romero, 2012). In 2007, the Dependency Law entered into force implementing the SAAD (*Sistema de Autonomía y Atención a la Dependencia*): System of Autonomy and Dependency Care (Rodriguez Cabrero and Marban Gallego, 2013). The main contribution of this reform has been to turn the 'system of residual social assistance and social security' into a system with a universal approach (Rodriguez Cabrero and Marban Gallego, 2013, p. 203). However, autonomous regions have some leverage in implementing the law and this has created significant inequalities in terms of coverage (Rodriguez Cabrero and Marban Gallego, 2013). It relies upon a system of joint financing within which the cost of care is shared between public funds and the care recipient, but the respective shares can vary significantly from one autonomous region to another (Romero, 2012). The law has further been criticised by feminist sociologists who pointed out that the focus on professionalisation and 'de-familiarisation' in the framework of this law was based upon a gendered understanding of autonomy, skills and care and thus, instead of reducing the feminisation of the care sector, ended up by reconstructing and adapting it (Serrano, Artiaga and Davila de Leon, 2013). Central to the way care regimes work is indeed the question of skills recognition and the professional hierarchies attached to these skills. At the level of the Madrid region, official figures indicate that the most common form of care provision in the autonomous region of Madrid are care homes, which are in charge of 3.7% of the elderly population, mostly in private facilities (74%) (IMSERSO, 2005). While these data reflect certain trends within the formal economy, qualitative research on the importance of the informal economy suggests that homecare remains more common than institutional care (IMSERSO, 2005). There are various reasons why institutional care has not been more

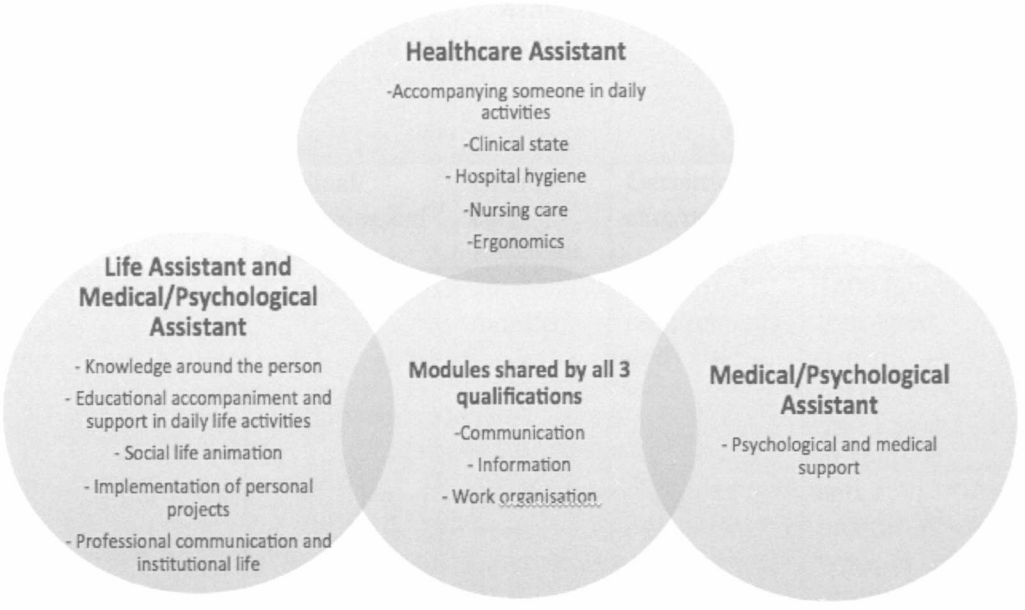
[18] Source: http://www.alternatives-economiques.fr/le-marche-des-maisons-de-retraite_fr_art_1094_54438.html, Last accessed Ferbuary 2016

[19] http://www.lefigaro.fr/retraite/2010/01/12/05004-20100112ARTFIG00349-le-boom-des-maisons-de-retraite-medicalisees-.php, Last accessed February 2016

extensively developed in the region of Madrid in spite of the ageing population. On the one hand, there is a strong preference among families for care services provided at home: the dominant discourse of what constitutes appropriate care, i.e. the 'care culture' (Williams, 2012), constitutes one factor of explanation. On the other hand, the number of places in care homes is scarce. Publicly financed care homes (mostly managed by private companies through outsourcing) are unable to meet existing needs and very long waiting lists are the norm. Furthermore, prices of private care homes make these services inaccessible to most families (IMSERSO, 2005).

In parallel, in all three countries, the low level of qualifications required in the care sector – despite existing differences between countries – is related to the gendered understanding of care as innate and natural, rather than taught and acquired. The gendered inequalities that underpin care work in turn shape the level of income and advancement opportunities. Beyond the general devaluation of older-age care, though, key differences exist in terms of the professionalisation of this occupation between the three countries under study here. In the UK, there is no formal requirement for care-workers to start in the position of 'care assistant' in a care home or in domiciliary care. There exists only a duty of employers to ensure that at least 50% of their workforce attain NVQ level 2 (Smith and Mackintosh, 2007). However, as observed by Smith and Mackintosh, 'by early 2004, only 48% of homes met even these minimum levels of qualifications and less than half were doing any staff training (Dalley et al., 2004)' (Smith and Mackintosh, 2007, p. 2218). In France, three different statuses correspond to the work of care assistants in terms of daily tasks performed. These are Life assistant (*Auxiliaire de vie*), Medical/psychological assistant (*Aide médico-psychologique*) and Healthcare assistant (*Aide-soignant*). Training required for these positions varies from 9 to 12 months. Figure 2 presents the content of these qualifications and how they overlap.

Figure 2: Content of care qualifications in France



Source: Own elaboration based upon module listing in Pardini, 2013

In Spain, no formal requirement existed until 2015, but after this date workers were expected to have obtained a formal qualification. As a consequence, employers started recruiting workers with formal qualifications before 2015 to be able to comply with the law when the time came. The length of the training required varies. If completed at a state university it consists of a year of studies and a 3-month work placement. Before this law was passed, most migrant workers in care home settings completed training through migrant associations or local authorities, as it often offered a way out of live-in employment arrangements. Table 7 provides a comparative overview of the different degrees of professionalisation and regulations in the three countries.

Table 7: Qualifications and training in care, a comparative overview

	France			Spain		UK
Original name	**Auxiliaire de vie**	**Aide medico-psychologique**	**Aide-soignante**	**Gerocultor**	**Auxiliar de enfermeria**	**Care assistant/ Senior care Assistant**
Trans-lation	Life Assistant	Medical/ Psychological Assistant	Health-care Assistant	Geriatric care provider	Healthcare Assistant	
Length of training	9 months	12 months	10 months	No formal requirements until 2015.	1400 hours, translated in state universities into 1 year of studies and 3 months of work placement.	No formal require-ments. On the job training online and NVQ levels.

Source: Own elaboration.

The following section turns to the last type of regime described here: employment regimes. It looks into employment patterns, employment protection and the specific context of industrial relations within which these elements are embedded.

Employment regimes and sector characteristics

Table 8 provides an overview of the share of temporary and part-time employment in the three countries relevant to this research. Each of these three countries presents a different profile in relation to these two indicators, but similar trends proportion-wise in terms of gender inequality. These indicators are commonly used to measure the share of non-standard employment (other than permanent and full-time). The meaning of these categories is however less straightforward than quantitative data tend to suggest. Employment regimes also entail national variations in terms of employment legislation and practice: 'In France, for instance, dismissals of permanent workers are subject to greater legal constraint than in the UK. If you can dismiss permanent workers, then there is little reason to create a class of temporary workers' (Rodgers and Rodgers, 1989, p. 4). Thus, the lower level of temporary employment in the UK, as compared

with the EU average or France and Spain in this case, does not necessarily mean that workers enjoy greater employment stability and employment protection.

Table 8: Temporary and part-time employment

Employment regimes characteristics		EU 28 (2014)		UK (2014)		France (2014)		Spain (2014)	
Temporary Employment		14%		6.4%		15.8%		24%	
Women	Men	14.4%	13.6%	6.9%	6%	16.8%	14.9%	24.5%	23.5%
Part-time employment		20.4%		26.8%		18.9%		15.9%	
Women	Men	32.8%	9.9%	42.5%	13.1%	30.8%	7.8%	25.6%	7.8%

Source: Eurostat, own compilation

Table 9 illustrates this point by looking into OECD indicators related to employment protection legislation. These indicators take into account variables such as protection against individual and collective dismissals, regulations on temporary work, extent of social and welfare provision, and collective bargaining coverage (McKay et al., 2012). The UK presents the least regulated labour market, with low protection against individual dismissal and almost no regulation as to temporary forms of employment. France in turn has one of the most regulated labour markets and Spain is situated around or above the EU average depending on the indicator.

Table 9: Employment protection legislation

The OECD indicators on Employment Protection Legislation 2013				
Scale from 0 (least restrictions) to 6 (most restrictions)				
	Protection of permanent workers against individual and collective dismissals	Protection of permanent workers against (individual) dismissal	Specific requirements for collective dismissal	Regulation on temporary forms of employment
France	2.82	2.60	3.38	3.75
Spain	2.28	1.95	3.13	3.17
United Kingdom	1.62	1.12	2.88	0.54
OECD	2.29	2.04	2.91	2.08

Source: OECD Employment Protection Database, 2013 update. Own compilation.

The same caution needs to be applied to the analysis of union density indicators and their correlation with unions' bargaining power for workers. Table 10 presents the union density per country and thus gives an indication of the level of union membership.

Table 10: Union density

	OECD countries (2012)	UK (2012)	France (2012)	Spain (2012)
Union density (OECD)	17.1%	25.8%	7.7%	17.5%

Source: OECD online database, own compilation

The meaning of this indicator might vary according to different models of industrial relations. Comparing regimes of industrial relations raises many challenges due to national differences and concepts that are not transposable from one context to another (Hyman, 2001). Union membership, collective bargaining coverage, political clout etc. are all elements that shape unions' power differently according to each model of industrial relations. In the UK, union membership is for instance a significant indicator of unions' position within industrial relations, and the decline in unions' bargaining position was accompanied by a decline in union membership during the 1980s and 1990s (Machin, 2000). In Spain, in spite of low affiliation, unions have high mobilisation capacity, and collective bargaining offers high coverage due to the automatic extension of collective agreements (Köhler and Calleja Jimenez, 2012). In France, where union density is particularly low, union membership also experienced a significant decline in past decades (Mouriaux, 201); however, it is unions' mobilisation capacity and institutional role within collective bargaining processes that shapes their actual power (Andolfatto and Labbé, 2006).

Another line of division, in addition to gender, is one that affects migrant workers. Table 11 presents for instance the unemployment rates of foreign-born women as compared to native-born women. A smaller gap is to be observed in the UK than in France and in Spain, where the inequality is the widest.

Table 11: Unemployment rates of native- and foreign-born women

	United Kingdom	France	Spain
Unemployment rate of native-born women	6.7%	8.9%	25.2%
Unemployment rate of foreign-born women	9.8%	16.4%	34.1%

Source: OECD (2015), own compilation

Migrant women face multiple inequalities and are thus at greater risk of being trapped in segments of the labour market characterised by precarious employment terms and working conditions. At the same time, the care sector, and in particular older-age care, drives up labour needs in ageing societies and channels women, and in particular migrant and minority ethnic women, into these jobs. Indeed, Cangiano observes that 'in all European countries migrants account for a larger proportion of the care workforce than of the workforce in the rest of the economy' (Cangiano, 2014, p. 138). Given these increasing labour needs, the current reliance on migrant labour is thus likely to expand and the number of migrant care workers to grow. For instance, it is estimated in the UK that the social care workforce caring for older people needs to increase by 79% by 2032 (Wittenburg et al., 2010: 15 in Shutes, 2011)[20]. Between 2008 and 2012, residential care as an industry experienced the biggest rise in employment and the highest rate of growth of foreign-born workers, with an increase of 44.5% for European OECD countries as highlighted in the table reproduced below.

[20] The report is available at: http://www.migrationobservatory.ox.ac.uk/sites/files/migobs/Social%20Care%20Policy%20Primer_0.pdf, Last accessed February 2016

Table 12: Rise of foreign-born workers in residential care 2008-2012

Table 2.2. **Ten industries with the largest changes in foreign- and native-born employment, in selected OECD countries, 2007/08-2012**

A. European OECD countries, changes between 2008 and 2012

	Native-born		Foreign-born		
	Change (000)	%	Change (000)	%	
Human health activities	551	5.1	218	20.2	Activities of households as employers of domestic personnel
Residential care activities	546	16.1	206	44.5	Residential care activities
Education	450	3.3	175	16.5	Education
Social work activities without accommodation	356	8.7	150	17.8	Services to buildings and landscape activities
Computer programming, consultancy and related activities	312	14.8	129	35.6	Crop and animal production, hunting and related service activities
Services to buildings and landscape activities	260	10.8	123	6.9	Retail trade, except of motor vehicles and motorcycles
Civil engineering	252	21.8	117	9.6	Human health activities
Activities of head offices; management consultancy activities	206	21.7	91	5.5	Food and beverage service activities
Other professional, scientific and technical activities	199	25.9	82	19.3	Accommodation
Food and beverage service activities	190	3.8	81	15.4	Land transport and transport via pipelines

Source: OECD, 2013, p. 82

In the following section, the focus is narrowed down to the sites of fieldwork in this research: London, Paris and Madrid. It presents the role of migrant and minority ethnic workers in the industry and provides some context about employers.

Migrant and minority ethnic workers in older-age care: overview of fieldwork sites

In London, there is a particularly strong concentration of Black, Asian and Minority Ethnic (BAME) care workers (including migrant workers), constituting two-thirds of the workforce (Cangiano et al., 2009). Most importantly, the share of migrant care workers in the sector is growing significantly with an increase of 112% between 2003 and 2008 compared to a 16% growth of UK-born carers (Cangiano et al., 2009). In terms of countries of origin, recent migrants (those who have resided in the UK for less than 10 years, according to the authors' definition) working as care workers came mostly from Poland, Zimbabwe, the Philippines and Nigeria (Cangiano et al., 2009). Interestingly enough, migrant care workers residing for more than 10 years in the UK came mostly from

Jamaica, Germany, Ireland and Ghana[21]. In addition, the National Minimum Data Set for Social Care (NMDS-SC)[22] provides an interesting insight into adult social care in the London Region: 25% of the workforce hold a non-EEA passport while 8% hold an EEA non-British passport. In addition, included within the category of those with British citizenship, who make up 36% of the workforce in London, are migrants who have gained British citizenship. The specificity of London appears clearly when these figures are compared to the nationality of care workers in all England except London: non-EEA, EEA non-British, and British workers represent respectively 7%, 4% and 71% (to be compared with 25%, 8% and 36% in London as mentioned above).

In France, it is not easy to obtain figures on migrant workers in the care sector for two main reasons. First, national statistics do not gather figures for the care workforce as such and care workers are counted in different categories according to the type of employment they are in (public hospital, domiciliary care), and then grouped with other occupations. Within employment statistics, the closest category is that of 'services aux particuliers', corresponding to a section of the service industry in which are put together jobs providing services to individuals such as domiciliary care, doing household chores or gardening, as outlined in the first section of this chapter. The over-representation of migrant workers within this category can serve as a proxy for the care sector. In 2010, 22% of workers in this sector were migrants while migrant workers represented only 5% of the total workforce (Alberola et al., 2011). Secondly, a database like the NMDS-SC in the UK is not available in France given that data on migration statuses are not collected within a publicly available database filled out by employers, and statistics on ethnicity are forbidden (except for their use by the National Institute of Statistics with special authorisation). The government noted nevertheless the need to tackle the over-representation of migrant women in these services, in spite of the absence of data for the 'care sector' as defined in Anglo-Saxon literature (Garner and Lainé, 2013). Their subordinated position within the sector was furthermore demonstrated by qualitative research (Lada, 2011).

[21] These results rely on a sample of 175 non-recent migrants and 285 recent migrants.
[22] Database last accessed on June 10th, 2015.

In Spain a significant share of care for the elderly is provided by the informal economy; according to Simonazzi 'the underground economy covers one-third of the market in Spain, where language is less of a problem, since workers migrate from Latin American countries' (2009, p. 226). Thus, the reliance on a migrant workforce for care provision can be apprehended only very partially through statistical data. Residential care provides for only a minority of older people and the 'migrant in the family' model of care mushroomed to replace women within the family who formerly provided that care (Bettio, Simonazzi and Villa, 2006, p. 272). Amongst these migrants, some of them work legally and contribute to social security; others are not given any contract by the family that employs them. Such figures as are available for those working legally nevertheless reveal the central role of migrant workers: in 2008 in Madrid, 71% of domestic workers and 94% of live-in carers were migrants (Rodriguez Rodriguez, 2012).

Conclusion

This chapter provided an overview of the streams of literature to which this thesis seeks to contribute and outlined some of the gaps that this research addresses. Most importantly, the chapter described the overarching theoretical framework on which this research relies – 'feminist moral philosophy' and 'transnational political economy of care' – and how the articulation of these approaches allows for original contributions to knowledge to emerge in the findings chapters. The presentation of a selection of elements in relation to gender, migration, employment and older-age care regimes sketched out the empirical contexts within which this research is embedded. It also illustrated the growing challenge that meeting older-age care needs constitutes against the background of similar societal changes in each of the three countries (notably, increasing female employment rates, greater geographical mobility and growing privatisation of care provision), but with different 'care mixes'. Migrant workers play a crucial role in meeting these labour shortages, as demonstrated by OECD data. Empirical evidence also hints at the significant role of minority ethnic workers in London (quantitative studies) and in Paris (qualitative studies).

After situating the study of migrant and minority ethnic care workers within

academic literature and outlining the context data relevant to this research, the following chapter describes the different stages of the conduct of this research, from research design to data analysis. It presents the epistemological standpoint on which the study relies and justifies the methodological choices made. Reflections that accompanied this process and the questions that arose along the way are equally presented.

CHAPTER 2: From research design to data analysis: methodological reflections

The first chapter of the thesis presented the theoretical and empirical context of this research. This second chapter complements the first at both ends of the research enterprise: it presents the epistemological foundations and the methodological approaches that inspired the research design at one end, and the fieldwork and data analysis conducted at the other.

First, the epistemological standpoint within which this research is embedded is presented in the first section. Here, I discuss the ways in which the assumptions of social constructionism are relevant to this research. The section equally accounts for how institutional ethnography inspired the research design, and clarifies how this methodology was mobilised in the research process. Finally, the section emphasises how the whole of the research is imbued with intersectionality as methodology. The second section describes all the steps related to implementation of the research design and analysis of the data. I first present the elaboration of the research design, and then turn to the fieldwork conducted, describing how I gained access to respondents and what the process of data collection consisted of. I further present in this section questions related to research ethics and reflect upon my role in the research process and the challenges encountered. The second to last sub-section details how I conducted the data analysis with the use of the software Nvivo10. Finally, respondents' profile is briefly presented in regard to gender, nationality, age and employer.

Epistemological standpoint and methodological approaches

Social constructionism as sociological worldview

Fundamental assumptions of social constructionism underlie how this research was designed and formulated. Berger and Luckmann (1966/1991) first brought together philosophical and sociological writings to theorise the 'social construction of reality' and hence the role of a sociology of knowledge as a tool to analyse the processes that lead to this construction. They aimed at shifting the

focus of the sociology of knowledge from 'intellectual history' to 'everything that passes for "knowledge" in society' (Berger and Luckmann, 1966/1991, p. 26). At the heart of this approach, therefore, lies a permanent critical assessment of social categories and meanings. Cruickshank argues that 'for social constructionists, knowledge claims are neither certain nor fallible true statements about reality but are instead constructions of reality that are imbued with power' (2011, p. 11). Questioning the relationship between power and knowledge is crucial in order to critically assess notions of 'objectivity'. Alvesson and Sköldberg make this point by tracing the historical roots of social constructionism: 'They [Berger and Luckmann] were also influenced by other authors who have anticipated or been active within the area of knowledge sociology, such as Marx, Nietzsche, Scheler and Mannheim. All these, who from the present perspective can be regarded as a kind of "forefathers" to social constructionism, called into question the existence of a purely rational, objective knowledge, arguing instead that knowledge arises from processes more related to ideology, interests, or power' (2009, pp. 24-25). Social constructionism questions the conditions for knowledge production and emphasises that the researcher is necessarily embedded in a social context that impacts on the research design and findings. Through its focus on 'meanings' and 'representations', social constructionism encourages reflection on the role of the researcher in the research process.

A widespread critique of social constructionism revolves around the risk of erasing the notion of 'reality' from sociological enquiry; however, such a radical position was neither part of Berger and Luckmann's original theorisations (they worked with the concepts of objective and subjective reality) nor part of most of the 'practice' of social constructionism as implemented by sociologists (Andrews, 2012). This middle ground, which characterises most sociological research inspired by social constructionism, is also the one adopted here.

Against the background of social constructionism, the following section presents several dimensions of institutional ethnography as methodology, which were relevant to the elaboration of this research design.

From everyday experiences to ruling relations through institutional ethnography

Institutional ethnography, mainly developed by the Canadian sociologist Dorothy E. Smith, offers a methodological approach that represents one of the many possible translations of social constructionism into a methodology and into methods. Institutional ethnography has its 'point of entry' in the 'everyday world' (Gomez and Kuronen, 2011). Smith argues that this method of inquiry 'works from the actualities of people's everyday lives and experience to discover the social as it extends beyond experience' (Smith, 2005, p. 10). This anchorage in everyday lives and practices is central to institutional ethnography as methodology. If Berger and Luckmann argued that knowledge is everywhere, Smith added that ideas and concepts are not only out there but are also embodied: 'thoughts, concepts, beliefs, ideology, et cetera, are not allowed to escape into a metaphysical space set up for them in people's heads and outside their doings. They are also people's doings, their activities' (Smith, 2005, pp. 209-210). Sociological enquiry cannot overlook this materiality and needs to be situated in space and time, in order to relate to the activities of people.

Furthermore, by starting from a particular location, institutional ethnography avoids taking categories of discourses for granted. From a specific standpoint, institutional ethnography seeks to explicate 'social relations generating characteristic bases of experience in an institutional process' (Smith, 1987, p. 176). The research is guided by respondents' perspectives, as Smith explained in her later writings: 'it explores with people their experience of what is happening to them and their doings and how those are hooked up with what is beyond their experience. Research is then projected beyond the local to discover the social organization that governs the local setting' (Smith, 2005, p. 41). In this research, the standpoint of migrant and minority ethnic care workers is where I started. The purpose behind the use of this methodology is thus broader and the data collected aim at allowing – from a particular standpoint – for a political economy analysis of policies and institutions, what Smith calls 'ruling relations'.

Importantly, institutional ethnography puts the researcher's role into perspective as it recognises that knowledge is co-produced with the respondent and not 'objectively' delivered to the researcher. The process of engaging with the data is what Smith labels the 'secondary dialogue' during which 'pre-conceptions may be changed and new directions opened-up' (Smith, 2005, pp. 142-143). Respondents are thus subjects and not objects of research and the researcher needs to be receptive to new forms of knowledge by questioning its objectified forms and constructed categories.

Finally, it is important to clarify that 'ethnography' in this approach does not necessarily imply an exclusive use of ethnographic methods: 'ethnography does not here mean, as it sometimes does in sociology, restriction to methods of observation and interviewing. It is rather a commitment to an investigation and explication of how "it" actually is, of how "it" actually works, of actual practices and relations' (Smith, 1988, p. 160). The choice of theoretical frameworks and methods for this research was guided by this double commitment to attention to the everyday world of migrant and minority ethnic care workers, and the intention to provide analysis at the political economy level.

On the whole, institutional ethnography constituted for this research a source of inspiration at several points in time. First, when I elaborated the research design, institutional ethnography informed my reflection on the research questions and the corresponding methods for data collection. In the course of fieldwork, institutional ethnography caused me to be reflexive about my position and role in the research process (as addressed below in the section on fieldwork). Finally, at the stage of data analysis, institutional ethnography offered a relevant framework within which to link analytically the data collected at the micro-level with a broader political economy analysis focused on patterns of inequality. While it constituted an inspiration in terms of how I planned the analysis, the findings chapters do not refer to institutional ethnography explicitly, given that I conceived of institutional ethnography as a loose theoretical framework. These chapters required theories and concepts that could address the specificities of the themes analysed, but institutional ethnography remains in the background of how I designed, conducted and analysed this research.

In a similar vein, I address intersectionality as methodology in the following section, as it comprehensively influenced the thesis. I thus explain below how it fed into the research at large and contributed to the theoretical framework presented in Chapter 1 in particular.

An intersectional endeavour at multiple levels

Given that the study of work experiences within a gendered and racialised segment of the labour market is at the heart of this research project, intersectionality as methodological inspiration offers a framework to account for multiple inequalities. Intersectionality is referred to in different disciplines, for various purposes, and helps to research different levels of analysis. Many authors have stressed the need for methodological clarification, given that the concept has proved to be particularly productive but equally fuzzy (McCall, 2005; Choo and Ferree, 2009; Walby, 2007; Winker and Degele, 2011). Intersectionality is born out of the claim that multiple forms of oppression are not additive but mutually constitutive. While this fundamental idea has underpinned some sociological work prior to the emergence of the label 'intersectionality', its conceptualisation and translation into an operational paradigm was put forward most clearly by Black feminists. The term itself has been coined by Crenshaw, who argued that oppression was qualitatively different for women who find themselves in different positions, given that 'race', gender, and class intersect (Crenshaw, 1989; Choo and Ferree, 2009). It is thus the interpenetration of social phenomena that is at the heart of intersectional analysis; in Brah and Phoenix's words:

> We regard the concept of 'intersectionality' as signifying the complex, irreducible, varied, and variable effects which ensue when multiple axis of differentiation – economic, political, cultural, psychic, subjective and experiential – intersect in historically specific contexts. The concept emphasizes that different dimensions of social life cannot be separated out into discrete and pure strands. (Brah and Phoenix, 2004, p. 76).

Intersectionality is a broad idea that can encompass different methodological and theoretical approaches. Here, the contribution that intersectionality brings to the research is shaped by the assumptions of social constructionism. Choo and Ferre summarise how the two can be combined:

> Social constructionist understandings of intersectionality, although 'anti-categorical' in McCall's terms, share the social structural focus on process of what she calls 'intercategorical' analyses. They highlight dynamic forces more than categories – racialization rather than races, economic exploitation rather than classes, gendering and gender performance rather than genders – and recognize the distinctiveness of how power operates across particular institutional fields. (Choo and Ferree, 2009, pp. 11-12)

Intersectionality indeed encourages reflection on the use of social categories and its implications, as does institutional ethnography in its methodological guidelines (Smith, 2005). Simien (2007, p. 267) highlights that intersectional approaches 'contend that no social group is homogenous'. In this perspective, Bedolla (2007, p. 238) enjoins intersectional scholars to 'deconstruct the "conceptual practices of power," both discursively and empirically'. She argues: 'we need to be mindful of not reifying or essentializing the very categorizations that we are attempting to question, and open to the possibility that our story will change in the process of engaging in that research'. In her above-mentioned work, McCall (2005) identifies, within intersectional approaches, the anti-categorical complexity that rejects categories and deconstructs them, the intracategorical complexity that 'focus[es] on particular social groups at neglected points of intersection' (p. 1774), and finally the intercategorical complexity which focuses on relationships of inequality among social groups as already constructed, and makes provisional use of these categories (pp. 1784-1785). Depending on the level of analysis, a certain use of socially constructed categories is hardly avoidable: 'If structural relationships are the focus of analysis, rather than the underlying assumption or context of the analysis, categorization is inevitable' (McCall, 2005, p. 1786). In this research, I make use of several existing social categories such as 'migrant' or 'minority ethnic', while questioning the relevance of these categories in the findings chapters both theoretically (e.g. for a discussion on the concept of 'minority ethnic' and 'racialised' worker, see Chapter 7) and empirically (e.g. for a discussion around meanings attached to migration statuses, see Chapter 3).

Furthermore, while intersectionality is often identified with research on intersecting identities, its contributions go beyond this dimension and are relevant

to different levels of analysis. For instance, with regard to the distinctions drawn by Choo and Ferree between 'group-centred', 'process-centred' and 'system-centred' practices of intersectionality, this research might be conceived of as 'process-centred': 'The process model of intersectionality places primary attention on context and comparison at the intersections as revealing structural processes organizing power' (Choo and Ferree, 2009, p. 11). This quote equally echoes the methodological approach of institutional ethnography that seeks to uncover the 'ruling relations' deriving from everyday experiences. In addition, the contextual dimension of such process-focused analysis is clarified by Anthias's emphasis on the importance of 'historicity': 'the intersection does not denote specific places occupied by individuals or groups (e.g. working-class black women). It is a process; for example, "class" takes on racialised or gendered inflections for specific people in specific places and times within the arenas of organisation, representation, intersubjectivity and experience' (Anthias, 2012, p. 13). Following Anthias, intersectionality is thus here understood as an 'intersectional framing', rather than an 'intersectionality theory', serving the purpose of a 'heuristic device for understanding boundaries and hierarchies of social life' (2012, p. 4). The analysis of intersecting regimes as foregrounded by the theoretical framework of 'transnational political economy of care' presented in Chapter 1 is here inscribed into this broader intersectional approach.

The following section explains how I planned the research and how I carried it out from designing the research, then implementing it through fieldwork and to conducting the analysis.

A cross-national research design: methods and their implementation

The research design: where, when and with whom

This research started out within the framework of the Marie Curie Initial Training Network (ITN) 'Changing Employment' funded by the European Commission, which I joined in March 2013 in the position of 'Early Stage Researcher' for three years. This Marie Curie ITN gave me access to a network of researchers as well as training opportunities throughout the three years of the programme. When I joined

this Marie Curie ITN, the theme of the research was initially broadly defined by a focus on multiple inequalities faced by migrant and minority ethnic workers. From this starting point I developed with my supervisors a cross-national research project. Given the multi-sited fieldwork I envisaged, I chose to focus on one single occupation to facilitate the cross-national analysis. As I was interested in feminised sectors of the labour market, older-age care emerged as a potential site of fieldwork, given the multiple inequalities that characterise this segment of the care sector and thus the specific role of migrant and minority ethnic workers within it. This brought me to look into the experiences of care assistants in London, Paris and Madrid. The occupation of 'care assistant' was intriguing to me: while the need was ubiquitous, different labelling, different training and different statuses were attached to this occupation in each country, and also within a given care regime. This complexity appeared to offer an interesting site of research from the standpoint of migrant and minority ethnic workers.

Another major choice in terms of research design was the decision to focus on non-EU and minority ethnic workers, leaving aside intra-European migration. This definition of the scope of the research was motivated by three considerations, mainly: (1) that the migration regimes applied to non-EU workers reveal logics underpinning state policies as well as national differences; (2) that many studies on migrant care workers do not make the distinction between EU and non EU migrants (Cuban, 2013; Christensen and Guldvik, 2014) and thus leave out fields of analysis specific to those workers; and finally (3) that in spite of the major differences that exist between non-EU and minority ethnic workers, bringing together these two groups was consistent with the study of postcolonial migrations and offered a rare opportunity for a contrasted analysis of racialisation processes. This focus is thus the result of decisions made at the stage of research design and should not be seen as concealing the role of EU migrants in older-age care provision: for instance the role of Polish women in the UK and of Romanian women in Spain.

The choice of London, Paris and Madrid as the sites of fieldwork is related to their shared status as European capital cities. They crystallise many of the tensions present in contemporary European societies in general, but the size of

these urban territories and their internal dynamics exacerbate these trends, notably the 'care deficit'. These cities are furthermore embedded in three significantly different national contexts as to the migration, employment and care regimes that are central to the analysis in this research, as outlined in Chapter 1. The extent of these differences for each of these regimes constituted in my eyes a major potential for analysis and justified the choice of these cities. Arguably, other European capitals fulfil these criteria of academic relevance within this research design, a criterion of feasibility also played a role in these choices as I speak English, French and Spanish and could conduct fieldwork in these cities without language difficulties.

To strengthen the comparative dimension of the analysis I also decided to focus predominantly on one work setting: private residential care. Most respondents were thus employed by either for-profit or not-for-profit private care homes, as presented in the final section in this chapter. This distinction was not strictly applied and a minority of respondents worked in domiciliary care. The reason for this was not an approximate implementation of the research plan but a reflexive one: many respondents worked both in domiciliary and residential care either at different points in time or simultaneously. Similarly, the private care industry was growing in both areas. Rigidly sticking to residential care would thus have resulted in an artificial divide obscuring the actual experiences of migrant and minority ethnic workers who navigate between the spheres of domiciliary and residential care throughout their working lives. Overall, the focus of the analysis remains located in the experiences of migrant and minority ethnic women in the context of residential care; however, when relevant, the findings chapters bring in the differences attached to both work environments.

Fieldwork gatekeepers and access to respondents

The time dedicated to fieldwork was divided into three periods of four to five months at each site of fieldwork, which corresponded to the entire second year of the Marie Curie programme. I started fieldwork in London, after which I moved to Paris and finally to Madrid. Accessing respondents and constituting a 'sample' was guided by the method of nonprobability purposive sampling. The sampling is

here purposive in that it follows 'a series of strategic choices about with whom, where, and how one does one's research' (Palys, 2008, pp. 698-699). The choice of this method results from the research design that revolves around researching one specific group cross-nationally on the basis on socially constructed categories. The sampling conducted can be thus described as 'criterion sampling' in that all respondents meet some criteria (Palys, 2008, pp. 698-699). At the same time, accessing respondents also followed the principle of snowballing in that on occasion respondents referred to other persons potentially willing to be interviewed (Saumure and Given, 2008, pp. 563-564). Importantly, snowballing was not only applied to respondents but also served to access 'fieldwork gatekeepers' such as employers and migrant associations, which effectively diversified the points of access and limited the bias that the snowballing method can potentially entail. I explain in this section how this process unfolded.

Being based in London, I could start preparing for fieldwork while completing a three-month work placement as planned by the Marie Curie ITN. In the framework of this ITN, each PhD student completed a three month internship with one of the social partners to the research network. My internship took place in London from September to November 2013 with one of the largest unions in the UK. During that period I continued working on my thesis while being included in the team in charge of organising migrant workers. The union was at that time conducting a recruitment campaign in care homes owned by a large for-profit company. I accompanied union organisers on their visits into care homes of the London Region and this constituted the first step of my fieldwork. During these visits I approached care workers as a student at London Metropolitan University, presented my research and exchanged contact details when they agreed to an interview at a later date. I systematically explained that the research itself was not related to the union, but my presence with union organisers might have prompted an association of my role with the union's activities. After the internship with the union was over, I started contacting the care workers I had met in person and began arranging interviews, which I conducted from December 2013 to April 2014. Through snowballing I extended the research to workers employed in care homes where unions were not present. I also participated in community events of

the Filipino community, notably around the Sunday mass, which allowed me to meet Filipino care workers.

Upon arrival in Paris in May 2014 I prepared a database of care homes, which I contacted. My initial thoughts were that I could replicate the steps followed for fieldwork in London and start meeting care assistants in their workplace to arrange interviews and rely on snowballing from then on. In parallel, I conducted expert interviews, which gave me the opportunity to discuss with other researchers how to plan the fieldwork in France. My initial contacts with care providers were of limited success, though several of them agreed to disseminate the information about my research by posting it on Blackboards and via internal communication. Several persons contacted me in this way. In addition, a French researcher, Hélèna Hirata (CNRS-GTM), had put me in contact with a doctor in a managerial position in one of the largest private providers of residential care in France. This opened the door to several care homes of that company in Paris and enabled me to meet care workers employed in these care homes. Here again the snowballing method extended the group of respondents beyond those employed by the care providers I had contacted. I completed fieldwork in Paris in September 2014.

Finally in Madrid, I similarly initiated contacts with care providers on the one hand and researchers on the other. Expert interviews opened up additional possibilities for me thanks to the contacts these researchers provided to private care providers and within the vibrant network of social movements organised around the theme of care in Madrid. I thus participated in the activities of two migrant associations from October 2014 to January 2015, through which I met many respondents. My participation in these activities constituted a form of participant observation even though I did not formally include this method in my research design prior to fieldwork. I did not bring these insights directly into the analysed data for this thesis, but this experience gave me the opportunity to work on several side projects, such as the production of two short films about migrant and minority ethnic workers' experiences in older-age care (18 minutes) and migrant workers' activism (5 minutes). The first association was mostly composed of women from Ecuador, and some men as well, and their meetings

were supported by the autonomous region of Madrid in connection with cultural events such as book discussions, an annual trip to a nearby city and a folkloric dance performance. The second association was animated by a group of feminist women, both Spaniards and migrants, in the latter case coming mostly from Latin America and Morocco. These women took part in public debates about conditions prevalent in domestic and care work and were active on the streets of Madrid in raising awareness of the challenges faced by domestic workers. In parallel, I also met respondents through the access granted by a large private not-for-profit care provider, which ran many care homes in Madrid; as a result of the contacts provided to me by Professor Juan Carlos Revilla at Complutense University.

Semi-structured in-depth interviews for data collection

With the experiences of migrant and minority ethnic care workers at the heart of the research project, semi-structured in-depth interviews appeared to be the most suitable method for data collection. This format allows for retaining some control over the direction of the conversation while equally allowing research participants to give different weights to questions asked or to introduce new directions. Cook summarized this interactive dimension: 'the conversation oscillates among the researcher's introduction of the topic under investigation, the participant's account of his or her experiences, and the researcher's probing of these experiences for further information useful to the analysis' (Cook, 2008, pp. 423-424). In addition, it is important to stress that this method echoes Smith's emphasis of the co-production of knowledge within institutional ethnography. Ayres notes that 'in this interview format, the resulting text is a collaboration of investigator and informant.' (Ayres; 2008, pp. 811-812). The interviews followed the same topic guide in the three sites of fieldwork along with the same questionnaire that respondents filled out at the end of the interview (Appendix A and B respectively). Each interview was different, however, in that I asked the questions according to how the interview developed in order to introduce all themes smoothly and to avoid jumping from one topic to the other, which would have constrained the flow of ideas. The topic guide was developed at the stage of research design. It covered the following themes: current employment situation; work content; training and career opportunities; managerial relationships;

security, stability and protection at work; employment history; migration status and history; bullying and harassment; transport to work; family situation and caring arrangements. After a couple of interviews, several questions appeared to offer few additional insights and I stopped asking these questions in order to leave more time for more relevant ones. For example, answers to the question about autonomy at work presented data saturation characteristics after several interviews, because the role of care assistant was precisely defined and respondents described the level of autonomy in similar terms. By contrast, other questions appeared highly revealing and became crucial in each interview. One such question was 'What do you like and what do you dislike about your job?' This very broad question offered respondents a space to talk about a wide range of issues, and both the content of their answers and their choice of issues to raise offered rich data for analysis. At the end of each interview I also asked respondents to fill out the questionnaire reproduced in Appendix B. In the form of mostly closed-ended questions, the questionnaire gathered information about respondents' demographic characteristics (age, gender, nationality) and migration history (migration status, length of residence), as well as information about their employment (job title, employer type, contract, earnings, benefits, job tenure, job stability and union membership). The time spent on the questionnaire offered an opportunity to continue the conversation and respondents often commented on the questions in addition to giving their written answers, and these comments also form part of the data analysed.

Research and interview settings

In the three sites of fieldwork, interviews were conducted in various settings. Most interviews lasted about one hour, ranging from half an hour to over two hours. First, a significant number of interviews were conducted in the workplace behind closed doors, or on rare occasions in a lounge where residents were present at a distance. This interview setting presents both advantages and disadvantages, which I would like to describe. Remaining physically in the workplace could cause limitations as to the freedom of expression according to respondents' own perception of this space. This context might have impacted on respondents' state of being, the interaction with me, and thus their responses, most obviously in

relation to their current employment. It appeared however that even in this setting, most respondents shared critical views related to their current employment, which suggests that they trusted my status as an independent researcher. I would like to highlight the major advantage that this interview setting represented in my eyes. By being present in the workplace I met a broad range of respondents, most of whom would probably not have agreed to dedicate an hour of their time for an interview outside the workplace because of their complicated schedules, notably in relation to multiple jobs and childcare responsibilities; and most respondents welcomed the opportunity to share their experiences. The second type of interview setting was cafés and public spaces. I conducted interviews in cafés in London, Paris and Madrid, and on rare occasion in public parks. This interview setting allowed for longer interviews, often lasting between one hour and two hours. Finally, I also conducted interviews in the homes of respondents in Paris and in Madrid in several cases. This offered the most intimate context for the interview, in which long interviews were also the norm. Obviously, each interview was more than a series of questions and constituted an encounter each time. Each interview was an exchange between myself as researcher and the person I interviewed as care assistant. It was thus the result of this interaction and not merely a process of data collection. As posited by institutional ethnography (Smith, 2005), both the researcher and the respondent play a role in shaping this interaction.

Research ethics: consent, confidentiality, sensitive issues

I ensured that at all times the research adhered to the London Metropolitan University and British Sociological Association ethical guidelines. Prior to undertaking fieldwork I gained approval from the London Metropolitan University Ethics Committee. The key ethical issues I addressed included: firstly providing respondents with information and ensuring informed consent; then, data confidentiality and protection of privacy; and finally, the potential implications of addressing sensitive issues. In this section, I briefly present these points and reflect at some distance upon the actual process of fieldwork with regard to what had been anticipated.

First of all, in accordance with general practice in British academia, all participants in this research signed an informed consent form stating the theme of the research, its anonymity, their right to withdraw from the research at any time and assigning copyright of their transcripts to me. I systematically read the form through with each participant; left time for any questions respondents might have; and gave an information sheet on the research project to each respondent so that the person could contact me afterwards about any matter that might arise. I implemented this exact same process for fieldwork in London, Paris and Madrid. It can be observed here that academic practices differ from one country to another and it is not common practice in France and in Spain to make use of consent forms in sociological research. This, however, did not create any difficulty and all respondents agreed to sign a consent form in all three sites of fieldwork.

Second, I rigorously planned the steps that aimed at protecting respondents' right to confidentiality and privacy. For this purpose all names were changed at the point of transcription in order to render all stored data anonymous. Also, respondents could choose not to disclose their names and surnames in the first place and were given the option to sign the consent form under a pseudonym. In addition, some respondents opted to write their names without their surnames, while others signed the consent form with their full names. This choice given to respondents gave them the chance to give their consent in the way they felt most comfortable with. It also constituted a symbolic gesture stressing my genuine interest in their experiences without the need for individual identification, as this had no relevance to further analysis of the data. In addition, all computer files containing respondents' names (without surnames as these were not electronically processed in any way) were password protected and all paper files and consent forms were kept in locked spaces.

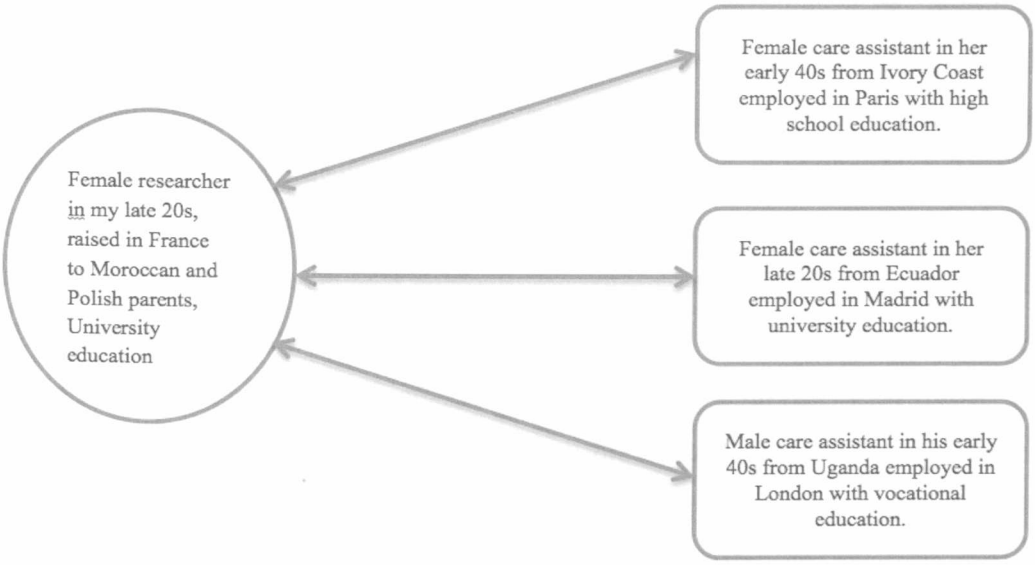
The third point concerns the content of the interviews itself and the potential implications of addressing sensitive issues, for example in relation to a person's migration history or experience of discrimination. Aware that the interview process might be distressing, I systematically explained in great detail my role as researcher in the introduction. I stressed the confidentiality of the interview, described how the interview informed my PhD thesis, and also highlighted the

limitations of an academic study in terms of respondents' individual situations in order to avoid creating misleading expectations. In addition, I brought with me contact details of potential support organisations such as unions in case respondents asked me for such information. This occurred only once during an interview in London and I provided the contact details for Citizens Advice Bureaux and UNISON support services.

Fieldwork reflections: positionality, co-production and power relationships

The claim that knowledge is co-produced acknowledges the subjective dimension of the process of data collection through interviewing. The interaction of the interview is shaped by numerous subjective perceptions on both sides of the interaction. The drawing below illustrates through three examples the variations within these interactions: while I experienced the interaction differently with different persons with whom I conducted the interview, the interview experience was also necessarily shaped by how each respondent perceived my positionality.

Figure 3: The interview interaction



Source: Own elaboration.

The examples given in Figure 3 illustrate the idea that each interview is unique due to the interaction it supposes. For instance, in the first case, the interview in

Paris with a woman from the Ivory Coast, I could be perceived as belonging to the dominant group given that I was raised in France and was studying at university, which was not the case of the respondent. In the second interview in Madrid I was myself a foreigner, of similar age to the respondent, sharing to some extent a similar experience of university studies. In the third case, I was again a foreigner, perceived either as a young 'white' or 'minority ethnic' student, interviewing a middle-aged man from Uganda. Such elements and many additional ones contributed to shape the context of the interview and thus the interaction itself. On the whole, my position as a foreigner in London and in Madrid contributed, I believe, to creating a more trusting environment: I spoke the language with an accent and if respondents had any negative experiences in the country, they would probably not identify me with the dominant group. Interviews with respondents who had studied before or were currently involved in studies often triggered empathy and readiness to 'give me a hand' by taking part in the research. Nonetheless, interviews were also sites of power relationships in many ways. One such dimension was related to the notion of 'dominant knowledge'. For instance, on rare but revealing occasions respondents asked me if I was happy with their answers or if they had answered correctly. Despite my own attitude, my role was associated several times with the representation of 'legitimate' or 'dominant' knowledge. In introduction of each interview, I sought to minimise the interviewees' potential perceptions of 'being judged' and thus highlighted the transnational and explorative dimensions of my research, to implicitly convey the idea of the 'privileged standpoint' in the belief that it might contribute to strengthening the interviewee's subjective positionality in the interaction. Power relationships were also inflected by my position as female researcher. In my perception, the gendered dimension became apparent in the interviews. For instance, I presented each time in great detail the context of the interview and the process. More often than not, male respondents cut my explanations short by indicating that they 'know how it works', while female care workers did not interrupt me even when in the interview process it appeared that they were probably familiar with academic practices due to the studies they had completed.

Highlighting the complexity of the interview process and of each of the interactions that compose it serves here to illustrate how knowledge is co-

produced through the encounter of various subjectivities, and not merely collected by the researcher. The following section presents the process of data analysis.

Thematic data analysis with Nvivo10

At the end of the fieldwork phase, I had collected 82 interviews with care assistants, 13 with nurses in supervisory roles and care home managers and 18 expert interviews. All interviews with care assistants were fully transcribed. I usually started transcribing interviews as I went along once the fieldwork started, and in addition dedicated about two weeks after each fieldwork to completing the transcription. While transcription was a very time-consuming task, it also immersed me in the data, thus greatly facilitating the identification of the themes to be analysed and the construction of the 'coding tree'. I transcribed half of the interviews, and the transcription of the other half was funded by the Marie Curie budget. This gave me the possibility to conduct and analyse a significant number of interviews while also benefitting from the insights that the process of transcription provides. I worked with transcripts in their original language at the stage of data analysis, and translated the quotes mentioned in the thesis. During the preparation of the research design I became familiar with thematic data analysis and came back to the literature on this method once I was ready to start the data analysis. This set of methods might appear to be quite intuitive; its added value in my eyes lies mostly in the emphasis on the need for rigor and clarity at each step of code construction and data coding. Boyatzis summarises what thematic analysis involves:

> Thematic analysis is a process for encoding qualitative information. The encoding requires an explicit 'code'. This may be a list of themes; a complex model with themes, indicators, and qualifications that are causally related; or something in between these two forms. A theme is a pattern found in the information that at minimum describes and organizes the possible observations and at maximum interprets aspects of the phenomenon. A theme may be identified at the manifest level (directly observable in the information) or at the latent level (underlying the phenomenon). The themes may be initially generated inductively from the raw information or generated deductively from theory and prior research. (Boyatzis, 1998, p. 4)

The process of data analysis in this research explored all the potentialities outlined in this quote. I made use of both descriptive and analytical codes that appeared either implicitly or explicitly in the transcripts. The combination of different kinds of codes was necessary for a complex analysis that nevertheless left room for the emergence of new 'codes' or 'themes' from the actual data. Table 14 presents an extract from the list of codes used in my research (see Appendix C for full list). For example, 'migration status' constitutes a descriptive code that captured the extracts in which respondents explicitly talked about their legal status as migrants. 'Attachment and professionalism' constitutes a more analytical code, based on an observation made at the fieldwork stage prior to coding, and refers to the tension between a discourse of love and a discourse of professionalism in respondents' narratives in either manifest or latent form.

Table 14: Extract from coding node 'Attachment to residents' and child nodes, extraction from Nvivo10, full list in Appendix C

Name	References
Attachment to residents	269
Emotional labour	77
Affect and time	4
Death and grief	18
Explicit empathy	15
Power relations	3
Attachment and professionalism	50
Family type relations	33
Home culture and attachment	17
Individualised care	19
Invisibilisation of affect	14
Occupational identity	59

Source: Own elaboration.

This extract from the coding tree reflects three levels of coding: each sublevel is represented by an interval to the right in the list layout. For instance, 'Attachment to residents' is the most encompassing code, which can be named Level 1 code. Within it there are seven Level 2 codes ('Emotional labour', 'Attachment and professionalism', 'Family type relations', etc.), and some of them contain Level 3 codes such as 'Emotional labour', under which I created four child nodes (a node in Nvivo10 is a label under which to code): 'Affect and time', 'Death and grief'

etc. The properties of a node in Nvivo10 are presented in Appendix D. As to the process of coding itself, Boyatzis identifies four stages in thematic analysis:

> 1. Sensing themes – that is, recognizing the codable moment
> 2. Doing it reliably – that is, recognizing the codable moment and encoding it consistently
> 3. Developing codes
> 4. Interpreting the information and themes in the context of a theory or conceptual framework – that is, contributing to the development of knowledge. (1998, p. 11)

On the whole, the process followed for data analysis in this research corresponded to these four steps and needed to be repeated several times to complete the process rigorously. 'Recognizing the codable moment' emerged for instance at different points in time, partly prior to coding and partly during the coding. 'Developing codes' meant that the coding tree was revised along the way, and 'encoding it consistently' supposed several phases of coding to ensure that all transcripts were covered by the final coding tree. This also echoes the above-mentioned 'secondary dialogue' (Smith, 2005, pp. 142-143), which serves the purposes of avoiding closed categories and allowing for a combination of deductive and inductive methods. Finally, the findings chapters are the result of stage four.

The final section in this chapter presents an overview of respondents' profile before specific aspects are analysed in the findings chapters.

Empirical data: respondents' demographic and work profile

The lists of respondents in London, Paris and Madrid and their main individual characteristics are presented respectively in Appendices E, F and G. This section provides an overview of the fieldwork conducted and of respondents' demographic and work profile.

Overview of fieldwork conducted

On the whole, 113 interviews were completed for the purpose of this research. Table 15 presents the distribution of these interviews per category and per site of fieldwork. The interviews with nurses in supervisory positions and with care home managers served a similar purpose, namely illuminating the organisation of work in the care home and the supervisory relations in place. This explains the different status of these respondents from one site of fieldwork to another. In addition, the category 'experts' encompasses: industry representatives, trade union officers, researchers, and NGO and migrant association activists.

Table 15: Overview of interviews conducted

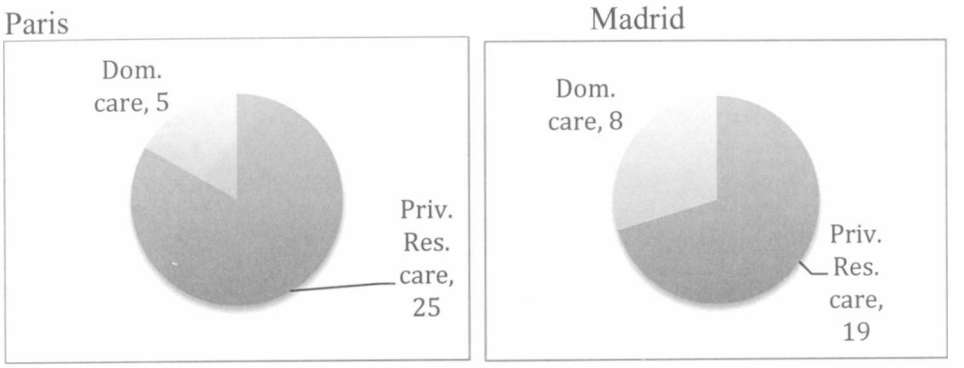
	London	**Paris**	**Madrid**	**Total**
Care workers	25	30	27	82
Nurses	5	2	0	7
Home managers	3	0	3	6
Experts	8	2	8	18
			Total	113

Source: Own elaboration.

Categories of employer

In London, all respondents were employed in private residential care. In Paris and in Madrid a minority of respondents were employed by private providers of domiciliary care or directly by families and the majority was employed in private residential care.

Figure 4: Respondents' employers in Paris and in Madrid



Source: Own data and elaboration.

Gender, age and countries of origin

Table 16 and 17 along with Figures 5 to 7 present some of respondents' socio-demographic characteristics. Most respondents were women in all three sites of fieldwork but the proportions of men and women varied. In terms of age, most respondents were middle-aged, with a lower average and bigger range in London. In terms of countries of origin, the methods implemented for accessing fieldwork and contacting respondents resulted in a significant diversity of origins. Thanks to the multiple points of entry, it has been possible to avoid the homogeneity that relying entirely on snowballing might cause. The use of percentages in the tables below and throughout the thesis does not suggest representativeness and only serves comparison purposes.

Table 16: Respondents' gender

	London	Paris	Madrid
Female	19 (76%)	26 (87%)	23 (85%)
Male	6 (24%)	4 (13%)	4 (15%)

Source: Own data and elaboration.

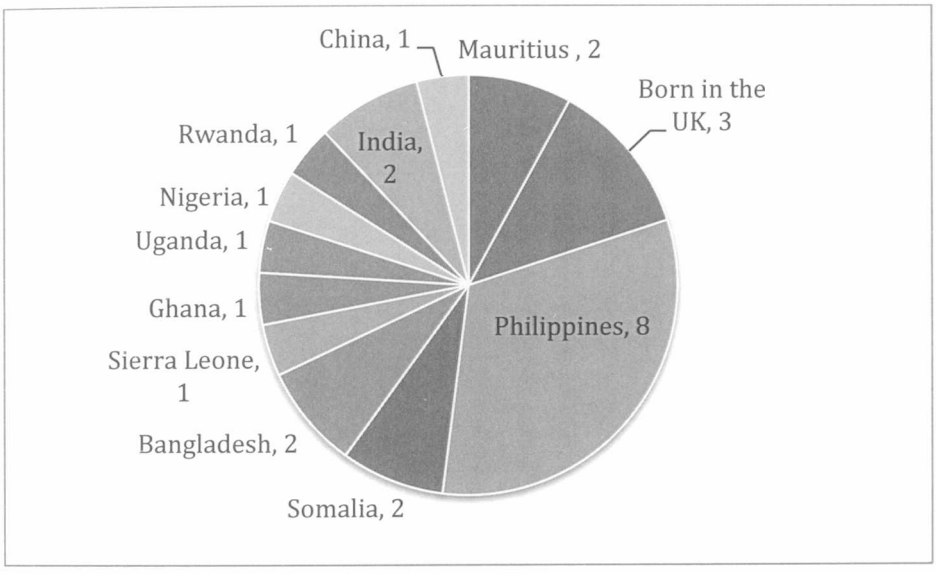
Table 17: Respondents' age

	London	Paris	Madrid
Average age	37	40	42
Age range	20 to 60	25 to 59	25 to 56

Source: Own data and elaboration.

Figure 5: Respondents' country of origin in London

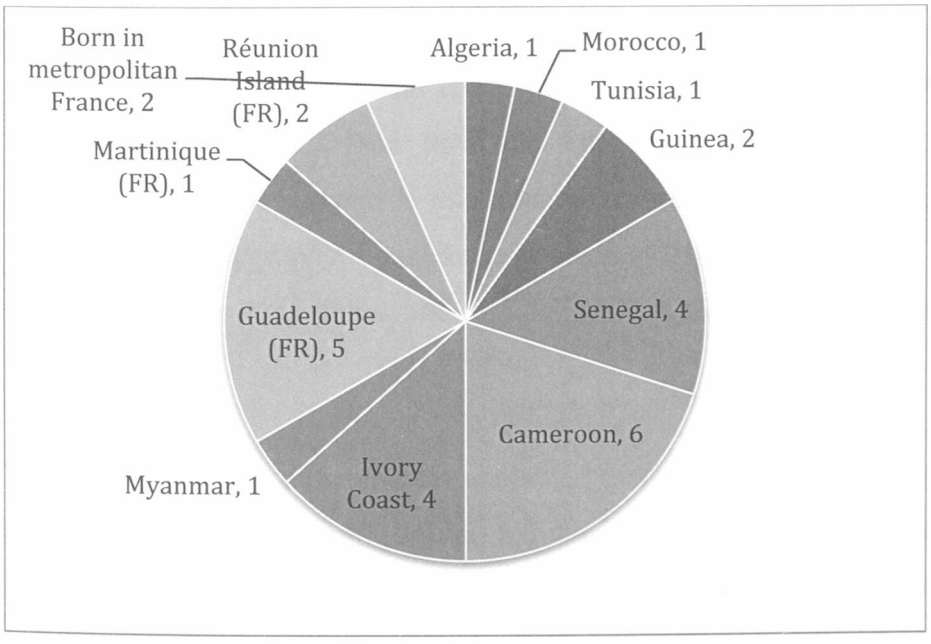
London (n=25)



Source: Own data and elaboration.

Figure 6: Respondents' country of origin in Paris.

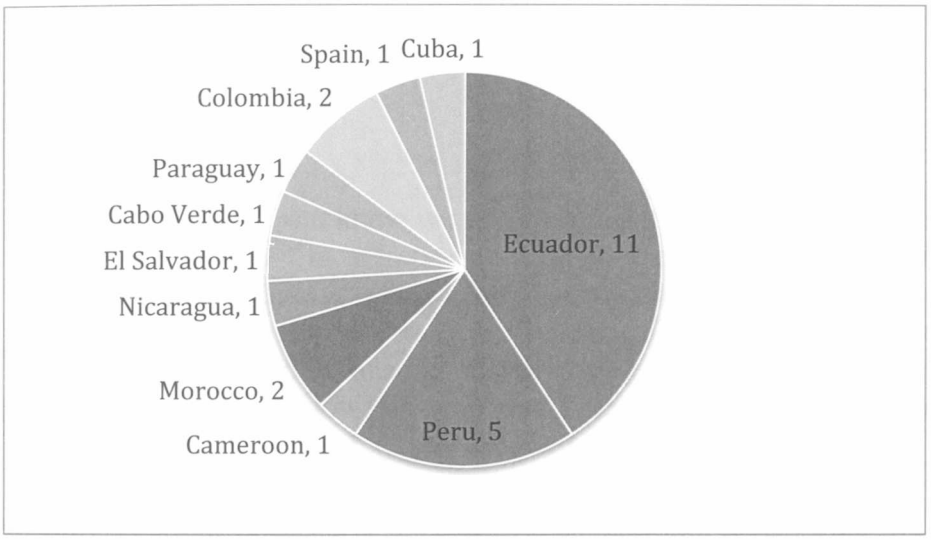
Paris (n=30)



Source: Own data and elaboration.

Figure 7: Respondents' country of origin in Madrid.

Madrid (n=27)



Source: Own data and elaboration.

Conclusion

This chapter presented the methodological aspects of this research and complemented Chapter 1 in the task of setting out the epistemological, methodological, theoretical and contextual dimensions of this research project. This chapter first described how the epistemological standpoint of social constructionism was relevant to this research. It then explored the ways in which institutional ethnography constituted a methodological inspiration at various stages of the research project, and highlighted how the research was informed by intersectionality.

The second section of the chapter explained the choices made in terms of cross-national research design and justified the scope of the research (respondents, sites, sector). It equally accounted for all fieldwork-related and data analysis stages of the research, from research ethics to fieldwork reflections. Finally, the chapter provided an overview of respondents' demographic profile and work contexts as an introduction to the following findings chapters.

CHAPTER 3: Similar segmentation, different outcomes: migrant and minority ethnic care workers' employment trajectories

Introduction

> What I like…you know we say it's a vocation, often we say I have a heart, I'm humane, I'm affectionate….all of this is false. It's extremely false because in cover letters it is often what is mentioned, I like older people, I like affection, closeness, I have a heart, all of this is very false. Everyone has a heart and no one has the monopoly of the heart. You have a heart, I have a heart...However you don't do this job…everyone has a heart, everyone is humane. (Bacar, 35, Senegal, Paris)

When I interviewed Bacar in the empty restaurant of a Parisian private care home, and asked him what he liked or enjoyed in his job, he seemed to turn the question around, as if asking me: 'Why don't you do this job?' As the interview went on, Bacar told me more about his life story. After finishing school in Senegal, he moved to France for his studies. He successfully completed a Bachelor's degree in 'economic and social administration' and a Master's in History at Parisian universities. However, he never found a job related to his fields of study. He thought of becoming a teacher, which is a common employment opportunity for social science graduates, and started preparing for the secondary-school teaching diploma, a nation-wide examination organised annually in France. His plans, however, were cut short, as he did not meet the eligibility criteria established by the state. Successful applicants usually become civil servants in permanent positions after a probationary period, a status available only to French nationals since the early 20th century. The exam is thus restricted to French and EU nationals and as a consequence Bacar gave up his preparation. At the time of the interview, Bacar had been living in France for fifteen years. He did apply for French citizenship once, but his application was rejected. Bacar now blames this on the Chinese, who 'haven't studied, don't speak French but get French citizenship, open restaurants and buy tobacconists all around'. After many years in France, bitter, resentful, and needing to sustain himself, Bacar completed the one-year training required for care workers in France to be able to work in the care sector, known for its chronic labour needs.

What Bacar encountered on his way in France are institutional barriers, resulting from the intersection of migration and employment policies, imbued with institutional racism. As outlined in Chapter 1, the three contexts present significant differences as to how care, migration and employment policies intersect, and thus impact, migrant workers' trajectories into, within and out of private older-age care in London, Paris and Madrid. This first empirical chapter seeks to explain who the non-EU migrant and minority ethnic workers in this study are, how and why they started working in older-age care, and what their trajectories and aspirations are. In order to comprehend qualitatively the over-representation of migrant and minority ethnic workers in the sector and to analyse their work experiences as undertaken by this thesis, it is crucial to first understand how these jobs emerged in respondents' lives.

The methodological assumptions in this research implied being attentive simultaneously to policies and structures and to how these became apparent through respondents' voices. The double focus on intersecting regimes and subjective experiences serves here the purpose of answering the following questions: What do the educational and professional profiles of the workforce reveal as to the differentiated impact of migration and care regimes in each of these cities? What employment trajectories are enabled or hampered within a segmented section of the labour market as embedded in three contexts? What are respondents' aspirations regarding their professional future and of what are these projections symptomatic?

Such questions are often answered through the lenses of human capital theory. According to the assumptions of this theory, individuals' investments in education and skills acquisition translate into positive labour market outcomes, notably in terms of earnings (Becker, 1994). As illustrated by Bacar's story, this assumption proves to be of limited analytical relevance to the study of migrant and minority ethnic workers' positions and mobility in the labour market. The segmentation approach explored in this chapter offers theoretical tools to account for complex employment trajectories beyond the human capital theory that relies on the

assumptions of classical economics. The segmentation approach serves here to explore how intersecting regimes both reflect and enact multiple inequalities.

I intend here to combine the theoretical assumptions of a transnational political economy of care – as presented in Chapter 1 – with labour market segmentation approaches to account for migrant and minority ethnic workers' routes into and within the care sector. The idea underpinning labour market segmentation theory is that labour markets are socially regulated (Peck, 1996) through socially constructed lines of division so that an individual's position within it is not predominantly defined by investments in human capital. As Leontaridi (1998, p. 64) sums up: 'What emerges as the crux of the SLM (Segmented Labour Markets) approach is the idea that the labour market segmentation that exists does not correspond to skill differentials in the labour market, but rather institutional rules are substituted for market processes'. Developments within the human capital theory have progressively considered gender, ethnicity, nationality and other social categories as variables. The main difference remains, however, that whereas human capital theory conceptualises discrimination as an exception in the model, segmentation approaches perceive discrimination as the symptom of existing broader inequalities present within society (Samers, 2008, p. 131) and thus not as an exception but as a systematic marginalisation of certain groups of individuals according to social markers and processes such as gender and racialisation, which result in the existence of socially constructed barriers between segments of the labour market. Labour segmentation approaches draw on the dual labour market theory elaborated by Doeringer and Piore (1971). These authors establish a distinction between the first labour market, where workers generally have relatively high pay and status, job security, good working conditions and opportunities for promotion, and the second labour market, where jobs are low-status and poorly paid, with poor working conditions, little job security, and little chance for advancement. Going a step further, migrant workers' trajectories call for a theoretical approach that is able to account for intertwining national and international dynamics at work in the production of various forms of segmentation. Samers (2008, p. 131) developed in this in regard the concept of 'international labour market segmentation'. He defined it as 'the 'sorting' of labour on a global scale by national or macro-regional immigration policies

according to a set of desirable characteristics' and argues that 'these same immigration policies then result in a sorting of labour within national economies, so that migrants are segmented (according to national origin or other ascribed characteristics such as gender) into specific sectors and jobs, with their own particular rules of operation'. It is argued here that the segmentation observed empirically in the older-age care sector of most large European cities is the result of such processes of sorting workers according to desirable characteristics.

In the first section the role of intermediaries in the job search is described as well as the typology that emerged from the study of respondents' employment trajectories from a cross-national perspective. The section examines processes of deskilling that characterise the 'overqualified'; it looks into the reasons for entering the care sector for those labelled here as the 'compelled'; and it describes the profile of those who have positively chosen the care sector. Finally, the third section examines whether care jobs constitute a stepping-stone or an entrapment for migrant and minority ethnic workers. It assesses the implications of gaining citizenship in the country of residence and it looks into how differentiated degrees of professionalisation shape possibilities for upward mobility. The analysis of respondents' aspirations reveals furthermore how they perceive their situation and conceive of their agency within it. Non-EU migrant and minority ethnic workers constitute two different groups in the analysis, but several sections below focus on migrant workers for the purpose of a cross-national analysis that illuminates the differentiated implications of migration policies for these trajectories. The routes taken by minority ethnic respondents in London and in Paris are nevertheless also analysed and contrasted with the findings that characterise migrant workers' trajectories.

Routes leading into the care sector

The role of intermediaries at the start of the journey

Against the background of a structural reliance on migrant and minority ethnic workers, the routes that lead into the care sector differed to a certain extent from one site of fieldwork to another. Table 18 sums up the different types of

intermediaries encountered along the way by migrant and minority ethnic workers.

Table 18: Intermediaries on the journey to the care sector

Site	**London**	**Paris**	**Madrid**
Shared characteristics	Family relatives and friends Direct applications (walk in, via post)		
Differences	Overseas recruitment	French Employment agency (*ANPE/Pôle Emploi*) →1 in 3 respondents	Migrant associations Churches Overseas recruitment

Source: Own data and elaboration.

Relying on networks of friends and family was very common; the quotes below illustrate that these networks operate because of the labour needs in this sector. It is argued here that it is not because of the existence of these networks that labour market segmentation happens on the ground, but that these networks exist as a consequence of the segmentation. In the first quote Rebecca, who came to Spain from Peru, was convinced to migrate by her sister who knew of a job vacancy. In the second quote, Julie, who came to the UK 14 years ago from Ghana where she worked as a teacher, explained that her cousin, who had resided in the UK longer than she had, introduced her to the idea of working in the care sector. And finally Jade, in Paris, found the care job through a friend of the relative she was staying with:

> I had the opportunity, because there was this job offer and they called me if I wanted to come to Spain because there was a good job for me, expecting me. "Think about it". So I agreed, "Yes I want to come", I want to get to know Spain, at least for 2 years, so I came, I liked it and I stayed."
> NS: And who called you?
> Rebecca: My sister. (Rebecca, 46, Peru, Madrid)

> I was looking for a job but I didn't know anything about care but I was reading the paper as I told you and one of my cousin was talking about this and she is here for a long time so she explained it to me so. (Julie, 45, Ghana, London)

> So, when I arrived, I thought, at worst I go back to studies. And when I arrived, 1 month, 2 months, I saw that financially it was difficult because I lived with a cousin of mine who did childcare so financially the situation became difficult. She told me "Listen, we'll try to find a job for you." (…) That acquaintance asked me to care for the elderly woman she was caring for because she went on vacation. And that's how it started. And since I'm here, thank God, I've never been unemployed. (Jade, 46, Ivory Coast, Paris)

In Spain, because of the importance of live-in caring arrangements, migrant associations and churches played an important role, as they were able to act as trustworthy intermediaries between employers and applicants. Adriana benefitted from the services of a migrant association:

> Through the women's association in which I'm a member…I turned to them because I was interested in the workshops about older-age care. I registered with them and we did some activities, I did the training and later they gave me the phone number of this lady and I went there. (Adriana, 29, Ecuador, Madrid)

In France, over one third of respondents in this research entered the care sector as a result of their contacts with the national employment agency, Pôle Emploi, previously named ANPE. This state agency dedicated to labour market integration played a significant role in channelling migrants looking for employment into the care sector. Several respondents were 'guided' into the care sector when they found themselves unemployed. Aimée wanted to work as a social worker, but was convinced by the counsellor at the agency that care work represented a similar occupation.

> When I went to the job centre[23], to ask…to say what I wanted, they guided me, they told me about the sector…domiciliary care, a lot about domiciliary care, "you'll help people, that's the same thing", so I thought why not to try and I started with the Red Cross as care worker in domiciliary care. (Aimée, 44, Guinea, Paris)

Whatever the intermediary, whether a friend, a cousin, the employment agency or an association, a care job often appeared to be one of the most readily available job opportunities for migrant workers in this research. In Spain, where the economic crisis provoked a spectacular rise in unemployment rates, the care

[23] Translation of ANPE, National Employment Agency in France.

sector represents a rare employment opportunity, even though the crisis affected the level of wages, working conditions and the extent of the informal economy. This section argues that the multiple channels through which workers can enter the sector constitute an outcome of the structural segmentation and not the other way round. It is because care work is devalued, low-paid and physically demanding that it is unattractive to workers with full citizenship and without transnational commitments and responsibilities. Intermediaries, whether state-promoted or self-organised by migrants themselves, enter into play because the need has been created by the intersection of employment, care and migration regimes. Who these intermediaries are and how they operate differ from one capital city to the other but their function is ultimately the result of a structural reliance on migrant labour, and in some cities on minority ethnic workers as well. Looking into this segmentation requires therefore going beyond the front desk role of intermediaries for an analysis of migrant and minority ethnic care workers' profile, trajectories and expectations.

A typology of the routes taken by migrant workers into care

Table 19 presents the four categories that emerged from the narratives as to respondents' motives for entering the care sector. The first group is composed of nurses who obtained their qualifications back home and who cannot work as nurses in the destination country because their degree is not automatically recognised. The second group of respondents are those who possess a degree in a field that is not related to care. Some of them obtained these degrees back home; others completed their studies in the destination country. Their shared characteristic is that they do not work in their profession and face significant barriers to accessing segments of the labour market for which they are theoretically prepared. In the third group, all respondents started working in the care sector without having positively chosen this occupation. Their stories often converge in that the care job came up unexpectedly. Respondents in this group do not possess any other qualification. It is the combination of these two characteristics that differentiate this group from the other three. In the fourth group are respondents who chose to work in the care sector either before they migrated or before they entered the care sector. They took the decision to work in

the care sector and their narratives are in that sense different from those of all three other groups.

Table 19: Non-EU migrant care workers' motives for entering the care sector in %

	London (n=21)	Paris (n=20)	Madrid (n=27)
Overseas qualified nurses	33	10	4
Overqualified in different sector	48	35	26
Compelled into care work (no overqualification)	9,5	35	59
Professional aspirations in care	9,5	20	11

Source: Own data and elaboration.

The comparative presentation of migration, employment and care regimes in Chapter 1 sheds light on the main discrepancies between the three cities that underpin this typology. First, it appears that the non-EU migrant workforce in the care sector is overwhelmingly overqualified. Among all the overqualified, the proportion of overseas graduated nurses is relatively high in London (one third of respondents). The workforce in Paris tends to be qualified in different sectors (one third of respondents), even if to a lesser extent than in London (half of respondents), and the specificity of the workforce profile in Paris is arguably the highest proportion in relative terms of those who chose to work in the care sector prior to migration or before entering the sector (one fifth of respondents as compared to one tenth in London and Madrid). In addition to the non-EU migrant workers interviewed, 10 and 3 minority ethnic care workers were interviewed in Paris and in London respectively. While both these groups are relatively small, the motives of minority ethnic care workers in Paris were strikingly homogeneous: 9 out of 10 can be placed in the category 'Professional aspirations in care' and 1 in the category 'Overqualified in different sector'. This illustrates furthermore the significantly different position of non-migrant racialised workers in Paris as compared to non-EU migrant workers. Most minority ethnic workers chose to work in the care sector, while this is the case for only one fifth of respondents amongst non-EU migrants. Finally, it is striking that, in Madrid, among migrant care workers coming from outside the EU, almost three fifth were

'compelled' into care work, i.e. they did not choose it and at the same time they are not qualified in a different sector. Clearly, the situation in terms of workforce profile varies greatly from one European capital city to another, beyond the shared reliance on migrant labour. Why is the share of the deskilled nurses and overqualified workers so different? What does the analysis of the motivations of those who chose care work reveal? And, why do obvious differences appear between the proportions of those compelled into care work? The comparative description of selected aspects of migration, employment and care regimes in these three locations serves as a point of departure for answering these questions. The cross-national analysis aims here at bringing out how the political economy of care translates differently according to national histories, legislation, discourses and policy practices.

The 'overqualified' migrant workers: processes of deskilling and discriminatory implications of migration policies

Among those holding a degree or diploma, two broad categories emerged: care workers with a nursing degree on the one hand, and care workers with qualifications in very different fields on the other, such as accounting, engineering, business administration or law, to mention only a few examples. This phenomenon is clearly observable among non-EU migrant care workers in all three cities studied here: it concerned one third of respondents in Madrid, 45% in Paris and above 80% in London, as presented in Table 20. This section looks into the profile of overqualified care workers, i.e. those holding a degree, and points to some of the major barriers that explain this mismatch. The next sub-section analyses the specific situation observed amongst respondents in London, where overqualification appeared to be the norm, in order to shed light on the specific case of nurses working as care assistants.

Table 20: Share of overqualified non-EU migrant workers in %

	London (n=21)	Paris (n=20)	Madrid (n=27)
Overseas qualified nurses	33	10	4
Overqualified in different sector	48	35	26
All overqualified	81	45	30

Source: Own data and elaboration.

The most common and obvious barrier to labour market integration is the non-recognition of qualifications acquired back home by a migrant. The absence of recognition is the norm for non-EU migrants, while recognition tends to be facilitated for EU migrants in the framework of EU regulations through a general regime of recognition with sectorial limitations. More often than not, respondents in this study hoped for a job in their profession and expected to obtain recognition of their qualifications. They became disillusioned after confronting multiple barriers while seeking to enter the labour market. Camille's quote below illustrates a phase many went through upon arrival:

> I had no idea. I even didn't know the profession existed. Because back home I went to university, I obtained a Bachelor in Law, private Law. I worked with bailiffs, lawyers. So, I would have liked to be a secretary in an office, continue in my profession here. But it's also a time issue. When I arrived I thought I have a big family, they're waiting for me. I can't go back to studies, even the nursing exam, I didn't do it, because I thought 3 years that's a lot. (Camille, 45, Cameroun, Paris)

Facing barriers that impeded them in continuing on the professional path they had embarked on back home, the care job seemed in many cases to have emerged as an opportunity because they needed to find a job as soon as possible and had limited options as to where to search for one. Victoria, in Madrid, explained that she didn't know what a live-in care worker was, until this appeared as the only employment opportunity she could easily obtain as a recently arrived migrant from Ecuador.

> So…I came with different…How do I put it?...with a different idea. I had a different life, a different situation. In Ecuador I worked as secretary in a ministry, my job was about informatics and things like this. So when I arrived here, it has been difficult for me because they told me I needed to

> get my qualification acknowledged first, and then to look for a job, to pass exams and so on. So you feel like doors are being closed in front of you, so what do you do? So the worse option for me was this, I asked around in what I could work and I've been told: "You have to work as live-in carer, there's no other options." And I said: "What's live-in?" I didn't know what it was. (Victoria, 54, Ecuador, Madrid)

The lack of recognition of the qualifications acquired back home requires migrants to complete additional studies, at times starting from scratch, in order to obtain equivalent qualifications. Many issues enter into play when deciding whether additional studies are conceivable. Studies are costly as they usually entail time off work and the payment of fees. Most importantly, workers' caring responsibilities, both in the country where they reside and back home, played a crucial role in their decision as to whether or not to complete additional studies for the purpose of recognition. As mentioned by Camille in the quote above, the need to send remittances back home prevented her from taking the time she needed to study for her career again in France. The concept of international labour market segmentation is here illuminating: taking into account elements such as international agreements or remittance flows can contribute to what Samers calls 'processes of social reproduction' (2008, p. 139), which in turn can explain the different position of migrant workers according to intersecting social and legal markers, such as nationality, 'ethnicity' and gender. The pressing need to send remittances creates in that sense a particular vulnerability and disempowers migrant workers by diminishing their bargaining power. The 'institutional insecurity' (Anderson, 2010) in which denizens find themselves because of their migration statuses is thus connected to global inequalities and shaped by international relations imbued with post- and neo-colonial power relationships.

Among those holding a qualification in a different field, some decided to make the sacrifices required of them to obtain recognition of their qualifications. In this research, the focus on care workers did not allow me to explore the trajectories of those who effectively worked in a different sector after obtaining recognition. Respondents in this research, still employed in the care sector, were unable to improve their labour market opportunities in spite of having either studied in the country they migrated to, or completed additional studies for the purpose of recognition. Fadila, who had arrived to the UK from Bangladesh four years before

I interviewed her, completed a Master's degree in business law, but could not find a job in her field because of the limitations imposed by her student visa:

> I tried different jobs but I couldn't find anything, they told me if you want to work it has to be full-time but I was not allowed to do full-time because that time I was student. So one of my friend, he used to work in (care home name), he told me you cannot find any job but if you are interested you can work in the care sector, there are some vacancies for part-time workers. (Fadila, 30, Bangladesh, London)

Claudia worked for several years in Peru as a child psychologist before migrating to Spain with her children to join her husband. When she arrived she would have hoped to find a similar job in Madrid, but this proved impossible to obtain, even after she had studied for two years towards the recognition of her degree at the Complutense, a prestigious state-funded university. She felt deeply frustrated by this situation:

> My degree was in psychology, it has been difficult to get it, because to obtain the recognition it took me 2 years of studies at the Complutense, and there's nothing. Maybe there is but I would need some specialisation. (Claudia, 53, Peru, Madrid)

Clearly, the non-recognition of qualifications is part of a broader discrimination, and qualifications by themselves do not necessarily translate into better labour market outcomes, contrary to what human capital theory would suggest. The bourdieusian concept of cultural capital is helpful in accounting for the way this segmentation works beyond formal barriers and requirements. Bourdieu distinguishes between embodied, objectified and institutionalised cultural capital (Bourdieu, 1979). Embodied cultural capital is possession transformed into being: it is a person's habitus acquired with time and intrinsically linked to the person's body. In the last form of cultural capital described by Bourdieu, the process of institutionalisation through collective recognition according to conventional values establishes cultural capital (Bourdieu, 1979). Erel (2010) argues that the notion of institutionalised cultural capital helps to 'explain how educational and professional institutions exercise nationally-based protectionism by not recognising qualifications acquired abroad' (p. 648). It appears furthermore that institutionalised cultural capital is intrinsically related to embodied cultural

capital. Racialisation processes precisely deny migrants' ability to embody the dominant cultural capital, attached to criteria of nationality and physical appearance in latent and manifest forms. Pervasive labour market discrimination thus prevents some of those who obtained recognition from making use of their qualifications.

Employers have furthermore a vested interest in employing migrant nurses as care assistants from among the overqualified who completed nursing degrees but have to accept a lower position because they do not fulfil institutional requirements for recognition. Rita for instance had been a midwife in Ecuador; she did nightshifts as a nurse in a care home in Madrid and worked as a care assistant during the day in domiciliary care:

> In domiciliary care my contract is not as a nurse, no. But because they see in my curriculum that I'm qualified and that I have experience with elderly people, they give me work that is related, that requires trained staff. Because the company does more shopping, cleaning, cooking but they also have people who need nursing care. So taking advantage of my professional knowledge and my experience luckily they allocated me persons more in my field. (Rita, 54, Ecuador, Madrid)

While Rita was happy that she was not given cooking or cleaning to do as part of her job in domiciliary care, the company was making use of her skills without acknowledging this fact and compensating her with a corresponding level of earnings. If the case of nurses working as care assistants was on the whole rarely encountered in Paris and in Madrid, nurses represented one third of respondents in London, which points to a systemic discrimination. The following section provides an insight into why many stayed stuck.

Systematic overqualification in London: a consequence of the points-based immigration system?

Overqualification emerged as the rule rather than an exception amongst care workers in London who came from outside the European Union. One-third of respondents in this research held nursing degrees obtained in the country of origin, not only, but most frequently, in the Philippines. The reasons that emerged from the interviews pointed to a combination of institutional barriers at the

intersection of migration and sectorial employment policies. Formal requirements, and the costs they implied, appeared to be increasingly discouraging for migrant workers. These constraints were strong enough to deter overseas registered nurses from engaging in the process and kept them in positions in which their salary was the lowest in the professional hierarchy. According to Smith and Mackintosh, 'many of the migrant nurses working as care assistants in the UK residential nursing and care home sector are among the 37 000 estimated in 2005 to be waiting for adaptation programme' (2007, p. 2218)[24]. Among respondents in this study, some of them gave up the idea of completing the adaptation programme some day. This was, for instance, Marissa's case: she referred to the changing opportunity structure in relation to the adaptation programmes required for recognition, and to her age. At the time of the interview she had been working in the UK for 11 years:

> Before it's easy to do adaptation now it's very hard because there were so many changes in the policy that you should do before doing your practising nursing here. Before there were loads of nursing homes and hospitals having adaptation but now it's very rare it's very hard so I said….because I'm already 60, I don't want to practice anymore as a nurse that's it. (Marissa, 60, the Philippines, London)

Restrictions on entering the National Health Service for non-EEA workers and reforms in the nursing adaptation programmes limit the possibility of working in the NHS (Shutes, 2014). In the private sector, the lack of company-sponsored schemes requires workers to go through this process externally, which represents a financial cost and requires time off work, a concession that many could not make in the face of pressing financial needs. In the first quote below, Karen explained, for instance, that she could not afford any income reduction, which would have happened had she decided to work towards recognition of her qualification. Family responsibilities often added to these difficulties and contributed to the double burden for working women. For migrant women these inequalities were exacerbated by the absence of support networks, as in the case of Alma.

[24] An adaptation programme consists of a mix of required professional experience and formal education completed in the UK for the purpose of recognition of the nursing degree completed overseas.

> At the moment I'm not doing it yet because I'm helping my family back home. Because they explained it to me if you are doing that they just give you small money that's my worry that's why I am not doing it. But in the future I want to do it as well. (Karen, n.a., the Philippines, London)

> In the Philippines I'm a nursing graduate. But I can't work as a nurse because I need to do adaptation and everything and I don't have time for that yet with the children and all. (Alma, 41, the Philippines, London)

Caring responsibilities, whether in the country of residence or back home, appear to have a similar impact on labour market opportunities because of the constraints they create. In his analysis of international labour market segmentation, Samers pointed out that 'the degree of financial stress of the family in the country of origin may affect the migrants' acceptance of certain kinds of working conditions, including pay and hours' (Samers, 2008, p. 138). Rosa, who came from China, found herself in such a situation. She came to the UK with an agency, through which she and her friends began English classes. In her case most of her entourage continued studying to achieve recognition of qualifications, but she was unable to do so because of the urgent need to send money home:

> Because before I came here I have English class, the English class through agency they send you to university. But for me I have family I have children, just to work I don't want to spend that money I need to make money for my family. So I chose to work and not go to university. If you can go it's okay, most of my classmates chose to go to Uni to study two years, three years and then pass the IELTS examination and register as a nurse but I gave up. (Rosa, 44, China, London)

The IELTS exam (International English Language Testing System) was considered a very significant barrier to overcome, especially since the required level rose from 6.5 to 7 in 2007. Sitting such a written exam was therefore perceived as very time-consuming due to the preparation it required, something that migrant care workers with caring responsibilities in the domestic sphere could not cope with. Joyce, a mother of an 18-month-old son, saw the IELTS exam as the main barrier to the recognition of her diploma:

> A problem in UK if you want to work as a nurse, you have to do the IELTS exam, that's quite difficult and until now I didn't give my exam, for if I pass that exam I can work as a staff nurse here. I didn't try really, I

> don't get time to go for the school or training you know. (Joyce, 30, India, London)

Given that this requirement applies only to non-EU nurses and that migrant nurses from A8 countries did not have to pass this test, it further divided the workforce and was perceived as deeply discriminatory. It was interpreted as particularly unfair by some of the migrant workers interviewed in this research, given that they were working with East European care workers and observed that their level of English varied greatly, with many having what they considered to be a rather weak command of the language. These institutional barriers provide an example of how migration policies create, on the one hand, inequalities between citizens and non-citizens and, on the other hand, between various categories of non-citizens, in this case between EU and non-EU migrants.

The trajectories of these women reveal how borders materially impact on their lives long after non-EU migrants enter the EU. An analysis in terms of 'proliferation of borders' (Mezzadra and Neilson, 2013) highlights the temporal impact of a multiplication of borders. The lengthening of the time required to obtain recognition of a nursing degree, through tightening of opportunities and increase in costs, creates a significant temporal border which keeps skilled care labour outside the labour market that corresponds to their level of skills and experience. As Mezzadra and Neilson formulate it: 'The control of international borders involved in such efforts also has marked effects on establishing internal administrative borders and categories that divide labor markets, separate migrant groups beyond and within the boundaries of ethnicity, and provide parameters within which individual migrants negotiate their biographies' (2013, p. 138).

On the whole, overseas graduated nurses, who work as care assistants or senior carers, are caught up in a series of constraints embedded in privatisation processes, migration policies, as well as gender roles. The externalisation of the cost of adaptation programmes by private companies constitutes a critical barrier; however its implications need to be understood in articulation with additional elements such as the IELTS exam that is required for non-EU workers or criteria for accessing residency and work permits, pointing ultimately at UK migration

policies. Gender roles cannot be overlooked either, as they impose a set of responsibilities and duties upon women in the domestic sphere that shape patterns of labour market participation and often increase their vulnerability.

In comparative terms, the prevalence of overqualification within the care sector in London derives from the British points-based immigration system that denies the existence of labour needs for occupations deemed low-skilled. This system, introduced in 2008, defines migrants' rights according to their alleged economic utility based upon labour needs identified at a given time. As a consequence of this policy, non-EU migrants can only qualify for skilled and highly skilled jobs whose definition depends on the 'shortage occupation list' elaborated by the Migration Advisory Committee. Care assistants are not on the list for the above-mentioned reasons, in spite of the labour needs demonstrated by previous research (Cangiano et al., 2009). The introduction in the UK of a £35,000 salary threshold for migrant workers as of April 2016, further threatens non-EU migrant workers, and in particular care workers, and puts them at risk of being deported. The cost of these policies is mostly borne by non-EU migrant workers themselves, given that a pool of workers becomes available as a result of the institutional barriers that hamper their labour market opportunities.

The following section looks into another category that emerged from the narratives: migrant workers who are not overqualified, who did not expect to work in the care sector, but who did enter the care sector and often stayed, even when they thought of it as temporary at first.

The 'compelled' into care amongst non-EU migrants

Table 21: The 'compelled' into care amongst non-EU migrant workers

	London (n=21)	**Paris (n=20)**	**Madrid (n=27)**
Compelled into care work (no overqualification)	9.5	35	59

Source: Own data and elaboration.

The second most significant group of respondents are those I have grouped under the category 'compelled into care work'. This category brings together all individuals that do not possess specific qualifications and for whom entering the care sector came as a surprise. They did not enter the labour market with the expectations held by those in the overqualified category due to their careers back home, but at the same time they did not expect or choose to work in the care sector either. All individual stories within this group revolve around the idea that the care job somehow happened, was often conceived as temporary at first, but lasted in the long run.

To illustrate this argument, the following paragraphs describe the recruitment procedures as experienced by migrant care workers in London, Paris and Madrid. A labour-intensive sector, care work presents difficult working conditions, notably due to the level of pay, working hours and implications for workers' health. This combination often ushers in high levels of turnover and thus chronic labour shortages in these three capital cities. Workers' narratives converge in their description of care jobs as easily accessible and recruitment processes as particularly fast. Madrid is in this regard the only site where this perception of job availability needs to be nuanced because care jobs in residential care homes are considered relatively privileged employment opportunities in comparison with live-in caring arrangements, which are often informal and remunerated below the National Minimum Wage. Moreover, the extent of the 2008 economic crisis brought Spanish women back into residential care, as noted by migrant care workers interviewed for this research. Migrant women who completed training in geriatric care, provided by an association, local authorities or an NGO, experienced nevertheless similar hiring processes to those undergone by their colleagues in London and Paris. In the three quotes below, Adam in London, Adèle in Paris and Imene in Madrid relate how they found their first job in the care sector:

> I saw a care home so I just came in and asked for it, can I have a job, like a vacancy. It was [the deputy manager] who was here, so she said – what job? I said 'any job, I don't mind doing any job'. (…) He [the manager] doesn't look up for person who has got a lot of experience or anything, he looks for people who have got good attitude towards work. (…) I was

> fortunate enough that I got the job and I couldn't even believe it. I came in 2009 December 16th, the 21st I started working here. (Adam, 29, India, London)
>
> So I passed the exam and I had many options. I had someone in the city, and I went to a care home, and I did domiciliary care, so I had three jobs. Three jobs at the same time. (Adèle, 56, Cameroun, Paris)
>
> The moment I received the certificate of studies from this company that provided it through local authorities, they told we could get a job in that company, that local authorities had a contract with the company, something like this. (…) Because I had completed the training and around where I live, which are many care homes that are not from this company, I was about to drop off my curriculum but they called me so I accepted and I didn't have to look for long. (Imène, 31, Peru, Madrid)

The availability of jobs is here the decisive factor in shaping respondents' path into care work. The recruitment phase can be described as a 'fast hiring process' (England and Dyck, 2012), which partly explains why migrant workers are 'attracted' to the care sector. Adèle and Imene, in Paris and Madrid respectively, where training is required prior to recruitment, found a job before they completed their training. Employers frequently offered jobs during work placements that were part of the training.

Moreover, the feminisation of the sector gave men an 'advantage' at the time of applying for care jobs. In London and in Paris, male workers had the perception that employers prefer male workers, precisely because the majority of workers are women, so that men would contribute to a gender balance, and. most importantly, would be expected to be fit for the heavy bodily work that care work entails. The hardship of care work as bodily work that involves handling and lifting other bodies is part of what renders the profession unattractive (health implications for workers are analysed in Chapter 5). Male migrant workers' relative position in the labour market is defined both by gender and migration, i.e. the social marker of being a migrant and the legal implications of being a denizen. Here, the intersection of gender and migration transformed gendered cultural norms. The NMSD-SC database[25] shows, for instance, that in London 14% of care workers are male whereas this figure drops to 10.9% on average in England (excluding

[25] Database last accessed on June 10th, 2015.

London). Arguably, the higher proportion of non-EEA migrants in London (25 vs. 7% in England when London is taken out) is the most significant variable in explaining the higher proportion of men in the care workforce in London. Though the corresponding quantitative data is not available for Paris and Madrid, this research suggests similar dynamics. Luc worked as a care worker in Paris in a private care home and explained that he could find a job anytime because as a male care worker his profile was very much sought after by employers:

> NS: And to find the job was it easy?
> Luc: Very easy, it's easy, very easy. I apply today, I drop off 5 CV, during the week I'll be called. Like now, I have maybe 6 messages on my phone. They're expecting me for interviews because I've sent my CV and I receive messages, that's how it is. Being a man, it goes really fast. (Luc, 25, Cameroon, Paris)

In Spain, where many care workers are employed as live-in carers, gender comes to play an equally important role. After the economic crisis hit particularly hard in masculinised sectors like the construction industry, male migrant workers were massively laid off. While some decided to return, for example return migration to Ecuador having been significant, a proportion of migrant men who remained in Spain entered the care sector. Illustrative of this trend is the case of Saul, a young migrant from El Salvador, who worked on construction sites and became a care worker after he lost his job. In the quote below, he explains how he had to leave a job where he cared for an elderly couple after the health of the woman deteriorated and the family who employed him did not want a male worker to attend to the elderly woman. In his next job, however, he was employed precisely because of being a male, as he was expected to care for a middle-aged man suffering from schizophrenia, who could behave aggressively.

> I was in charge of the man because the lady in spite of her age was very independent. But she had an accident, no really an accident but she had an illness related to her bones and she broke her hip (…) After this happened her children took the decision to employ a woman instead of me, which was normal. (Saul, 27, El Salvador, Madrid)

Being easily accessible, care work was nevertheless quite unexpected, both for those who held higher qualifications and for those who did not. Table 20 brings

together these two groups and points out the role of migration and employment policies in channelling non-EU migrant workers into the sector. Respondents described here as the 'compelled' (with or without overqualification) did not necessarily articulate a discourse around job dissatisfaction (questions around job satisfaction and occupational identity are analysed in Chapters 4 and 6 respectively). I thus stress here the distinction I draw within the analysis between the study of respondents' routes into employment in the care sector and the analysis of respondents' discourses about their working experiences. Table 22 signals nevertheless that, for a great majority of respondents, the care job constituted a new professional environment that they needed to accommodate and which they did not conceive of as positively chosen.

Table 22: The 'compelled' into care with or without overqualification amongst non-EU migrants

	London (n=21)	**Paris (n=20)**	**Madrid (n=27)**
Persons for whom the care job was not planned or wished for ('overqualified in a different sector' + 'compelled into care work')	57.5	70	85

Source: Own data and elaboration.

Respondents thus often described the process they underwent to 'get used' to the daily tasks of care assistants and to overcome their apprehensions. Analyn, who came to the UK from the Philippines where she worked in a textile industry, and Beronica who came to Spain from Ecuador after having completed a degree in Administration, describe these early experiences:

> No! Not in my dream! Because they said oh you gonna wipe a pooh oh my God! But I tried. First time of course I cried. If you're not used to it, it feels really like a very small person looking ….you know… wiping, cleaning the places first time I really looked like…. I'm crying I've never done this before isn't it? So I was crying before but now I don't care about that I'm just used to it. (Analyn, 50, the Philippines, London)

> The next day I went to his place. I didn't know anything. (…) But I had to cook, I had no idea how to cook…How I should care for an older person…. I was lost. I had a hard time getting used to it. (Beronica, 38, Ecuador, Madrid)

The large share of workers 'compelled' in one way or another into care raises the issue of coerced care. Nakano Glenn writes, 'Whereas in the past, caring was largely taken for granted as belonging in the private family sphere and as an activity natural to women, we see that the way in which it is organised and carried out is far from "natural" but rather is shaped by political and economic forces, social policy, and popular discourse. We can nonetheless see significant indications of continuity in the imposition of coercion, even if the outward appearance of the forms may have changed. Today, more women than ever before are being forced to care, in new and problematic ways' (Nakano Glenn, 2010, p. 182). At the micro and meso level, the theme is further explored in Chapter 6 in relation to the emotional labour performed by care workers. At the macro level, and from a political economy perspective, it raises the question of the distribution of care responsibilities in a society (Tronto, 2013) and of global justice (Robinson, 2013).

The fourth and last group of respondents described in the following two sub-sections is different from the other three in one fundamental aspect: it is comprised of those who chose the care sector, either prior to migration or to their confrontation with the labour market (and who were not overqualified in care). The two sections below explore their trajectories and motivations and look into the specific case of minority ethnic workers in Paris who overwhelmingly belonged to this category.

Chosen care work: workers' agency in building a career

Table 23: Respondents with professional aspirations in the care sector in % amongst non-EU migrants

	London	Paris	Madrid
Professional aspirations in care	9.5	20	11

Source: Own data and elaboration.

Amongst non-EU migrant workers in this study, few had professional aspirations in the care sector prior to migration or prior to their entry into the sector. Some respondents developed such professional aspirations after having worked in the

care industry for several years; the latter are not included in the group analysed here because this category attempts to capture the trajectories of those who wanted to work in the care sector, as opposed to those for whom it was not chosen and was unexpected at first. This distinction serves the purpose of better apprehending the impact of care, migration and employment policies on respondents' trajectories.

The first group of workers within this category contains those who considered their care job as a stepping-stone to obtaining a nursing degree. For instance, Selwa in Paris, a young woman from Morocco, started her career with the aim of becoming a nurse, which requires three years of study. Unable to support herself financially, she decided to interrupt her studies and work for one year as a care assistant in domiciliary care before resuming her career. In London, Aisha, a young woman who arrived four years earlier in the UK from Rwanda, was working as a care assistant in a care home and was studying at the same time to become a social worker. Her job helped her to finance her studies but she also believed it contributed to building up professional experience for her future career prospects:

> NS: And how do you cope with your work and your studies?
> Aisha: It's quite hard but I'm kind of glad because the kind of work that I do makes it so easy in my studies because I just apply it when I have the experience, staff are so much looking for assignments about social work or about how you manage, because I'm doing it already it's easy for me to study and also because I study it comes back as well for managing people or trying to help them with their personal care and well-being is easier for me (…) My studies help me do my job well. (Aisha, n.a., Rwanda, London)

Others had worked in the care sector prior to migration and came to it through either overseas recruitment or individual paths. Private companies in London and in Madrid used to resort to overseas recruitment, while this seems not to have been the case in Paris. Given that one third of respondents in Paris (in relation to the total group of non-EU migrant and minority ethnic workers) were from French overseas departments, mainly from Guadeloupe and Martinique, the crucial role workers from these departments play in the sector as a whole helps to explain the absence of overseas recruitment by private companies. In the UK, in their study of

the migration of nurses, Smith and Mackintosh note that 'ambitious targets for increasing the NHS workforce were met through active recruitment of overseas nurses' (2007, p. 2217). These practices dated back however a couple of years, given that private companies seem to have paused these campaigns after the 2008 crisis in Spain, and in the aftermath of the 2004 EU enlargement in the UK. Naomi, who came from Colombia in 2007, gave the following account of her arrival in Madrid:

> I arrived through an agreement to bring people from abroad to work in this sector specifically. So (name of company) had an agreement or they were part of a group of companies that brought people from abroad and I applied being in my country, in Colombia. I'm a healthcare assistant, I applied and they selected staff there, I went to psychologists and I came. We arrived in groups, many of us, 200 people came and they spread us out in different workplaces in Madrid. (Naomi, 37, Colombia, Madrid)

Another group of respondents who chose care work consists of individuals who worked in diverse 'small jobs' before they opted for care work. The reason most clearly articulated in these cases was a preference for a 'humane job' that contrasted with jobs in the retail or food industry. Often the level of pay would not vary greatly from one type of job to another so that the decision to enter and to stay within the care sector did not depend on the financial remuneration. Nabila, who worked in a private care home in Paris for 6 years at the time of the interview, explained her choice:

> I did a lot of casual work, but after that I turned to person-related work, older people, because I like to work with older people, so I changed occupation. Before that I worked in the food service industry, fast food, I worked in a McDonalds, I worked there for 6 years. (Nabila, 40, Senegal, Paris)

Several respondents in this study also referred to the choice of an occupation within the care sector as resulting from a personal trauma, an illness or death affecting one of their loved ones. Fouzia, who used to work in a bank, is one of them:

> I worked for two years at the [bank name]. I didn't like it, because on the one hand there's stress, and on the other hand I've lost my parents, my

> mum, who was very dear to me. In the evening I call her over the phone, she was very well, and the next day she died. I couldn't…I didn't have time with the flight and everything…I couldn't go and see her. And I felt guilty because I didn't do many things for my mother, so I was depressed for one month. I told my husband I won't work at the BNP anymore. Administration it's not my thing. So I resigned, I completed a small training and right away I found a job, I didn't even have a qualification. I found a job as life assistant. (Fouzia, 43, Algeria, Paris)

On the whole, those who presented their employment in the care sector as a choice constituted a minority (one tenth to one fifth of respondents) in all three cities. While this does not mean that it necessarily resulted in dissatisfaction with the job at the subjective level for most respondents, it does however reflect the far-reaching implications of the channelling of migrant workers into care as a result of the articulation of various policy fields. Workers in this category presented various reasons for having chosen care work: as a stepping-stone, as a continuation of their occupation back home or as a professional vocation. Their trajectories are in that sense the expression of workers' choices and this theme is further examined through the analysis of workers' aspirations in the last section of this chapter. The following paragraphs examine in greater detail the group of minority ethnic care workers in Paris, most of whom chose to work in the care sector and thus articulated different narratives from those of most of the non-EU migrant care workers.

The case of minority ethnic care workers in Paris pursuing a career within care

Amongst the ten minority ethnic care workers interviewed in Paris, nine presented their employment in older-age care as the result of their plans and the career they envisaged in the sector. The individual trajectories of several women in this research illustrated the French state's policies from the 1960s to the 1980s which supported the emigration of women from French overseas departments to metropolitan France, notably to fill jobs in public healthcare (Condon, 2000), similarly to the role Caribbean women played in the British context to enable the National Health Service to be introduced and rolled out. Eloise, for instance, arrived in France in the midst of increasing migration to metropolitan France from Guadeloupe, Martinique and Reunion Island (Marie and Temporal, 2011). She

started her career at the bottom of the professional hierarchy in a public hospital but with civil servant status (which was not available to migrant workers), as was common for many women from overseas departments at that time (Condon, 2000). At retirement age, she started working in private residential care. While older-age care was not her preference, she chose to pursue a life-long career in the hospital.

> I came from Guadeloupe, I'm from Guadeloupe and there there were no jobs, but when I arrived here, in 1976, there were jobs here. I had the choice between public health, working in hospitals, or family allowances. I worked as cashier, I worked in a factory, I did small jobs before I started at the hospital. (...) I preferred working at the hospital, not with older persons, but when I started at the hospital it was fine. (Eloise, 59, Guadeloupe, Paris)

To the younger generations, care work was often conceived of as a step towards nursing, at times after a period of exploring various study and work opportunities. Four out of the ten respondents in this group had either attempted to pass the nursing entry exam or were in the process of being trained as nurses. The case of Laëtitia illustrates these trajectories:

> The training as care assistant I did it in Guadeloupe. But in Guadeloupe I went on with my studies, I did the medico-social A-Level and after that I went to university for two years, I started a Bachelor in biology, I didn't like it, it was a bit to prove to myself how far I could get in school. After that I passed the nursing exam, I didn't pass the interview, so I told to myself, I start step by step, I start as care assistant and I'll see later for nursing school. (Laëtitia, 29, Guadeloupe, Paris)

The following section focuses on the trajectories of non-EU migrant workers and brings together the analysis of the different categories of this typology to reveal its implications in terms of migration policies from a comparative perspective.

Implications of this typology for the analysis of migration policies

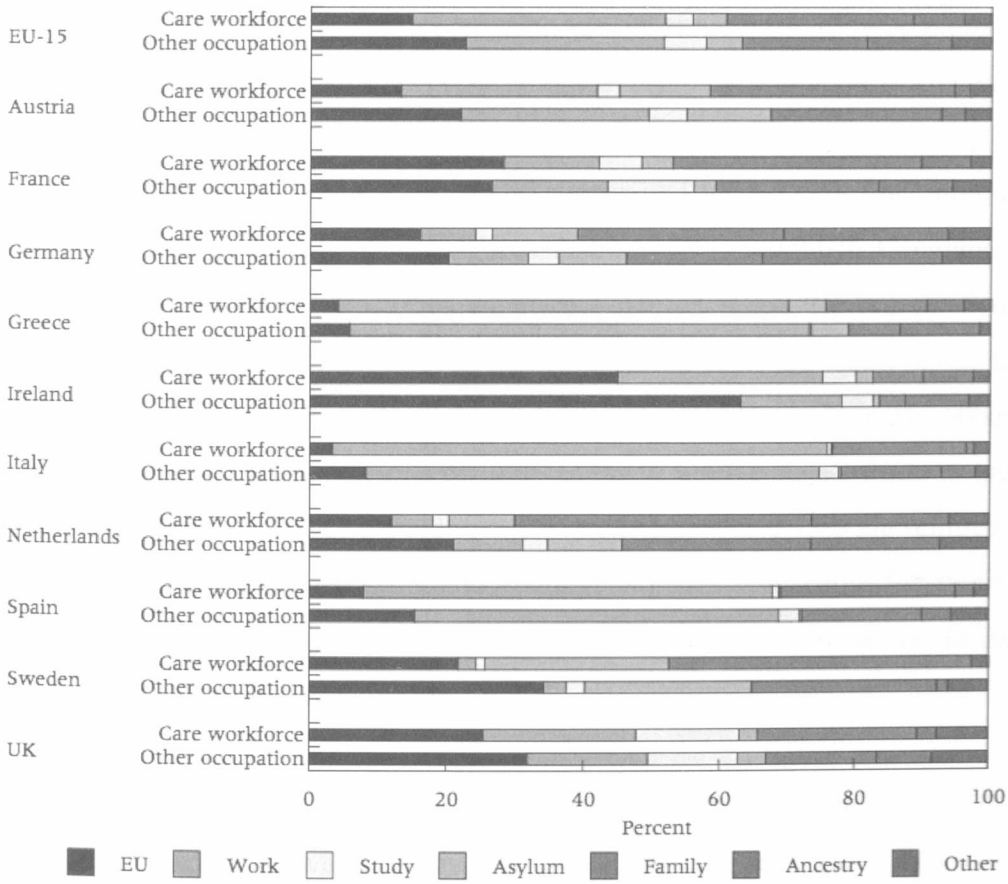
The typology presented here and based on qualitative research demonstrates (1) that there exists a significant mismatch between the aims assigned to utilitarian migration policies and the actual profile of the workforce in all the sites of

fieldwork, and (2) that the comparison between the three countries uncovers crucial differences in the trajectories of non-EU migrant care workers in spite of a similar reliance on migrant labour for older-age care.

To develop these arguments I bring into the discussion quantitative findings presented by Cangiano (2014), based on the EU Labour Force Survey, and providing an overview of the categories of entry for migrants employed in the care sector.

Figure 8: Cangiano's figure of migrant workforce by category of entry

FIGURE 2 Composition of the migrant workforce by category of entry: Care workers and all other occupations combined, EU-15 and selected countries, 2008



NOTE: The category EU-15 includes nationals of EU-15 countries and post-enlargement EU-10 migrants (nationals of EU accession countries who moved to the selected destination countries in or after 2004). Migrants from Central and Eastern Europe who moved before 2004 are included in one of the other entry categories for non-EU nationals.
SOURCE: Own calculations based on the EU Labour Force Survey, 2008 supplementary module on migrant workers.

Source: Cangiano, 2014, p. 141

First, Cangiano argues that, besides EU migrants, another recruitment pool for the care sector is composed of individuals who entered via other categories than

work, notably family reunification, studies and asylum (2014, p. 140). Findings presented in this chapter are in line with these trends and offer interpretations as to their implications for migrant workers. The comparison between the share of the 'overqualified' and the 'compelled' in the three sites reveals furthermore the long-lasting implications of migration and employment policies, beyond the role of intermediaries which seem only to facilitate the working of broader processes.

With an overwhelming share of overqualified workers in London, those compelled into care work mostly possess high qualifications that would theoretically offer them opportunities in a less segmented section of the labour market. In this research a non-negligible group of migrant care workers (14%) were granted visas as students, and Cangiano notes that 'the UK stands out for the relatively large share of care workers entering via the student route', where this is the case for 15% of migrant care workers vs. 4% of the EU-15 average (Cangiano, 2015, p. 141). The opposite can be observed in Madrid, where the majority of migrant care workers do not possess qualifications and where very few enter as students. The Labour Force Survey figures that served to establish Cangiano's graph cannot capture the trajectories of undocumented migrants, but previous research (Rodriguez, 2012), as well as this study, point out that many come as tourists, start working in the care sector, overstay their visas, and finally obtain documentation after varying periods of time. In Paris, among respondents in this study, 25% migrated to France through family reunification and 15% are refugees. This finding is confirmed by Cangiano's study; workers who came for family reunification play a crucial role in meeting labour needs in the care sector: in the graph, they represent the largest share.

It appears therefore that migration policies, in all three cases, and in spite of the significant differences between the migration regimes, fail to achieve the goals they pretend to pursue. The British points-based immigration system selects migrants on the basis of their planned economic contribution. Arguably, there exists already a mismatch between the perceived needs and the actual needs, given that it is assumed that low-skilled labour needs will be filled by intra-European migration. Cangiano's graph shows, however, that intra-EU migration in the care sector corresponds to around one fourth of the workforce: while

significant, this share demonstrates by the same token that amongst migrant workers in the sector three-quarters come from outside the EU. Furthermore, additional institutional rules, notably regarding qualifications recognition, as well as pervasive labour market discrimination, intertwine with the long-lasting effects of migration policies so as to produce a great mismatch of skills. Highly skilled migrants cannot access the labour market opportunities they theoretically could aspire to but are effectively deskilled through institutional and social barriers and constrained to join the labour market at its lower ends.

While the Spanish migration regime combines utilitarian hypotheses with cultural assumptions, it similarly produces entrapment and discrimination for non-EU migrant workers. As mentioned in Chapter 1, the Spanish migration regime is strongly determined by postcolonial preferences that define rights according to nationality of origin. Migrants from Latin America were able to travel to Spain on tourist visas, and consequently migrants from these countries present a more diverse profile (than for instance non-EU migrant workers in the UK). A significant share of respondents did not complete studies in their country of origin, and either did not work prior to migration or worked in 'small jobs' or 'casual work'. From an employment perspective, migration policies fail however to offer any consistent path into employment in this case too. Many respondents from Latin America in this study have spent several years being undocumented after having entered the country as tourists. Given the weak welfare state, these migrants answer crucial needs in the labour market, filling in thousands of jobs: 71,194 domestic care workers were for instance registered in 2008 (Rodriguez, 2012); and this figure would increase greatly if informal arrangements could be included. This structural reliance is obvious and well-researched (IMSERSO, 2005; Rodriguez, 2012); migrants are nevertheless compelled to prove their utility to the Spanish economy on an individual basis in order to obtain documentation and Spanish citizenship, often a lengthy and costly struggle, while the state benefits economically from letting them provide cheap care services.

These contradictions demonstrate that utilitarian migration policies, which define workers' rights according to their potential economic added value, are actually very much detached from the actual needs of the labour market, while they do

have a negative impact on migrant workers' employment trajectories because of the deskilling processes that they generate and the constraints they impose on workers' agency. This 'institutionalised uncertainty' (Anderson, 2010) engendered by socially constructed barriers entraps workers into specific segments of the labour market. In this regard, Castles raises the question: 'Is it acceptable to trade off workers' rights for economic gains?' (2006, p. 749). Subordinating workers' rights to their economic contribution, based on a manifest criterion of nationality and a latent criterion of gender, serves employers' interests in that it creates the figure of the 'good and disciplined' worker/employee. This happens however at the cost of hierarchising rights and turning workers into disposable units of labour on the pretext of ensuring they do not lay down roots in the EU. Given that for two decades the increase in total population in the EU is largely due to international migration[26] and that the demographic forecasts predict an increasing reliance as outlined above, the economic justification of this temporariness mantra is questionable. As Castles puts it, 'Can temporary worker programs meet the future labour needs of the EU, if these are not temporary in nature, but rather the result of long-term shifts in demographic and economic structures?' (2006, p. 759). Not only are these policies inadequate to answer the demographic and thus economic challenges of the EU, it is implemented by creating 'denizens' (Standing, 2011; De Genova, 2013) and fragmenting the workforce, which is achieved politically by the exclusion of the 'Other' as embodied in individuals of other nationalities. Tronto accounts for society's reliance on migrant workers to provide care from the perspective of equality:

> As the historical records show, if one wishes to exclude some people from participating in democratic life, then the problems of care are easily solved. One assigns the responsibilities for caring to non-citizens: women, slaves, 'working-class foreigners' (More 1965 [1516]), or others who are so marked. But once a democratic society makes a commitment to the equality of all its members, then the ways in which the inequalities of care affect different citizens' capacities to be equal has to be a central part of the society's *political* tasks. (Tronto, 2013, p. 10)

[26] Eurostats statistics : http://ec.europa.eu/eurostat/statistics-explained/index.php/File:Population_change_by_component_(annual_crude_rates),_EU-28,_1960–2014_(¹)_(per_1_000_persons)_YB15_II.png, Last accessed February 2016

Molinier, in a similar vein, argues that 'the patriarchal dream can only hold by exploiting a silent and invisible workforce'[27] (2013, p. 36). Care provision through the market enacts this unequal distribution of care responsibilities along gendered and racialised divisions. The discourse of choice has indeed played a major role in shaping the employment of migrant workers (Williams, 2011c) but as argued by Tronto, the neoliberal ideology goes against the principles of democracy and equality entailed in a feminist democratic ethics of care in that choice isn't freedom, neither equality, nor justice (2013, p. 40-41). A commitment to the ethics of care requires that care workers have equal rights and equality of voice, if the emergence of 'privatised neo-colonialism' is to be avoided (Tronto, 2011b).

The following section questions how this fragmentation and the inequalities it engenders evolve with time in respondents' long-term trajectories. It examines access to citizenship and professionalisation agendas in relation to how these elements impact on social mobility. It also attempts to assess respondents' perceptions of their professional perspectives through an analysis of their aspirations.

Entrapment, social mobility and aspirations

Access to citizenship and employment trajectories

Clearly, significant differences emerged from one country to another in terms of access to citizenship for non-EU respondents in this study. As mentioned in Chapter 1, country legislation differ in this regard and the Spanish case is distinct in that nationals from Latin American countries might apply for Spanish citizenship after 2 years of legal residency, as opposed to 10 years for most other nationalities. Given that the vast majority of non-EU migrant care workers in Madrid come from Latin American countries, and especially Ecuador and Peru in this study, this constitutes a relevant factor in the higher proportion of respondents holding Spanish citizenship, as illustrated by Figure 9.

[27] Original quote: 'le rêve patriarchal ne peut se maintenir qu'en exploitant une main d'oeuvre silencieuse et invisible.'

Figure 9: Access to citizenship amongst respondents

Source: Own data and elaboration.

In spite of this striking difference, the share of non-EU migrants holding the citizenship of the country of residence is relatively high in these three sites: almost half of respondents in London, more than half in Paris and almost 80% in Madrid. Obtaining citizenship does not shield one, however, from the discriminatory implications of labour market segmentation. Racialisation processes reinforce the performative power of formal distinctions and bear long-lasting effects even when one is no longer subject to migration rules. The proliferation of borders (Mezzadra and Neilson, 2013) is not overcome by accessing citizenship and it is continuity rather than rupture that characterises the experiences of non-EU migrants in terms of the social implications of labour market segmentation. Table 24 illustrates the time spent in the country of destination on average for all non-EU respondents, for those having gained citizenship and those who did not possess it. While an obvious correlation appears

between time spent in the country and access to citizenship, this table sheds additional light on the particularity of the Spanish case; while almost 80% of respondents had gained Spanish citizenship at the time of the interview, the average number of years spent in the country is only slightly higher than that spent by migrants in London and much lower than that spent in Paris.

Table 24: Time spent in the country of destination according to migration status

	London	Paris	Madrid
Years lived in the destination country – average	7.8	17.3	11.6
Migrants with migration status	5	11	7
Migrants with citizenship of country of residence	12	23	13

Source: Own data and elaboration

Access to the country's citizenship theoretically improves an individual's employment prospects in that it extracts the person from the social location of being a denizen and grants the individual the full set of rights. In terms of levels of earnings, Table 25 presents the average earnings of respondents in this study according to whether they hold the citizenship of the country they reside in. A positive but limited correlation emerges in the case of London and Madrid. A lack of correlation in the Paris case might be caused by stronger employment regulation – as presented in Chapter 1 – that limits the extent of differentiated levels of earnings for similar jobs.

Table 25: Level of earnings according to migration status

	London	Paris	Madrid
Average earnings of migrants with temporary migration status	802.72£	1400 €	703.33€
Average earnings of migrants with citizenship of country of residence	950£	1375€	802.52€

Source: Own data and elaboration.

In Spain, many non-EU care workers go through a period of being undocumented. The length of this period of time depends to some extent on the migrant worker's luck in securing an employer willing to sponsor his or her documentation, and thus on his or her decision to leave an employer not willing to fulfil this role. This

criterion pushed Lucia, for example, to leave her job when she felt it was necessary to do so:

> At first the person who was about to do it for me did not meet the requirements. Then, it was a woman who really did not want, it was an elderly woman. I was in a difficult situation because I didn't know what to do. (…) I stayed working with her until one day I said: "That's it, no more, I'll search for an alternative because I need to get my documentation, because I haven't reached my aims yet." (Lucia, 56, Nicaragua, Madrid)

Obtaining documentation makes an immense difference to workers' position in the labour market and shelters them from the most extreme forms of exploitation. It does not, however, allow for substantial improvement in their levels of pay or career prospects and they remain confined to a highly segmented section of the labour market. As to the citizenship, given the differentiated regulations according to nationality of origin, non-EU migrant workers' plans and strategies necessarily differed, depending on whether or not they could benefit from the reduced time of minimum legal residency. Abdel recounts his path to Spanish citizenship:

> NS: How was the journey to obtain Spanish citizenship?
> Abdel: The journey was very long. With the laws between Morocco and Spain, you're a bit…You need to have been residing 10 years here in Spain to receive Spanish nationality and you also need make sure you never had any problems with the police, no problem with people, otherwise they don't give it to you. Thanks to God I'm very home-loving, home, work, I received the nationality with no difficulty. (Abdel, 48, Morocco, Madrid)

In Madrid, in spite of the fact that most respondents had Spanish citizenship, most of them did not perceive any concrete improvement or changes in relation to their employment situation apart from the fact that they had the possibility of emigrating from Spain to a different European country. For instance, Beronica remained perplexed in this regard:

> So, what can I say? If it has improved…I could travel, as a European citizen you can travel, you can go to work in a different city. But I don't know what to tell you, I haven't noticed any difference for being Spanish, for having Spanish nationality. There are some benefits but I don't have changes in my life that I would notice. (Beronica, 38, Ecuador, Madrid)

Rather than being related to better employment opportunities or the hope of better career prospects, a citizenship application was often conceived by respondents in Madrid as part of a return or remigration project. Many respondents spoke of plans to return, often to Ecuador, as is presented in further detail in the section on aspirations. Accessing citizenship enabled return in that it guaranteed potential re-emigration or simply visits to Spain, while leaving without having gained Spanish citizenship could be perceived as a failure and waste of the time invested in Spain. A second set of reasons for obtaining Spanish citizenship is to be found in the perception that migration to Spain only constitutes a partial success and that Spanish citizenship will facilitate re-emigration to Northern European countries where earnings are higher and where prospects for children might be brighter. Claudia's words illustrate this perspective:

> I am more mobile, so the benefit of having Spanish nationality is that we can go to different countries, to France, to Portugal, any country in the European Union. I will think about it seriously, above all for the children, once they finish school so that they can start university there and leave this country, and start from scratch as we did, it could be England or any other European country. (Claudia, 53, Peru, Madrid)

In Paris, gaining French citizenship improves a non-EU migrant worker's employment opportunities because of the structural discrimination that limits civil servant status, i.e. permanent public employment, to French and EU nationals, as illustrated by Bacar's story recounted in the Introduction. This creates an over-representation of foreign workers in the private older-age care sector, where employment contracts are more precarious. In spite of the prevalence of temporary contracts, the private sector constitutes the only possibility for foreign workers to secure permanent positions, as explained by Amandine:

> In the private sector, what I actually wanted, was a stable job right away because I had some plans and I really needed a permanent contract. Really. And because I don't have French nationality, I knew that in the public sector they couldn't hire me as civil servant, so I went straight to the private sector. (Amandine, 32, Ivory Coast, Paris)

In the UK, gaining British citizenship offers protection from changing migration rules that increasingly commodify migrant workers by defining their rights

according to their alleged economic (narrowly understood as financial) contribution to the British economy. Indeed, not only is one's right to stay dependent on employment; increasingly discriminatory rules define one's rights according to pre-set levels of earnings or financial capital (for example: £35,000 to be able to stay in the UK after 6 years of residency[28]). It appears clear, furthermore, that in London the overwhelming overqualification (81%) occurs in spite of 43% of respondents holding British citizenship. What Williams calls the 'lived experience of citizenship' (Williams, 2011c, p.52) is crucial for an encompassing understanding of experiences related to the notion of citizenship. The trajectories of non-EU migrants demonstrate that a strictly legalistic perspective cannot account for enduring forms of disadvantage. Here again the bourdieusian notion of cultural capital in its three dimensions, embodied, objectified and institutionalised, is illuminating in order to account for enduring forms of disadvantage and discrimination (Bourdieu, 1979). In spite of the significant share of respondents who benefit formally from possession of the same status as non-migrants, it appears that labour market opportunities for those who gained citizenship remain to a great extent shaped by latent social processes that easily take precedence over formal equality. Migrants thus navigate the administrative spaces that migration policies create and decide on the strategies that best suit their purposes against the background of the constraints described in this chapter. Values that underpin current conceptualisations of care work, i.e. its devaluation, and of citizenship, i.e. work-based citizenship narrowly associated with financial remuneration, constrict these administrative spaces. Some theorists of an ethics of care argue for the need to re-think citizenship on the basis of care relationships (Sevenhuijsen, 1998; Tronto, 2013). This approach shifts fundamentally the value of migrant care work and has the potential of altering the highly gendered implications of current migration policies and of challenging the 'temporal borders' (Mezzadra and Neilson, 2013) that these policies engender.

The following section turns to an examination of how non-EU migrant care workers navigate these spaces, first analysing the professional hierarchies from a comparative perspective and then turning to the actual professional aspirations,

[28]https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/420536/20150406_immigration_rules_appendix_i_final.pdf, Last accessed February 2016

presented here as indicative of workers' perceptions of social mobility possibilities.

Professionalisation and social mobility: barrier or enabler?

The professionalisation of the occupation of care assistant varies greatly between the three cities, as presented in Chapter 1. If the work done by all respondents in the study is similar in terms of the actual daily tasks carried out, training requirements and career prospects have little in common. As a consequence, significant differences exist in terms of employment status and professional mobility. Differences in terms of the knowledge transmitted through different types of training are above all due to differences in depth and detail rather than fundamental differences in terms of content and approach. Care qualifications in France and Spain, as well as National Vocational Qualifications (NVQ) in the UK, are often comprised of similar modules. If professionalisation shapes workers' trajectories so differently, it is because regulations attached to the acquisition of this knowledge vary greatly.

In the UK, these qualifications are not embedded in a clear career path for care workers, and completing NVQ levels serves above all to fulfil employers' duties in terms of workforce training. The completion of these NVQs does not translate into better labour market opportunities for workers, given that no prior training is formally required for the position of care assistant and that wages are kept low throughout the industry. As a consequence, incentives for workers to engage in this training remain limited. In this context, there is little scope for promotion apart from senior carer positions, and here there are no homogeneously defined criteria in terms of access and level of salary; the position itself did not exist in some of the care homes visited for this study.

In Spain, the 2015 reform renders training prior to employment mandatory. The official title of healthcare assistant requires a year of studies and is formally recognised. It is however not mandatory to complete the longest version of the training and in the aftermath of the reform courses offered by private schools mushroomed. In the autonomous community of Madrid it remained unclear to

workers which private schools were granted official accreditation and which were not, as respondents knew of many examples where allegedly accredited schools delivered certificates that failed to be acknowledged later on by official authorities. Before the introduction of this reform, the completion of training often served the purpose of moving away from live-in employment arrangements to live-out arrangements, notably by finding employment in residential care. Attending a course provided in this regard a tool for empowerment and many respondents in this study regretted having spent too much time in live-in employment, often several years, isolated and not aware of the existence of such courses.

In France, three statuses qualify a person to work in a position equivalent to that of care assistant in terms of job description. Figure 2 in Chapter 1 gives an overview of the modules that are part of the training and how they overlap from one qualification to another, which allows workers to benefit from recognition of the modules they previously completed if they study for different qualifications at different times in their careers. Danièle, for instance, designed strategies according to the perceived level of difficulty of the entry exams attached to each of these qualifications and to the existing bridges between them:

> Because the selection is very tough for the exam of healthcare assistant, I preferred to pass this one first (Medical/psychological assistant), it's a question of chance and also will. So I passed three exams to multiply my chances actually. Because it's possible to pass several exams at once. And given that some colleagues advised me this…because if you have the qualification as Medical/psychological Assistant, you only have to pass some additional modules to become Healthcare Assistant. (Danièle, 53, Senegal, Paris)

Furthermore, the costs of different qualifications and available funding opportunities constituted key elements in the decision-making process of non-EU migrant care workers. At first sight, it might appear that the longer the training takes, the more it amounts to a barrier to entering the sector. In practice, this correlation is not necessarily valid, and the sector's accessibility depends on the combination of regulations in terms of training, availability of training and existing financing schemes.

In the UK, given the absence of formal requirements, individuals who become care workers do not need to invest time and money in training before they are employed. Jobs are therefore very accessible but at the same time particularly segmented. The lack of training reinforces the essentialisation of care skills and entraps workers in a highly segmented section of the labour market without formal bridges and advancement paths on which to build a career. Training provided by employers does not impose additional financial cost on workers, but often no time is dedicated to that training and workers are compelled to complete it in their personal time. It thus created situations in which training was completed at home, as presented by Amal.

> NS: Can you manage to do it (the online training) during your working time?
> Amal: You cannot do it during the working, especially this unit I am working in, the residents keep ringing the bell so I don't really think you have time for that because you are only two staff as well you can't just go and do your e-learning, then the other person gets fed up with you…but sometimes if we have a day off we are allowed to come and just do our e-learning if the Internet is not working in my house I can just come here and do the e-learning. (Amal, 24, Somalia, London)

In Spain, given the existence of multiple types of training that do not hold the same value, respondents in this study had to navigate an opaque system. The most straightforward way to obtain a recognised qualification was to benefit from training organised by local authorities, as in the case of Abdel:

> I'm here since March covering someone's leave and I completed health and social work course through the city council and the work placement I did it in this care home. (Abdel, 48, Morocco, Madrid)

While Abdel could attend his training at no cost in the framework of employment policies designed for the unemployed, opportunities to be trained for free seem to have diminished and to have become increasingly restrictive. Individuals already in employment faced logistic difficulties in being able to attend training, while according to respondents in this study the greater availability of training prior to the crisis made it easier for them to combine studies and work. Flor, for instance, was looking for further training, but she experienced difficulties in finding it for

free, and at the same time was careful not to fall into the trap of paying for a qualification that wouldn't be recognised:

> If I could find something for afternoons, brilliant, and working in the morning. That would be great but I need to search because a friend of mine told me that the same company Ecua Radio in Madrid, they consider having classes in the afternoon. Of course if they do it in the afternoon and it's for free that would be great. That would be really good. Because they're people they want to make you pay 800, but they're private and it doesn't help because it won't be officially recognised. (Flor, 25, Peru, Madrid)

Magdalena's account below illustrates the effort it takes to make the most of available possibilities while avoiding unnecessary costs. Magdalena seems to have been particularly diligent in preparing herself for the 2015 reform. Her commitment allowed her to avoid being affected by employers' tendency to transfer the cost of training onto workers:

> NS: And the courses to comply with the 2015 reform?
> Magdalena: These too…The first two modules were given by the company. And the other two I obtained them by calling all the time and searching the Internet for organisations that offer these.
> NS: And these last two modules, did it have a cost for you?
> Magdalena: No, the other two either. When they call from companies and they say it costs something, I don't have money to waste, so I say "we'll see I'm trying to find something I don't have to pay for it. If I can't, I still have one year, in last resort I'll pay". (…) But if I can find them for free… and I did. (Magdalena, 51, Ecuador, Madrid)

In France, as mentioned above, training is particularly lengthy in relative terms. This length does not automatically translate into higher cost, given that several fully funded study schemes exist, both for the unemployed through the role of the National Employment Agency, and the already employed through the support of state-funded agencies. For instance, Jade benefitted from the support of a state agency in funding her 6 months' training to become a 'Life Assistant':

> NS: How long was your training to become Life Assistant?
> Jade: I completed a 6 months training. 6 months and for 2 months it was possible to do internships. I did 6 months and 2 more weeks of internship and that was it.

NS: And did you have to pay for that training or the cost was covered by…?
Jade: No, it was covered by the Fongécif[29]. (Jade, 46, Ivory Coast, Paris)

On the whole, it appears that in all three countries there exists a trend towards professionalisation but it has very different implications for migrant and minority ethnic workers according to the specific policies in place. In the UK, given that training does not translate into professional advancement, care assistant positions do not allow for career progression without a career break for studies and it creates thus a situation of entrapment. In Madrid, the professionalisation reform created a market for private training centres and a lot of confusion for workers as to whether they had to pay and which modules were needed. While some had achieved the required training earlier, others had to find their way through the new regulations. Similarly in Paris, workers who were willing to achieve professional advancement needed to know where to find the relevant information and how to file applications. The existence of pre-established administrative pathways towards new positions nonetheless allowed migrant and minority ethnic workers to advance their careers without having to stop their employment.

In exploring the interrelations between non-EU migrant care workers' employment trajectories, degrees of professionalisation, and opportunities for social mobility, it appears helpful to look into respondents' professional aspirations. These reveal a lot about how they perceive social mobility opportunities and what strategies they develop around it. The following section offers an overview of these aspirations through a schematic categorisation of different types of projects.

What do aspirations reveal about migrants' perceived agency?

This section sheds further light on the question of career advancement and on the meanings attached by respondents to their work in older-age care. Tronto highlighted the importance of migrant care workers' aspirations from the perspective of a democratic ethics of care: 'insofar as many of those who

[29] State agency managing a fund for individual training leave.

currently do this low-paid and low-status caring work are migrant workers, any real solution to the problem of care imbalances within households would also need to consider the needs and aspirations of such global care workers' (Tronto, 2013, p.176). Table 26 classifies non-EU respondents' narratives according to a schematic description of the projects they narrated during the interview. The aspirations of minority ethnic workers are analysed separately in continuation of the motives presented above for this group, notably in the case of Paris. 'Advancement in care' groups individuals whose objective is to obtain a higher qualification within care, not only but most frequently a nursing degree. In the French case, it also includes individuals who hold one of the three qualifications that qualify them for care work and who intend to complete a second one. The group 'continuity in care' is comprised of individuals who plan on remaining in their current job, and who do not mention intentions to pursue upward mobility. The label 'out of care' describes those who conceive their professional future as outside the care sector and who thus await an opportunity to change their sector of employment. Under the category 'return' I have grouped all those who spoke of return as a short- or medium-term project that determined their professional future. The four remaining categories are composed of very limited numbers and correspond to the combination of several of the categories described above when the narrative did not clearly prioritise one project over the other.

Table 26: Non-EU respondents' professional aspirations (%)

	PARIS	MADRID	LONDON
Advancement in care	80	12	38
Including Overseas trained nurses	*5*		*19*
Continuity in care	10	30	10
Out of care	10	0	38
Return	0	30	14
Advancement in care AND out of care	0	4	0
Continuity in care AND/OR return	0	12	0
Advancement in care OR return	0	4	0
Out of care OR return	0	8	0

Source: Own data and elaboration.

It appears from this table that aspirations differ greatly from one site of fieldwork to the other. At first sight this finding might appear surprising, given the relative

homogeneity of the group of respondents: non-EU migrant care workers in a European capital city employed in privately run care homes. Previous sections of this chapter make it possible, however, to draw on a political economy analysis of each of these contexts to account for these differences.

In Paris the overwhelming majority formulated wishes for professional advancement through the acquisition of additional official qualifications in the care sector. Interestingly enough, this occurs in spite of the fact that a majority of workers did not actively choose to enter the care sector, as demonstrated in the second section of this chapter. Typically, respondents said that they were aiming for the next level of professional qualification, either through the 'validation of knowledge acquired through experience' route or through formal education. The 'validation of knowledge acquired through experience' scheme allows workers' professional experience to be taken into account and the curriculum to be completed is adapted. The number of hours of formal education is reduced given the experience already acquired, and the completion of the qualification is therefore more easily compatible with full-time employment. Respondents in Paris often availed themselves of this possibility. This is, for example, the route chosen by Nabila:

> For now I'm here, I'm struggling to become a healthcare assistant.
> NS: And you want to achieve this through "Validation of Knowledge acquired through Experience (VKE)"?
> Nabila: Yes, I'll try to get there through VKE.
> NS: So it's a certain number of hours you need to validate?
> Nabila: Yes, yes, but I have enough hours because I'm in this occupation for more than 6 years. (Nabila, 40, Senegal, Paris)

Those already in the position of healthcare assistant often envisaged continuing their studies and becoming nurses. Naima, employed as a healthcare assistant, was about to start a nursing degree when I interviewed her:

> So I passed my exam and I got it so now I'll start the nursing degree in September, for three years. So I'm proud, I'm happy that's what I wanted. I wanted to do something else because…I think I've done my time in this job. In my occupation as healthcare assistant I've done my time. So I think it's normal to move forward. That's what I like in this profession because we can move forward. I already had managers….One manager used to be

> a hospital worker, then she became healthcare assistant, then registered nurse, and then she became a manager…So it's a trajectory that I admire, that I like, so I hope I can follow this path. (Naima, 32, Tunisia, Paris)

Naima's case is also illustrative of another aspect frequently encountered in the narratives of respondents in Paris: the impact of role models. Most respondents would refer to colleagues or friends who had already achieved the professional mobility they were envisaging. These colleagues or acquaintances had realised their aspirations and at the same time served as sources of information about gaining access to these opportunities, notably in terms of knowledge of available financing schemes. Obtaining a higher qualification within the care sector not only implied better pay but could also be part of a project to acquire professional autonomy. It is indeed possible for a nurse to open his or her own practice, becoming by the same token one's own employer. Luc clearly related his project of becoming a nurse to this possibility of gaining professional independence:

> NS: And today how do you see your professional future?
> Luc: I want to do something else. To become a nurse so that I can open my own practice. I want to be independent and organise my work individually. (Luc, 25, Cameroon, Paris)

For respondents in Madrid the idea of obtaining qualifications in the care sector occurred to only a minority of respondents. First, obtaining such a qualification represented a cost because of the time off work that it required and because, most importantly, it would not necessarily translate into better professional outcomes, given the limited regulation of the sector. If a care worker had already completed training in geriatric care, studying for a qualification as healthcare assistant would not have an impact on the person's employment situation in residential care (although this person could then apply to work in a hospital). Rather, one third of respondents envisaged remaining in their current occupation for a longer period. Many did not actively choose the sector but organised their lives around this employment and planned on staying in the care sector. This was for instance Soraya's case: she graduated in Law in Morocco but never worked in her profession and had already been working for 18 years as a care assistant in Madrid at the time of the interview:

NS: How do you see your professional future?
Soraya: I want to continue working in this, I want to continue. Hopefully I'll continue caring for older people, I like it, I really enjoyed it. And I don't see myself doing something else. (Soraya, 45, Morocco, Madrid)

Beyond the formal qualifications structure, respondents in Madrid shared a sense of immobility due to the pervasive and systematic discrimination that effectively left migrants with few illusions as to the possibility of moving up the social ladder, starting from the workplace. Claudia, who had graduated and worked as a psychologist in Peru, explained the situation that she observed:

In my case for instance, my employer knows that I have this documentation, these qualifications, the right training, but they don't give me a job as a senior care worker nevertheless. Because comes first the niece of the manager, she's got a niece working. Through the other manager there's her own niece working, through the previous manager there's a sister-in-law and so it goes. So these jobs they give it to family members. (Claudia, 53, Peru, Madrid)

These workplace power relations and broader social dynamics worked jointly with formal discrimination enshrined in migration policies to produce enduring segmentation at the labour market level and 'sticky floors' for individuals. Notably, respondents' narratives in Madrid converged around the idea of return: taken together, the category 'return' (30%), and those who mentioned 'return' along with another project, represent 55% of respondents. Return to the home country was thus on the minds of over half the respondents I have interviewed in Madrid. Beronica's story is quite typical in this regard and many respondents mentioned the financial goals they had set themselves before leaving:

My dream is to have my own shop. (…) So I still want to work for a couple of years and see if I can make my dream happen. I would like to do that, to open a business there in my country. I would see that my life wasn't in vain here. So only with making this dream happen I would be satisfied of having worked hard here and of having something mine. A business that I could say: "I'm the manager, the employee, the owner." I would like that, that's what I'm thinking of doing. (Beronica, 38, Ecuador, Madrid)

The fact that most respondents in Madrid shared this idea of return contrasts with the small group of respondents in London who planned to return to their home country (14%) and the absence of respondents in this category among those interviewed in Paris. To explain this trend it is necessary to take into account both the economic and social situation in the country of residence, as well as available prospects in the country of origin. Determinants of return migration are indeed shaped to a great extent by socio-economic opportunities in the home country, and how migrants perceive them (De Haas, 2007). It also illustrates how these spaces composed of constraints and opportunities were navigated and how the development of the coping strategies relied to some extent on respondents' translocational positionality (Anthias, 2011). Mayra and Naomi mention respectively the situation in Spain and in the home country and the role such factors play in their decision:

> I think I've done here enough of what I had to do and that's time for me to return, because I don't see the situation improving, I see that each time it's worse, I've been offered to work as live-in carer for a miserable wage, honestly it both saddens me and makes me laugh when they tell you. And that's like this everywhere, so that's the current situation, it's difficult. It's very complicated for people working as carers honestly. So I plan on staying until the end of the year and return home. I'm not sure I will but I plan on going back. (Mayra, 52, Ecuador, Madrid)

> Let's see if I can go back to my country and continue studying there, to do a nursing degree more professional, or something else, social work, I don't know. But I would like to study further and to work there in the field of what I would have studied. Here I haven't studied yet because I couldn't afford it. But that's what I want, study and work in the field I have studied, be it nursing, social work, laboratory, I don't know, something like this. That's what I want in the future. But let's see if that will be possible there, here I couldn't until now but let's see if when I go back I'll have the opportunity to study. (Naomi, 37, Colombia, Madrid)

In London, not surprisingly, over one third of respondents hoped to achieve professional mobility within the sector by becoming nurses, given that half the individuals in this group already held nursing degrees gained in their country of origin. The same proportion of respondents envisioned their professional future as outside the care sector. The extract below from my interview with Fadila is illustrative of the position in which highly qualified migrants find themselves

while working as care assistants, awaiting professional opportunities more in line with their qualifications:

> Actually I don't have high ambitions regarding the care sector because I'm very happy with what I'm doing now but if I get a relevant job related to law or business definitely I will switch. Until I get this opportunity I'm very happy with what I am doing. I don't want to be like a deputy manager or a manager but of course if I get any scope to work in administration in a care home I don't mind I will be happy to do that because it's related to my experience I will be happy but for now it's okay. But I look for scope to enhance my professional career instead of being a care worker. (Fadila, 30, Bangladesh, London)

Conceiving of care as a temporary job was all the more common in London in that the majority of respondents were either highly skilled in a different sector or felt compelled to take up a job as care assistant. For the group of respondents who were on student visas (14%), the limitations that were imposed regarding the number of hours that they could work contributed to create a perception of temporariness. A smaller group was on a post-study work visa and found themselves in the contradictory position of being employed, but not in a job that could secure them the prolongation of their visa. Finally, a small group of respondents in London planned on returning to the home country. This project, while emerging much less frequently than among respondents in Madrid, does nevertheless illustrate again a conception of return as ensuring an upward mobility that is not foreseeable in the UK. Isabel, similarly to Beronica in Madrid, plans on going back and opening her own business in the Philippines:

> NS: How do you envisage your professional future?
> Isabel: Actually I'm just waiting for that visa but I think once I've got money I'll just go back home it is better to live there you know. You own your time, you are with your family, you are in your own place. (…)
> NS: Why would you like to wait to get your visa?
> Isabel: I need to get it so I can work more hours, stay for quite some time and then go. It's not an abrupt plan because my children are just starting going to school I'm glad because my sister is here to help us to support ourselves but that's our long-term plan to just go back home and start a small business there. (Isabel, 37, the Philippines, London)

Amongst minority ethnic workers (Paris and London cases), 'advancement in care' came to the fore in relation to respondents' aspirations. It concerned 6 out of

10 respondents in Paris and 2 out of 3 respondents in London. This is consistent with the motives and trajectories analysed above, in which, in the case of minority ethnic respondents in Paris, nine out of ten articulated a professional project in the care sector. Laetitia in Paris and Mary in London both planned on pursuing a career within care. The interviews with them and several other respondents in similar situations revealed some differences as compared to non-EU respondents whom I also grouped into the category 'advancement in care'. The tone of the interview revealed a higher sense of confidence in the future as to the possibility of actually pursuing their plans. The 'institutional insecurity' (Anderson, 2010) so prevalent in non-EU respondents' narratives seemed less present in the perceptions of young minority ethnic care workers like Laetitia and Mary.

> NS: How do you see your professional future?
> Laetitia: I won't lie to you, I aim at becoming a nurse, and I'll be a nurse, no matter how long it takes, but I'll become one. After that I aim at becoming a manager and I stop there. (Laetitia 29, Guadeloupe, Paris)

> If it happens and if there is a big opportunity for me in care then I would probably stick on but I'm studying to be a social worker which has something to do with care but it's not care so my future is likely linked to care but just a different sector of care, so probably to be a professional or something like that a social worker either that or a radiologist. (Mary, 20, Black UK, London)

Not all in this group, however, were satisfied with their employment. Some lamented the discrimination they faced, or envisaged moving to a different place altogether. Several respondents in Paris planned to move back to Guadeloupe or Martinique to continue working there or to retire, while Marc planned on starting from scratch in a different country to escape the discrimination he experienced in the French labour market where he was unable to work in accordance with his qualifications:

> Marc: I was making savings, because I see the hardship of the work, I see my colleagues working…I tell to myself…When I was 18 I could continue but now with 37 years I don't want anymore. That's why, I have my qualification in real estate management, it will be useful in the future.
> NS: And now how do you see your professional future?
> Marc: I would like to leave in two years. To go to Africa and start out a business, in real estate. (Marc, 37, Reunion Island, Paris)

The examination of respondents' professional aspirations in this section has aimed at giving a sense of their perceived opportunities. The analysis of their narratives and a schematic classification of their projects revealed crucial differences in how care workers thought of their professional future in London, Paris and Madrid. These aspirations reflect a combination of objective and subjective labour market opportunities. The professionalisation of the care occupation in France, and clear paths for advancement, impacted on workers' professional plans in that it encouraged them to think of a career within care, even when they had not positively chosen to enter the care sector in the first place. In Madrid, the fact that the workforce is less qualified than in London or Paris might explain why one third of respondents envisage remaining in their current position. Moreover, employment in residential care in Madrid corresponds to a relatively privileged position in comparison to the extent of live-in caring arrangements, on the one hand, and informal jobs, on the other. The projections of half the respondents to return to their home country hint potentially at a temporary form of migration. In London, the existing mismatch of skills explains the high proportion of those envisaging professional mobility within or outside the sector.

Conclusion

The cross-national comparison presented in this chapter analyses how migration and care regimes impacted on migrant and minority ethnic workers' employment trajectories in three European capital cities. By shedding light on the profile, trajectories and aspirations of respondents, the chapter highlighted the channelling of migrant and minority ethnic workers into older-age care and illustrated the social implications of labour market segmentation. Tronto argues in this regard: 'Transnational care commodification is undemocratic because when immigrants are care workers, they become marked, as the anthropologists put it, with the stigma of care work' (Tronto, 2011a, p. 173). The intersectional approach adopted here revealed how distinct migration and care regimes create differentiated outcomes for workers and how in turn workers assigned meanings to these experiences and forged their aspirations. First, looking into why and under what circumstances non-EU migrant and minority ethnic workers enter the care sector uncovered the distinct roles of intermediaries such as employment agencies,

migrant associations, churches and informal networks against the background of various employment regimes. From workers' narratives three main categories emerged: 'the overqualified', 'the compelled' without overqualification, and those with professional aspirations in care. These variations in the workforce profile between the three cities under study here revealed the significant impact of migration policies on who these care workers were in terms of nationality, gender and qualifications. Finally, the intersecting regimes analysed here shaped workers' aspirations and employment trajectories within the care sector differently. Respondents' plans for the future proved to be revealing in relation to the social mobility enabled or, on the contrary, hampered by these policies.

Uncovering structures of inequality serves the purpose not only of looking into the experiences of those at the receiving end of oppressive structures, but also of questioning the reproduction of these inequalities through the workings of institutions. In this regard, this chapter suggests that the regulation of the care sector through professionalisation fosters better employment opportunities when accompanied by accessible financing schemes and clear career paths. It appears also that migration policies are embedded in and reinforce racialisation processes that go beyond formal lines of division established by these policies. While obtaining documentation helps to limit the extent of non-EU workers' exploitation, gaining citizenship is not sufficient to substantially improve their labour market opportunities. The trends outlined in this chapter suggest that reducing the segmentation of the care sector within the labour market requires: better schemes for qualification recognition; further professionalisation in order to progressively de-gender the occupation and re-value care work as skilled; and finally the improvement of employment protection legislation and the re-evaluation of care wages so that non-EU migrant and minority ethnic workers are no longer trapped in dead-end jobs and are able to make better use of their skills and aspirations in the labour market. Furthermore, given the EU demographic scenario (as presented in Chapter 1), being attentive to the trajectories of non-EU migrants in older-age care is crucial for the construction of inclusive European societies, and this chapter demonstrates that the articulation of migration, employment and care policies produces various degrees of segmentation in the UK, France and Spain. Looked at through the lenses of the care ethics paradigm,

these inequalities raise the question of global justice (Williams 2011c, Tronto 2011b). The marginalisation of racialised care workers is detrimental to the very idea of a democratic society in that it excludes in many ways, notably legally and economically, individuals that play a major role in terms of society's caring responsibilities.

This empirical chapter initiated the task of conducting a political economy analysis of migrant and minority ethnic care workers in private employment. If the focus of the analysis was situated at the beginning of respondents' journey into care work in order to set the scene for the themes that follow, it also served to identify the meanings attached to care work in respondents' narration of their lives, and to identify the dynamics that underpin the channelling of certain categories of workers into a segmented section of the labour market.

CHAPTER 4: Precarious employment in neoliberal times from the standpoint of paid care

Introduction

> So right now we don't know if in a year from now we'll still be employed or if we'll be laid off. Right now no job is stable, even if you have a contract. You know, I have a permanent contract but I don't know to what extent it's permanent, because we've seen…we've seen cases of colleagues who were on permanent contracts and for one reason or another they were laid off. So, I tell you, right now no job is stable. (Victoria, 54, Ecuador, Madrid)

Victoria is an Ecuadorian woman who had been living in Spain for 26 years when I interviewed her. For most of these 26 years, she had been working two jobs: a couple of nights per week she took care of residents in a care home and during the day she provided domiciliary care to several elderly persons. In spite of being on a full-time and permanent contract in the care home, she did not think it provided her and her family with financial security. In the 'day-job' she had a written contract for the hours worked on Monday and Friday and she had no contract for the persons she visited during the rest of the week. In her eyes, nonetheless, she was far more likely to lose her job in the care home than one of these small jobs with older persons whom she had been visiting for years. To an external observer, Victoria's job in the care home might appear more stable than her informal arrangements for domiciliary care, but her narrative reveals how the instability and low wages in both roles persuaded Victoria to work multiple jobs simultaneously. In the policy realm, the usual definition of precarious employment excludes full-time permanent contracts, as these are deemed stable and secure. Focusing on workers' contracts in assessing the precariousness of a given employment relationship might, however, be misleading as to the actual security it offers to workers, as illustrated by Victoria's quote. The meaning of 'permanent' in a contract cannot be assumed and needs to be unpacked. For example, if there is no significant difference in terms of employment protection between a permanent and a fixed-term contract in a given employment regime, then the boundary between temporary and permanent contracts is effectively

blurred. The employment relationship is furthermore shaped by the specifics of the employment sector, and the meaning of 'permanent' and 'temporary' for workers varies accordingly. This chapter seeks to revisit the concept of precarious employment by bringing in the subjective dimension contained in the meanings that respondents attach to various indicators of employment precariousness.

The choice of giving central importance to the concepts of precariousness and precarity within the political economy analysis undertaken in this thesis is due to both theoretical and empirical considerations. First, employment conditions in older-age care are often described as 'vulnerable' or 'precarious' (Datta et al., 2006; Anderson, 2010), reflecting material conditions which characterise marginalised and segmented sections of the labour market. It is argued here that the concept of 'vulnerability' does not allow for a thorough political economy analysis such as is enabled by the concept of 'precarious employment' (this argument is developed in section one of this chapter). Second, by drawing on the distinction put forward by Paugam (2009) between employment precariousness and work precariousness (while insisting on their complementarity from the standpoint of workers' experiences), this chapter contributes to the development of theoretical bridges between a feminist moral philosophy and a sociological analysis of care work. Care ethics as developed within feminist moral philosophy offered new understandings of precariousness by highlighting the very precariousness of life and uncovering how this fed into gendered socio-economic inequalities. Chapters 4 and 5 argue therefore that it is theoretically fruitful to conduct a care ethics-sensitive analysis of precarious employment and work. Chapters 4 and 5 are in this regard complementary as both seek to scrutinise precarity from the standpoint of older-age care work. The current chapter focuses on employment precariousness while Chapter 5 looks into work precariousness. Employment precariousness concerns the employment status and rights attached to it, and work precariousness relates to the content of the work *per se*. Employment (in)stability relates for instance to the duration of contract and the prospects for future employment, whereas work precariousness entails aspects such as workload and health and safety issues. The conversation carried out in these two chapters between these strands of literature allows us to revisit both: on the one hand, calling for political recognition of the centrality of care ethics for

life sustainability, as put forward by Tronto (2013), has implications for the status of care work within society and thus its material conditions; and on the other, the precariousness of life paradigm sheds light on dimensions of older-age care work that would have remained concealed within a narrow understanding of precarity.

This chapter seeks to answer the following questions: What do subjective meanings shared by respondents, in relation to job stability, earnings and rights, reveal as to the social implications of precarious employment within older-age care? What are the dynamics that underpin processes of precarisation in the industry from the standpoint of migrant and minority ethnic care workers?

The first section briefly situates precarious employment in relation to capitalism, and notably neoliberal capitalism, and argues how 'precarious employment' and 'precarisation' are analytically articulated with migrant and racialised labour as well as with the gendered dimension of the care sector, from a cross-national perspective. Building upon the analytical framework presented in the first section, I then turn to the analysis of respondents' perceptions of job stability, levels of earnings and rights at work, as well as their understandings of the role of unions around these issues.

Paid care within capitalist economies and the concept of precarious employment

Capitalism, neoliberalism and precarious employment in the care sector

There is no unique definition of precarious work. According to Rodgers and Rodgers (1989: 5) precarious employment involves instability, lack of protection, insecurity and social or economic vulnerability. They identify four dimensions of precarious employment: temporal, organisational, economic and social (Laparra Navarro et al., 2004). In a more recent study, Vosko (2006, pp. 3-4) builds on Rodgers and Rodgers's definition and defines precarious employment as 'involving limited social benefits and statutory entitlements, job insecurity, low wages, and high risks of ill-health'. Standing (2011, p. 10) in 'The Precariat' identifies seven forms of security: labour market security (adequate income-

earning opportunities); employment security (protection against arbitrary dismissal); job security (ability and opportunity to retain a niche in employment); work security (protection against accidents and illness); skill reproduction security (opportunity to gain skills); income security (assurance of an adequate stable income); and representation security (possessing a collective voice in the labour market). While all these aspects matter, Paugam's comprehensive approach is equally relevant: a stable employment is here defined as an employment that is stable enough for the worker to be able to plan his or her future and to be protected against the hazards of life (Paugam 2009, p. 7).

From a historical perspective, precarious employment is not a new reality, even though in most western European countries the concept emerged in public debates only in the last few decades, or even more recently, as in the UK. Bringing down the cost of labour (not only in terms of wages but also in terms of flexible employment relations) is a constant feature of capitalism inscribed in its core dynamic: capital accumulation. As Harvey argues: 'struggles over status within the division of labour and the recognition of skills are in effect struggles over differential life chances for the worker and by extension – and here is the core of the problem – over profitability for the capitalist' (2014, p. 116). Before the emergence of various forms of welfare states throughout the 20th century, and most significantly after the Second World War, labour was at the mercy of the conditions imposed by capital and more often than not wages barely ensured the survival of the workforce. Casual work was for instance the norm for dockers in London until the 1960s. Lorey writes: 'If the Fordist welfare state is considered as a historical exception against this background, as a limited phase of a special normal, and precarity and precarization are viewed as a norm of capitalist conditions lasting beyond this phase, then domination-shaped continuities and ruptures of this norm in times of exceptional safeguarding have to be taken into consideration if we are to be able to grasp the current process of normalizing precarization' (2015, p. 68). Neoliberalism has thus not invented the precarious employment relationship, but the concept is embedded in a Western socio-historical context of labour market deregulation policies implemented from the 1970s onwards after a period of welfare state development. Chapter 3 exposed how labour market segmentation theories help to account for processes that lead

to differentiated employment and working conditions, notably through an unequal distribution of 'security' and 'rights' in the labour market. The concept of 'precarisation' goes somehow beyond an analysis in terms of labour market segmentation in that it conceptualises processes that disempower labour and thus enact the segmentation of the labour market.

The cross-national design of this research equally requires situating the concept of precarious employment in academic and policy contexts of each of the three countries.

The concept of precarious employment in comparative perspective

The concept of precarious employment has undergone different fates in policy and scholarly debates in different countries, which need to be unpacked for the purpose of this cross-national analysis. In a report commissioned by the European Commission it is noted that 'the term "precarious employment" has been found to be commonly used in France, Spain and Italy, while in Germany it is mostly used in a rather restrictive way by social scientists but has not entered the public debate, and in the UK it is rarely used and has no relevance at all in the national debates' (Laparra Navarro et al., 2004, p. 13).

In France, when the concept of 'précarité' emerged in the late 1970s, it was first associated with the notion of poverty, both concepts being used interchangeably. Precariousness was conceptualised as both a social condition and a process that could lead to poverty (Barbier, 2002). To some extent this very close association between precariousness and poverty remains relevant today in mainstream public debates (Paugam, Le Blanc and Rui, 2011); but the concept began to progressively characterise unstable forms of employment. French sociologists have significantly contributed to forging early understandings of the concept. The use of the concept of 'precarity' in academic and public debates paved the way for the incorporation of this term in French legislation in 1990 in order to regulate the use of temporary contracts, notably through the introduction of financial

compensation for workers on temporary contracts amounting to 10% of gross income, with sectorial exceptions[30].

In the United Kingdom, the concept is present in academic literature (Barbier, 2005) but is rarely discussed in public debates. A more common phrase refers to 'vulnerable workers' as popularised by the TUC Commission on Vulnerable Employment set up in 2007. The TUC definition of vulnerable employment does not distinguish between 'vulnerability' and 'precariousness': 'we have come to define vulnerable employment as: Precarious work that places people at risk of continuing poverty and injustice resulting from an imbalance of power in the employer-worker relationship' (TUC, 2007, p. 16). As mentioned in the introduction, the concept of precarious employment is here preferred to that of vulnerable employment, for the former allows for a deeper political economy analysis than the latter. Anderson argues in this regard: 'the term "vulnerability" and "vulnerable worker" are more often used in the UK but these terms risk naturalising these conditions and confining those workers so affected to victimhood. Moreover, unlike "vulnerability" the notion of "precarity" captures both a typical and insecure employment and has implications beyond employment' (2010, p. 303). In spite of a weaker presence of the concept in mainstream discourse, the perception of a worsening of terms and conditions is nevertheless present in public discourse, notably in the aftermath of the 2008 crisis, as debates in the run-up to the 2015 general election on the 'race to the bottom' or the use of zero hours contracts have illustrated.

The Spanish labour market underwent changes similar to the deregulation observed in other European countries. Temporary work, representing 15 per cent of the workforce in 1987, rose to 30 per cent at the turn of the century (Cano, 2004). The conceptualisation of 'precarious employment' in the work of Spanish sociologists draws on Rodgers and Rodgers's four-dimensional approach (Cano, 2004) and touches on issues also addressed by French sociologists, such as the diffuse nature of precariousness and its presence, to different extents, in various forms of employment (Cano, 2004). Against the background of the dreadful

[30] https://www.service-public.fr/particuliers/vosdroits/F40, Last accessed February 2016

consequences of the financial and economic crisis in Spain, fighting 'precarity' has gained particular momentum in social movements such as the 'Indignados' of 2011. These massive demonstrations certainly benefitted from the existence of a multitude of social initiatives in Madrid that articulated a politicised discourse, such as for instance 'Precarias a la deriva', a militant network of academics and activists created at the turn of the century by feminist groups[31]. The interconnections between social movements and academia triggered a renewed interest in the study of the social implications of precariousness (Rocha Sánchez, 2012).

Certain groups are more at risk of facing precarious employment than others; the following section looks at the intersection of economic, legal and social marginalisation.

Migrant workers and precarious employment

Some groups of workers are particularly affected by precarious employment, for instance migrants, racialised minorities and women. Migrant workers, and especially recent migrants, tend to be more exposed to vulnerable employment than the rest of the working population. Migrants are disproportionately affected by vulnerable employment in relation to factors such as pay below the National Minimum Wage, unpaid overtime, lack of contract, or unfair dismissal (Jayaweera, Anderson, and Phil, 2008). These findings come as no surprise given that these inequalities result from the constraints imposed on migrant labour. Anderson writes: 'Through the creation of categories of entrant, the imposition of employment relations and the construction of institutionalized uncertainty, immigration controls work to form types of labour with particular relations to employers and to labour markets. They combine with less formalised migratory processes to help produce 'precarious workers' that cluster in particular jobs and segments of the labour market.' (2010, p. 301). Rather than illuminating specific experiences, the standpoint of those most affected by precarious employment sheds light on the phenomenon of precarisation as a whole. If in the years of post-

[31] For a presentation in English of the movement: http://eipcp.net/transversal/0704/precarias1/en, Last accessed February 2016

war growth, governments wanted to 'import labour but not people' (Castles, 2006, p. 742), Harvey reminds us that this was as much about the exclusionary framework of the nation-state as about capitalism itself: 'capitalists too, as the novelist Charles Dickens noted, liked to think of their workers as "hands" only, preferring to forget they had stomachs and brains' (Harvey, 2014, p. 126). Analyses in terms of precarisation have furthermore highlighted that the frontier between different segments of the labour market tends to become blurry as employment relationships are changing also for those traditionally belonging to the first labour market (Lewchuk et al., 2011). Kalleberg makes a similar point when he states that precarious employment cannot be fully explained by dual labour market theory, given that it has spread to all sectors (2009, p. 6), even though arguably to different extents in different segments of the labour market (Lewchuk et al., 2011). The concept of 'destabilization of the stable'[32], coined by Castel, similarly points to 'precarisation' as a central process in the evolution of contemporary capitalism (Castel, 1995, p. 661).

Precariousness appears from this perspective to constitute a form of governmentality in neoliberal capitalism. Bourdieu wrote about 'precariousness'[33] as a form of domination of a new kind, based on a state of permanent insecurity aimed at creating subordination, acceptance and exploitation. This oppression is all the more pervasive in that it is not only those directly affected by precariousness at any given time who suffer from it. Bourdieu observes that what he calls 'objective insecurity' creates a 'generalized subjective insecurity' that affects all workers (Bourdieu, 1998). Lorey's development of the concept brings Bourdieu's analysis a step further: 'Precarization has become an instrument of governing and, at the same time, a basis for capitalist accumulation that serves social regulation and control. Precarization means more than insecure jobs, more than the lack of security given by waged employment. By way of insecurity and danger it embraces the whole of existence, the body, modes of subjectivation' (Lorey, 2015, p. 1). Scrutinising employment conditions in older-age care from the standpoint of migrant and minority ethnic workers offers from that perspective

[32] In French: la "déstabilisation des stables"
[33] In French : précarité and « un mode de domination d'un type nouveau »

a 'privileged' viewpoint (Smith, 2005), shedding light on the meanings of precarisation for society as a whole.

If female migrant and minority ethnic workers tend to be most affected by precarious employment, not surprisingly this is also a feature of employment in the care sector where these groups of workers are over-represented. The following section looks into the articulation of processes of privatisation with those of precarisation.

The marketisation of care services provision and 'precarious employment'

Against the background of an ageing population, increasing female employment and the retrenchment of the welfare state, the respective roles of states, markets and families for the provision of older-age care are transformed throughout Europe, as outlined in Chapter 1. In spite of fundamental national differences, certain dynamics underpin most of the on-going changes. In the European context Simonazzi observes that in the pursuit of cost reduction all countries are moving towards more home-care, private provision and cash transfers (Simonazzi, 2009). This shift towards more private provision takes predominantly two forms: the contracting-out of services previously run by national or local authorities and a preference for cash allowances instead of in-kind services. Arguably, the generalisation of cash transfers fosters a 'commodification' of care (Ungerson, 2003). These trends are furthermore embedded in broader features of capitalist economies, as noted by Harvey: 'there has been a long-standing trend within the history of capital for household labour to be supplanted by market-based transactions (everything from haircuts to takeaway or frozen meals, fast foods, to dry-cleaning, entertainment and child and older-age care)' (Harvey, 2014, p. 192). Beyond the shared characteristic of a growing role of the market, how care is financed shapes to a significant extent the sector's employment conditions (Simonazzi, 2009) as well as the type of care relationships to be found in a given care regime (Ungerson, 2003). Simonazzi finds that levels of earnings as well as employment and work conditions tend to be worse within the for-profit private sector than for workers employed by public institutions, given that 'better public sector working conditions, which translates into higher labour costs' are actually

what has 'encouraged the contracting-out of services to private providers' (2009, p. 220). Differentiated patterns emerge regarding employment terms and conditions along the private/public divide. Workers employed directly by local authorities tend to benefit from better terms and conditions than workers employed in the private or voluntary sector. Processes of precarisation of employment terms need thus to be analysed in conjunction with those of marketisation and outsourcing.

In the market, the constant pressure on labour costs leads employers to recruit workers with the least bargaining power (Williams, 2011a). Furthermore, it is argued here that this downward pressure affects the sector as a whole because not-for-profit organisations compete for funding in the market under the same conditions as for-profit companies (often competing for public subsidies) and because the 'new public management' has equally introduced continuous pressure to reduce costs in the public sector. In this context, precarious employment serves the purpose of transferring socio-economic costs onto workers. The flexibility that precarious contracts offer employers transfers from employers onto employees the cost of uncertainty of the business environment (Cano, 2004, p. 74) as well as the social costs that ensure the continuity of life, notably health care and education. This transfer takes several forms, for instance through labour market deregulation policies that enhance external flexibility. This engenders a growth in agency work or in the share of the workforce on temporary contracts, which transfers the risk of an economic downturn onto the worker by making him/her easily dismissible.

In the framework of the concepts outlined above, the following section analyses the lived experiences of migrant and minority ethnic care workers employed in the care industry. It scrutinises three classical dimensions for the study of precarious employment: job stability, level of earnings and rights at work.

Employment precariousness or the transfer of socio-economic costs onto workers

Contracts, job tenure and perceived (in)stability

Table 27 indicates different patterns of employment for migrant and racialised workers in the three sites of fieldwork. While most respondents were on permanent contracts in London and in Paris, this was the case for only one quarter of respondents in Madrid.

Table 27: Respondents' type of contract, in %

	London	Paris	Madrid
Permanent	88%	70%	26%
Temporary	12%	30%	67%
No contract			7%

Source: Own data and elaboration

Beyond these apparent differences, looking into the lived experiences of workers questions these distinctions. For instance, the average job tenure shows that there is no obvious correlation between the type of contract (permanent or temporary) and the length of time respondents were in their current job at the time of the interview (Table 28). There is equally no straightforward causal relationship between the type of contract and the average number of jobs held in the past 5 years: in spite of a much higher share of respondents on temporary contracts in Madrid, respondents in London and in Madrid had in both cases on average between one and two jobs over the period of 5 years prior to the interview.

Table 28: Average job tenure and average number of jobs held in past 5 years

	London	Paris	Madrid
Job tenure in years	4.7	2.7	4.1
No. of jobs in past 5 years	1.9	3	1.2

Source: Own data and elaboration

The question thus arises: what makes an employment relationship precarious? The analysis of respondents' perceptions uncovers the actual meaning of specific forms of employment for care workers. The perception of stability was only to a relative extent connected with the form of contract, and many other elements entered into play when respondents assessed their employment stability. For instance, in schematic terms, some workers on permanent contracts considered that they were not in a stable job because they feared that they could be dismissed at any time; while, by contrast, some who were on temporary contracts at times answered that they felt their job was stable because of the chronic labour shortages in this sector. These perceptions had implications for how respondents planned their lives and are thus relevant to a comprehensive analysis of when an employment relationship is to be considered precarious, in keeping with the above-mentioned argument by Paugam, who attached the notion of stability to that of being able to plan one's own life (Paugam, 2009).

Table 29: Perception of stability

	London	Paris	Madrid
Feeling of job stability	45%	79%	42%
Feeling of insecurity /of being easily dismissible	45%	21%	58%
Security through multiple jobs[34]	9%	0%	0%

Source: Own data and elaboration

Table 29 shows for instance that a much larger share of respondents in Paris thought they had a stable job than those in London or Madrid, in spite of a higher share of respondents on permanent contracts in London. The following paragraphs seek to shed light on why discrepancies exist between care workers' perceptions and such a widely-used indicator of precarious employment as the distinction between temporary and permanent employment.

[34] This category does not reflect the proportion of respondents who held multiple jobs, but rather those who explicitly linked multiple job-holding with the need to ensure stability.

Mainly, two types of elements contributed positively to workers' sense of employment security: on the one hand the relationship developed with the employer over time, which created trust between employer and employee, and on the other hand a relative sense of security derived from the chronic labour shortages in the care sector in sizeable urban centres such as Paris, London and Madrid. In these cases, workers did not count on employment rights for their protection and were convinced that their stability hinged on the fact that their employers trusted and valued their work. Fadila in London considered that her employment stability was dependent upon the trust her employer could have in the quality of her work.

> From the point of view of (name of the care home) I am confident that my performances are good and that they will not let me go. (Fadila, 30, Bangladesh, London)

This view was shared by a minority of respondents and if employer-employee relationships certainly shaped the work environment, most respondents who felt their employment was stable referred more generally to the security that the sector's labour needs provided them. Interviewees drew on their experience of recruitment procedures and sometimes on on-going job searches to state that their job security relied mostly on the availability of jobs in the care sector. These are for instance Luc's words in Paris:

> NS: Do you think you are in a stable employment?
> Luc: Yes, yes, yes, of course because there's always work. As I told you, in this sector there are always jobs. I think it's one of the few sectors, where there's always demand. (Luc, 25, Cameroun, Paris)

In a similar way, chronic labour shortages were perceived as a form of employment protection in London, even though many insecurities remained when the sense of security was detached from a precise employment: while the possibility of finding a job was reassuring, the general precariousness of employment terms and working conditions in the care industry created apprehensions, notably as to the level of earnings, the working hours and the travel time that a new job would mean. Interestingly enough, amongst respondents in London, those who derived a sense of job security based upon labour shortages

in the sector all possessed British citizenship and consequently did not have to face the limitations imposed on migrant workers who at times needed the employer to sponsor their work permit. For instance Analyn, a Filipina care assistant who had resided in the UK for 18 years at the time of the interview, felt confident about her ability to always secure a job:

> NS: Do you consider the jobs you have as secure in the sense that you can stay in these jobs as long as you want to? (Analyn worked in two jobs.)
> Analyn: Yes I think so because nursing home is more around isn't it? Than other job, as long as you can do it properly and you're willing to do it I think you can do it for a long time. (Analyn, 50, the Philippines, London)

Migrant care workers in Madrid shared the idea that in the context of an ageing society carers will be needed, but this perception was very much nuanced by the difficult economic situation in general and the precarious employment terms and working conditions within older-age care in particular. Elena, in the first quote below, believed that carers would always be needed. If several respondents shared Elena's point of view, most of them also shared some concerns. Flor highlighted, for instance, in the second quote that having access to jobs is of no help if the level of earnings does not allow for the care worker's subsistence in decent conditions. Finally, Claudia, who graduated as a psychologist, argued in the third quote that given the economic situation it wasn't easy to find a job even in care, pointing out the entrapment that relative stability means if the working conditions and level of pay are precarious.

> In social care there will always be work, always, here or in another country because people get older and each day there will be more elderly persons, and they're getting older and their health is getting worse. (Elena, 42, Paraguay, Madrid)

> I believe that to care for older persons there are many jobs. But the thing is if you work as live-in carer they want to pay you very little, very little. (Flor, 25, Peru, Madrid)

> NS: Do you have the feeling of being in a stable employment?
> Claudia: it's for stability that I put up with this place, for stability. Because if I wanted quality of life, I would have left it, but in this situation you can't say 'I leave this job and tomorrow I'm going there, the day after that over there.' We're not in this type of situation and that's why I stick to my job. I put up with it and everyone is telling me: 'How come you stay there

> with the studies you have and you're still in that job?' But the situation isn't easy, if they're not taking in youth, they won't employ older workers either. (Claudia, 53, Peru, Madrid)

Asked if they feel secure about their job, another group of respondents answered positively on the basis that they held several jobs and thus did not have to fear losing one of them. Holding multiple jobs might thus contribute to workers' well-being by enhancing their sense of security; it raises nevertheless the question of workers' workload. Adam, a young worker from India employed in a care home in London said:

> When I first came I was a student so this was my only job. So 2011 I finished my course, I came in 2009 in December, 2011 November I finished my course. Then I changed my visa to work permit, but I still kept my job, like a backup you know and I am doing my management programme in Tesco. (Adam, 29, India, London)

Elements that contribute to a perception of stability were analysed above in the discourses of migrant and racialised care workers in the three cities. It appears however that in London as many respondents perceived their job as unstable as those who considered it stable; in Madrid a majority of respondents felt globally unsecure about their jobs (58%); and one fifth of respondents in Paris shared this feeling (see Table 29). The following paragraphs examine the question of what elements account for this perception of insecurity and what the variations are among the three capital cities.

Care workers' narratives revealed that employment protection legislation is experienced in particular ways in the care industry. The very nature of care work and the legitimate concern to protect elderly people affects the power relationships between employers and employees and tends to limit the effectiveness of employment protection. Interestingly enough, this perception was widely shared in Paris, London and Madrid, in spite of significant differences in terms of employment protection indicators at the national level as presented in Chapter 1. Aimée, who worked in Paris, illustrates this point with the following story:

> I knew a colleague who worked here…I identified with her…a couple of years ago when I arrived here I started on the 4th floor and that floor is tough. And this girl I saw her work, I found that she worked well and that she was very committed, very passionate, like myself….maybe that day she was a bit tired….A resident slapped her and she pulled the armchair of the resident a bit too strongly and there was a psychologist who was there and who said 'No, you're not allowed to pull the armchair like this' She [the carer] said 'but you realize she slapped me'…She was affected by it because what we receive in the face it affects you, it hurts you. In no time her contract was terminated. So I was very affected by it. Because this young woman I saw her, her shift started at 9, I started at 8:30 but I would see her in the same train at 8:00. She started at 9 am and finished after 8 pm. She stayed extra hours to make sure all residents were safely in bed before she left. And you see…the fact of pulling an armchair a bit too strongly…and that's it. It saddened me a lot. (Aimée, 44, Guinea Conakry, Paris)

The weak bargaining position of care workers vis-à-vis employers, due amongst other things to low levels of unionisation and precarious employment terms, created a specific vulnerability because workers charged with professional mistakes were rarely able to formally contest the accusation. In the 2009 COMPAS report, the authors found that migrant care workers described unfair treatment in relation to disciplinary and dismissal procedures (Cangiano et al., 2009, pp. 142-143). From being easily dismissible because of a professional mistake within care, it is only one step to finding oneself in a permanent state of fear of being dismissed due to such an accusation, regardless of what actually took place. Many care workers implied that it created a work environment in which they feared being laid off at any time. Martina in Madrid put these feelings into words:

> You know now you can be on a permanent contract they can sack you in the same way. Before it gave you some security, 'oh I'm permanent' you were excited and you dreamt, and now no because you can be temporary, you can be permanent they sack you in the same way. If they want to they say look you committed that mistake and they sack you without any problem. (Martina, 51, Ecuador, Madrid)

These perceptions cannot be detached from the broader insecurity of the business environment due to the marketisation of care. The focus of this research on private providers of care services sheds light more specifically on how processes of precarisation are articulated with those of privatisation. The situations

encountered in Paris, London and Madrid shared in this regard similar underpinning dynamics while at the same time presenting differences significant enough to affect perceptions of stability.

In London, I observed the process of a home closure that revealed how a collective redundancy was conducted by the company and dealt with by workers. The complete closure of the home was announced, as the facility was to be built anew. The care home belonged to a large care provider with several homes in the area. A union took part in the process as the care provider had recently opened its doors to several unions in the framework of a recognition agreement. The union was organising a recruitment campaign when the closure was announced to the staff. Union organisers accompanied their members throughout the process by informing them of their rights but no other action was undertaken. As all staff faced the risk of redundancy, the closure of the home uncovered the very fragile employment situation in which all care workers found themselves, regardless of their seniority. The re-opening of the home was planned to take place in a year's time, but all workers would have to re-apply for a job at that point if they were willing to come back to the same care home. Workers were 'welcomed' to apply to other homes of the same provider but needed to go through online applications that gave them no priority over external candidates for potential vacancies; consequently they had to go through the recruitment process again. Julie deplored the insecurity that this announcement had created and perceived the company's policies in this matter as profoundly unfair. She referred in this quote to a previous experience of home closure, in which the manager found her another job before the home closed:

> It's not understandable that I am here working for you and it is not my fault that they are closing the place, you have to give me a job so how are we going to apply for a job? If I go to a place and they interview me they might not like me. So how am I going to live? (…) I don't like the situation because normally when they are closing a home the lady pushed me to another door. She gave me to another company so I wasn't jobless so this one I didn't go for interview but this one we don't know. We will see what will happen. (Julie, 45, Ghana, London)

Confronted with an unavoidable dismissal and insufficient redundancy payments to provide security for a period of job search, some workers decided to look for a job and to resign before the date of closure, even if that meant they were no longer entitled to redundancy payments. The company offered payments equivalent to two weeks' salary per year of employment. Joyce for instance decided to look for another job as soon as she heard about the closure:

> Actually they showed me how to apply for new job, how to fill in new application form for same company and how to go for interview. If they like me they take, otherwise I have to keep looking for another. (…) So that's why I decided to change my company, at the end of the day if they don't have this job for me, I will lose my job. So I decided to find a job before that (…) that's why I gave my resignation. (Joyce, 30, India, London)

In fact, Joyce had to accept the offer of a job with a lower salary. She needed to find an employer who would agree not to require overtime from her and who respected her needs in terms of caring responsibilities at home which limited to thirty the number of hours she could work every week.

Even though on the whole respondents encountered in Paris tended to feel that they were in stable employment, feelings of insecurity were also present, partly derived from the risk embedded in the business environment. For instance Doriane, who came from the French department of Guadeloupe, explained:

> NS: Do you have the feeling that you are in a stable employment?
> Doriane: No, you can never tell…at least in this sector, in care homes, no. I'll tell you why. I've been here for 7 years and the care home has been opened for seven years and almost every 2 years management changes, so it cannot be stable because of that. (Doriane, 59, Guadeloupe, Paris)

Changing management meant that feelings of security based on the relationship built over time with managers, and the trust that could stem from it, were cut short if management changed regularly. Against the background of weak employment protection in the care sector due to the articulation of employment regimes with the specifics of care work, employer-employee relationships came to play a crucial role in ensuring a certain type of stability, and Doriane's example

illustrates how the dynamics of successive privatisation and managers' turnover effectively weakens this resource.

The implications of privatisation in terms of job stability were probably most visible in Madrid, where the economic downturn increased the vulnerability of workers in many aspects. Beronica argued that the existence of a permanent threat of being dismissed completely annihilated in practice the difference between permanent and temporary employment:

> Yes, it's a permanent contract. But I can't tell you that contracts are permanent because from one day to another they can tell you "Good-bye and good riddance". Be it the company closing down, or being sold, I don't know, or a merger, or whatever. So it's not permanent, they can dismiss you straight away and that's it. Look, they told me: 'the difference between a permanent contract and a temporary contract is that the temporary contract has a date by which it will end, the permanent has no date." So the only difference is that you don't know the date with a permanent contract. But they can sack you, we can't be secure. (Beronica, 38, Ecuador, Madrid)

Most respondents highlighted furthermore the worsening of employment terms that they observed over recent years. If Martina lamented the terms of the contracts to be found in the sector, Antonio considered himself lucky to be employed at all:

> Before they gave you a permanent contract, in the past. But now they only give you temporary or part-time, or for one month and they tell you we'll call you, then they call you, they give you three months, another time they just leave you like this. (Martina, 51, Ecuador, Madrid)

> In this country, to have a job is fortunate, in Spain right now given the situation. And then to have a permanent job or a full-time job is another success because sometimes we have part-time jobs or by the hour. (Antonio, 39, Cuba, Madrid)

A tangible aspect of this degradation was the extensive use of so-called 'replacement contracts', in principle aimed at filling needs arising from other workers' sick leave. One fifth of respondents in this research (in Madrid) were on this type of contract, which hints at an exaggerated use of this type of contract. Workers on these contracts could be asked to leave from one day to another and

while they supposedly replaced another worker in fact a significant share of workers were maintained for longer on this type of contract, arguably to adjust easily to employers' needs at a given time. Workers on such contracts worked for varied periods of time; amongst respondents in this research it ranged from a couple of months to four years. Imene was on such a 'replacement contract':

> They told me I'll be working until the other woman who's on sick leave comes back. When she's back they'll tell me: 'you know what? Your contract is finished, the care assistant is here.' And I don't know if they will give me a contract...because here as you can see, the situation is really bad. Jobs are very much sought for so I don't know. It's gonna be until she's back. (...) I would like to have a normal contract, I mean a permanent contract to feel more secure, but in the meanwhile I have to wait. (Imene, 31, Peru, Madrid)

These examples, drawn from the three sites of fieldwork, illustrate different aspects of similar dynamics related to the privatisation of care provision. The latter exacerbated feelings of insecurity in all three contexts, according to workers' narratives. It is, however, important to account for the significant differences presented in Table 27: in Madrid, London and Paris, 42, 45 and 79% of respondents respectively felt that their job was rather stable; while looking into the share of workers on permanent and temporary contracts does not offer a straightforward interpretation of these figures (see Table 25). So this raises the question: why is this share significantly higher amongst respondents in Paris? Several elements appear to be relevant in that respect, notably employment legislation, professional qualifications and the choice of temporary work. While the permanent/temporary distinction appeared to be of little relevance in care workers' discourse in London and in Madrid, the relevance of this division, prevalent in mainstream discourse in France, was picked up on by care workers in Paris, in that some of them identified tangible implications of a permanent contract for the planning of their lives. Camille, for instance, pointed out that being on a permanent contract had material consequences for her, allowing her to realise her projects by securing a loan:

> I told to myself I need to stop for more stability, also in relation to my family life, there are certain projects we want to achieve, and to be on a permanent contract it can help. Otherwise, it would be only about earnings

> I would prefer to be on a temporary contract (laugh). But the problem of temping, it's the precarity of employment. (…) If I want to obtain a loan in the bank to do certain things I need to be on a permanent contract. (Camille, 45, Cameroun, Paris)

Camille's quote also refers to the above-mentioned financial advantage for workers on temporary contracts. French legislation rules that fixed-term contracts, known as CDD i.e. *Contrats à Durée Determinée* must include the payment of a 10% 'precarity pay' (with the exception of seasonal jobs as defined by law). Several respondents thus chose to work on temporary contracts in order to earn higher wages. Others chose temporary forms of employment for other reasons, such as being able to take care of their children during school holidays as in the case of Saba, in the first quote below, who had 5 children aged 6 to 21, or when working after retirement as recounted by Eloise from Guadeloupe in the second quote below. In these cases, with temporary employment being chosen for other than financial reasons, it did not negatively affect perceptions of stability.

> I have children and since I'm a care assistant I've realised I wasn't enjoying life enough as I would like to, like to have holidays with my children from time to time. (Saba, 41, Cameroun, Paris)

> I'm retired, because I worked before in the public sector and I'll be soon 60, and I don't see myself taking up a full-time job, as temporary worker I can stop when I want. (Eloise, 59, Guadeloupe, Paris)

Finally, the discourse around a sense of security derived from labour shortages took on a specific tone in the Paris context. The professionalisation of the occupation of care assistant, due to social care policies described in Chapter 1, provided workers with the feeling of finding themselves not merely in a sector with chronic labour shortages such as might affect any workforce, but with a need for persons in a particular profession for which they've been trained. Perceiving oneself as a professional reinforced the sense of security derived from the sector's shortages, as Hélène hinted at:

> There are always jobs as care assistant because it is a profession that is in demand, it's a profession …for which there is a shortage of staff so there will always be work. (Hélène, 25, Guadeloupe, Paris)

All these elements thus contributed to a more widely shared perception of stability amongst migrant and minority ethnic care workers in Paris. On the whole, however, there exist many shades of perceived stability and the stable/unstable binary only serves the purpose of capturing global trends, while experiences are better described as parts of a continuum. Each individual experience was shaped by many elements such as, amongst others, relationship with employer, labour market characteristics locally and sector-wise, type of contract and protections against dismissal. Most importantly, the meaning of each of these elements is specific to individual workers. The perception of stability is further shaped by factors such as caring responsibilities of the worker, age, qualifications or future professional prospects. This section sought to account for this complexity by making sense of the perceptions of stability beyond the usual indicators of precarious employment. The following section undertakes a similar task from a different angle by looking into care workers' earnings and their discourses on this theme.

Low, unequal and insufficient earnings

The devaluation of care work and its historic invisibilisation in the domestic sphere were translated into low levels of pay and precarious employment terms in the process of commodification and marketisation of care work. In the UK, care work remains one of the lowest-paid sectors of the labour market (Low Pay Commission, 2014). Earnings can even fall below the National Minimum Wage (NMW) in domiciliary care when travelling times are not compensated for[35]. In my research, respondents in full-time employment earned on average £854 net monthly; this represented 47% of the average income. Respondents in Paris earned on average €1,387 net, which corresponds to 64% of the average net monthly salary in France. In Spain, respondents in this study earned €780 monthly on average, i.e. 58% of the average net salary.

[35] https://www.unison.org.uk/upload/sharepoint/On%20line%20Catalogue/21049.pdf, Last accessed February 2016

Table 30: Level of earnings: a comparative perspective

	London	Paris	Madrid
Own research – average wage	854£ net monthly	1,387 € net monthly	780 € net monthly
National statistics Average earnings whole of workforce (all sectors)	£27,200 gross income annually (ONS, 2014)[36] Estimation of 1,787£ net monthly income[37].	2,154 € net monthly (INSEE, 2012) [38]	1,345 € net monthly (INE, 2012)[39]
Average wage in this research/Average earnings in the country	**47%**	**64%**	**58%**

Source: Own elaboration with national statistics and data from own research.

On the whole, it appears that care workers are disadvantageously positioned in society and that their earnings are well below average earnings in all three countries. To add to this, the comparison presented above is based on full-time employment, while not all workers in this research were working full-time. In London and in Paris, the great majority of respondents were in full-time employment, 92 and 90% respectively, but in Madrid only 59% of respondents were on full-time hours. Care workers in this research voiced in many ways their dissatisfaction with the level of their earnings. Marissa, working in London and an overseas graduated nurse, explained that her earnings did not allow for independent living and Karen, also employed in London, explained how she combined day and night shifts:

> I live together with my brother and my sister-in-law, we are renting a flat and sharing the payments. It's better to share than getting your own is very expensive, all your salary will go just for rent to get your own. (Marissa, 60, the Philippines, London)

> I'm doing day and night otherwise how can you survive in this country? It's very expensive isn't? the food, the rent… you need to do something to survive. (Karen, n.a., the Philippines, London)

[36] http://www.ons.gov.uk/ons/rel/ashe/annual-survey-of-hours-and-earnings/2014-provisional-results/stb-ashe-statistical-bulletin-2014.html, Last accessed February 2016
[37] http://www.thesalarycalculator.co.uk/salary.php, Last accessed February 2016
[38] http://www.insee.fr/fr/themes/document.asp?ref_id=ip1528, Last accessed February 2016
[39] http://www.elperiodico.com/es/noticias/economia/sueldo-medio-1345-1982126, Last accessed February 2016

This feeling of having to struggle to make ends meet also relates to a perception of relative deprivation given the marginalisation of care work within society. Fouzia, quoted in the Introduction, pointed out the devaluation of her work as compared to other care-related activities:

> I sometimes work 230 hours a month. To earn a salary around 2,000-2,100 euros…it's not…you see if a doctor or a nurse would work 230 hours she would earn 4,000 or 3,000 euros. But I'm on Minimal Wage. It's 8.80 per hour, a woman, a home help, is paid 9.53 per hour (…) I don't know why there is this injustice. (Fouzia, 43, Algeria, Paris)

In Paris, the level of earnings furthermore depends on the type of contract. Camille had just started on a permanent contract in Paris after having worked for a couple of years on temporary contracts. Transferring onto a permanent contract had thus for Camille the consequence of lowering her salary due to the loss of the 10% financial compensation attached to temporary contracts:

> If I could be sure that I would have a job every month, I would have preferred temporary work, because it's better paid. After all, we seek to earn money, not that we do this profession for money but we also work for…the aim is to earn money, it's not because we work for money, we have feelings of love for our job, but in return we also would like to earn a good living, that's also the problem, we would like to earn a good living. (Camille, 45, Cameroun, Paris)

Earning a good living was also difficult task for care workers in Madrid. If employed in residential care, their wages were low but the rate remained stable. In contrast, in the context of live-in care services, both formal and informal, wages could go down according to individual negotiations, as argued by Mayra:

> It's better to have a job than to be unemployed. So often they accept, so we got to a point where each time working conditions are more and more precarious. So if we accept that instead of paying me 800 you'll pay 600 and I say yes, to the next one he'll offer 500, and that's how it goes down and down. (Mayra, 52, Ecuador, Madrid)

The weak bargaining position in which care workers find themselves in negotiating their wages also means that they are vulnerable to various forms of malpractice or abuse by employers in relation to the payment of their salaries. In

the UK for instance, the Low Pay Commission (2014) indicated that NMW non-compliance in the social care sector was higher than average. An HM Revenue & Customs report published in 2013 found a 48% non-compliance rate after surveying 224 employers. 15% of employers presented average arrears of £1000 or more per worker. These arrears were due to various deductions of pay and amongst these the cost of uniforms provided to care staff constituted the most common type of deduction (HM Revenue & Customs, 2013). In Paris it appeared that malpractices in terms of wage payments were institutionalised in certain workplaces and contributed to a high turnover of staff. Hélène complained about such practices:

> Regarding pay it's always the same problem, some hours are not counted, so it needs to be fixed. That's why I go to them mostly.
> NS: And can it be resolved easily or is it problematic?
> Hélène: No it's not resolved easily that's why I go to them on a regular basis, I'm not the only one who has this issue, it's almost all of my colleagues, they also have problems, so that's the way it is. (Hélène, 25, Guadeloupe, Paris)

Care workers in Paris were particularly vocal about perceived inequalities and injustices. In the context of private for-profit care homes, it was up to the workers to negotiate their salaries if they could sense that they might obtain a little more than the minimal rate. This however created resentment amongst colleagues who might earn different wages but completed the same tasks, as explained by Amandine:

> I don't find it fair because for instance, someone starts here with 1,300, the basic salary, and another person that arrives a year later and who knew how to negotiate, the person can get 1,400 or 1,500. And the person who has been here for longer they don't raise her/his salary. And you know, amongst us we talk. (Amandine, 32, Ivory Coast, Paris)

One of the obvious consequences of insufficient earnings was that multiple job-holding was common practice. In all three sites of fieldwork, a proportion of migrant and racialised care workers decided to take up several jobs simultaneously. As mentioned above, to some this provided a relative sense of employment security. Others pointed implicitly or explicitly to the need for higher

earnings. Martina, who worked in residential care in Madrid held multiple jobs for many years:

> NS: And how many hours do you work here?
> Analyn: I do part time here Tuesday and Friday but I have another job as a full-time carer as well.
> NS: In a different home?
> Analyn: Mmh, different home. I work there four days a week, fixed days and this is fixed as well. So I must be enjoying it, six days a week, not bad! (Analyn, 50, the Philippines, London)

Holding multiple jobs was not without consequences for doing such physical work as caring for elderly persons. Sometimes workers would have full-time and part-time jobs with fixed hours, but in other cases they would work additional hours through an agency. In these cases, workers do not know how often the agency will call them, and each call sounds like an opportunity. Laetitia, for instance, combined two jobs as well as agency work paid by the hour. The day I interviewed her, she came straight from a night shift to do a day shift in another care home:

> Like yesterday I worked a night shift because I wasn't here [during the day] I was sick. I wasn't feeling well so I didn't come. And later they called me for a night shift, I seized the opportunity. Night is better paid than day shift.
> NS: So they call you last minute sometimes?
> Laetitia: If I'm already working I say no. But because I wasn't doing anything and I knew I was starting here at 9 so I accepted, I committed to that. I did my night shift, I did all the changes, it's fine. (Laetitia, 29, Guadeloupe, Paris)

Laetitia's story exemplifies the complexities of how precarious employment is lived with and acted upon. Exposing her body to health issues due to work overload, multiple job-holding was also what allowed Laetitia to present herself as an exceptional worker capable of earning relatively high wages (her total income amounted to over twice the average earnings of care workers in this research). What could be interpreted as a symptom of workers' exploitation was assigned different meanings by workers themselves, as in the interview with Laetitia who expressed a kind of celebration of this achievement, or through the ironic tone of Analyn's comment.

The sections above explored two aspects associated with precarious employment: job stability and level of earnings. In both cases the analysis of lived experiences has revealed the crucial role of perceptions as mediating the experience of precariousness. In the following section, respondents' own perceptions of workers' employment rights such as annual leave and sick pay are examined.

Perceptions around employment rights

Respondents' perceptions of their employment rights represent a further dimension of employment precariousness. Two variables are scrutinised here: perceived access to paid annual leave and perceived entitlement to sick pay. These elements are crucial to apprehending workers' well-being at work and their bargaining power in relation to employers. They reveal a dimension of employment precariousness that contributes, along with perceived job stability and level of earnings, to workers' overall understanding of security and stability. Figures presented in this section reflect whether respondents thought they had access to paid annual leave and sick pay, not necessarily whether they actually did.

Table 31: Respondents' perceived access to paid annual leave

	London	Paris	Madrid
Yes	92%	75%	78%
No	8%	20%	15%
I don't know		5%	7%

Source: Own data and elaboration

Table 31 presents respondents' perceived access to paid annual leave per site of fieldwork. While most workers interviewed in London were on permanent contracts (cf. Table 25: 88%), the lower share of care workers who considered that they had access to paid annual leave in Paris and Madrid might be to some extent related to the higher share of temporary contracts. In Paris, as flagged above, the higher rate of payments for workers on temporary contracts is defined by law in order to compensate for the precarity of temporariness, and some employers present it as payments for 'annual leave' that workers would

theoretically take in between contracts. While this might be the intention of some workers, as in the example of Saba who was able to take time off work in between contracts, notably during school holidays to spend time with her children, many others take up one contract after another because they cannot afford to live on their savings. Fouzia felt that earning her wages came at too high a cost in terms of work-life balance:

> I need to work very very hard to earn a good salary. It means to be able to pay for my bills, my life, my leisure and to save some money for holidays. I never take a month holiday. First because I can't leave the person for one month without her seeing me, second because I can't afford not earning money for one month. I can't. (...) I save some money to have 20 or 15 days holiday. That's my problem, to afford holidays. It's been two years that I didn't go on holiday. (Fouzia, 43, Algeria, Paris)

In Madrid, workers in residential care and live-in care workers were in very different situations as to their rights at work. While workers in residential care could take paid annual leave (even though the choice of dates was often perceived as unfair by migrant workers), workers in live-in caring arrangements had fewer rights by law and these rights were rarely respected. Flor accounted for her experience as live-in carer upon arrival:

> Flor: Here the legislation says that those who work as live-in carers have the right to have a 2 hours rest every day and Saturday and Sunday free. That's the law. But here not everyone respects the law.
> NS: And you did you have these two hours?
> Flor: No I didn't have two hours. In one I did but in the others no. And I was only off on Sunday. And no pay, for Sundays, Christmas, nothing like this. Public holidays either. (Flor, 25, Peru, Madrid)

Together with paid annual leave, sick pay entitlements are crucial for workers' perception of security and protection. What workers thought they were entitled to, or whether they knew or didn't know what they were entitled to, is here central to the analysis. For instance, in London if all workers had in principle access to statutory sick pay, Table 32 indicates that 36% of respondents considered that they did not have access to sick pay and 16% did not know whether they did or not. This was due to various reasons: a lack of information, the fact that one is eligible to statutory sick pay only if off work for more than 4 days in a row,

workplace practices around claiming these payments, or the perception that the level of payments was insufficient to sustain oneself.

Table 32: Respondents' perceived entitlement to sick pay

	London	Paris	Madrid
Yes	48%	70%	67%
No	36%	20%	22%
I don't know	16%	10%	11%

Source: Own data and elaboration

What matters to the analysis here is that 52% of migrant and minority ethnic workers in London either thought they wouldn't receive any payment if they were sick or didn't know whether they would. In terms of perceived precariousness this reveals that most workers believed that getting sick would mean no earnings. This was the case for one third of respondents in Paris and in Madrid. A significant share of respondents did not know what would happen if they got sick, and 'not knowing' emerged in this sense as part of the unequal power relationship between employers and employees. Others realised that they could not live on sick payments. Alma, who worked in London, explained how she continued working after an accident at work because sick payments were too low to enable her to sustain herself:

> Alma: Last year I had an accident with my finger it got caught in the door and I went to the A and E but …I asked my GP if I can have sick leave but you know it's a very small amount if you go on a sick leave so I asked if it's fine with them if they can give me lighter load for the meantime and they said it's fine so I just continued working.
> NS: Because you would earn much less?
> Alma: Yes…I don't know how much but it's very very small compared to when you're working so I'd rather work… (Alma, 41, the Philippines, London)

Informants in Madrid also exposed how care workers were compelled to work following work-related accidents, this time not because of the low payments but because of institutionalised practices of non-acknowledgement of the implications of accidents at work. Many respondents shared stories of how insurance

companies called 'mutuas'[40] did not acknowledge the injuries caused by accidents at work and considered care workers able to work in spite of the accident. As a consequence, these workers could not justify their sick leave and were compelled to work in the state they found themselves in. Claudia observed that many colleagues had to work after being injured at work because the 'mutua' failed to recognise the injuries as work accidents and she considered that for Latino American women there was no chance to be covered in case of an accident:

> For Latinos, we wouldn't even go because for us you can be cut into two halves and you'll be able to work. If you're not able to work you go back to your country, that's what they tell you. And many complain about this, they feel they're being abandoned. 'You don't like it? Go away, go back to your country' and that's it. So we have to bear this. (Claudia, 53, Peru, Madrid)

Respondents' narratives around paid annual leave and sick leave payments point out how these entitlements or their absence translate into everyday experiences in migrant and racialised workers' lives. Limitations on sick pay implementation appeared particularly problematic and a recurrent cause for worry, more so than questions around annual leave. The situations described in this section raise the question of the need for unions' activism and support work. The following section depicts however a complex story as to how unions are perceived and as to their role.

Unions: a battle on two fronts?

Table 33 presents union membership rates among respondents in this study (union density rates at the national level are presented in Chapter 1). While data collected for this research in Paris and Madrid reflect the national average in terms of union density, respondents in London were more unionised than national figures suggest. This is due to the fieldwork context in which several of the care homes visited for fieldwork were, during those weeks, going through a recruitment

[40] Mutuas are funded through social security schemes, run by businesses under the administrative supervision of the Ministry of Employment and Social Security, and they are designed to cover work-related accidents and illnesses.

campaign by a union in the framework of a recently signed recognition agreement.

Table 33: Respondents' union membership in this research

	London	Paris	Madrid
Yes	44%	7%	15%
No	56%	93%	85%

Source: Own data and elaboration

On the whole, the majority of respondents were not union members but the rates presented here cannot be read without reference to the fundamentally different models of industrial relations in each of these countries, as argued in Chapter 1. Membership rates constitute one indicator of unions' presence that is not necessarily the most adequate reflection of unions' actual clout according to the specific socio-history of industrial relations in each national context. For instance, union membership is a precondition of advice and support in the UK while this is not always the case in France and Spain. The following quote by Marisol who worked in Madrid illustrates this point. Marisol explained that union membership is not necessary for obtaining support from a union:

> If we have a problem we go directly to UGT [Workers' General Union] and they advise us, and if we have to we join, but as I didn't have any big problem up to now, I didn't have to. But if you want to join you pay 30 every three months or per year.
> NS: And can they help you if you're not a member?
> Marisol: Yes, they help you, they support you with lawyers they give you everything. (Marisol, 47, Ecuador, Madrid)

The focus in this section continues to be on workers' perceptions of unions in older-age care beyond indicators such as membership rates. Amongst a first group of respondents, a form of apprehension towards unions emerged from the narratives, and interestingly enough in similar terms in the three cities. In Paris, when asked about union membership, one answer was 'I'm not a trade unionist, not a rebel', or on another occasion, 'I don't like this type of techniques'; in Madrid 'I don't like it because it's a commitment and you put yourself in trouble, I've always been neutral'; and in London 'I didn't join the union because of my personality, I am not going to argue for benefits I'm okay'. While these quotes are

only representative of a share of respondents in each of the cities, it is meaningful that these were heard everywhere. The story of Elodie who was a shop steward in her workplace is transcribed at length and provides an insight into workers' fears and apprehensions about unions.

> 'Elodie: They are scared because I joined CGT [French Union 'General Confederation of Labour'] to learn things and to know how to talk to management.
> NS: Who is scared?
> Elodie: My colleagues. In order to talk with management to make things progress, so that we're given more importance in the residence. (…)
> NS: And why were they scared?
> Elodie: They're scared because the union has always been scary for everyone. In my residence they think if they're unionized management will be upset. Management will get revenge…They didn't understand that being unionized it's a right if we want to, it's not an obligation it's a right. (…) It's not forbidden to be unionised. I'm unionized but I don't claim, I don't have flags, I don't prevent you from taking care of elderly persons….It doesn't have anything to do with that. There are places where it's possible to go on strike but in hospitals and in care homes we can't, staff is already limited. But there are things to be said. Before there were things I couldn't tell her [the manager]…Before I told her "Did you notice that your employees are tired?" She would have said, what she did say before "I'm not a social worker, they're tired, the door is wide open." Recently I went to a CGT training, she didn't pay for that week but that's fine I went there to know things that's it. [Repeating a conversation she had with the manager] "Yes it was very good but I need to meet with you because I have things to tell you." "What is wrong?" "There are many things." "Elodie, we need to meet."
> (…)
> I put up things on the board and they would rip it.
> NS: Management?
> Elodie: No, no, colleagues. I said, listen, the day CGT comes, they have the right to come and see if rights are not being violated…if the board is empty….you know she [the manager] will be very upset because she will have to pay something. And she won't find it funny. So now they don't rip it anymore.' (Elodie, 52, Guadeloupe, Paris)

If Elodie felt she was getting a voice through her status as shop steward ('Elodie we have to meet'), clearly some of her colleagues saw in the presence of the union a danger for themselves. They finally agreed to let Elodie carry out her job because she used their fear of management as an argument against their resistance to the union's activities. This story exemplifies in many ways the hostility that unions can encounter in workplaces, even if it concerns a minority of workers. In

Elodie's workplace, those who prevented her from putting up information on the board represented a group of 5 workers in a workplace of 49. This longer quote is here transcribed to illustrate the opinions of a first group of respondents, attitudes that ranged from apprehension to hostility with regard to unions' activities. Elodie, whose role is to represent workers, is perceived negatively by some of her co-workers: 'they think if they're unionised management will be upset'. In spite of their legal right to be members of a union, workers in this group share the concern that union membership might come across as confrontational and would thus weaken their own sense of stability at work by endangering their relationship to management. Unions constitute a danger from this perspective, being perceived not as a source of mediation and support but rather as a source of conflict, which explains the hostility of some workers towards unions. Amongst those with negative feelings towards unions, a bigger group of respondents simply perceived unions as inefficient. The story below, told by Claudia, exemplifies the perceptions of this second group. Claudia's election by her colleagues as union representative resulted from the fact that she had been in charge of distributing the 'goodies' brought in by the union, 'pens, flyers and little things like this', as she said. The union's efforts to recruit members in the workplace were, however, not followed by involvement in workplace issues and with their members. Here it is revealing that these disillusioned views are those of the person who represents the link between the workers and the union.

> NS: And were there situations in which you needed support from the union?
> Claudia: The union….in the care homes they don't bring support. For example if we ask for the ratios: 'We want to amend this convention, to extend the ratios [time wise] assigned to the persons', this they wouldn't even touch it. They say: 'You already know that it has always been a problem, that the manager won't listen to that, that cuts were implemented' as if they were justifying it. Instead of defending, justifying the situation. So it's obvious that there is no support. The girls say it themselves: 'What are the unions for if they don't do anything for us?' They don't do anything.' (Claudia, 53, Peru, Madrid)

These attitudes towards unions were common and similar opinions were expressed in Paris and in London. For instance, Danièle said in a tired tone:

NS: Are there unions that are present?
Danièle: Yes, they are of no use. Everyone seeks to save his/her skin. They can't defend us. Him for instance [pointing at someone at the end of the corridor] he's part of it I think, shop steward, no....they are not up to the challenge. (Danièle, 53, Senegal, Paris)

To a third group of respondents, unions fulfilled the role of an insurance policy. For these workers, joining a union was often motivated by perceived insecurity at work, notably in relation to their professional practice as care workers and the specific risks it entailed in terms of disciplinary procedures. Here again, these opinions were shared in the three sites of fieldwork in spite of the differentiated roles unions play in each context of industrial relations. All three participants: Joyce in London, Magdalena in Madrid and Sofia in Paris, perceived union membership as a form of individual protection:

NS: And why did you join the union?
Joyce: Everybody joined the union, I think they support us if any incident happened, and we don't know what...so maybe some people can put you in trouble without knowing. When I came here, many people are saying you should join the union and at the time I didn't think about this, then after lots of experience I think it's better to join the union if they do something wrong or something happens to me, they can support me. Maybe it's not your fault, you are in trouble it's not your fault, some people can put you in trouble. So that kind of situation maybe you can't fight so by the time you need help. (Joyce, 30, India, London)

NS: Since when are you a member?
Magdalena: For 4 years.
NS: And did the union bring you support?
Magdalena: I did not need it, I pay because of the insecurity that we have at work, that's why I pay for it, in case at some point I need to know and ask for something. (Magdalena, 51, Ecuador, Madrid)

NS: Are you member of a union?
Sofia: Yes I'm unionised with FO, Force Ouvrière.
NS: And did the union come to your workplace?
Sofia: No, I've always been in FO, since I've started working.
NS: Did you meet them working in a different sector?
Sofia: I don't even remember how...because it's been so long that I'm unionised...but I've always been in a union.
NS: And did they bring you any form of support?
Sofia: Mmh...not personally because I didn't need it much, but if I need to I would call them. (Sofia, 36, French born to North African parents, Paris)

This understanding of union membership left little scope for collective action. This is not surprising given that none of the three groups presented could be characterised as motivated by the idea of collective action: workers were either hostile or indifferent to unions, and when they expressed positive views these reflected a conception of the union as an individual insurance policy. At the individual level, unions thus played a significant role in attenuating the professional risks inherent to care work in cases of disciplinary procedures and unfair dismissals, but it seems that respondents did not see in unions a tool to mitigate the insecurities and instability of their jobs.

Conclusion

This chapter undertook the task of examining employment precariousness through the usual indicators of job stability, earnings and rights at work. It draws on existing literature on employment precariousness, to which it refers as a starting point that allowed for the identification of the elements scrutinised here. The present analysis contributes to this literature in that it acknowledges the standpoint of migrant and minority ethnic care workers' lived experience and thus goes beyond the dominant understanding of these indicators in the sociology of work. The chapter questions the meanings of these indicators from the specific standpoint of employment within older-age care. It demonstrates that a qualitative understanding of the concept of precarious employment requires reformulating the elements that serve as indicators in order to include the meanings workers assign to the latter, which ultimately reflect their subjective experience. The analysis of migrant and racialised care workers' narratives has illustrated that 'job stability' was hardly measured by the type of contract but was better accounted for through a more comprehensive approach that takes into account the sector's specificities as well as employment practices. Similarly, entitlements to sick pay appeared to be of central importance to workers' perception of security: here the limitations that workers encountered not only exposed them to the risk of ill health but also created a feeling of insecurity. Looking into the ways in which respondents' perceived their employment rights further illustrated how these shaped feelings of security and (in)stability. Finally, against the background of high levels of employment precariousness, the analysis of unions' role and respondents'

perceptions of this role revealed contrasting views amongst workers and a limited presence at the workplace level. This chapter illustrated overall how workers' voices, when analysed collectively and from a cross-national perspective, highlighted the precarisation dynamics at work in the care industry, dynamics that are not visible at first glance through indicators such as the share of permanent contracts or union density.

The following chapter continues the analytical task initiated here by looking into the 'work' dimension of 'employment and work precariousness'. Drawing on the literature on feminist moral philosophy, Chapter 5 allows for a gendered analysis of the content of care work and its implications for respondents' work and life experiences.

CHAPTER 5: A gendered analysis of precarious work in older-age care

Introduction

> It hurts my back when I lift her, there's a way to lift her but it's my job it's like this. Sometimes I want so much to help her standing up to come to eat I don't even pay attention that my back hurts, you see that's love. I think it's love. It's pleasing someone, that's love. (Fouzia, 43, Algeria, Paris)

Fouzia's words illustrate the complexities inherent in care work, in how it intertwines feelings, bodily work, commitment and possibly harmful implications for workers. Following Paugam's distinction between employment and work precariousness outlined in the previous chapter, this chapter argues that both employment and work precariousness are equally important in the study of precariousness and its consequences for workers. Work precariousness relates to the content of the work *per se*. This focus sheds lights on elements such as health and safety, bodily work and work-life balance. At the same time, 'precariousness' is a key concept of feminist moral philosophy (Tronto, 2013; Molinier, 2013) whose ontology is founded on the very precariousness of all forms of life. This chapter draws on this literature to expand the analytical possibilities of the concept of precarious work. While the literature on feminist moral philosophy and care ethics rarely addresses care work at the empirical level, it offers nevertheless new insights into the meaning of care work and the challenges attached to processes of commodification, marketisation and neoliberal restructuring. It allows going beyond the claim that care is devalued because it is gendered, in that philosophers, sociologists and psychologists (Gilligan 1982/1993; Tronto 2013; Molinier 2013), writing from this perspective, have contributed to re-thinking the place of care in capitalist societies and pointed out how it relates to justice (Gilligan, Hochschild and Tronto, 2013) and democracy (Tronto, 2013). 'Care' is brought from the margins to the centre of society in the pursuit of global justice in order to re-think the exploitative relationships upon which it relies. The task undertaken in this chapter is thus to examine how the groundbreaking contributions of feminist moral philosophy transform our understanding of precarious work in relation to the specificities of care work on the one hand, and

what the analysis of the empirical data can contribute back to some of the concepts mobilised within feminist moral philosophy, on the other.

Conceptualisations around 'care' are furthermore closely related to theories of social reproduction even if theoretical developments in these two fields do not overlap entirely (Federici, 2012; Kofman and Raghuram, 2015). The chapter argues that taking as a starting point the narratives of migrant and minority ethnic care workers constitutes a privileged standpoint from which to reveal how precarious work is functional to gendered patterns of social reproduction that rely on an unfair distribution of care responsibilities. An analysis in terms of social reproduction is thus crucial for a political economy approach to what precarious employment and work are symptomatic of. At the systemic level, and following Burawoy, 'social relations, labor power, systems of migrant labor, etc., do not merely exist but have to be produced again and again – that is, *reproduced.* Analysis of the conditions of reproduction entails examining how different levels or regions of the social structure interconnect so as to ensure the repetition of the particular process of "producing" labor power, systems of migrant labor, etc.' (1976, pp. 1051-1052). This requires being equally attentive to the gendered dimension of social reproduction that occurs 'at the level of the household through unpaid work, at the level of the state through government policies and programs and at the inter-state level via processes such as immigration' (Vosko and Clark, 2009, p. 27).

Drawing on these streams of literature, this chapter seeks to answer the following questions: In what ways is care work specifically precarious as to its content? In what ways does the labour of bodies and minds in older-age care render the work precarious for workers? What does an analysis of migrant and minority ethnic care workers' own caring arrangements reveal in terms of patterns of social reproduction?

In the first section, I bring out the specificities of care work with elderly persons through the lens of the care ethics paradigm and the perspective of dealing with the very precariousness of life. This entails examining the implications of care work for workers' bodies and for their well-being, notably in relation to feelings

of responsibility. In the second section, I turn to migrant and minority ethnic care workers' own caring arrangements for an analysis of the 'double outsourcing' that characterises the crisis of social reproduction of European societies and the externalisation of the costs of workers' own social reproduction.

Work precariousness: when caring is commodified and marketised

Precariousness of life and precariousness of care work: what bridges them?

The contributions feminist moral philosophy made to how we think about care are relevant to the study of care workers' narratives through the concept of precarious work. Looking into the content of care work in an attempt to think about work precariousness, and not only precarious employment, requires analytical tools beyond the literature on precarious employment (explored in the previous chapter). Thinking through the place of care in capitalist societies at large uncovers the tensions brought about by the changing boundaries of the private/public divide in a context of commodification and professionalisation of care provision. Chapter 6 looks at the role of emotional labour in care work: how workers draw on it as a positive resource to face the hardship of the work, but also how they are affected by this emotional labour. In this chapter, several aspects that also feed into an analysis of the emotional labour performed are brought in because they are equally part of the precariousness of work experienced by care workers. For instance, feelings of responsibility and guilt as narrated by workers in this research create a sense of precariousness that reinforces workers' vulnerability. Feelings characterised as 'private', such as 'love', equally play a role in the 'ethics of care' that workers have constructed, often in contradiction to the content of professionalisation (as explored in Chapter 6). The two chapters thus complement each other.

The starting point of a feminist moral philosophy around care is that life is precarious and that without care no life can be sustained (Perez Orozco, 2014). Stating that all citizens are born equal constitutes for instance a highly abstract principle given that, without care, no new-born can survive (Tronto, 2013). It is however symptomatic of the assumption on which capitalist states rely: care is an

invisible and taken-for-granted set of activities and society is composed of autonomous individuals, i.e. the autonomous worker or entrepreneur. Against this socially constructed perception of a collection of autonomous individuals, what Tronto calls 'a feminist democratic ethics of care' puts forward that 'individuals are conceived as being in relationships', that 'all humans are vulnerable and fragile', and that 'all humans are at once both recipients and givers of care' (Tronto, 2013, p. 26). Turning the classical assumptions upside down, this philosophy counters the market rhetoric of free choice through consumption and questions the distribution of care responsibilities. Market and private care provision shape how care is performed and do not constitute a neutral form of organisation of care in society. The introduction or extension of the market into older-age care provision translates into the implementation of cost/benefit calculations, of economies of scale and standardised management procedures, all of which serve the goal of profit-making.

Equally relevant to the analysis of precarious work within older-age care is the conceptualisation of care – first published by Fisher and Tronto – and upon which Tronto further elaborates in her later publications. Tronto identifies four steps in what she calls 'the processes of care':

> 1. Attentiveness – caring about. At the first phase of care, someone or some group notices unmet caring needs. (…)
> 2. Responsibility – caring for. Once needs are identified, someone or some group has to take on the burden of meeting those needs. (…)
> 3. Competence – care giving. Assuming responsibility is not yet the same as doing the actual work of care; doing such work is the third phase of caring (…)
> 4. Responsiveness – care receiving. Once care work is done, there will be a response from the person, group, animal, plan, environment, or thing that has been cared for. (…)
> (Tronto, 2013, pp. 34-35)

Each of these elements sheds light on a specific dimension of care work. Overall, these steps imply a unidirectional logic: care needs are first identified, then the responsibility for meeting those needs is either taken by or assigned to competent individuals or workers – and here Tronto clarifies that being competent to care is both a technical and a moral issue – and finally 'the cared for' reacts to the care received. This chapter questions, however, the linear structure of Tronto's

conceptual framework from the standpoint of migrant and minority ethnic care workers' everyday experiences. It reflects on how these dimensions overlap in terms of time, spaces and agents within the 'processes of care' in the second section of the first part of this chapter.

The following section initiates the empirical analysis by looking into the implications of care work for workers' bodies, work-life balance and well-being while being attentive to the context of commodification and marketisation of care provision.

Worn out bodies: a symptom of unequal distribution of care responsibilities

Unprotected or badly protected against the risk of illness or work accident (as demonstrated in the previous chapter), care workers are all the more exposed in that older-age care requires heavy bodily work. The following section looks at the health implications for workers' bodies of care work with elderly persons and of their perceptions of health and safety at work.

Providing care to elderly persons requires lifting, carrying, holding up, and maintaining, to mention only a few tasks, all of which involve bodily work. Care work relies ironically on contradictory stereotypes. Feminised sectors of employment are often characterised as 'softer', 'lighter' and 'emotional', as the opposition between the construction and care sectors illustrates. Care work, however, is neither soft nor light and care workers' bodies are on the frontline of much lifting and carrying, probably much more so than in the masculinised work of doctors. Workers' narratives do not lack descriptions of these aspects of their daily tasks; here Amandine in Paris and Adam in London describe some of these aspects:

> It's physically strenuous. (...) I think that in the long run it costs us our health. Our health is affected because I see women who retired as care assistants and they're not fine physically. They have pain, tendonitis, things like that, knees, the back...so it makes you think. (Amandine, 32, Ivory Coast, Paris)

> The hard job in the sense like, hoisting a person who is 110 kilo. It is a hard job for a woman who is under five feet to push that man into a chair or push that hoist with the man who is 110 kilo weight. For a woman she is less than 50 kilos, it is a hard job, it is described as a hard job. So if I'm around, I always, if that is the situation, I will do it. I personally believe I am strong enough to do it so I'll do it with the main co-worker. (Adam, 29, India, London)

The second quote by Adam highlights how gender roles are performed at the workplace level. Adam considered that he ought to support female workers for the heaviest aspects of care work, and employers' recruitment preferences expressed similar expectations, as mentioned in Chapter 3.

This heavy physical work makes care work with elderly persons hardly viable as a lifetime occupation. This raises the question of protection of workers' bodies, and thus the reproduction of their labour power. In a feminist moral philosophy perspective for a democratic society, like that outlined by Tronto, one would ask about the distribution of care responsibilities and justice: the exploitation of low-paid labour is probably the model most distant from one of justice and fair distribution. Here again, in a similar manner in the three cities, the question of the sustainability of this work emerged in workers' narratives. Naomi in Madrid talked about a limit reached by her body:

> At times we feel that our bodies don't cope anymore, not only me, my colleagues as well. All of us, because every day it's the same, it's lifting people because older people are heavy too, we have to lift them because they are people in beds, and that we need to handle them completely. So there's a moment in which everything accumulates and it stays with us, the body also gets weaker. There are moments in which we say: "No more". (Naomi, 37, Colombia, Madrid)

As with all other aspects of migrant and minority ethnic workers' narratives, their experiences of being confronted with heavy bodily work were also shaped by their intersecting disadvantages. One pattern of discrimination was in this regard the unfair workload assigned to the most vulnerable workers, often migrant workers of recent arrival. The unequal distribution of work at the workplace level parallels the broader unequal assignment of care responsibilities within society. At both levels, individuals or groups with the least bargaining power are in charge of

work that other workers in one case, and the rest of society in the other, are reluctant to do. Saba for instance explained how she used to be assigned the heaviest residents when she started as a care assistant in Paris. In the second quote, Sameera accounted for a similar situation in her job in London.

> There was favoritism because I was new, so they gave me only heavy ones, there was no hoist, I had to manage alone, to wash the person in the bed, attempting to lift a person who doesn't help me, how do I do that? I risked ruining my back but ergonomics [how to position the body] helped me a lot, really it helped me a lot. And I'm proud of myself, of being disciplined when I study. It helped me a lot, otherwise I think my back would be today in a very bad state. (Saba, 41, Cameroun, Paris)

> She [the manager] favours certain persons, she gives 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! (Sameera, 32, Mauritius, London)

In addition to the exposure of the body to daily lifting and carrying, the risk of aggression also constituted a threat to their physical integrity. Not necessarily frequent, this risk was nevertheless part of the usual work experiences. Rita, who worked in Madrid in both residential and domiciliary care, felt that the risk was omnipresent.

> Sometimes you have to work with schizophrenic people, who in addition to their age or to Alzheimer have schizophrenia. And you're exposed to many things. It happened to me once (…) I was in front of a man and he punched me, he cut my breath. Luckily he didn't punch me in the face because I swear he would have knocked me out. (…) There was another man as well, he used to throw at us anything he found, cups, glasses. There's a man who kicks doors, lifts… So you always run risks. (Rita, 54, Ecuador, Madrid)

The feeling of being physically exposed to risks was also present in workers' narratives in relation to their perceptions concerning hygiene and risks of contagion from infectious diseases. The question raised here is not that of the

actual risks or their absence but only of the perception of these risks in that these contribute to feelings of security or vulnerability. Sofia, who worked in Paris, was of the following opinion:

> NS: Do you have the feeling that your health is protected at work?
> Sofia: No, not at all. At all, at all. As we say "The shoemaker's son always goes barefoot"[41], the proverb says it all. In 5 minutes we can hurt our back and then we'll say to ourselves it doesn't matter I'll continue. We can get infected with anything, maybe because it hasn't been cleaned properly or that we weren't careful enough, no there is no protection of our health. (Sofia, 36, French with North African parents, Paris)

Indeed, several respondents expressed a feeling of insecurity regarding, on the one hand, the protection of their health due to the necessary exposure to certain infections in spite of protection such as gloves, and on the other hand, the lack of information.

Care work's bodily dimension also relates to the 24-hour shift work that care entails. While this research did not focus on night workers, a significant share of respondents worked night shifts, especially in Madrid, most often in combination with day jobs in domiciliary care. Working nights also had specific implications for workers' bodies. Claudia, employed in a care home in Madrid, expressed a feeling of tiredness and physical vulnerability:

> At 4 am, the body doesn't cope anymore and you need to find the strength, that's the worse, it's the most difficult moment. I don't know…the tiredness, the exhaustion and all of that. (Claudia, 53, Peru, Madrid)

Isabel, who was employed in a care home in London, worked night and day shifts but felt that the permanent changes in her work schedule did not allow her body to rest and thus put her and the residents at risks.

> NS: Do you feel protected in terms of health and safety issues?
> Isabel: No actually, giving us shift like that, you're doing at night and the following day doing late, health and safety is not there anymore because you're taking a risk you don't have enough sleep you will be dealing with the residents. What if you really feel weak because you don't have the

[41] French saying: « Les cordonniers sont les plus mal chaussés. »

> energy you don't have the sleep and then you are still working you are dealing with the residents so what if something happened while you are dealing with the resident because you're not really feeling okay, you are still tired, so with that previous job I don't really see any health and safety there. (Isabel, 37, the Philippines, London)

These narratives and stories told by migrant and minority ethnic workers in the three cities addressed various dimensions of care work as bodily work that deals with the very precariousness of life. The following section addresses aspects that are only artificially separated from those presented above for the purpose of analysis, as they constitute an equally intrinsic and unavoidable part of care work: feelings of responsibility and workers' construction of an 'ethics of care' in the context of commodification and marketisation.

Care ethics and responsibility when caring is labour

In Tronto's conceptual framework presented above, 'caring about', 'caring for' and 'care giving' constitute distinctive aspects of care work. The 'ethics of care' that emerges from workers' narratives arguably brings at least two of these dimensions together: the responsibility attached to 'caring for' and the competence attached to 'care giving'. This research suggests that in the everyday experience of older-age care work, providing care entails feelings of responsibility. This point is in line with the findings and analysis of Molinier, who conducted a research-action ethnography of a care home in Paris (Molinier, 2013). Providing care to elderly persons, and the quality of that care, depend on perceptions, emotions, feelings that are both person- and context-dependent, while commodification and marketisation need to rely on the interchangeability of workers. This tension feeds into work precariousness for workers in many ways. Workers' claims to improvement in their working conditions or lessening of their workload can appear as conflicting with the interests of the care recipients. Stories told in the following paragraphs illustrate how these tensions emerge.

Responsibility is an important theme of feminist moral philosophy, which draws our attention to this dimension in the study of precarious work. There cannot be a 'caring democracy' without responsibility (Tronto, 2013). This 'ethics of care'

can be found in the daily caring practices of care workers, who feel responsible for the well-being of the persons they are taking care of. Fouzia's account explains this fundamental characteristic of care through a simple example:

> We can't cheat in this field, I could cheat when I worked in the bank, I could postpone chip files, I worked with cards' chips. I could leave a file from someone, it doesn't matter if he doesn't get the chip today, he'll get it tomorrow that's not the end of the world. This is very serious, I think it's more serious with people. We can't leave lunch-time medicine for tomorrow. It's a disaster, we can't. Maybe it's possible not to wash these sheets today, but not the medicine. So I'm committed, that's for her health, for her well-being. The well-being of a person, it's not a machine. You really need to do it everyday, day by day. There's no stop or pause, there's not such a thing. (Fouzia, 43, Algeria, Paris)

The responsibility that an 'ethics of care' entails can become a burden in the context of employment relations and disempowers workers who are rarely able to stop providing care in order to voice their concerns. While workers' main bargaining tool is usually their labour power, in the context of care this labour power ensures the well-being of a third party to the employer-worker relationship. Confronting the employer might in this context appear to contradict not only the figure of the 'good worker' but also the workers' own perception of what constitute good 'ethics of care'. The account by Elodie quoted in Chapter 4 is revealing in this regard, considering the words she used to reassure her colleagues about the absence of contradiction between voicing concerns through a union and providing care:

> I don't prevent you from taking care of elderly persons....It doesn't have anything to do with that. There are places where it's possible to go on strike but in hospitals and in care homes we can't, staff is already limited. But there are things to be said. (Elodie, 52, Guadeloupe, Paris)

This tension emerged differently in various work environments and was particularly exacerbated for live-in care workers. In Madrid, it is common for a migrant live-in care worker to look after an elderly person suffering from Alzheimer's or dementia who is at risk of hurting her/himself at any time of the day or night. It becomes a very draining labour that leaves not a moment of rest to the only care worker present in the household. Lourdes was not a live-in care

worker but she agreed to work 6 nights a week without a formal contract for an elderly woman in the region of Madrid. Her account is illustrative of the ethical dilemmas care workers face when a lack of societal responsibility transfers that responsibility onto the shoulders of individual workers:

> Every night. Because she's alone, she doesn't have family relatives, she doesn't have anything, I don't have any day off. She told me to take one day off every week, but it breaks my heart because you need to be good-hearted to take care of older people. My children are here, the three of them. They're young, they don't need anyone, they have to be independent. What do I achieve staying here? I don't know whether she wakes up all right or not or how she is. Because on that holiday, she has only a carer from the city of Madrid [local authority services] who comes 2 hours daily and when it's holiday or week-end she doesn't come. One day she has almost burnt herself, she had put a pan on the fire and forgot about it, when I rang the bell when it was time for me to come, she opened and she was in the midst of a cloud of smoke, she was suffocating. (Lourdes, 50, Ecuador, Madrid)

Feelings of responsibility are also intertwined with those of guilt. Amongst other aspects, death and grief, a constitutive part of caring for elderly persons, unavoidably remind care assistants that they work every day with the very precariousness of life[42]. Being confronted with this precariousness on a daily basis profoundly affects their work experiences. Affected by the death of a resident and experiencing a sense of guilt, Doriane's story offers insights into how workers' emotions and feelings create certain vulnerabilities and bear implications beyond the context of work. Instructed to stop caring for a resident by the nurse in charge, Doriane resented this managerial decision:

> It was against my will, I'm here and she liked that I spend time with her, that I took time to wash her, and she told me that, and when she started to become weaker, the care assistant told me that's not your role, you leave her to us. So I left her and she died soon thereafter. (Doriane, 59, Guadeloupe, Paris)

If there were as many specific stories and range of feelings as respondents, they would all relate to the burden of responsibility placed on care workers' shoulders. Highlighting the weight of responsibility is crucial, as the gendered understanding

[42] The theme of grief is looked into from a different angle in Chapter 6; it is however equally relevant to the issue of work precariousness.

of care work effectively conceals the degree of responsibility borne by care workers. In a similar manner to the invisibilisation of the heavy physical work, the vital responsibilities inherent in care are silenced. Acknowledging the existence and importance of these responsibilities would contradict the devaluation of care work and its characterisation as 'unskilled'. At the bottom of the professional hierarchy, care assistants see the importance of their work denied and the responsibility transferred onto professionals deemed highly skilled, such as doctors or management. An 'ethics of care' that starts from the actual caring practices is in many ways at odds with the gendered and racialised construction of care work that deskills the occupation and marginalises the workforce. Aimée shared an experience that affected her deeply and which is at the heart of this paradoxical alliance of responsibility without voice:

> The resident I told you about had to run away for us to receive a couple of days later a training on the steps to be taken when someone runs away. (...) It affected me when she left, 2 or 3 days later we have the training, what we need to do, what steps to follow, and everything. But I realized that even the director didn't know all residents in the protected units [units for patients with illnesses such as dementia and Alzheimer], she didn't know her...and when she run away, after 30 minutes...I'm sorry [Aimée holds back her tears] after 30 minutes I looked for her, I told them she left, she is not here. That's what hurts, they didn't listen, I told them I know her she's not here anymore, not in the care home. It's after an hour that the director realized, she said why you didn't inform me earlier...I told her I tried to call many times through the switchboard to tell you that she is not here anymore, that we need to call the police station, start searching. They didn't listen to me. (Aimée, 44, Guinea, Paris)

Aimée in these extraordinary circumstances had no means to contact the director directly, a fact that is hardly surprising given the professional hierarchies in place. The points made above question the linear model of Tronto's steps within the 'processes of care' (Tronto, 2013, pp. 34-35). Not only do the dimensions of 'attentiveness', 'responsibility', 'competence' and 'responsiveness' overlap in the actual lived experience of care work, but in addition, how each of these aspects relates to every other can be reformulated from this standpoint. It is important to do so as it bears implications for the theorisation of a caring democracy. Tronto wrote: 'Charting the flow of caring through these processes is a first step toward making them more democratic' (Tronto, 2013, p. 148). When attentive to the

current distribution of caring responsibilities – in this case in terms of older-age care in major European cities – it appears however that phase 2 'responsibility' also arises from phase 3 'competence' and the process is thus not linear. Tronto mentions responsibility as the 'key moral quality' in relation to this second step. This moral quality needs to be embodied in individuals or groups and here these are care workers. The latter are consequently the ones who draw attention to the importance of care work, as in the quotes above by Fouzia or Aimée, even though their ethics of care is heard only to a limited extent at the institutional and political levels. Care workers are also the first to realise when the quality of care deteriorates in the formal sector and are best positioned to call for attention to these issues. The analysis in Chapter 6 of the emergence at the discursive level of a 'migrant ethics of care' (Datta et al., 2006) feeds into this argument. Revisiting the order of the steps in Tronto's model raises consequently a major question: where can the struggle for a caring democracy, as called for by Tronto, be situated? From the empirical analysis it appears that those providing care are most likely to turn care ethics into a political struggle, given that the argument is already to be found in their narratives. Tronto's first step, 'attentiveness – caring about' appears therefore to be artificially distinguished given that this 'moral quality' of attentiveness most convincingly emerges in the very process of care giving.

The intensification of care work further illustrates how 'attentiveness', 'caring for' and 'care giving' overlap in the lived experience of care work. The division of care into separated tasks, what Molinier calls the 'compartmentalisation of care' (2013), transforms care into a fragmented labour process. This labour process is under pressure in the context of the marketisation of care provision, all the more so in that public subsidies that partly fund the private sector tend to decrease (Simonazzi, 2009). The intensification of work constitutes another aspect of work precariousness and, more specifically here, of the precarisation of work. A major consequence of this intensification is that it exacerbates the consequences for workers' health. Luc lamented the implications of work intensification and denounced a Taylorism-inspired labour process:

> It's assembly-line work. In normal circumstances we have to use the equipment, for instance the equipment to transfer the resident onto an armchair. The time to go get the equipment, to plug it out, install everything, it takes a lot of time, it's not possible. (…) For instance, we have half an hour we do 3 residents, half an hour. When we finish with one who weighs 200kg we have to be fast, we can break our back. It happens, it's like this. We're under pressure. Because we only have half an hour. At noon they need to be in that room and if at noon they're not, for the management we didn't do our job. That's how it works (…) Assembly-line work, like in factories. Unfortunately. (Luc, 25, Cameroun, Paris)

Tronto highlighted this tension in her critique of the neoliberal worldview: 'there is one important vector along which the spread of market thinking poses real problems from the standpoint of care, that is, time. (…) no greater time efficiencies can be achieved in intimate caring, where spending time itself is part of the activity' (Tronto, 2013, p.121). The other side of that coin is the insufficient number of workers. Rosa in London pointed out the lack of staff due to a failure to replace workers on sick leave:

> We used to, company used to, if short of staff, never short because we can call agency but now, it's private company, the top director they don't allow that we call agency because every care home they had enough employee, but these employees don't want to do extra job because if you call agency you can call any time, you're not short but your company pay more money so they don't want, used to, two years ago we call agency, any time nobody come is okay, call agency, come, cover shift, even if agency come, they knew they cannot do much sometimes they complain but it's okay but now they are not allowed. (Rosa, 44, China, London)

The presence of an insufficient number of workers not only caused work intensification for the reduced teams facing an increased workload. In older-age care, this intensification represents a higher number of residents to be attended to, and hence less time to dedicate to each one, often in a context where this time has already been squeezed by the usual working conditions. It thus also translates into the exacerbation of the above-described consequences for workers' bodies, and for the bodies of the residents as well, if in a different way, as pointed out by Camille in the quote below.

> At first we say it's the floor that has the least bed-ridden persons. But 3 or 4 months later, they deteriorate very fast because when they come, the fact of being kept in, many psychological problems, they let themselves go,

> and now on the floor it's the care assistant who needs to manage everything alone, what was meant for one person, we're in a situation that should be managed by 2 persons, and you're told [by management] this floor that's how it is, it's one person and at the end we take everything upon us and it becomes heavier and heavier. (…) We also put the person at risk. I put myself at risk if I want to move a heavy person who lets herself go, the person can end on the floor. I can either fall with that person or break my back, I put myself at risk or I put that person at risk. (Camille, 45, Cameroon, Paris)

The intensification of work is thus detrimental to the quality of the care provided. These narratives demonstrate that, far from being contradictory, workers' and residents' interests converge in spite of the tension identified above. Workers' reluctance to fight for labour rights and their entrapment in poor working conditions are not symptoms of conflicting interests but of institutional and corporate reliance on workers' goodwill and an 'ethics of care' that allows the institution to function while avoiding a more just distribution of work and financial remuneration. In addition, if labour costs are at the heart of care provision and thus at the centre of the strategy to reduce the cost of older-age care, all expenses are viewed in terms of the same logic. Equipment, food and all material objects purchased to provide care are scrutinised in a similar manner. In several care homes, workers lamented the restrictions in place for the use of the daily goods needed to provide care such as incontinence or shower products. Often, it was not only the inadequate stock, but the quality of the products themselves, that prevented workers from providing good quality care. The replacement of incontinence products by cheaper ones can go unnoticed by visitors or relatives but it makes all the difference to care givers and care recipients. The permeability of the cheaper products was lamented by workers who were unable to ensure the well-being of residents when bed sheets constantly got wet. In the following quote, Luc illustrates with an example how restrictions on the equipment necessary to provide care lead to deterioration in the quality of care. Situations like the one described by Luc also require emotional labour by care workers in that they face discrepancies between the reality of care and the 'ethics of care' upon which they construct a positive occupational identity.

> Savings are one of the things, one of the things…I don't want to say that I dislike but that's a pity because I think above all else residents are human

> beings. Human beings. I take a simple example. For example, imagine you're given two protection pads, two for one resident. And during the day he gets wet three times. So there are not enough protection pads. Because if he gets wet three times each time you need to change because it's a human being. In addition to that they are older persons, it's like babies, they can get wet anytime. You need to change. And there are two protection pads for the day. If there is none left you need to call someone responsible for giving it away, it's complicated and you waste time. (Luc, 25, Cameroon, Paris)

The next section moves the focus from the working conditions to the social implications of precariousness for care workers' own caring arrangements. These implications are indeed highly gendered and bear consequences in relation to patterns of social reproduction. It sketches out how the functional role of migrant and minority ethnic workers in older-age care constitutes a form of double outsourcing of the costs of social reproduction: first through the reliance on 'cheap' labour and second through the externalisation of the cost of social reproduction of migrant families. It is the latter that is looked at in the following section. While drawing upon narratives by both migrant and minority ethnic workers, the analysis goes into greater detail about migrant workers in that they embody most acutely the externalisation of the cost of social reproduction through the workings of migration regimes.

An externalisation of the costs of social reproduction?

The 'double outsourcing' of social reproduction and 'precarity'

In order to account for the gendered implications of precarious work, notably in a feminised sector such as care, the feminist political economy literature equally encourages questioning the shortcomings of the dominant understanding of precarious work (Federici, 2012). Looking at migrant and minority ethnic labour in older-age care through an analysis in terms of social reproduction offers new insights into how the concept of precarious work could be revisited so as to shed light on the gendered dimension of precarious work from a political economy perspective. In the context of the initial generalisation of the bourgeois model of the family, and that of the double-income family in the second half of the 20th century, time available to care for children and older persons within the family has

progressively been squeezed. The commodification and marketisation of older-age care constitutes the neoliberal answer to these changes in most European countries. The increasing reliance on gendered migration plays therefore a functional role for the social reproduction of European societies and raises questions as to the social reproduction of migrants' transnational families. Following Laslett and Brenner, social reproduction is here defined as:

> the activities and attitudes, behaviors and emotions, responsibilities and relationships directly involved in the maintenance of life on a daily basis, and intergenerationally. (...) Social reproduction can thus be seen to include various kinds of work – mental, manual, and emotional – aimed at providing the historically and socially, as well as biologically, defined care necessary to maintain existing life and to reproduce the next generation (Laslett and Brenner, 1989, pp. 382-383).

Housework remains largely unvalued and not recognised as 'labour' when performed for free in the household. It is indeed not through a valorisation of household activities – as advocated by the Wages for Housework campaign for instance (Federici, 2012) – that the latter were included in the 'productive sphere', but rather through its partial marketisation (Kofman and Raghuram, 2015). From ready meals to private care homes, social reproduction became a new site for capital accumulation. The link between the marketisation of some social reproduction activities and precarious employment is central in this account as it underpins the labelling of these activities as unskilled within a segmented labour market. Laslett and Brenner wrote: 'women's exclusion from male fields as they became "professionalized" limited their activities to work that could, in some sense, be claimed as part of women's domain' (1989, p. 397). The marketisation of these activities thus exacerbated gender divisions by transposing them from the private sphere to formal employment.

This marketisation serves as an answer to the 'care deficit' and reflects the transformation of the role of the state under neoliberalism. Harvey analyses how neoliberalism fosters the externalisation of the cost of social reproduction on a global scale:

> Under conditions of social democracy, however, political movements drove capital to internalize some of the costs either directly (through pension, insurance and health care provision in wage contracts) or indirectly (through taxation on capital to support the state provision of services via a welfare state). Part of the neoliberal political programme and ethos in recent times has been to externalise as much as possible the costs of social reproduction on to the populace at large in order to raise the profit rate for capital by reducing its tax burden. (2014, pp. 189-190)

If ironically the commodification and marketisation of certain forms of housework inserts it into the productive sphere, it also misses the point brought to the fore by both feminist moral philosophy and feminist political economy that advocate a revalorisation of housework and care, i.e. a revalorisation of the very activities that sustain life in opposition to the sexist and racist hierarchies that the market enacts (Tronto, 2013; Perez Orozco, 2014). The restructuring of social reproduction led indeed to the international division of reproductive work in order to keep labour costs low. Kofman and Raghuram argue: 'marginal status in immigration regimes reflect an undervaluing of female embodied labour whilst ensuring social reproduction at the cheapest for the receiving society' (2015, p. 149). This however constitutes a 'private solution to a public problem' as phrased by Hochschild, who highlights the historic continuity of this flow from the Global South to the Global North: 'The notion of extracting resources from the Third World in order to enrich the First World is hardly new. It harks back to imperialism in its most literal form: the 19th century extraction of gold, ivory and rubber from the Third World. (...) Today as love and care become the "new gold", the female part of the story has grown in prominence' (2003, p. 194). As identified by the literature on 'global care chains' (Hochschild 2000; Parrenas, 2000), migrant workers fulfil a specific role within global social reproduction processes and their status as non-citizens facilitates the externalisation of costs attached to social reproduction, given that dominant discourses and legislation define migrants' rights in relation to their employment status and alleged economic utility. Anderson argues: 'the migrant worker is framed by immigration legislation as a unit of labor, without connection to family or friends, a unit whose production costs (food, education, shelter) were met elsewhere, and whose reproduction costs are of no concern to employer or state' (Anderson, 2000, p. 108). The fact that these costs are of 'no concern' to the employer or the state is at

the heart of precarisation processes, and migrant workers are at the frontline of the latter. By being employed to sustain the social reproduction of families – and thus that of societies – in the Global North, migrant workers find themselves at the crossroads of a double outsourcing as European migration regimes tend increasingly to deny workers' own caring responsibilities and needs (restrictions on family reunification, temporary work permits), creating inequalities that are further exacerbated by the social implications of precarious employment. If migrant workers came to epitomise these dynamics, minority ethnic workers are also affected, as illustrated by their over-representation in the sector and by former state and corporate policies of overseas recruitment in the healthcare sector. The following section thus looks at how migrant and racialised care workers organise their lives around the need to care for their own children and parents.

Care workers' own caring arrangements

Table 34 presents a schematic classification of care workers' own caring arrangements. Their narratives reveal more complex situations than these labels can reflect and often several forms of care arrangements were combined. The elaboration of this table is based upon a categorisation according to the form of care provision respondents emphasised most to account for how they looked after their children or parents, in order to allow for a cross-national comparison. Under 'Opposite shifts' are grouped those parents who worked different hours in order to be able to look after their children, a practice possible in the context of shift work in place in the care sector. Respondents in the third group have transnational caring responsibilities towards children, parents or extended family to whom they send remittances. It does not mean that respondents in other groups do not have transnational caring responsibilities, but that this third category captures those respondents for whom this constitutes their main caring responsibility (outside of employment). Some parents recruited child-minders (fourth category), others relied mostly on public nurseries and school hours when these could cover most of their working hours (fifth category). At times, some additional support was needed from a relative or a child-minder to make it work, but on the whole respondents in this group considered that these facilities provided an essential part

of the childcare they needed. In the narratives of respondents in the second-to-last group, it is the time that family, friends and neighbours are able to dedicate to childcare that is most crucial in making paid employment possible for respondents. The last category covers situations in which caring responsibilities are mostly dealt with by the partner of the respondent. The use of percentages only aims at facilitating the comparison.

Table 34: Categorisation of respondents' caring arrangements

	London (n=25)	Paris (n=30)	Madrid (n=27)
No caring responsibility	43%	50%	34%
Including grown up children	*0%*	*20%*	*15%*
Opposite shifts	39%	10%	4%
Caring responsibilities back home (children or parents)	13%	0%	30%
Paid private care	0%	7%	4%
Public nursery and School hours cover most of working hours	0%	17%	11%
Support from other family members or neighbours	0%	13%	15%
Caring responsibility left mostly to partner	0%	0%	4%
NA	4%	3%	0%

Source: Own data and elaboration

On the whole, a significant share of workers did not have direct caring responsibilities: half of the respondents in Paris, 43% in London and a third in Madrid. Those who did have caring responsibilities organised their lives around their work shifts. For that purpose they were confronted with different opportunity structures according to, on the one hand, the working patterns prevalent in the sector, as this varied between the cities, and, on the other, to the characteristics of the welfare state and its childcare regime (existence or not of public nurseries, extent of school hours). For instance, the absence of public nurseries accessible at reduced cost in London explains why this was not an option for respondents working in the London Region. The data in Table 33 reflect furthermore the demographic characteristics of respondents themselves; for example the average

age of respondents was higher in Paris and in Madrid (41 and 42 respectively vs. 37 amongst respondents in London) where some of them had grown-up children for whom they no longer needed to provide face-to-face or financial care. The following paragraphs analyse the different types of caring arrangements while being attentive to their implications in terms of work-life balance (or the absence of it).

In London, four in ten respondents worked opposite shifts to their partner in order to be able to look after their children. It was the most common way of organising caring arrangements. The rest of the respondents either had transnational caring responsibilities i.e. children back home, or did not have such responsibilities. Looking into this category is thus of particular relevance in shedding light on the daily experiences of migrant and minority ethnic care workers in London. While it concerned a smaller share of respondents in Paris and in Madrid, this situation was also encountered in these cities. In the first quote, Jade for instance worked opposite shifts to her husband, a nurse by profession. The second quote illustrates a situation whereby parents working in different sectors also split their schedule.

> NS: How do you organise yourself?
> Jade: I can say that it's okay. Because with my husband we work different hours. Because he's also in this sector, we have different hours. So I don't have too many problems for that. (Jade, 46, Ivory Coast, Paris)

> NS: How do you manage childcare?
> Sonia: When I'm working my husband looks after my child and when he is working I'm the one looking after her.
> NS: What does your husband do?
> Sonia: He works for the train company. (Sonia, 33, Mauritius, London)

One of the implications for the lives of these workers was that working opposite shifts did not allow for family time and the schedule was carefully studied to ensure that children could always be looked after by one of the partners at all times. This type of arrangement was often regarded as a favour by the employer to the benefit of the worker, especially when both parents worked in the same care home, given that private childcare was unaffordable. However, it affected care workers' 'work-life' balance because of the fatigue that results from such a strained daily life. Alma, who was employed in London, lamented:

> My eldest goes to school by herself because she's already in year 7, so if I'm working and my husband is here, works here, works night I have to bring my daughter here and he brings her to school. But when I'm not working it's fine I can be the one to drop her to school. But if we're both working that's the only…and also you know when I'm tired from work I don't have time to read with them, to teach them and it's frustrating for me as well. (Alma, 41, the Philippines, London)

It appeared that among the different forms of care that emerged from the narratives, working opposite shifts brought the role of the partner most to the fore. The role of the partner was otherwise mentioned as additional support for another arrangement (other family members or school). Most respondents were women and their family lives were as gendered as their working lives: no female respondent relied on the partner for most childcare; only male respondents did so. Aimée, employed in Paris, accounted for the role of her husband as a form of additional support:

> NS: Do you encounter difficulties to combine childcare with your working hours?
> Aimée: Their dad works in the town hall of my city, so he's nearby. If there's a problem he is the one to be called. Except if it's more serious and that the children call me, then I drop everything and I go. (Aimée, 44, Guinea, Paris)

Many women in this research described the double/triple shifts required of them to be able to attend to their children and their paid employment. Amandine, a mother of a 4-year-old and a 9-year-old, talked about 'another day'. In the second quote, Claudia's words show how she managed work and caring responsibilities over time by switching from one shift to another until she opted for night shifts in order to do housework and care for the children during the day:

> Once I get home, I need to put on the hat of the mum. And I need to 'take off' the fact that I'm tired, and I need to look after the children. It's really, it's another….it's another day that starts after that let's say. [laugh] (Amandine, 32, Ivory Coast, Paris)

> I had my mother who helped me, she used to help me a lot, at home and everything. She passed away already. And I switched to the afternoon shift, because the course was in the mornings. It was school hours from 8:00 am to 2:00 pm, like going to college, being there every day. So I

> obtained that and I stayed in the afternoon shift. But when my mum fell ill I said 'I'll switch to night shift'. Because in the mornings I had housework to do and in the afternoons things to do with the children. So I couldn't stop working either, I started night shifts. (Claudia, 53, Peru, Madrid)

For another group of respondents, their primary caring responsibilities were transnational (which does not mean that respondents in other categories did not have such responsibilities), as explored by the 'global care chains' literature (Hochschild 2000). Victoria, for instance, was supporting her children in Ecuador until she could bring them to Madrid, while Analyn's children stayed in the Philippines and she needed to support them as well as her grandchildren:

> Yes, while my children were there I was sending money to their father, to my sisters, because my son stayed with my sister and my daughters stayed with their father. So I was sending money from here so that they continue supporting them, that they continue their education because they stayed at school. Until I brought them here. (Victoria, 54, Ecuador, Madrid)

> Analyn: I send every month, my children my grandchildren. I support them every month. Because the money there is not enough to support themselves and they are still studying.
> NS: How old are your children?
> Analyn: My elder is 24 still studying the other one is 23 he graduated already as a nurse and they have kids and still looking for a job it's difficult to get a job there that's why I am supporting them even graduated in the Philippines it's very hard to get the job even when they have a degree. (Analyn, 50, the Philippines, London)

To one third of respondents in Madrid their caring responsibilities were primarily transnational as they were sending remittances to children and parents and needed to organise the care provided for their dependents back home. These responsibilities exerted financial pressure upon workers; many undertook multiple jobs to sustain themselves and their dependents. An analysis in terms of precarious employment and workers' vulnerability cannot therefore neglect to ask who assumes the cost of social reproduction and how it is assumed, because this factor contributes to shaping power relationships in the labour market.

Migration regimes, notably through the tightening of family reunification possibilities (Kofman, 2008), play a major role, as discussed in Chapter 1. It appears clear from the standpoint of paid care work that immigration rules such as

the £18,600 minimum income threshold for family reunification in the UK have deeply gendered consequences for migrant workers. A devalued and deskilled sector, older-age care is characterised by low earnings as analysed in Chapter 4. Female migrant care workers are thus disproportionately affected by this legislation. Amal, for example, who came to the UK from Somalia ten years ago, and was pregnant at the time of the interview, was unable to support her Kenyan husband to enable him to join her in the UK due to the financial conditions imposed by immigration policies:

> My husband isn't here, he is in Kenya. (…) To be honest, I try to apply for him because I had my savings as well so I tried to apply… but the rules now… you have to have £18,600 and my job doesn't have that money…So… (Amal, 24, Somalia, London)

Moving on to the fourth category in Table 33, public nurseries and schools accounted for most of the childcare that a minority of respondents needed, often in combination with some support from other children or the partner, in the form of bringing children to school or picking them up. These situations were not mentioned by respondents in London but concerned a couple of parents in Paris and in Madrid. This was for instance the case for Nabila, who had five children and Soraya, who had two, both of school age:

> NS: and the opening hours of the nursery and the school are they compatible with your job?
> Nabila: No, school hours no, because I start at 8:30 am, I can't drop her off at 8:30, so it's my husband who drops her off and it's my daughter who picks her up at 6:00pm. (Nabila, 40, Senegal, Paris)

> With a job in this domiciliary care company, the good thing is that they respect if you for example don't want to work afternoons, you let the coordinator know: 'Look I have two children and I can't work afternoons.' So she doesn't send you to work afternoons. Same thing for weekends, if you don't want to work weekends, she tries to give you work Monday to Friday so that you fulfil your contracted hours and that's it. So for people like us who have children it's a great job because my children for instance go out at four and I'm at home already at half past two. (Soraya, 45, Morocco, Madrid)

Of similar importance was the support that family members or other acquaintances could provide. It appeared in this regard that minority ethnic

workers could rely more extensively on their families and in-laws, while migrant workers' options were more limited, all the more that the family members who resided nearby or with them were often themselves spending many hours at work. Amélie, who came from the Ivory Coast, relied for instance on her neighbour to pick up her son from school.

> NS: You mentioned earlier your child, was it difficult for you to reconcile childcare and your working hours?
> Amélie: It has been difficult, very difficult even, but luckily I have a neighbour who is great, she picked him up in the evening and sometimes when I came he had already eaten, he had taken his shower and I would find him asleep on the couch, it has been very difficult. (Amélie, 43, Ivory Coast, Paris)

Those who would have needed family or friends' support for childcare but could not access it resorted to private paid care in Paris and in Madrid. When the responsibility of childcare was on one person only (in these cases only women), recruiting a child-minder became unavoidable, as in the case of Camille in Paris who had five children or Rebecca in Madrid who had two children:

> NS: Do you have any difficulty in organising your time?
> Camille: Many difficulties, many difficulties, being alone, and responsible for a child, with our working hours, especially working hours that we have here, it's very difficult. Very very difficult. On day, the woman who looked after her, her nanny, she travelled, I had to cancel all of my temping jobs because I couldn't find anyone to look after her. (…) So part of the salary goes into childcare. (Camille, 45, Cameroon, Paris)

> My children grew up mainly in the hands of third persons, because I paid these persons so that they look after my daughter, after my son. Why? Because I didn't have time, because I had to come to work and if I didn't work I didn't earn money. (Rebecca, 46, Peru, Madrid)

Amongst the situations described above, men's narratives are only to be found under the label 'opposite shifts' or 'caring responsibility left mostly to partner'. The following section focuses on how migrant and minority ethnic men accounted for their caring responsibilities.

Male care workers and caring responsibilities at home

Most respondents were women and patterns for childcare arrangements (for those who had children with them) were as gendered as their professional trajectories. While this unequal distribution of social reproduction-related activities exacerbated the experience of precariousness for migrant and minority ethnic women, male care workers' discourses illustrate that, far from being taken for granted, these inequalities were in their perception due to employment and work precariousness in the sector. The previous section pointed out that male partners came most to the fore in the narratives in relation to the description of how working opposite shifts allowed parents to look after children. These cases were mirrored in the narratives of several male respondents, as in the case of Abdel, who came from Morocco and worked in Madrid:

> NS: How did you combine work and family life?
> Abdel: I reconcile both, in the morning I take care of the girls, I bring them to school, I prepare the food, my wife works in the morning, she has a couple of hours in the morning, I look after them in the morning and I bring them to school, then I pick them up, she doesn't work afternoons, so it's her turn to look after the girls and I come here to work. So one is there in the morning and the other in the afternoon, so there are no problems. (Abdel, 48, Morocco, Madrid)

A significant difference in this narrative, as compared to the stories told in London, is that 'opposite shifts' means here mornings and afternoons, while for workers in London it implied day and night shifts, as most of them were working so-called 'long days', often from 8 to 8. When not working opposite shifts, the narratives of male workers in this study confirmed the 'secondary support' role that women's narratives hinted at. Their narratives revealed, however, that, far from accepting this situation, they lamented the unsocial working hours of the care sector. David, who worked in London, complained about not seeing his daughter, and Antonio, who worked in Madrid, described how his schedule left him little time to see his children:

> But it's sometimes not easy, the attention will become less because the working patterns and the hours, those two things, the hours and the working patterns. (...) To eat your own food, after midnight, so what

about family? You want to know your child, what he is doing. (David, 40, Uganda, London)

Due to my job, I hardly have time to look after them, except on the days I have off. For example when I'm off in the morning, but they are at school and when they come back from school I go to work. And when I come at night they are already asleep because they have to go to school. So it means I see them when I'm off in the afternoon or on weekends. (Antonio, 39, Cuba, Madrid)

Through the invisibilisation of the cost of social reproduction, relegating it to the 'private sphere', both female and male workers are affected. The gender regimes account for unequal distribution of domestic work whereby women work several shifts, combining paid employment, at times multiple jobs, with most of house-related work. Men play a secondary role and do not bear primary responsibility for childcare, except when caring arrangements are equally distributed due to opposite patterns of work. In addition, the intersection of gender, migration and nationality is equally fundamental here in that migrant workers are perceived as 'units of labour' (Anderson, 2000) whose social reproduction is of no concern to the host society. From the standpoint of migrant care workers it is possible to make a broader claim and advocate for the necessity of including caring arrangements and conditions for social reproduction in the study of precariousness. Analysing these inequalities through the lens of the unequal distribution of care responsibilities (Tronto, 2013), as suggested by feminist moral philosophy, highlights furthermore the non-viability of time allocation between so-called productive and reproductive spheres. In the context of for-profit older-age care provision being a site of capital accumulation, the analysis goes beyond uncovering gendered roles performed in social reproduction and questions the broader conditions under which social reproduction activities are carried out. Overlooking these aspects would mean failing to address gendered inequalities created by precarious employment and work, and would reiterate the shortcomings of the concept of precarious employment and work identified in this chapter and in the previous one.

Conclusion

This chapter analysed respondents' everyday working experiences in older-age care with a view to exploring the analytical contributions made possible by bridging the literature on care ethics on the one hand and that on precarious work on the other. Drawing upon feminist moral philosophy sheds light on the emotional and physical implications for workers' lives of having to deal daily with the very precariousness of life. This precariousness is substantially different from work precariousness experienced in sectors non-related to care and thus its specificities need to be highlighted. Work precariousness within older-age care tends to be concealed by the lack of indicators with which to measure it. The exposure of workers' bodies, their emotional endurance, and the lack of work-life balance, are key elements that are wholly overlooked by narrow definitions of precarious employment. The ethics of care paradigm indeed questions the centrality of paid work and if such a conceptual revolution might seem distant to the daily experiences of migrant and minority ethnic care workers, raising the question contributes to shedding a different light on these experiences:

> 'If work-life balance is actually to mean balance, then instead of paid work being the starting point and the question being how, as a society we are to fit our life around our paid work, we put it the other way round and ask: how do we fit our work around our life? Balancing these two ethics, of work and care, enables us to think about how we organise time and our environment – our space – differently.' (Williams, 2004, p.77, in: Tronto, 2013, p. 167)

Consequently, the second section argues that the concept of 'precarious employment and work' should include a gendered analysis of workers' own caring arrangements and broader patterns of social reproduction. Overall the cost of social reproduction continues to be regarded as marginal to production. While the question has been raised since the 1970s by feminist academics and activists, studies around precarious employment have often replicated this partial view and have neglected a comprehensive analysis of the specific vulnerabilities engendered by the commodification and marketisation of care work.

The following chapter builds upon the analysis developed here in order to examine in further detail migrant and minority ethnic care workers' emotional labour.

CHAPTER 6: Emotions in older-age care work: a worker's best asset or biggest threat?

Introduction

> They teach us that we need to learn to separate emotions and work, I'm against it. For me for example, that's my emotions that make me work with passion. That's what makes me love each person. (Saba, 41, Cameroon, Paris)

Saba was working in a for-profit residential care home in Paris as care assistant and had been living in France for over thirty years when we met. In this quote she not only described some of her feelings at work but also reflected upon the role these emotions played. From a political economy perspective, Hardt and Negri (2000) have identified a significant shift in post-industrial societies: the rise of immaterial labour. Under this category they included 'affective labour of human contact and interaction' and took the example of the healthcare and entertainment industries (2000, p. 292). From a more empirical standpoint, Hochschild introduced the concept of 'emotional labour' in her 1983 key work *The Managed Heart*. By emotional labour she meant 'the management of feeling to create publicly observable facial and bodily display; emotional labour is sold for a wage and therefore has exchange value' (1983/2003, p. 7). Hochschild wrote about 'emotional dissonance' to capture this separation between display and feeling (1983/2003, p. 90). The example of Saba points, however, in a different direction. She claims that emotions are her best tool for carrying out her job. The airline company Hochschild studied taught flight attendants what to feel about customers and how to perceive them; workers were for instance encouraged to see them as children who need attention, so that their behaviour seems less irritating and flight attendants avoid getting angry or upset (1983/2003, p. 110). The care provider who employed Saba also stipulated how employees should feel about residents and how they should not feel about them. Care workers are supposed to deliver professional care but not to get attached to residents or to come to see them as members of their own family. Whereas the airline company had an interest in that the flight attendants would be working as though the airplane cabins were the

workers' homes (1983/2003, p. 105), care workers were not supposed to think of residents/service users/clients as their grandparents. However, Saba's quote is illustrative of the widely shared discourse around attachment and feelings present in respondents' narratives in all three sites of fieldwork. These elements hint at some of the limitations that both the concepts of 'affective labour' and 'emotional labour' present in relation to the analysis of the role of emotions in care labour. This chapter thus seeks to answer the following questions: How can we reconcile analytically workers' discourse of authenticity and love with the emotional labour they perform? How can the concepts of 'affective' and 'emotional labour' be revisited from the standpoint of migrant and minority ethnic care workers? What does this tension reveal as to the place of 'care' in our societies?

In the framework of these broader reflections, this chapter will look at different dimensions of the emotional labour performed by migrant and minority ethnic care workers in an attempt to grasp its complexity and the contradictory dynamics it entails. The chapter starts with a theoretical review and critical discussion of the concepts of 'affective labour' and 'emotional labour' in relation to the study of care work. In a second section, I scrutinise the role of emotions in respondents' narratives, both as actively mobilised by care workers to carry out their work, and as endured because of the affective implications of such emotional labour. I then turn to the analysis of a double contradiction: on the one hand the marketisation of emotional labour in a commercial setting and its invisibilisation in the institutional practices of care homes; and on the other the existing conflict between the discourse of professionalisation within care and carers' own perceptions of proper care. Finally, I look at how emotional labour contributes to the construction of an occupational identity that stresses the importance of dealing with the 'precariousness of life' and thus values the work beyond its functional purpose of earning a salary. In this last section, special attention is dedicated to what Datta and colleagues (2006) labelled 'a migrant ethic of care'.

Going beyond 'affective' and 'emotional' labour?

A feminist critique of 'affective labour'

Hardt and Negri write from an Autonomist perspective that focuses on working class agency and its potential to emancipate itself. They introduced the concept of 'affective labour' in their reflection on immaterial labour in contemporary capitalist societies. They acknowledged that 'caring labor is certainly entirely immersed in the corporeal' but they justified its classification as 'immaterial' because 'its products are intangible, a feeling of ease, well-being, satisfaction, excitement or passion' (p. 293). The concept of 'affective labour' as theorised by Hardt and Negri presents several shortcomings when accounting for paid care work. Affective labour is in Hardt and Negri's *Empire* (2000) the third type of immaterial labour, which also includes the incorporation of communication technologies in industrial production and the 'immaterial labour of analytical and symbolic tasks' (p. 293). Within this typology, the concept of 'immaterial labour' is dominated by an attention to new technologies and networks that transform production processes, without 'care' and reproductive work being addressed as such. Federici, speaking of lip service paid to feminist analysis, argues: 'the concept of "affective labour" strips the feminist analysis of housework of all its demystifying power. In fact, it brings reproductive work back into the world of mystification, suggesting that reproducing people is just a matter of producing "emotions", "feelings". It used to be called a "labor of love"; Negri and Hardt instead have discovered "affection"' (Federici, 2006, lecture). Lanoix (2013) and Federici (2006) share the belief that Hardt and Negri's conceptualisation of immaterial labour – and of affective labour within it – leads them to an over-optimistic conclusion about the creative potential that workers could derive from a 'cooperative interactivity' (Hardt and Negri, 2000, p. 294). From the standpoint of care work, such an argument obscures not only fundamental inequalities inherited from the productive/reproductive work divide but also contemporary processes of precarisation at work in the neoliberal context of the privatisation of care services.

Another major critique formulated by Lanoix stresses that 'affective labour' as described by Hardt and Negri replicates the idea of productive labour in the sense

that 'it still aims at producing something in a passive object that is laboured upon' (2013, p. 93). In contrast, feminist theorisations of care work tend to highlight the relational dimension of care work (Tronto, 2013). Neglecting one side of the care relationship is more than a mere oversight: by artificially applying the analytical framework of factory production it negates the fundamental interdependency that characterises human life (as opposed to the figure of the independent and autonomous worker). The 'ethics of care' developed within feminist moral philosophy offers thus a valuable theoretical tool for avoiding these pitfalls in the analysis of the role of emotions and feelings in older-age care work.

Overall, the concept of affective labour as forged by Hardt and Negri cannot provide for the study of emotions and feelings in care work beyond a general theoretical framework that highlights the shift towards immaterial labour. The following section discusses the contributions of the notion of emotional labour as conceptualised by Hochschild (2003).

Contributions and shortcomings of the concept of 'emotional labour'

The concept of 'emotional labour' originally developed by Hochschild in her study of flight attendants, and since then applied to many other professions, made a breakthrough contribution to the sociology of work when it was first published in 1983. Hochschild raised a fundamental question: what happens when emotions are used by capital as its best-selling strategy? When prices were still regulated in the US airline industry, the competition was overwhelmingly concentrated on service quality and in this regard flight attendants' smiles became a strategic asset for airline companies. The privatisation of care services in the neoliberal era created an industry with some similarities to Hochschild's case study. An overview of the websites of for-profit private care homes shows without exception pictures of smiling care workers and smiling older persons. Here, too, smiles are a centrepiece of the selling strategy.

By selling care services, residential care providers sell an idea of what constitutes proper care and what a good caring relationship is. Care workers' emotional labour consequently upholds the company's profits and this entitles the company

to impose on workers the emotions they are supposed to display. Emotions and feelings are commodified and acquire exchange value through being embodied by care workers and sold as a service. Smiles and attention become something one can buy and voice an opinion on when the service does not live up to expectations. Hochschild writes: 'Ordinary niceness is no longer enough; after all, hasn't the passenger paid for extra civility?' (1983/2003, p. 95). The care industry's communication strategies similarly do not hesitate to marketise feelings and emotions, as the following slogans taken from care providers' websites suggest: 'We really care about people, looking after their health and understanding what makes them happy'; 'Our philosophy is centred on the provision of excellent care by an organisation based on family values'[43].

In this chapter I build on Hochschild's work, notably in relation to how she problematised the role of emotions in an industry driven by profits on the one hand, and on the other in relation to the attention she dedicated to workers' narratives around it. However, from my own fieldwork with migrant and minority ethnic care workers, additional questions emerged which the concept of emotional labour does not entirely grasp within a theoretical perspective. Care workers referred repeatedly to feelings of love, attachment and friendship as well as sadness, anger and grief, to explain why they loved their job, why at times it was challenging or why they didn't want to stay in it any longer. While care work entails an enormous amount of emotion work to bring oneself to provide care no matter how one feels, it is argued here that there is more to it than this dimension of emotional labour, and that emotions also play an essential role in constructing care workers' occupational identity, pride and, as argued by Rodriquez, dignity (2011). The following section scrutinises the way emotions are both mobilised and endured by care workers through the emotional labour that providing care entails.

[43] First quote: http://www.fshc.co.uk, Last accessed in April 2015
Second quote: http://www.caringhomes.org/what-we-offer/, Last accessed in April 2015

Mastering emotional labour or being mastered by emotions?

Emotions that are mobilised in order to provide care

To some extent the role of emotions in care appears to be obvious. Precisely because care is relational, it involves the interaction of two or more human beings which inevitably triggers emotions, and which in a commodified setting supposes emotional labour. While my topic guide for interviews did not explicitly mention emotions at work (cf. Appendix A), in the analysis of 82 interviews with migrant and minority ethnic care workers I coded extracts from 70 interviews for a total of 269 extracts in relation to various aspects of emotional labour. Emotions were mentioned in significant sections of each interview, be it as a tool, as hardship or as reward; they were definitely at the heart of respondents' daily activities.

If Hochschild evidenced how employers' expectations and guidance shape the emotional labour performed, the latter is also shaped to a great extent by workers themselves in a profession such as care work (Rodriquez, 2011, p. 266). This section offers an insight into various forms of emotional labour performed by care workers. I argue here that descriptions of emotional labour in care workers' discourses show on the one hand that emotions are actively mobilised by workers to provide care, and on the other hand that providing care triggers emotions, both positive and negative, which lead workers to engage in continuous 'emotion work' to adjust their reactions to institutional expectations and to attempt to protect certain boundaries between their paid employment and their personal lives.

What emerged almost unanimously from the narratives is a constant emphasis on communication. Any action is swathed in words and exchange. Talking to residents is what care workers do all day long. During my interview with Danièle, she pointed at a resident at the other end of the lounge where we sat and commented:

> The one who talks over there, it's been a week she's here, she likes me. (Laugh) She's very very nice, we like to have residents like this, they make us laugh, we make them laugh, they make us laugh…we feel less

> the weariness when we laugh with them. If there is no communication…it's not possible not to communicate. Laugh is like a therapy. (Danièle, 53, Senegal, Paris)

If communication serves to build relationships with residents, it is not only about improving residents' well-being. Actually, care could not be provided without communication; care workers have to communicate so that the person receiving care accepts the care that the worker needs to provide. This is most obvious in daily caring activities that relate to residents' intimacy, as this often triggers resistance and confrontation. Communication is a skill that cannot be reduced to 'talking to the resident while providing care'. The accumulated experience of care workers plays a role in their ability to communicate with residents. Many respondents spontaneously referred to the centrality of communication. For instance Doriane, a care worker from the French overseas department of Guadeloupe, said when asked to describe her daily work:

> So we start bathing, during the bath we communicate, it's important to really facilitate communication a lot, a lot, a lot, it allows the person to be more relaxed, even if the person is tense at times because many are, so the bathing is more relaxed and it goes smoother instead of standing here as if in front of a subject that we just wash…no that's not what we do it's really a communication. (Doriane, 59, Guadeloupe, Paris)

If this communication is so crucial, it is also because refusing care is quite common amongst residents and service users. Institutional caring practices might appear as highly intrusive or violent to elderly residents. For instance, care workers need to wake the residents up at a scheduled time and to make sure all residents on the floor are washed or showered before breakfast. Many residents do not want to be washed or showered and refuse the care that care workers are supposed to provide. The whole of the interaction in these cases revolves not around the act of bathing or showering itself; instead, the worker needs to focus on bringing the resident to accept being bathed or showered. This challenging task is difficult and time-consuming, and at times it exposes the care worker to aggressive reactions by residents when the conversation turns into a confrontation. Immense emotional labour is invested by care workers in such interactions in an attempt to provide care as smoothly as possible. Fouzia described this challenge:

> They have a lot of sloppiness, they refuse life in general. So it's the case of this person, so I have to make jokes, or facilitate conversation and give him a bit of humour so that he does his personal hygiene. It's very very hard. The gesture of doing personal care is very simple but to convince a person to do it it's very hard. (Fouzia, 43, Algeria, Paris)

Respondents shared many examples of such daily conversations, which often sounded like negotiations with the residents. Andrea, employed in a private care home in Madrid, described a situation most care workers shared in similar words, not only in Madrid but also in Paris and London:

> You arrive at eight in the morning, you wake them up, you call them and prepare to wash them, they don't like it…Because they probably are comfortable and warm and you have to wake them up. 'I don't want to take a shower, I don't want you to wash my hair, I don't want this and that.' And you have to do everything possible to try to wash them, to clean their teeth, and to help them wash their hair. So you have to make it go smoothly…to divert their attention from what you're doing, to talk about something else and see if they can 'forget' what you're doing. (Andrea, 47, Cape Verde, Madrid)

Relying on communication tools does not necessarily mean that care workers are always successful in gaining the resident's trust or even acceptance. Confrontations are sometimes left unresolved. Nada, employed in a private care home in Paris, gave the following example:

> There is a lady who did not want to be washed and I'm not sure she will agree tomorrow to be washed. I will try again tomorrow but she's almost 100 years old and she considers that she doesn't need a shower. What do we do? I force her to take a shower? It's a woman who urinates in bed and I change her bed sheets but I don't know if she washes herself…(…) but I can't force her either. Tomorrow I will try, as I have written in the handover report, it doesn't mean I will succeed tomorrow. It doesn't mean I will succeed the day after tomorrow either. But it means that in a given moment we will have to wash her despite herself. We will have to wash her. (Nada, 31, French, North African parents, Paris)

In trying to make residents feel at ease and trust the workers for the delicate care they need to provide, care workers continuously engage in emotional labour. This emotional labour is about building relationships with the elderly persons they care for and in this interaction they are both agents and receivers. Their actions do not simply have an impact on the feelings and well-being of the persons who are

cared for, as the concept of 'affective labour' would suggest, according to Hardt and Negri's understanding presented above. The care relationship cannot be described as one between an active and a passive agent, and in this regard the concepts of 'care-giver' and 'care-receiver' are misleading. The care relationship is created by both persons and there are therefore many ways in which care workers' feelings are affected.

Emotions that are experienced and endured when providing care

An obvious form of emotional labour, one that fits Hochschild's definition of 'the management of feeling to create publicly observable facial and bodily display', is found in care workers' description of the mental preparation needed before starting the day and entering into contact with residents. Many respondents made statements similar to Elena's, below:

> We all have personal problems, and these problems you can't bring it to the company, especially in a care home where you care for dependent people, persons who are sick, who need affection, cuddling, attention, who need an example, a smile on your face. You have to be in your best mood. Problems, you leave them in the street, you have to come with very good energy to be with them because there's no reason why they would need to pay for all the problems of those working in this, they're innocent. (Elena, 42, Paraguay, Madrid)

Most situations that are narrated by care workers described, however, forms of emotional labour that do not fit so easily into Hochschild's definition. How to analyse feelings of fulfilment that workers share spontaneously with residents? Or a feeling of powerlessness and guilt when a resident's health deteriorates? Arguably, the concept of emotional labour – as defined by Hochschild – cannot fully account for the blurred boundary between the personal and the professional in long-term care settings. First, the idea of a two-way relationship, if not reciprocity, needs to be stressed. Residents create emotions for care workers when they display signs of appreciation and gratitude. Seeing it from this angle differs from the previous point: care workers not only perform emotion work to be in the right mood to provide care, they are also subject to emotions of their own that are created by this interaction. These can be very positive as in the idea of fulfilment,

or devastating, for instance when workers feel unsafe because they are exposed to aggressive residents, or when they feel guilty. The strength and pervasiveness of these feelings often trigger additional emotion work in an attempt to preserve their personal lives from the emotion-laden environment of care work.

Amongst aspects of the caring relationship that do not follow from purposeful emotion work by the workers was the satisfaction derived from the possibility of learning from older persons. Many shared the view that they were learning something every day. A typical quote on this theme is that of Eloise, employed in Paris:

> So we learn a lot from elderly persons. We learn a lot and I like the contact with…even if they have Alzheimer, I talk to them as if …. (laugh) not like children, as we always have a tendency to infantilize a little. No, I like to hear their stories. We learn a lot. It's a human relationship. (Eloise, 59, Guadeloupe, Paris)

Feelings of reward and fulfilment constitute another positive example of the 'two-way relationship' that care work represents and of its importance for care workers, as illustrated by the following quote from Adriana, who worked in Madrid.

> What I like most is the gratitude of the persons, they are grateful. I have worked in different places and I don't know why generally speaking the work one does nobody acknowledges it or thanks you. But an elderly person will always appreciate, will be grateful…this affection that they give you or this gratitude because you're caring for them, it's something that has surprised me a lot and I enjoyed working with elderly persons. (Adriana, 29, Ecuador, Madrid)

From one extreme to the other, feelings of fear and guilt pose a similar challenge to the concept of emotional labour. A story frequently told was one of helplessness over having to care for residents who never recover, who might preserve their health for a while, but who inevitably start deteriorating at some point. Being continuously confronted with diseases from which residents would not recover often triggered sadness and a sense of guilt. Elena was caring for an elderly man for several years as a live-in carer until she decided she would like to obtain a nursing degree to better her professional prospects. When the possibility

arose for another carer to take her place she decided it was a good moment to leave. Her account below shows however that such decisions can be upsetting:

> When I left him, he died after a month…I left the house to start studying nursing. I left and a girl came that they had something like 5 or 6 years earlier, who got married and left for a different place. So this girl was about to come back, so I said: 'given that this person is here, I go'. And the man told me that if I left he would die. I don't know, I was always saying that this… no, this can only God decide, that neither him nor me could know when. So it was how he saw things, so I left and he died after a month. (Elena, 42, Paraguay, Madrid)

Another set of emotions is related to the harm that residents can cause to care workers by being aggressive. Very often, residents with certain conditions such as Alzheimer's are aggressive towards the carers, whose only protection is the emotional labour they perform in an attempt to keep the resident calm while they provide the care the person needs. Examples of violent gestures by residents are almost countless in their narratives. In this regard, the situation of care workers in domiciliary care, and especially in the Spanish context where many of them work as live-in carers, needs to be distinguished. Feelings of danger were most exacerbated for workers in this situation, like Gladys:

> To be with one person is a lot, you absorb everything from that person and even more when the person...because according to the pathology…there are persons…when you first start it's very difficult, because many are aggressive. And being at home you run the risk that they attack you. (Gladys, 37, Ecuador, Madrid)

Physical violence, in spite of the marks that were sometimes visible on the hands and arms of the respondents I've met, was not the only form of violence or even the most harmful one. In many ways, insults and comments could provoke emotional distress. Residents' insults could be virtually about anything, but in this research on migrant and minority ethnic care workers, who were caring for an overwhelmingly white population of residents, racist comments were a common experience. This specific work environment and the implications of racist comments addressed to workers are analysed in Chapter 7. These emotions endured by care workers require them to do extra emotion work. In addition to the emotion work one does to 'leave personal problems outside' before starting the

shift, then, after a difficult day, care workers need to do additional emotion work if they intend not to let these feelings impact on their private life. This point was often made by women with children who felt they needed to take up the role of mother as soon as they left the workplace. On the whole, emotions can be positively mobilised by care workers, or celebrated when they offer a sense of satisfaction at work; but at the same time they are difficult to cope with when they result from abuse in the form of insults or aggression.

This section has demonstrated the prevalence and significance of emotional labour in the occupation of care assistant. But as the following section highlights, this emotional labour fails to be taken into account by the industry practices. The professionalisation discourse does not provide a bridge to bring the two closer together as one might expect, but reveals an additional contradiction between that discourse and workers' 'ethics of care'.

Where's the work in care work?

A capitalist miracle: marketising emotions while making emotional labour invisible

Selling care services brings private companies to depict emotions in their advertising materials. Happy workers and happy residents are presented in images of smiling faces, clasped hands or joyful group activities. These representations in text, pictures and videos, to be found on the companies' websites and You Tube channels, serve to showcase the care provided in these facilities.

Picture 1: Example of corporate representations of older-age care

Source: http://www.caringhomes.org, last accessed in January 2015.

Daily caring activities such as personal hygiene and continence care are implied but not explicitly mentioned and most communication revolves around attention to individual needs and dedication to the resident. The message conveyed is of a happy resident, listened to and well attended to in all his or her individual needs and enjoying a better life quality than at home. There exists, however, a fundamental contradiction between how emotions are portrayed, and thus apparently valued, and how emotional labour by care workers is rendered invisible and *de facto* devalued. This section looks into the contradiction between the importance of emotional labour in care workers' narratives and the lack of recognition of its crucial role by companies through the procedures they implement and expectations they formulate. A contemporary consequence of the historical processes in which the activities that were traditionally assigned to women are deemed unskilled (as presented in Chapter 1) is the invisibilisation of emotional labour in caring services. While low earnings are undoubtedly a symptom of this marginalisation (see Chapter 4), I focus here on several examples of this invisibilisation at the workplace level.

The first example is that of supervision procedures implemented in UK care homes to ensure care quality. The indicators chosen for reporting, presented as neutral and objective tools, reflect in fact a deeply gendered understanding of what work is, as well as which aspects of care deserve to make it into written reports and which supposedly can be left out, and by the same token silenced. A report published by the Joseph Rowntree Foundation (2014) listed all paperwork

in use in care homes according to who fills in the forms, whether doing so is a legal requirement, and how often the forms are used. The list contains 101 items that correspond to different forms or reports. It includes items such as risk assessments for handling medication, checks for fridges' temperatures, and reporting of daily laundry services. Among these items, none actually addresses the relationships between care workers and residents, none gives the worker the chance to value the time spent in making sure that the resident agrees to the care provided. Only three items – out of over 101 in total – remind the reader that the work assessed is care for older persons and not inanimate objects: 'Life story', 'Communication assessment' and 'Spiritual needs'. The rest is about risk assessments, medical charts and technical maintenance issues. All this leaves little room for the emotional labour performed to become visible within supervising mechanisms. Whatever is quantifiable and apparently 'objective' can more easily be turned into an indicator. For instance, counselling a depressed resident appears to be subjective and the 'outcome' of the time spent doing this is hardly measurable. In contrast, caring activities that are defined by a medical or technical criterion can be regarded as 'objectively' assessed, as, for example, monitoring a resident's fluid intake. Inevitably, the normative implications of this bureaucratised and Taylorism-inspired supervision of care undermine care workers' emotional labour. On paper care becomes this series of disembodied tasks and the subjectivity of the caring relationship is hidden.

This attempt to standardise care by scheduling each task tends to be resisted by care workers when they perceive it as hampering or diminishing the care they provide. Claudia, who worked in a private care home in Madrid, felt rushed in the morning because of the number of residents she needed to attend in a given time. Most respondents employed in residential care facilities mentioned an exaggerated workload in the mornings:

> If the day starts at 7 in the morning at 9:30 at latest they need to be in the lounge. So you need to be there in 2.5 hours, you have to be fast, 'pin pan, pin pan'. And they have this protocol with a timetable but I think that this timetable harms residents because time that should be dedicated to a person is not respected. (…) Because they plan really little time and it is a constant struggle, what they call the 'ratio', it means how many

> persons we have to do each, and apparently they don't have budget for this 'ratio' that they call it. (Claudia, 53, Peru, Madrid)

The implementation of such a schedule implied a supervision that focused mostly on making sure the timetable was respected. Martina argued that such supervision missed the point:

> The nurse in charge is only looking if all are seated, are washed, are showered, if their hair is done, if they are dressed, and these things. So you see the difference, care in a private one (care home), and in spite of the fact that they pay double than in a home from the city of Madrid (local authority owned care home) they aren't well cared for anyway. (Martina, 51, Ecuador, Paris)

Care workers were caught up between residents' needs and expectations and institutionalised practices of care that imposed precise rules about when and how each task was to be carried out. Within this framework, care workers were nevertheless creative in finding ways to make timetables less rigid and better adapted to residents' needs. In a private care home in Paris, Saba, for instance, was trying to make little adjustments:

> There is a Lady M she doesn't like water, as she says. She wants wine and beer. She likes that we stay seated next to her, on the edge of the bed. So sometimes I stay with her and I listen to her. Or she only looks at me and we say "we're well here". Even if we don't talk…I rest as well. And it makes her feel better. She smiles. And I enjoy this smile and after that I can only give her 5 more minutes because after personal care there's lunch. (Saba, 41, Cameroon, Paris)

This tension between the time a care worker would like to spend with the resident and the time the carer is actually able to do so creates frequent distress. The time pressure greatly shapes the way emotional labour is performed and also triggers additional emotion work to deal with the consequences of such time management. At times, care workers voiced their disapproval and unease when confronted with constant time pressures. The work environment of Mayra made her upset:

> To be honest, I don't like working in a residential care home because I'm very affected by how residents are treated. The truth is I worked because of necessity. I worked and tried to do the best way possible with the best consideration towards the persons, but the truth is that working in care

> homes is hard because they require a lot from you. You have to care for many persons in minimal amount of time and it makes you rush the persons, you understand? It's not the same when you care for one person at home, you take your time, you bathe the person slowly, you give the person time to dress up, to do his or her hair, or to put on some face cream. Whereas when you're in a care home, everything is running, running. Very fast, very fast…I tell you it is often as if we weren't dealing with persons. I tell you sincerely, it happened that I cried for the inhuman treatment of working in a care home. (Mayra, 52, Ecuador, Madrid)

When workers disapproved of caring practices in a given workplace, it had emotional implications for them as they needed to deal with the experience of doing something against their judgement and their will. Whereas Mayra could not leave the job because of financial needs, Martina quickly found a job in a different setting when the situation became unbearable:

> So in the private ones there are few care assistants on the floors. In the night, in a private one, we put to bed 50 residents, three girls, 2 ok and one for instance with a broken arm and they did not give her sick leave or with a lumbago and they wouldn't put her on sick leave. As she couldn't lift weight she was standing watching that they don't fall. So that the two of us who were ok we looked like machines, with the famous hoists….tititiittititi..... lower the bed…it was like something automatic up to the point that you say it's not possible. Because if we go as if we weren't putting persons to bed, or I don't know as if they were things or as if you're abusing ….I didn't like the private one at all. I stayed a very short time and left. (Martina, 51, Ecuador, Madrid)

The reduction of care to a series of technical acts, most obviously feeding and personal hygiene, is not confined to institutional practices. Rather, these reflect dominant norms and values within society as a whole. Care workers were highly aware of the relative devaluation of their work because of its association with 'dirty jobs' and the general view of it as unskilled. Care workers confronted these representations in their social relations both at work and outside. Many in this study said they were hurt by comments and remarks that were demeaning. These could take different forms: a relative saying to the employee caring for her mum, 'You could do better', meaning the person had the capabilities to pursue 'better' professional aims; or an employer telling an applicant 'And the "wee and poo" is all you know?' A story told by Saba illustrates the idea commonly shared that paid care is composed of tasks that visitors and relatives don't do, as if the

similarity of paid and non-paid activities would render care workers' earnings less legitimate. In this case, it was making pancakes that was not considered part of 'proper care':

> It was "What is this? You are here you're not doing anything!" But Madam, making pancakes it is an activity, an activity it is not only playing. Pancakes, talking to a resident, these are activities. Doing manicure, massaging hands, it is an activity. Everything we do is an activity. "Oh no, this is not normal, that's not possible." We were almost 'good-for-nothing' and I found it quite hurtful. On top of that she did not want to listen to us, to hear us. Nothing at all. (Saba, 41, Cameroon, Paris)

The distinction between paid and non-paid care resides in the monetised relation that paid care presumes. Care activities, however, overlap and caring for someone's personal hygiene or psychological well-being is part of care in both settings. The commodification and commercialisation of care activities formerly confined to the private sphere (where they were no more immune to exploitation) led to a professionalisation of older-age care. However, the boundary between what is strictly professional and what goes beyond the professional sphere is not always easy to draw. Emotional labour in long-term care often gives rise to strong and contradictory emotions that affect care workers. The following section looks at the contradiction that emerges between, on the one hand, care workers' narratives and the discourse of 'care ethics' within it, and the professionalism discourse on the other.

Emotions and professionalism, an oxymoron?

Care workers' narratives made systematic references to commitment, love and attachment. The starting point of the analysis in this section is the mobilisation by care workers of these discourses to account for their working experiences. The question I raise is: why does this 'ethics of care' as constructed by workers themselves differ from the dominant professional discourse? Workers who were too committed were considered unprofessional, but if workers would not care, as in Tronto's distinction between 'caring for' and 'care-giving', they would not be appreciated by their professional hierarchy either. Where should the line be

drawn? And most importantly, can a boundary be set at all? This section argues that these questions remain open and that this is ultimately due to the unresolved broader question of the place of care in our societies. As long as the organisation of society won't address the fact that 'humans are not only creatures of the market, they are creatures of care' (Tronto, 2013, p. 45), care will remain marginalised and devalued. Existing contradictions between how paid care is institutionally defined and what care workers have to say about it are interesting in this regard. The analysis of their discourses raises questions that can contribute to a rethinking of the place of care in society.

First, what are the manifestations of such an 'ethics of care' (Molinier, 2013)? Interestingly enough, and in contrast to the points analysed above, discourses vary here between London, Paris and Madrid. While love, commitment and attachment are mentioned, described and illustrated with numerous examples, care workers' narratives are to some extent shaped by the degree to which professionalisation has penetrated the institutional environment they work in. In this regard there are significant differences between the three countries (as detailed in Chapter 1). In Paris, all care workers interviewed completed at least six months of training, and often nine months. In Madrid, professionalisation was being implemented while I was doing my fieldwork, given that a new regulation required a certificate from all care assistants as of 2015. Local authorities in Madrid, however, did not provide precise information until the end of 2014 and care home managers addressed this issue very unevenly, with many care homes leaving it to the workers to look for private schools where they could acquire this qualification. Before this reform, care workers in Madrid were often recruited on the basis of 200-300 hours of training provided by local authorities or certified associations. A lighter degree of professionalisation characterised care homes I visited in London. Care workers could be recruited with no previous training at all and consequently received 'on-the-job' training. Knowledge was transmitted through online training and an induction with more experienced colleagues. This form of training exposed workers less to a standardised professional discourse because the values and norms promoted depended in part on the colleagues who were doing the induction. In the following paragraphs, I look into the differentiated expressions of this tension between professionalism and workers' narratives.

In Paris, this opposition was present directly in the interviews, given that workers were aware of this contradiction because of their training. The quote from Saba mentioned in the introduction illustrates this point, and in the French context most respondents expressed similar thoughts. Using different words, Danièle made the same point:

> We get attached to them, me personally I'm a very sensitive person, during training they were telling us not to get attached to residents but it's not possible, it's inhumane, it's inhumane not to get attached to these persons. They need us, even us we need them. We also need to communicate with them. It's not only them. They need our presence, our help but we feel down sometimes too, we confide to some residents with whom....but during training they tell us no...but other persons told me that's not possible and that's true it's inhumane, every day...me for example it's been 3 years that I'm here, how can I not get attached to them, especially on this floor? It's not possible not to get attached to these persons, it's not possible. (Danièle, 53, Senegal, Paris)

This discourse, which can be referred to as an 'ethics of care', also emerged in the interviews with care workers in Madrid, although only a few pointed to the contradiction it posed with the content of training. One of them was Saul, a young care assistant from El Salvador working in domiciliary care:

> It is a very humanizing work that makes you reflect, it's not simply as people think cleaning others' people dirt and that's it, no...You have to get involved...in classes about care they tell you quite the opposite, in the classes they tell not to get involved in things, that these are personal matters, that this shouldn't be carried out this way but I believe that we're human beings and that's very difficult to disconnect things. (Saul, 27, El Salvador, Madrid)

On the whole, respondents' narratives in Madrid and in London implied that such an opposition would emerge if more training were provided, because many described their attachment to residents in very similar words to those employed by their counterparts in Paris.

Closely related to the theme of attachment and professionalism is that of 'family-type relationships'. Emotional engagement with the residents often led care workers in this research to describe their relations with residents as similar in

nature to those they had with their own parents or grandparents. Here the 'professional' discourse also had a differentiated impact on the narratives shared in Paris, Madrid and London. On this topic and due to the training they had received, workers in Paris showed they were aware that they were not supposed to equate their relationships with residents to family-type relations. Amandine said for instance:

> Actually I consider them a little bit like if they were, I don't know if I'm allowed to say that, but as if they were my grandparents actually because back home, I'm from the Ivory Coast and back home we're very close, parents we're very close, generations mix. (Amandine, 32, Ivory Coast, Paris)

This tension was less clear in Madrid where care workers would positively mobilise the analogy with family relatives very often. The words of Naomi below echo many other statements of care workers in Madrid:

> What I like is to be able to help them. They wait for someone…because their relatives can't be with them, so we have to think that they are our relatives and care for them as one should. (Naomi, 37, Colombia, Madrid)

Furthermore, questions of attachment played a significant role in workers' perception of stability, in addition to the aspects analysed in Chapter 4. Jacques, who was employed in residential care in Paris, argued for instance:

> For me work is to feel at ease where we go to in the morning because during the interview I told them I preferred to stay here. On a temporary contract for one month, they can prolong or you can be told not to come anymore. When I'm in a permanent job I tell myself I go home, I go to see my grandmother, I go to see my grandparents, I have a moral obligation, a moral obligation that makes me stand up in the morning. I have a task to fulfil every day in my life, I go to work. Whereas if it were a temporary contract, I would always have this question, this interrogation…we think what will happen if tomorrow they don't want me anymore, what should I do, I have to search. (Jacques, 31, Cameroon, Paris)

The absence of training or qualification requirements in the recruitment processes in London contributed to shaping care workers' narratives on this theme. Less

exposed to the 'professional discourse', they described their relationships with residents freely and did not hesitate to use the family relations analogy. To illustrate this point I quote here Fadila, who came to the UK from Bangladesh. Her statement is especially telling because she described how her mentor in the workplace, the care assistant in charge of her induction, brought her to think of residents as her grandparents:

> When I joined I got really scared whether I can manage to have a very friendly relationship with them (the residents) but now I feel very comfortable I feel like I'm helping my own grandparents. (…) I thought it was not possible for me to do anything and they told me if you are coming to a person, they need your help, don't get scared just take it easy and think, use your brain, use your heart if she is your grandma or if he's your grandpa how you will deal with them and then slowly I got used to do all my work and I found that it's easy it's not hard. (Fadila, 30, Bangladesh, London)

If this tension is less experienced by care assistants in London due to absent or limited training, the debate is nevertheless present in the care industry. For example, in September 2015, the Care Quality Commission answered a polemic triggered by its alleged ban on the use of 'love' to address residents. The conclusion in this case was that 'the important issue is that people are called what they want to be called. Some will really appreciate affectionate terms of endearment, others will not'[44]. Again, this illustrates a different work culture as compared to the work environment observed in Paris, where care assistants would be expected to address residents formally instead of using 'terms of endearment', as the CQC labelled them.

As revealing as it is to highlight the role of attachment described by care workers, it is equally important not to idealise these feelings that the care relationship triggers. Attachment creates complex relationships and also suffering. Several respondents in all three cities therefore insisted on the need to learn how to protect oneself from the harms that emotional commitment can inflict. Melissa and Isabel explain how they came to this conclusion.

[44] http://www.cqc.org.uk/content/terms-endearment, Last accessed February 2016.

> Given that they told us that they weren't our children, they weren't our parents, we have to try not to mother them too much and this was what I was doing, I don't know how to explain it. During at least one month I was doing only that up to the point I felt really attached and other colleagues didn't like it. I know they did tell me but it didn't bother me. For me, I had to do what I had to do. But with time, we understand that it's not like this. They are not our parents, they're not our children, so one need to know how to put…not a barrier, but limits, there are limits. (Melissa, 41, Cameroon, Paris)

> It's hard if you are a carer and you've been dealing with them for quite a long time it's hard to be attached with them. That's why we have that… what do they call that… like limitation like that. Because to be attached with them is not really good, because when they are gone it's like your family member then you will mourn as well. Actually I got a very good relationship with all the service users, especially we have got one, but when I was on my maternity leave she died and then (name of colleague) has just informed me about her death and I was lying in bed, I was really shocked because the death it's really abrupt so I was really crying and I realised you know it's hard to be attached with the residents. (Isabel, 37, the Philippines, London)

This last quote touches upon the sensitive issue of managing emotions when confronted with disease and death. These situations are difficult to manage emotionally and they reveal the fragility of the boundaries that workers are told to draw between their paid work and their personal lives. Confronted with the terminal illness and death of residents for whom they provided care, sometimes for years, care assistants often experience difficulties in confining their emotions at work to the job. Many respondents expressed similar feelings to those of Patricia, employed in a private care home in Paris:

> We can always tell there need to be a barrier, it's true, but we can't, there are moments when we get attached. But we know that…We're human so it affects us when there's a death. It affects us, it has to. Because it's like a family in the end because we spend a lot of time here. Eleven hours per day, now we're working the whole week-end, three days, we're more here [than at home], when we get back home it's late already. When I get home it's after nine, so it's like a second family, I always say. And we get attached inevitably and they die, it affects us. (Patricia, 34, Reunion Island, Paris)

These experiences were similar in care workers' narratives in London, Paris and Madrid in spite of institutional differences. The difference was that in the private

care homes I visited in Paris a psychologist could meet with care workers to provide some support and help when workers went through the mourning process. Not employed full time, the psychologist would nevertheless come for a couple of hours per week and meet individually or in groups (varying from one home to another) both with workers and residents. Being able to talk to the psychologist, or being encouraged to do so by the nurse in charge, when a worker was affected by some events at work, represented a form of acknowledgement of the implications of emotional labour. Danièle recounts, for instance:

> With the psychologist, when we lose someone for instance, we talk about it. There is one who died, when?...in December...very nice lady. This one she affected me I had to talk to the psychologist because I was seeing her night and day, night and day. In the evening, it's me who put them to bed on the floor, my colleague leaves at 7 and I leave at 8. Every evening she would tell me 'Go and stay with your children', these are words that touch me, each time, every evening she would tell me this, as soon as I had put her to bed 'go home and get back to your children'. (Danièle, 53, Senegal, Paris)

Danièle's quote is interesting because it also uncovers why death sometimes requires care workers to mourn as if they had lost a family member. Danièle clearly describes a care relationship in which she's not the sole caregiver; the resident also *cares for* her. The resident might not be able to provide care, as in Tronto's use of 'caregiving', but she definitely 'cares about' and 'cares for'.

The previous paragraphs attempted to uncover the complexity of what emotional labour entails. They pose the question: is the concept of emotional labour able to account for the great diversity of dynamics at work in the case of older-age care work? In these settings care workers are indeed active agents performing emotional labour, but emotions also serve to render the work itself bearable and workers sometimes are deeply affected by feelings that their interactions with residents trigger. The following section looks at the implications of the structural devaluation of care work, through the invisibilisation of emotional labour, from various perspectives. It first examines how earnings and status are perceived by care workers; I then analyse how in their narratives care workers nevertheless build a positive perception of their occupational identity; and finally I confront my material with the concept of a 'migrant ethic of care' (Datta et al., 2006).

The value of work, for whom?

Earnings and recognition

Uncovering how emotional labour is marginalised in the care industry raises questions about care workers' perceptions of their earnings and status. The previous sections have demonstrated that emotional labour is silenced for the most part in supervision and institutional practices. Care workers, in all three sites of fieldwork, unanimously deplored the low wages that they earn and the inadequacy of the level of pay compared to expenses such as rent and providing for a family. Only in Paris were some care workers – though still not the majority – satisfied with their level of pay when they had multiple jobs. The profile of these workers was specific: they were usually young women (younger than the average for the sector) without caring responsibilities at home. Not surprisingly, male carers were the most vocal in expressing their dissatisfaction with the level of pay. As a minority among a feminised workforce in a segmented sector of the labour market, their marginalisation, in comparison with the global structure of earnings within society, must have appeared more clearly to them. Bacar, for instance, obtained a Master's degree in History in Paris. But he couldn't find a job in his field that would meet his financial needs and so he decided to train as a care assistant. He highlighted the contrast between the idealised representation of the occupation presented during training and the reality he had to confront:

> It's a job that is hard. It's tiresome. It's a job that lacks consideration. It's a devalued profession, care assistant it's devalued. When we're at training, it's all apology and praise, it's a beautiful profession, tatatatatata…..but when we're on the ground it's different, it's diametrically opposed, what we learn at school and what we see in reality it's different, I tell you…that's the problem. (Bacar, 35, Senegal, Paris)

Care workers complained about the level of pay in specific terms. They not only stressed that their earnings were insufficient to provide for their needs, most of them presented an argument as to why they deserved higher earnings. They highlighted the hardships of the job, the long hours and the importance of their contribution to society in caring for the older persons. In his statement below, Luc points out the devaluation of the work of care assistants 'in spite of' the time they

spend with residents; but, as I have argued in this chapter, 'in spite of' could be replaced by 'because of' in the light of the devaluation of emotional labour at work here.

> But we need to admit, that compared to what we do, compared to what we give, the salary is very low. Very very low. Like tiny. Especially in France. Because the patient, we're the only ones who are the closest to the patients than anyone else. The doctor comes, we tell him someone needs to assess, he goes, he prescribes the medicine, the nurse gives the medicine but that's us who are the closest to the patients than anyone else. (…) An example you get 1,500 euros gross salary, you pay 400 euros for taxes, and your net income is 1,100 euros, what can you do? Nothing almost. (Luc, 25, Cameroon, Paris)

Female care workers also complained about what they perceived as an unjust remuneration, given the hardship and importance of their work. In Madrid, where salaries are particularly low, Claudia used strong words:

> Family relatives tell us 'you've earned a place in heaven'. But we won't live from heaven only, we also live here and the earnings don't make up. There's a gap between the work accomplished and the salary we receive. We work a lot and earn a little. (Claudia, 53, Peru, Madrid)

In Paris, where earnings were in abstract and relative terms higher because the sector was more regulated and workers had more training, variations in terms of salary existed between various positions named differently but involving exactly the same work content in practice. A care assistant, *auxiliaire de vie*, and an auxiliary nurse, *aide-soignante,* who worked on the same floor would either be in charge of half the floor each or provide care together for very dependent residents, so the content of their work was *de facto* the same in residential care. This created a more localised sense of injustice, not in relation to the marginalisation of care occupations in society as a whole, but more specifically by direct comparison with the earnings of some colleagues. This situation was however specific to the institutional context in France:

> I do the same as auxiliary nurses. They don't work better than me but in terms of salary there's always a difference. They might get 200, 100 euros more than me. And yet we do the same thing. It's only this that is annoying. That's what bothers me. So sometimes you think about it, you

> see that you work, that the person is not working better than you, it's just because he has an additional paper, that's the qualification. So it's irritating sometimes. You feel like you want to leave, to say that when I'll have what I need I'll come back (laugh), that's it. (Kadee, 53, Senegal, Paris)

These quotes outlined the general sense of dissatisfaction with the level of pay and stressed how care workers articulated it with the non-recognition of the work they performed and the hardship it involved. In opposition to these discourses, care workers displayed nevertheless a strong sense of occupational identity and pride in the work they accomplished. The following section attempts to describe how care workers construct their narratives around a positive representation of their occupation.

Being proud, against all odds

From care workers' narratives there emerged a much more positive representation of care as paid occupation than the one conveyed in society's dominant discourses, the latter being exemplified by care workers' stories about judgemental comments from family members and other persons. Respondents actively constructed a positive perception of their occupational identity and valued the work they accomplished. Overwhelmingly, they stressed the importance of care work and underlined its essential function in society. This shared dimension between the different sites of fieldwork illustrates empirically the central argument of the 'care ethics' literature that places 'care' at the centre of society and emphasises 'what really matters' (Perez Orozco, 2014). It also emerged from the interviews that not only did care workers value the work they accomplished, but they also experienced a sense of pride derived from the feeling that they were doing their job properly.

'Doing something useful' is an idea that was very often stressed in interviews, and rare were the persons who did not mention it. It does not matter much here if this was an artefact of discourse, an 'authentic' feeling, or a bit of both. What matters is that most workers relied on this idea to construct a positive representation of their occupation in their own eyes, and thus within the profession. Amongst the

countless possible quotes, I here share those of Mike, a care worker in London, and the words of Laetitia, a French care worker:

> And I got the job as a carer here because I feel with care job I will be able to deliver to the less privileged what I have, taking care of them, my objectives will be met. Because I like to contribute to – I've been a member of the Red Cross Society for about 35 years back in my country, so what we do is like humanitarian activities. We take care of our people, but we are not being paid for it back home (…). Just to acknowledge your activities, the Government might just give some remunerations to encourage you. But here when I came into the UK, I discovered that what we are doing back home for free could be a source of livelihood. So I've got in that mentality taking care of people, it's my joy. (Mike, 55, Nigeria, London)

> I consider that their families place them in residential care, either because they didn't have time, or they don't feel capable of taking care of their father, of their mother, so I do it but I don't do it because they can't, but I do it out of love. I feel I'm making myself useful. (Laetitia, 29, Guadeloupe, Paris)

A sense of satisfaction was derived from the perception of contributing to the well- being of society by giving care to those who needed it. A sense of pride was implicit in the narratives that made the following point: not everyone can do this job. Again, this was a very frequent point in the narratives in all three cities, and, I argue, a central one. In spite of care assistant jobs being formally quite accessible (in London and Madrid, care assistants could be employed without prior qualifications; in France they needed six months training), these discourses argue exactly the opposite: not anyone could do this job, rather, a certain set of qualities are required to be a good carer. By describing their occupational identity in these terms, care workers successfully portrayed themselves as possessing these valuable qualities. Hawa said in this regard:

> It's an occupation one needs to like before doing it because there are many incidents. You need to clean the stool, to wash private parts…if you don't like the person you can't. When I say the person it's in general, it's not…One need to love humans, to like what we're doing otherwise it's not easy. I know some people they got some jobs when they arrived, they saw the stool and they said they couldn't. So it's really not easy. It's really not easy. (Hawa, 34, Ivory Coast, Paris)

In a similar vein, Patricia spoke of her work as a calling:

> As I told you this occupation you really need to like it, not to do it…we all work to provide for our needs but I mean it can't be only for that. One need really to have a calling for this occupation. Otherwise forget about it. And if one really likes what one does, generally everything goes well. And it's my case, it goes really well with residents. (Patricia, 34, Reunion Island, Paris)

Male care workers would construct their narratives in a similar way. These are the words of Antonio for instance, who came to Spain from Cuba thanks to the emigration possibility arising from the fact that his grandparents were Spanish:

> The persons who come to this world [the care sector], they need first of all to have a heart as a human being. Second, to see this person as a human being, a human being that could be you, your mum, your grandfather. And third, as professional staff, if you decided to enter this world, you need to see it from the perspective of the professional that you are. (Antonio, 39, Cuba, Madrid)

An idea closely related to the one that 'not everyone can do it' is that 'there's only one way to do it well'. Previous sections have already looked into the role of attachment in providing care, and it is here worth noting that this aspect was at times articulated with a sense of occupational identity. Fouzia, for instance, advocated the introduction of recruitment tests to see if applicants are guided by their heart or by their brain. This is what she said in introducing this proposal:

> Honestly if you don't work with your heart, you work only with your brain, you'll be like a machine. So you don't bring anything to that person. Nothing, what will you bring? Nothing. You take note of the time you arrived, what time you left, what drugs she took, what she ate, she doesn't need only this, it's very important but the most important, a little gesture, we touch the hand. (Fouzia, 38, Algeria, Paris)

Finally, a form of narrative that arguably constitutes the other side of the same coin is the claim that 'one doesn't do this job only for money'. This type of discourse suggests that it would not be right to do a care job just for the money, as already suggested in Patricia's quote mentioned above. This is also a way to highlight the specific skills that caring for someone requires, and thus allow for the construction of a positive occupational identity. Nabila, employed in Paris, said for instance on this theme:

> I like my occupation, I like my job, this kind of occupations, you need to like it. So when you like, you do it easily. But if you don't like it, you can't look at the money only, you need to like it as well. So I like my occupation, I like elderly people. (Nabila, 40, Senegal, Paris)

These quotes have illustrated how care workers successfully offer a positive representation of their occupation in spite of the low level of earnings about which they complain. The following section goes a bit further in that it addresses the specificities of migrant and minority ethnic care workers, whose sense of pride comes not only from the importance of the work accomplished and the experience acquired, but also from a sense of cultural pride.

A migrant ethics of care?

In their study of low-paid migrant workers in London, Datta and her colleagues have identified what they called 'a migrant ethic of care' after looking into paid care jobs and the unpaid care of these workers at home. The authors write in their conclusion: 'In thinking about developing some form of a "migrant ethic of care" we have tried to highlight how paid migrant care workers provide very high quality paid care rooted in faith-based, familial ideologies that foster the creation of nurturing spaces' (Datta et al., 2006, p. 28). In this section, I focus on how migrant and minority ethnic care workers mobilised in their narratives the cultures they grew up in, in relation to their current occupation in older-age care. In the above-mentioned study, authors point to a sense of 'moral superiority' (p. 15) that emerged from their data. This section equally illustrates that this theme is relevant to minority ethnic workers who also might mobilise this discourse. The authors argue that these discourses allowed migrant care workers to feel better about 'the social and economic exclusion that they experience as part of living in London' (p. 15). While this might be true, I argue here that these discourses achieve more than that. They contribute to building a strong occupational identity and give an enhanced professional legitimacy. As demonstrated in the chapter on employment trajectories (Chapter 3), the great majority of migrant care workers have qualifications in a field non-related to care and most of them did not think about working in the care sector prior to their migration. The 'migrant ethic of care' thus bridges this gap and provides migrant care workers with a sense of 'inherited

knowledge' in that they present their cultural capital as enabling them to provide better care. Drawing upon this cultural capital, they could frame it as previous experience relevant to paid care, at the intersection of gendered and racialised stereotypes. Living with grandparents and caring for them, or only observing how others cared for them, became an asset at the moment of entering the care sector in London, Paris or Madrid. For instance, Danièle clearly related her commitment to her current job to the culture she grew up in back home. In the following quotes, Elodie, from the French overseas department of Guadeloupe, and Aisha, from Rwanda, both expressed a similar idea:

> As an African we've always lived with elderly persons, I always liked to do this job, to help elderly people, it's always our thing, we've been raised like this, so I turned it into my occupation and I love it, I like to help. (Danièle, 53, Senegal, Paris)

> I'm from West Indian origin, I'm from the Guadeloupe and back home I'm the eldest in a family of seven children and back home I took care of my grandmother and my great-grandmother so it's like this, I found that these persons had plenty of things to give. (Elodie, 52, Guadeloupe, Paris)

> Mostly in Africa we have extended families anyway so we are always taking care of others and we have quite big families and older persons you have to live with them, if they are your parents you have to take care of them, I was kind of used to it before I moved into it and it's fine for me because I was really doing it informally so it was easy for me to start. (Aisha, n.a., Rwanda, London)

Often, however, respondents would go further than just referring to this background as previous experience that they could build upon. Another pattern emerged from the interviews, in which migrant and minority ethnic care workers would oppose their values and practice to what they observed in society, generally speaking, and in the workplace in particular. In these cases the culture acquired back home or through immigrant parents was not only a source of experience and values but also provided a sense of pride and dignity. The quotes below illustrate this point. Amélie and Amandine here contrast their practices with what they observed in French society.

> We generally are, it's not to criticise Europeans, we're generally more family oriented, it's difficult for us to detach ourselves from people, we

> get attached very quickly, maybe that's why we're able to do it, but it's really not easy. (Amélie, 43, Ivory Coast, Paris)
>
> The first year when I came and I saw that there were care homes, where elderly people were put, I found it a bit shocking. Because I don't know, to put your parent like this in a care home…back home it doesn't exist. It doesn't exist at all, at all. (Amandine, 32, Ivory Coast, Paris)

The inevitable consequence of highlighting such a contrast between their culture back home and the values and institutional practices in the care sector where they were employed was to imply a certain essentialisation of caring skills. Claudia, for instance, claimed that Latina women were more caring, which is how she explained the over-representation of women from South America in the Spanish care sector:

> It needs to be said we're Latino workers because the care homes recruit Latino persons, they take Latino persons for the dedication. And the relatives tell us 'I can see you're doing it well, these persons aren't your people and you put all your heart, you've earned a place in heaven.' (Claudia, 53, Peru, Madrid)

Actively referring to their cultural heritage facilitated for migrant and minority ethnic care workers the construction of an alternative valorisation of their jobs. They also mobilised it in recruitment procedures to strengthen their professional legitimacy, especially when applying for their first job in the sector. As a consequence, some workers tended to legitimise their preparation for the job in gendered and cultural terms. If this constitutes a coping strategy for individuals, the essentialisation of skills voiced at times by family relatives or job centre front desk agents is the symptom of a structural discrimination. Stating that non-Western women are *especially* good at care often implies that they are *only* good at care. Scrinzi (2013) demonstrated in this regard how state-sponsored training provided to migrant women to prepare them to work in domestic work in Paris effectively reinforced these stereotypes. The positive mobilisation by migrant and minority ethnic female care workers of gendered and racialised stereotypes illustrates furthermore how they sought to transform a stigmatising inequality into a positive resource that equipped them with greater legitimacy and gave meaning to their trajectories.

Conclusion

This chapter sought to highlight the complex role of emotions in care work. It examined how care workers actively mobilise emotions to provide care and continuously perform emotional labour in carrying out their tasks. Simultaneously, emotions and feelings such as attachment and love play an important role in rendering the job bearable in a segmented section of the labour market characterised by precarious employment terms and working conditions. The 'ethics-of-care' referred to at the discursive level, and theorised by feminist moral philosophy, also contributes to building a positive occupational identity in spite of the devaluation of care work within society at large. Finally, workers are also deeply affected by feelings that their interactions with residents trigger, and the care work they accomplish can cause emotional distress. Building upon these findings, this chapter interrogated the concepts of 'affective labour' and 'emotional labour' in order to assess the extent to which the latter could account for the complexities that characterise the role of emotion within paid care work. The chapter argued that 'affective labour' is of limited relevance to the analysis of care labour, due to the framework of immaterial labour within the autonomist school in which it is embedded, and which does not allow for the complexities of care work to be accounted for. Acknowledging the breakthrough contribution of Hochschild's concept of emotional labour and highlighting some of the similarities with findings presented here, this chapter nevertheless exposed some of the shortcomings of the concept in the context of paid care work. The main critique revolves around the need to revisit the concept of emotional labour in order to account for the contradictory role of emotions within care labour, where they are as much the result of workers' emotion work in the spirit of the concept of 'emotional dissonance', as they are fulfilling a supportive role when mobilised at work and narrated to others for the construction of a strong occupational identity.

The chapter equally argued that while emotions are marketised by private care providers, the emotional labour performed is structurally devalued by gender regimes and silenced within the industry's procedures and supervision mechanisms. The professional discourse that serves the purpose of detaching care

work from the domestic, the familiar, and the private, and introducing it into the public, the regulated, and the professional, is problematic, as care workers' narratives have illustrated. It is crucial to reflect on why care workers' narratives around the ethics of care are not in line with the content of professionalisation. It appears indeed that the argument for bringing care from the margins towards the centre of society's concerns is present, in many ways, in care workers' narratives. It is precisely the 'ethics of care' paradigm that allows us to go beyond 'emotional labour' and helps to explain workers' discourses around emotions in all their dimensions, i.e. both as a powerful tool and as a source of suffering. This is theoretically possible thanks to the contributions of feminist moral philosophy: by shedding light on the gendered dimension of dominant understandings of morality (Tronto, 2013) and professionalism (Molinier, 2013), this literature effectively deconstructs these notions and the oppressive structures attached to them, and thus offers new spaces for workers' voices to emerge and thus new conceptualisations that include all the complexities that these voices express. The 'care ethics' paradigm highlights the importance of these voices at the centre of reflections on the place of care in society. The tensions uncovered in this chapter demonstrate that these voices are not taken into account in institutional processes and even when the purpose of policies is to professionalise care work, the means used and the ways in which it is conducted replicate the marginalisation upon which the devaluation and segmentation relies in the first place. The 'care ethics' paradigm thus offers here a vehicle to empower those currently most involved in 'care giving'.

CHAPTER 7: Varieties of institutional racism and care workers' experiences of racism and discrimination

Introduction

> If you see somebody oppressing someone, you have to speak up or if you can't do anything, in your mind you have to be against it. But if you just sit down and watch, this makes you also a sinner, you understand? If you bear oppression, and if you don't fight it, you also make a big sin, that's why we have always to fight, we have to. Wherever you are, life is not easy, it's always a challenge, always. This will make you stronger. What about you, are you a fighter? (Sameera, 32, Mauritius, London)

Sameera came from Mauritius to the UK 12 years ago. In Mauritius, she worked in a pharmacy and on arrival she again found employment in a pharmacy in London, though in a lower position. For four years she did not have a single day of annual leave; exhausted, she left the job and looked for something else. She found a job as care assistant in residential care. In her new employment she went through tough times once more; she was harassed by her colleagues and felt discriminated against by her managers. Immersed in these unpleasant memories during the interview, Sameera made the statement quoted here. Looked at from the perspective of individual experience, Sameera's narrative appears to be specific and personal. Analysed as part of an institutional context shaped by employment rights, migration policies, and anti-discrimination legislation and practice, such narratives reveal how these experiences are embedded in differentiated forms of institutional racism.

Through care workers' narratives in London, Paris and Madrid, manifestations of racism can be analysed at different levels. The exploration of the dynamics of labour market segmentation in Chapter 3 outlined a form of systematic discrimination against racialised workers through migration and employment policies that produce deskilling and entrapment. While this constitutes a form of institutional racism due to the racialisation on which these dynamics rely, the focus here is on experiences of racism and discrimination as narrated by respondents themselves. The chapter seeks to bring out how these experiences, on the one hand, and respondents' ways of coping with them, on the other, inform the

'ruling relations' that characterise respondents' work environments. In this regard, respondents' individual and collective responses and struggles are crucial to the analysis. The comparative analysis of these lived experiences serves to sketch out an analytical framework in terms of varieties of institutional racism by answering the following questions: What do respondents' narratives around experiences of racism and discrimination and their coping strategies reveal as to intersecting inequalities? In what ways are these experiences embedded in institutionalised forms of racism?

This chapter undertakes to scrutinise migrant and minority ethnic workers' experiences of racism and discrimination in the older-age care industry. For this purpose it looks into three types of experiences: racial prejudice by elderly residents, racist behaviour by colleagues, and harassment/discrimination by managers (the distinction between racism and discrimination is clarified below). The first section situates the concepts of racism, racialization and racist discrimination as understood here and examines how the anti-discrimination policies presented in Chapter 1 are implemented in each of these three countries. This overview contextualises the specific environments within which the experiences of racism and discrimination analysed here take place. The second section looks empirically at the three types of manifestations of racism and discrimination mentioned above. It focuses first on the fact that the older-age care sector is characterised by recurrent exposure to racist comments, a phenomenon which can be exacerbated by the illnesses residents suffer from (e.g. dementia, Alzheimer's) when they lead to uninhibited behaviour. A section is thus dedicated to the analysis of the everyday racism respondents were confronted with. Beyond this, a look at how workers cope with this form of abuse and how managers and companies deal with it allows identification of differentiated features of institutional racism and of differing discourses used to articulate these experiences from one capital city to another. Finally, situations of racist behaviour by colleagues and of harassment/discrimination by managers are scrutinised, and the last section explores the means available to workers to challenge these situations. Each of these experiences is further shaped by the intersection of gender, class and migration status, as the following discussions illustrate.

The racist subtext of Western European societies

Racism and neoliberal capitalism

The assumption that we live in post-racial societies *de facto* obscures the continuity of 'race' as an organising dynamic in European societies. The political economy of the Western world is increasingly shaped by neoliberal values. According to the neoliberal governmentality, 'everyone is expected to have full personal responsibility' and as a consequence risks a 'loss of right for a life mismanaged' (Lentin and Titley, 2011, p. 163). Everything in neoliberal societies is 'judged according to its profitability and "rationality"' (ibid.). While capitalist structures of production rely intrinsically on socially constructed divisions among people – including processes of racialisation – these stratifications are effectively covered up by a governmentality that constructs the illusion of neutrality. Neoliberalism is perceived not as a 'particular set of interests and political interventions, but as a kind of nonpolitics' (Duggan, 2003, p. 10). This obscures power relationships at work and forms of oppression on which neoliberalism relies and which shape the everyday life experiences of women, racialised groups, and other minorities.

From this perspective, the paradox of anti-discrimination policies implemented simultaneously with the continuation of institutional oppression of racialised groups is only superficial. The neoliberal system of values effectively organises the ignorance of those in privileged positions, notably by providing these groups with the feeling of having deserved their privilege. Individualism and meritocracy assume the existence of equal opportunities and delegitimise policies of wealth redistribution to address social inequalities. Anti-discrimination legislation is conceptualised within this perspective as a means to achieve equal opportunities by merely granting individuals the same rights. While such regulations might be useful for challenging certain manifestations of racism, it also serves to legitimise inequalities within a society and allows for a naturalisation of these inequalities. If anti-discrimination legislation ensures that *anyone* can denounce discrimination, then *everyone* is held responsible for his/her individual position in the labour market and in society at large. One of the perverse results of focusing on individual rights to refine legal definitions of discrimination is omission of the

fact that this can only offer a very partial way of addressing deeply rooted inequalities which require social change beyond formal equality. Furthermore, anti-discrimination legislation has a differentiated impact along class and gender divisions and the most privileged amongst racialised workers are in a better position to make use of it. The denial of the continued relevance of racialisation processes in contemporary societies, and of their social implications for racialised individuals, amounts in this regard to a form of racism.

Mobilising the concept of racialisation raises the question: how does 'race' relate to racialisation? The construction of inferiority as well as the discrimination and inequalities that ensue from it might refer to 'race', 'ethnicity', culture, religion, nationality, or any other socially constructed category. Miles has argued that the term 'race' should no longer be used and that racialisation revolves around the notion of 'race' as social construct (Miles, 1993). This legitimate critique is here acknowledged and it is further argued that the concept of 'ethnicity' deserves similar deconstruction. The use of 'race' is often justified by the need to make visible the oppression created by racism or to acknowledge the activism that aims at reversing the stigma (Gilroy, 1987/2002). Ethnicity emerged as a concept in the 20th century and started to be referred to in the Anglo-Saxon academic literature in the 1960s (Martiniello, 2013), either in combination with 'race' or as a way of avoiding reference to 'race'. Guillaumin wrote in this regard in 1972: 'The word "ethnic group" presents itself as a compromise between the unconscious belief in a biological determinism of cultural features and a distance voluntarily taken with the word "race"' (Guillaumin, 1972, p. 85, my translation). While the social construction of 'ethnicity' is not as self-evident as that of 'race', whose historical fate revealed its destructive power, 'ethnicity' equally implies a categorisation of individuals through a combination of cultural and blood-related filiation. For instance, in an OECD paper Froy and Pine (2011) referred to the following description by Yinger (1981): 'An ethnic group perceives itself and is perceived by others to be different in some combination of the following traits: language, religion, race and ancestral homeland with its related culture'. Roy demonstrated, moreover, through historical examples how religious markers can become ethnic markers in different times and spaces or how multicultural policies have at times constructed ethnicities (Roy, 2008).

While this thesis makes a strategic use of the concept of 'minority ethnic' (Aspinall, 2002) in the spirit of the 'intercategorical complexity' (McCall, 2005) within intersectional studies as presented in Chapter 2, the concepts of 'process of racialisation' and 'racialised groups' are here preferred in an attempt to capture the social process at work without granting 'ethnicity' or 'race' a material existence, but acknowledging the sociological implications of the existence of both concepts as well as the role 'ethnicity' plays in struggles for recognition. It is important to highlight, however, that 'ethnicity' is systematically applied to minority groups while majority groups escape 'ethnicisation', given that they are seen to embody the universal vs. the particular. The fundamental problem with this concept is thus that, while it is granted political correctness, it effectively reproduces racialisation by ethnicising those who were yesterday racialised by biological racism.

Institutional racism and racist discrimination

This focus on racialisation as process is crucial given that the definition of what constitutes racism cannot be static either. Stuart Hall wrote 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' (Hall, 1978, p. 26). Gilroy warns in an analogous way against interpretations which do 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, 1987/2002, p. 42). The notion of 'total social phenomenon' forged by Balibar highlights furthermore that racism is to be found in everyday practices, discourses and imaginaries (Balibar, 1988). From this perspective racist discrimination implies a practice and thus differs from the concept of racism, which entails a broad range of possible manifestations, racist discrimination constituting one of these.

In this regard, the relationship between ideology and practice, in other words the question of intentionality, needs also to be clarified. The 'race relations' model of British sociology tended for instance to focus on personal prejudice up to the mid-1970s. Similarly, 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 on which this chapter 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, p. 13). In a nutshell, racist discrimination can result from policies and practices, which might or might not be imbued with explicit racist ideology. In that sense, the concept of 'institutional racism' - developed to a much greater extent in the Anglo-Saxon literature than in French and Spanish studies of racism - proves to be particularly useful for conceptualising racist outcomes without necessarily systematic racist intentionality. The early conceptualisations of institutional racism are to be found in the Black Power movement and notably in Carmichael's writings (Carmichael and Hamilton, 1967/1992). Later on, Sivanandan (1985) distinguished between what he named 'racialism', defined as prejudice displayed by individuals, and racism understood as structural racism. Power relationships are at the heart of this oppression, as stated by Ikuenobe (2010, p. 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 racialised workers 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, p. 12).

Building upon the description of minority regimes along with the comparative overview of national anti-discrimination legislation in Chapter 1, the following section examines how anti-discrimination legislation is implemented. The practice of anti-discrimination legislation is key to assessing its effectiveness; it serves here to introduce the context within which experiences shared by respondents

took place in relation to the possibilities of legally challenging the situations they faced.

Implementation of anti-discrimination legislation

While industrial relations models and sector differences are relevant, the global overview presented here nevertheless offers informative insights into the institutional and legal practice of anti-discrimination legislation. In the UK, 3,064 racial discrimination claims were lodged with employment tribunals in 2013-2014[45]. Interestingly enough, this figure is lower for 2009-10 with 5,700 claims[46] after the government introduced claim and hearing fees in 2013. Discrimination cases are the most expensive, claim and hearing fees reaching £1,200 as compared for instance with £410 for unpaid wages cases (Department for Business Innovation and Skills, 2014). To add to this, only a minority of employment tribunal cases progress to full hearings: most cases are either settled by the Advisory, Conciliation and Arbitration Service (33% in 2010-11), withdrawn (27%), or struck out (13%) (Ministry of Justice, 2012). Once at the hearing stage, cases of racial discrimination have the poorest chances with an average of 16% success in 2010-11[47]. In an online article published by the Institute of Race Relations[48], Renton questions why racial discrimination cases are so unlikely to be successful, not only in comparison with unfair dismissal or wage deduction cases, but also in comparison with other discrimination cases, such as sex discrimination (37%) or sexual orientation discrimination (26%). The argument he puts forward on the basis of several case studies points out that the understanding of racial discrimination is often conflated with racist intentions by judges. It is therefore not enough for the concept of institutional racism to be discussed within the field of anti-discrimination policies – as it is in the UK (cf. Chapter 1) – for the judiciary system to take into account its implications for individual cases. Racial discrimination remains often equated with racist intentions of the perpetrator and

[45] Source: http://www.bbc.com/news/uk-31856147, Last accessed February 2016
[46] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/218497/employment-trib-stats-april-march-2011-12.pdf, Last accessed February 2016
[47] http://www.irr.org.uk/news/culture-of-disbelief-why-race-discrimination-claims-fail-in-the-employment-tribunal/, Last accessed February 2016
[48] Op. cit.

cases tend to revolve around proving or dismissing the racist intentions instead of establishing the existence or nonexistence of discrimination.

In France, insights into the figures published by the High Authority for the Fight against Discrimination and for Equality (HALDE)[49], an institution created in 2005 to comply with EU requirements, show that the number of complaints increased from 1,410 in 2005 to 12,467 in 2010. The purpose of this state-funded body was to assist victims of discrimination by supporting their legal fights when the Authority had reviewed the case and established that discrimination took place. Around half of these complaints concerned employment, and overall, between 2005 and 2009, 28.5% of complaints mentioned 'discrimination based upon ethnic origin (real or hypothetical)'[50]. Rattansi (2011) notes, however, that far fewer resources were attributed to this new agency than were provided to the former British Commission for Racial Equality. Moreover, the HALDE existed for only a few years, having since been integrated into a broader institution, 'Défenseur des Droits', chaired by an 'Ombudsman' in 2011. The disappearance of the HALDE and its merger into a broader agency has been vigorously criticised by grassroots organisations. Further to this merger, the Ombudsman and the corresponding agency are also in charge of children's rights, public service users' rights and security ethics. Moreover, it appears that the information accessible by victims of discrimination is limited and legal cases are no longer published online, contrary to the practice put in place by the HALDE. Success rates of discrimination cases are not publicly available either.

In Spain, similarly to the situation described for the UK and France, there exists an immense gap between the extent of discrimination, as subsequent studies have demonstrated (Colectivo Ioé, 2003), and actual legal cases. Anti-discrimination legislation was introduced only a couple of years ago and the economic crisis affected the state's capacity to implement its programmes. For instance, the Council for the Promotion of Equal Opportunities and Non-Discrimination on the Ground of Ethnic and Racial Origin, created in 2007, only registered 167

[49] Haute Autorité de lutte contre les discriminations et pour l'égalité, HALDE
[50] Op. Cit.

individual cases of discrimination in 2010[51] and soon started to lack funding, according to a 2013 report by the European Network Against Racism (ENAR, 2013). This NGO also highlighted that Spain failed to publish a transparent database of all discrimination cases, so that an assessment of the efficiency of the legislation is hardly possible (ENAR, 2013).

This first section of the chapter has presented the key concepts mobilised in the analysis of empirical data below, notably racism, racist discrimination and institutional racism. It draws on the presentation of minority regimes and anti-discrimination legislation in Chapter 1 and examines national variations in the implementation of these legal frameworks. The following section builds upon this background knowledge to scrutinise migrant and minority ethnic care workers' experiences of racism and discrimination, on the one hand, and, on the other, to assess what this specific standpoint contributes to our understanding of these varieties of institutional racism.

Everyday racism at work embedded in power relationships

In the three capital cities studied here, a significant share of respondents recounted experiences of racism and discrimination either in relation to residents, colleagues or management in older-age care: 41% in London, 47% in Paris and 44% in Madrid. Respondents had to deal with overt and covert forms of racism and their experiences varied greatly. Systematically exposed to racist comments by residents, some of them were also discriminated against or harassed by colleagues and managers. Individual stories also revealed how exposure to different manifestations of racism sometimes happened simultaneously.

Being exposed to racist prejudice by some residents: a shared feature of the care work experience for racialised workers

The older-age care sector is highly segmented in London, Paris and Madrid (as demonstrated in Chapters 1 and 3) and racialised workers (migrants and non-migrants), who make up a significant share of the workforce, are very often

[51] http://www.msssi.gob.es/ssi/igualdadOportunidades/docs/2010_Informe_Anual_Consejoigualdad_Accesible.pdf, Last accessed February 2016

exposed to racist prejudice by residents; most of the time it takes the form of insults and refusal of care. The description of these experiences reveals an extensive and general phenomenon and implies that most probably it affected the majority of racialised workers; the more residents they took care of, the more likely it was that they would encounter such racist attitudes. If a respondent did not share such experiences during the interview, it does not necessarily mean that the person did not face it. The question systematically asked during interviews referred to experiences of discrimination and fairness in general and not specifically in relation to residents. It appears nevertheless clear that these experiences were common and not specific to one place of fieldwork. Socio-historic contexts, furthermore, suppose different forms of racialisation that affected these experiences and that need to be mentioned. These different patterns of racialisation are also relevant to the analysis of relationships between migrant workers and minority ethnic workers.

Amongst respondents in Paris defined here as racialised workers, most were French nationals from French overseas departments (Guadeloupe, Reunion Island, Martinique). As explored in Chapter 1, the channelling of these workers into the healthcare sector constitutes an old practice that developed in the 1950s and 1960s. Those workers are exposed to racist prejudice by residents as are racialised migrants, but at the same time they are in a different position because they hold French nationality, and also, arguably, because they are the object of different collective imaginaries about their lesser 'distance' from the majority group. Elodie, from the Guadeloupe, shares the following story:

> It's with residents in the care home because these persons they've never travelled, it's difficult for them to accept…and me it's not that bad, I'm not too dark but I see with my African colleagues, African immigrants, it's hard for them. They're being despised all day long, they (the residents) don't even want to be touched by them. And the proof that there was a barrier between the Africans and me: I plaited my hair and they told me, don't plait your hair, you're not African, they even gave me a nickname, "you're the colour of biscuits". (Elodie, 52, Guadeloupe, Paris)

Spanish colonial history also shapes racialisation processes that affect migrants in Madrid. Those designated as 'Latino Americans' find themselves in a different

position from other non-EU migrants. These stratifications rooted in colonial hierarchies are apparent in legal terms and have implications for migrant communities in Spain. In addition to the differentiated routes to citizenship according to country of origin, as presented in Chapter 1, citizens of South American countries who can demonstrate their Spanish ancestry can apply for Spanish citizenship and benefit from financial support on their arrival in Spain, as positive incentives for them to migrate. At the other end of this hierarchy, Saul, who came to Spain from El Salvador, migrated because in Salvador he faced extensive discrimination against indigenous people. Unable to finance his studies, his job applications in El Salvador were often rejected on the ground that the company wanted to 'preserve an international image' which he explained as meaning 'we employ only Whites here'. He thus rejected the designation 'Latino American' that obscured the oppression of indigenous people, and he felt that this hierarchy was very much alive in Madrid:

> It's very divided, it's very difficult, here it's very difficult, you're frowned upon by all, you're like an outcast, like a leper, like the indigenous. It's not the same treatment, for example a Salvadorian who's white, a latinoamerican, because they're latins, descendants of the Europeans for me, because that's the word latino. These people here are relatively well, they have these links. On the contrary, us who are natives…there's a lot of racism, there and even more here. (Saul, 27, El Salvador, Madrid)

These dynamics that reproduce racist hierarchies shaped over the centuries by European elites remain powerful today in shaping processes of racialisation. Differentiated racialisations have in turn material implications for workers' lives. Martina, who came from Ecuador and considered herself Latino American, observed the differential treatment of Black workers in the care home where she had been employed for 7 years at the time of the interview:

> For example in the residence, they recruited Black people, with Black skin, Brown as they say, colleagues. They always sent them to the fourth floor, where there are bed-ridden residents, where they don't see, they don't speak, they don't say anything. They never put them in the first floor, never. I've realized it. They work all their lives in the fourth floor where residents don't speak, they hear something but they don't answer. In the meantime, others didn't take turns (…) Why? If we're all equal…(Martina, 51, Ecuador, Madrid)

In the UK, the racialisation operated by the dominant group also follows differentiated paths according to various forms of essentialisation and the socio-history of the British Empire. The presence of settled Black and Asian communities, their own and their ancestors' struggles for rights and against discrimination, as well as their status as nationals vs. the more precarious legal statuses of migrants, results in significantly different positionalities. In this perspective, 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. Sameera, who came to the UK from Mauritius and worked in a care home, perceived her status as migrant as making her particularly vulnerable and was of the opinion that Black British workers were in a better position to defend themselves in the face of an abusive White English management. This does not mean, however, that racialised UK-born individuals are necessarily *less* discriminated against than migrants. Other factors enter into play such as gender, class, and age, so that oppressive structures operate in different ways.

In spite of existing differences between these racialisation processes, being exposed to racist prejudice by residents often manifests itself in similar incidents: refusal of care, comments or insults. Quotes by Doriane in Paris, Mary in London and Marisol in Madrid, all suggest that exposure to racist comments is nothing less than frequent and that it constitutes an important aspect of their daily work:

> In France, people who are in this sector, care homes and hospitals, you see who does the job? Mmh, who does the job? It's Blacks and Arabs who do these jobs and in spite of this, it's been years that care homes exist, residents see only Blacks and Arabs and they're still racists! (laugh) (Doriane, 59, Guadeloupe, Paris)

> Well, you know not everyone is the same. You have some nice service users and you have some really nasty ones when I say nasty I mean racists and all of that sort, with the nice ones it's really good you can communicate with them one-to-one they reply back to you calmly everything is perfect but with the majority, which is not a few, that are really nasty, really racist as well, they get really picky about your colour and your skin, your accent, anything that does not sound or look English to them they don't like. (Mary, 20, Black UK, London)

> First the reaction is "You Black, you foreigner, go back to your country, what are you doing here?" That's how they react. From the residents there is this rejection towards us foreigners, immigrants. (Marisol, 47, Ecuador, Madrid)

Facing residents' refusal to be touched, or being exposed to racist insults, requires workers' emotional labour if they are to overcome these difficulties and carry on with their jobs. Eloise in Paris and Mayra in Madrid described in specific terms the contexts and ways in which they were confronted with racist insults:

> Older persons, some of them they show us bluntly that they don't like Blacks. So what can you answer to this? You do your job…Once I even cried, the nurse in charge told no, don't cry, because I couldn't answer, because I couldn't tell this resident all what I thought. I preferred to hold back everything and I started to cry, because it affects you, when you're told, about slavery, they tell you about slavery that we used to keep our mouth shut and that now we have big mouths[52]. It's tough to hear. (Eloise, 59, Guadeloupe, Paris)

> One man especially, he lived only with his wife who was elderly as well. So I had to shower him and wash his feet in particular because he wouldn't let his feet be washed. So I said: "I'm coming up." And he tells me: "What are you doing? What is a Black doing in my house? I don't agree." And he started to shout, to shout a lot. "Go away from my house, I don't like that Black people enter my house, why did you open the door to this woman?" So I tried to be patient because we need to be prepared for everything. (Mayra, 52, Ecuador, Madrid)

Given that the likelihood of being exposed to racist comments and insults is high for racialised care workers, being confronted with racial prejudice amongst residents constitutes a significant aspect of their daily work. These comments and insults need to be fully taken into account in the analysis of respondents' experiences of racism and discrimination because they involve important emotional work and shape their affective perceptions of the workplace. Most importantly, how these experiences are dealt with, amongst colleagues as well as by managers and the company as a whole, reveal some of the forms taken by institutional racism. It appears through the example of older-age care that anti-discrimination legislation does not constitute an effective tool for challenging manifestations of racism that are both specific to that occupation and common in

[52] Original in French « on se la fermait et maintenant on vient l'ouvrir »

the sector. An ethics of care that stresses the well-being of all who are part of a caring relationship has the potential of transforming the one-sided approach prevalent in current systems of care for the improvement of the quality of care for all. This requires, however, an attentiveness to the intersectional dimension of inequalities involved in caring relationships, and thus to processes of racialisation and to their implications for workers.

The following section looks into the coping strategies developed by care workers and analyses the role of managers and employers in relation to residents' racist attitudes. Both these issues indeed help to reveal the specific workings of institutional racism in the three contexts studied here.

Coping with residents' racist prejudice

Given the frequency of racist comments addressed by residents or service users to care workers, in all three sites of fieldwork respondents talked about their coping strategies at the individual and collective levels.

At the individual level, being confronted with residents' racist comments triggered various coping strategies. It necessarily involved emotional labour to deal with it and also to be able to carry on with one's job. Jacques in Paris and Mary in London described how they dealt on a personal level with such situations:

> At that instant, in 2 seconds in the heart, you have ideas that cross your mind, if you're not patient you could react, which leads often our colleagues to be laid off because they've touched physically the resident. Because they can't control themselves. The solution it's first of all ourselves, our own consciousness. (Jacques, 31, Cameroon, Paris)

> Personally if there is aggression, if a resident is being very aggressive personally I try to calm them down I always talk to them in a very calm manner but not demeaning and if it doesn't work I will have to leave the room because I am human as well I might get angry so to calm myself down I need to take a second of… just go outside calm myself and step away from that atmosphere for a bit you know. (Mary, 20, Black UK, London)

Very often, in all three sites of fieldwork, respondents highlighted that there was little to be done because racist beliefs were very common for this generation and that their illnesses fostered this aggressiveness. Andrea in Madrid made that point:

> With elderly persons sometimes they send you back to your country, you know what I mean? "Go back to your place, I don't know what, to your country". But I don't give much importance because the mindset…they're elderly and the mindset before was like this. (Andrea, 47, Cape Verde, Madrid)

Framing the problem in these terms allows some care workers to manage racist incidents by seeing them as professional tasks and challenges. By the same token, what could have been interpreted as a negative experience of racist prejudice was turned into a matter of professionalism and emotional labour. Many respondents therefore described the techniques they had developed over the years to overcome residents' and service users' prejudice. Saba in Paris and Marisol in Madrid told how they mobilised their enthusiasm and energy to overcome residents' fears and apprehensions:

> So when she tells me "No, not you!" I tell her but I'm like chocolate, my colour is like chocolate, "chocolate is good to eat." I'll find small things and she'll start to laugh. I always find something. I play with it now. I play with it. If by playing with it, it doesn't help, I ask my colleague if she can help. The problem is she's Black like myself! (Saba, 41, Cameroon, Paris)

> When a person rejects you, you do it with more enthusiasm, you attend to this person every day until this moment arrives when he/she starts liking you, gives in and accepts you. Because there are those who accept you, they fight but little by little they accept you. Yes, in the long run you get there, they accept you. (Marisol, 47, Ecuador, Madrid)

The emotional labour required to face and overcome residents' prejudice was often both personal, in the feelings it triggered, and collective, in that solidarity arose amongst racialised workers, as hinted at in Saba's quote. The following paragraphs explore in more detail the collective dimension of the coping strategies to which workers could resort.

Often supervisors and managers left these problems to be resolved by staff involved in direct care and thus workers tended to answer these challenges

collectively. Eloise in Paris pointed out managers' lack of interest in dealing with these issues, and Marisol in Madrid thought that there was no other solution than to work it out amongst carers, given that they are the ones in contact with residents:

> NS: What would you expect from the nurse in charge and managers? Can they be of any help?
> Eloise: We don't get any feedback (laugh) it's upon us to deal with it. (Eloise, 59, Guadeloupe, Paris)

> NS: The administration does something or is it dealt with amongst colleagues?
> Marisol: No the administration doesn't get involved, it's an organisation amongst ourselves, so we have to make the residents accept us because we're the ones who are going to be with them every day caring for them. (Marisol, 47, Ecuador, Madrid)

Resolving it amongst colleagues most often meant asking a colleague to step in when the resident refused care by a specific worker. For Doriane, for instance, who worked in Paris, that was the only solution she envisaged:

> NS: Are there any forms of support that help you facing these situations?
> Doriane: No, there's nothing in any of the homes I went to, nothing, nothing....The only thing you're told is if it doesn't work with a person, hand over to your colleague. That's it. But other than that there's no support, no. (Doriane, 59, Guadeloupe, Paris)

Antonio, who came to Spain from Cuba on the basis that his grandparents were Spaniards, said that he frequently replaced a Black colleague in the care home where he worked:

> When we have these cases, for example I mention this colleague of mine who attends to an elderly woman who doesn't like Blacks, he tells me and I used to replace him. (Antonio, 39, Cuba, Madrid)

Being replaced by a colleague provides a pragmatic solution to a resident's refusal of care, but it does not provide support to workers. On the discursive level, it was frequently mentioned in the narratives of respondents in Paris that they 'laugh about it' amongst colleagues as a way to play down these situations. Interestingly enough, none of the respondents in Madrid or London mentioned resorting to

humour as an informal collective approach to these experiences. The quote by Doriane is typical in this regard and resembles many other stories:

> A woman, not so long ago, told to a colleague: "you know why they recruit you? Because you cost them less, you Black people." So you see… "you know why they recruit you? Because you cost them less"…We laugh about it and that's it. (Doriane, 59, Guadeloupe, Paris)

The story told by Sofia reveals furthermore the institutionalisation of detachment as appropriate behaviour in these situations. From this perspective, taking the insults seriously is almost a professional mistake:

> We had a young one who just graduated and that's when we realised that we have experience and that the young ones don't, those who just arrived. Because there was a resident who told her, who insulted her of bloody negro or slave, I don't remember…and it traumatised her so much that she mentioned it during the handover. We told her it's no big deal…it's nothing….you should tell her "yes" and give her the whip if she wanted to whip you, by joking we tried to make her understand, later she understood that it was recurrent so that she shouldn't be so affected each time because that's not possible. (Sofia, 36, French, North African parents, Paris)

Encountered only in the narratives of respondents in Paris, this method of removing the drama at the discursive level nonetheless raises questions about the role of care homes as institutions and of companies as employers. This apparent detachment contradicts to a certain extent the necessary emotional labour that these incidents trigger at the individual level, as described above. The following paragraphs thus seek to illuminate this paradox by looking at how this form of abuse is dealt with by the employing institutions.

If residents' aggressive behaviour is hardly avoidable and if racist comments and insults will continue to be directed at carers, the institution's attention to, or neglect of, this form of abuse is crucial for racialised workers' lived experiences. In this regard, several care workers in Paris mentioned the role of the psychologist with whom care workers met on a regular basis. The presence of the psychologist is not, however, a legal obligation. Elodie observed for instance that after the care home she worked in was sold to a different company, the psychologist's hours were cut down and only those dedicated to residents were maintained, because of

the cost reduction strategy followed by the new owner. Employed by a different care home, Amélie valued the support the psychologist was able to provide in her workplace:

> We have a group therapy, we get together once a week, we tell the problems, the difficulties we experience and there's a psychologist who guides us, who gives us advice, "do rather like this" or "share the information, don't keep it to yourself". (Amélie, 43, Ivory Coast, Paris)

The example of the role of the psychologist illustrates the argument that challenging racism at work cannot be limited to anti-discrimination measures because the latter are often inadequate to effectively challenge situations pervaded by racism, in which determining liabilities remains a complex task. The presence of the psychologist in the care homes visited is not related to any anti-racism measure per se but is aimed at improving workers' well-being at work. In relation to experiences of racism and discrimination, it is one of the few measures mentioned in this study, along with NGO and union membership, which was described as having a positive impact in this matter. This demonstrates the necessity of thinking about anti-racism in broader terms than anti-discrimination. Employment rights, the representation of workers' interests at work, and the bargaining power of professional trade associations, all contribute in this respect to giving workers opportunities to voice their concerns and thus improve their working conditions. The collective dimension of these processes is crucial in order to avoid the de-politicisation of these situations. An individualisation of these challenges might conceal the meanings of these experiences of racism and discrimination within a given context of institutional racism.

Besides the role of the psychologist in some of the Parisian care homes (and again, if relevant, this did not reflect a concern with issues of racism *per se*), most of the institutions visited in this research were abuse-blind in relation to residents' racist prejudice. Mary, who worked in London, deplored for instance the non-acknowledgement of the harmful implications of such exposure to racist attitudes:

> 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. (Mary, 20, Black UK, London)

Mary was most affected by the indifference of the managers and their systematic compliance with residents' preferences, leaving unaddressed the harm these comments might have caused. In a similar vein, Bacar in Paris pointed out that the fact that these insults were coming from elderly persons did not diminish their violence and the trauma they could cause:

> There are many residents who tell you: you're here to take care of me, you're paid to take care of me, you're paid, you're a domestic, you're a slave, you've left your country, you were poor over there, you came to take care of me. That's a moral violence. The nurse in charge says "no she is sick"...Whereas if it's on the street you register a complaint automatically and the person is judged, no? Isn't it? Racism is an offence, isn't it? Racist remarks, homophobic remarks, all of that is punished by French law, it's an offence. But we say it's an elderly person, it's not....No, it's a form of psychological and moral violence. When you work 10 or 12 hours, you come, you sweat, you take care of the person, you wash him/her, you wake him/her up, you prepare him/her for breakfast, sometimes you even feed the person, she/he can't eat alone, you turn, sometimes you're alone, your back, you bend, you sweat, you're called negro, domestic.... (Bacar, 35, Senegal, Paris)

The lack of support for the abuse suffered by care workers seems to indicate that these companies either ignored it or regarded coping with it as among the skills care workers are supposed to possess. Accordingly, Sameera emphasises that the possibility of care workers being abused is left unaddressed:

> What about our rights as staff? When you think about it, we don't have any rights, we just have to bear abuse. Abuse is both side, it's for us and for them also, but if abuse is happening to them, oh my god, it might be wrong, it might be something which is not big but they will make a big thing out of it. Why? Because they are vulnerable, because they are ....but what about us, the staff? We are not human beings? We have to bear abuse from them? This is not fair. (Sameera, 32, Mauritius, London)

Sameera refers here to the vulnerability created unwittingly by the protection regulations concerning elderly residents. In the UK, the regulatory framework makes it very easy indeed for any manager to dismiss a worker on the basis of a

Safeguarding of Vulnerable Adults (SOVA) case. From the perspective of a migrant worker harassed by her manager, the SOVA procedure appears to be an additional weapon in her employer's hands that contributes to the imbalance of power and allows for arbitrariness (for instance through unfair dismissal). Managers were themselves trapped in a customer-oriented approach that guided their priorities and imposed on them to ensure that residents would not complain to their relatives. This fostered in several cases precautionary but unfair practices, whereby employers did not respect workers' employment rights when the latter were suspected of abuse towards a resident. The context of older-age care creates thus a specific situation whereby vulnerable residents/customers and workers in precarious employment and work find themselves in a triangular relationship with managers and employers.

The work environment in older-age care for racialised workers becomes abusive due to the frequent racist comments and insults that are addressed to them. This section looked into individual coping strategies as well as the informal collective means that workers used to face these experiences. At the workplace level, different situations emerged, ranging from institution-promoted support to abuse-blind management. This analysis fed into the emergence of distinctive variations of workplace institutional racisms. The following section expands this analytical task by scrutinising another form of racist prejudice: racist attitudes amongst colleagues.

Racist attitudes amongst colleagues: abusive work environments

Respondents in this research also faced their colleagues' racist prejudice. Several respondents in Madrid and in London shared negative experiences of colleagues' racist attitudes in the workplace. In Paris, none of the respondents complained about racist attitudes of work colleagues, which could be related to the fact that in the care homes visited for fieldwork racialised workers made up the great majority of the workforce (around 80-90% as indicated by the nurses in supervisory positions who were interviewed in this research). This obviously does not mean that there was no prejudice between groups, such as issues of favouritism.

An obvious form of negative experience with colleagues, implying inferiorisation, were remarks directly addressed to migrant workers, which made them feel offended. Isabel, who had started a Master's degree in the Philippines, 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. (Isabel, 37, the Philippines, London)

In this case Isabel perceived her colleagues' remarks as demeaning and as an attempt to put her down. Often the same feelings were described in relation to more covert attitudes that did not necessarily involve any voiced interaction but had no less far-reaching implications. Pedro, who was born in Spain to Guinean parents, described Spanish society as intrinsically racist and explained how he had to learn to navigate a space of social relations systematically imbued with racist prejudice:

> In spite that you hate me I will know how to get along. That's something that I learned as a little boy, ignore, carry on, and keep on living. You can't do anything else, it's not worth it because it's not viable. You can't fight your whole life against something that vast. So at work I've observed it. You see it a lot, a lot. What happens is that then it depends on each person how do you deal with it. If you're a person who doesn't put up with this and you can't channel it and ignore it so that you focus on what's really important, then yes you can have problems. Because unfortunately they'll never tell you, very rarely they'll say it openly so that you can justify it, the key is to prove it. So they'll say "I didn't say anything". So the best thing is to take it in, deflect it and transform it into something good. (Pedro, 25, born in Spain to Guinean parents, Madrid)

In Pedro's account, racist prejudice is diffuse, permanently present but rarely provable. It affects so many of his daily social relations that even if he is highly aware of the racist overtones of certain attitudes towards him, he feels he can do very little about it, given that this prejudice is not expressed through insults or aggression but through less obvious behaviour, which nevertheless leaves no

doubt about its meaning for the person affected by it. In another care home in Madrid but in a similar vein, Marisol, who came from Ecuador, explains that Latino American workers are marginalised by Spanish workers:

> There are many Latinos working, many immigrants. So we often gather, we comment on the situation and we say so the only thing we can do is to continue, to ignore these persons. So we ignore them and we continue the everyday fight but many times they look down upon us. So we've learned that these persons we have to ignore, not to pay attention to these persons. We came here to work not to make friends. (Marisol, 47, Ecuador, Madrid)

The situation presented by Marisol is different from the lived experience of Pedro in the sense that, although marginalised, Latino American workers were able to form a group that provided informal support. The following account by Sameera, quoted in the introduction of this chapter, describes a more individualised form of bullying:

> 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. (Sameera, 32, Mauritius, London)

These discriminatory attitudes at work deeply affected Sameera's well-being as her marginalisation became more and more apparent. Her colleagues' behaviour was not, as it might appear, a passive attitude but constituted an active form of bullying. This form of interpersonal interaction illustrates racist prejudice at the individual level. The attitude of Sameera's colleagues can be described as a form of '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 examples given here by Isabel, Pedro, Marisol and Sameera all reflect the fact that contemporary manifestations of racism in interpersonal interactions tend to be less overt because of the stigmatisation of racism in mainstream political and societal discourse and the likelihood of it being sanctioned. As a consequence, victims of racism often feel

insecure about their ability to challenge a form of racism not accompanied by racist claims. From this perspective, anti-discrimination legislation risks falling short of addressing the social phenomenon it concerns itself with, and this in spite of having reversed the burden of proof in corresponding judiciary procedures.

Another form of inter-colleagues' harmful interactions are issues of favouritism, either between majority-minority groups or minority-minority groups. Mary, for instance, worked in a care home where she was one of the few Black workers (she defined herself as 'Black UK') and where migrant workers from the Philippines represented the numerical majority, including Filipino staff in most managerial positions (except for the manager of the home, who was White British):

> In a workplace where we have a lot of different minorities, Black White, Asians, when there becomes a majority of a certain minority then it starts a little bit of unfairness going on and favouritism but…and which does happen here in (care home name) and I'm not gonna lie to you there is a lot of favouritism here. (Mary, 20, Black UK, London)

In the Spanish context, Claudia, who had been working in the same care home for ten years, explained:

> At work there's sometimes discrimination, a lot of discrimination. Those who go first for breaks are the Spaniards and the Latinos go "What are you doing there?" So what happens is that they always have their breaks first, the Spaniards, best things for them and the Latinos are as always left behind. (Claudia, 53, Peru, Madrid)

Racist behaviour amongst colleagues involves employers' responsibility for ensuring a fair workplace. However, in none of the cases described above did managers provide support to victims of harassment. When discriminatory attitudes by colleagues were pervasive or took the form of favouritism, in the cases reported by respondents in this research managers were complicit in that they tolerated it or sided with the dominant group. Workers discriminated against because of favouritism towards other groups of workers did not envisage taking action, often out of fear of retaliation, as presented in greater detail below. This factor constitutes a very common deterrent to the use of anti-discrimination legislation.

The following section explores managers' responsibility in relation to institutional racism as well as cases of direct harassment and discrimination by management.

Discrimination and harassment by managers and employers

The last categories of respondents' experiences of racism are those that involved supervisors, managers and employers. In this section are thus analysed experiences narrated by respondents which describe racist practices by management and/or employers. Precarious employment and work interact here with experiences of discrimination and create specific sets of experiences. Through the analysis of the empirical material, the section demonstrates how racialisation bears material consequences for workers against the background of intersecting regimes. In three national contexts, the vulnerabilities created by employment and older-age care regimes generate specific consequences from the standpoint of migrant and minority ethnic workers, but along differentiated patterns for these two groups. First of all, and as hinted at above, some of the ways managers dealt with (or did not deal with) discrimination perpetrated by others might amount under certain circumstances to discrimination. When Sameera had difficulties with one service user she was moved out of the unit by her manager against her will, which actually made things worse for her:

> That's why most care workers just prefer to keep quiet, we talk among ourselves and we won't say anything you know. Like when I was in the other workplace I remember ... they wouldn't ask me are you happy? Do you have any issues with the service users or the colleagues? At that time I had a problem with one service user and I just say yes, blah blah, I have this issue. And the next thing I know, instead of resolving that problem, he makes this, ten times more worse .....for me and I say to myself why did I even open my mouth, this has learnt me a lesson. (Sameera, 32, Mauritius, London)

This story shows that management practices might have significant discriminatory implications, regardless of the actual intentions of the manager. Similarly, in relation to colleagues' attitudes, when the issue was informally raised with a deputy manager or a manager, the response was in several cases to move the victim to another floor or unit. This, however, sent out the wrong message as to who was to blame and therefore weakened the position of the affected worker

who was further marginalised. In these cases, institutional practices effectively transformed the experience of individual prejudice into a form of institutional racism, because of the way the managers' position of power was used to entrench discriminatory outcomes. Such examples illustrate empirically that addressing racism in the workplace not only requires workers' mobilisation but, crucially, requires managers' awareness and engagement in order for legal rights to be enforced. 'The transformation of racists themselves' that Balibar called for (1988, p. 29) requires the transformation of the majority group, i.e. in this case, of employers' and management's practices. The first section outlined in this regard that the focus of judiciary systems is often on racist intentions and not on racist discrimination. This is clearly the case in France and in Spain where the concept of racism is conflated with that of racist prejudice. In the UK, the concept of institutional racism entered the public debate over two decades ago, but this has rarely been taken into account by judges in cases of individual discrimination[53].

The commercial context of the private care homes in which respondents in this study were employed, by transforming residents into customers, further exacerbated the tensions engendered by the juxtaposition mentioned above of vulnerable service users and precarious workers. The vulnerabilities created by migration policies and labour market segmentation, and which weakened the position of workers, were deepened by the commercial context in which these relationships are embedded. Bacar clearly blamed this framework for exacerbating workers' vulnerability:

> In for-profit care homes, that make profits, so residents are clients, 'the client is the king' so they prefer clients to carers. Because the client makes the money go in, for the carer the employer pays out, he pays at the end of the month but clients pay in so he prefers clients, the person that makes the money go in, that's logical. So if a carer has a problem with a patient or a resident or with the family, automatically it's the carer who's sanctioned, the client is always right.

In addition, managerial practices could be directly discriminatory in themselves and ranged from unfair workloads to bullying and stigmatisation, In several cases

[53] http://www.irr.org.uk/news/culture-of-disbelief-why-race-discrimination-claims-fail-in-the-employment-tribunal/, Last accessed February 2016

a combination of these practices was present. The unfair division of tasks, as identified in the UK by Cangiano and colleagues in their study, constitutes a common form of discrimination in the care sector (Cangiano et al., 2009, p. 137). This research also points out that unfair shift and annual leave distributions are equally common practices. Jade, who worked in Paris, complained about how shifts and days off were attributed:

> I would say that it is not fair. For instance, I can ask for a day off, one time it can be accepted, the other it's not. It's not fair it's all I know it's not fair. Annual leave, absences, no, it's not fair. (Jade, 46, Ivory Coast, Paris)

Such management practices created resentment and impacted to varying degrees on workers' well-being. The unfair distribution of the workload could have serious health implications for the workers, given the heavy bodily work involved in care (as examined in Chapter 5). Furthermore, as argued in Chapter 3, migrant workers are undoubtedly exposed to specific forms of discrimination and exploitation due to the 'institutional insecurity' created by migration policies (Anderson, 2010) within the group of racialised workers as a whole. The more dependent migrant workers were on their employer to support their work permit and provide their accommodation, the more they were exposed to abuse, as illustrated in Chapter 3. In the same way, 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 with accommodation in a room adjacent to the care home, and she had her wages withheld.

> 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. (Isabel, 37, the Philippines, London)

Equally a victim of abuse, Sameera 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 legal status. As Guillaumin (1972, p. 247, my translation) wrote several decades ago: 'Each individual who used to be foreigner, alienated, condemned, always bears the scars of it, and his/her status of integration and conformism always remains ambiguous and submitted to the form of good will that constitutes tolerance or the silence of the majority'. Here, Sameera did not expect the planned acquisition of British citizenship to have any impact on how she would 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. (Sameera, 32, Mauritius, London)

The vulnerable position of migrant workers left a space for employers' arbitrariness given the very low probability that their practices would be sanctioned in any way. In London, Jenifer highlighted a case of harassment of foreigners at her workplace:

> And she [the manager] 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. (Jenifer, 24, the Philippines, London)

This xenophobic harassment of her staff by a manager amounted to more than just xenophobia. The space for arbitrariness created by migration policies facilitated abuse in employer-employee relationships. Grace, employed in the same care home, made the point that bullying happens as a result of a power relationship:

> 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. (Grace, 61, the Philippines, London)

Harassment by employers, including racist insults, was most common in the narratives of migrant workers in Madrid employed in live-in caring arrangements. This employment situation constitutes an extreme form of imbalance between the employer and the employee, whereby the rights of the employee are extremely limited, on the one hand, by employment legislation and migration rules and, on the other, by the material conditions of the employment relationship. A quite typical quote in this regard is that of Lucia, whose employer (a member of the family of the person she cared for) got angry and attacked her after she announced that she could not travel with the family to Mallorca as planned because of a health issue:

> She insulted me. She told me that we were only coming to steal, that I was a thief because she had bought me a uniform, she had bought me supplies. Because workers who worked in the house didn't eat in the house. They had a small separate house where domestic workers ate. Until they [employers] had finished eating, everything needed to be done and then you were going to the small house to have something to eat. It was a very difficult situation there. (Lucia, 56, Nicaragua, Madrid)

The imbalance of power between the employer and the employee tends to be exacerbated in specific contexts: for instance when privatisation increases pressures to reduce labour costs, as in the UK, or when the employment relationship is situated in the domestic sphere, as in Spain for migrant workers employed as live-in carers. When undocumented and materially dependent on their employer, workers can be trapped in an abusive employment relationship without being able to challenge it. Several respondents in Madrid went through a period of being undocumented on arrival in Spain. Due to the focus of this research on residential care, all respondents possessed either a residence permit or Spanish citizenship at the time of the interview; often the employment journey from live-in caring arrangements to a job in residential care was accompanied by progressive achievements related to the legal status. Victoria, whose sister was undocumented for some time, recounts:

> When you don't have documents, you're not legally here, you're scared of doing it, of reporting. Because you know that without documents, documents in order it was very important, to have these documents, your resident permit, your work permit. If you don't have those, they'll deport and you go. Who's losing out is the worker. So often they kept quiet to avoid this, by necessity. (Victoria, 54, Ecuador, Madrid)

Stories told in Paris, Madrid and London in relation to managers' and employers' direct discrimination epitomise the reasons why anti-discrimination policies are *de facto* of very limited relevance when a large proportion of the workforce is trapped in segmented sections of the labour market due to limited rights and precarious employment terms. Even when working legally, few migrant workers can afford to invest time and money individually in lengthy judicial procedures unlikely to bring positive results, as statistics demonstrate for the UK and the absence of figures hint at in the case of Spain and France.

These negative working experiences were nevertheless resisted and fought against individually and collectively in creative ways. The following section looks at forms of resistance to harassment and discrimination by employers and management.

Challenging racist practices and behaviour: role of unions, associations and informal groups

If care workers can talk about residents' racist prejudice to their managers, it is rarely possible in the case of racist behaviour by colleagues and virtually impossible when the discrimination comes from management itself. When harassment and discrimination are embedded in employer-employee power relationships, workers need to seek support outside the workplace and the struggle is all the more difficult when targeted workers are denizens with limited rights (Standing, 2011; De Genova, 2013).

Faced with harassment by employers, it appeared that respondents in Madrid mostly resorted to informal support groups and associations, while unions struggled to be present in this feminised sector of the labour market where a large share of migrant workers is present. Often, the creation of such associations is the

outgrowth of a previously existing informal group. Victoria, who founded an association of migrant care workers, explained for instance how they were able to provide support to migrant care workers who had been sacked by the family they were working for, in some cases after having been insulted and abused:

> We had colleagues [not necessarily in the workplace] for whom it was very tough. They were told "what are you doing here? Go back to your country" (…) They left their jobs and they were very depressed. We've been helping, I tell you many women who came and whose situation was: "Look, they treated me like this, they told this or that." Us: "No, you have to cheer up, you're not like this and you have to carry on." And we've worked, because we always had the luck to work with professional colleagues, we have a colleague who's psychologist, others who used to be psychologists. So they've helped us with the women to make them realize that things are not as we're told. (Victoria, 54, Ecuador, Madrid)

Mayra, also of Ecuadorian origin, joined a group of domestic workers in Madrid who met twice a month. She described how these contacts provided indirectly a powerful form of support:

> We have an association, a group of women where we say we empower ourselves because we learn techniques and tricks to be able to endure the situation. It's not that it's to teach us but it's the experience of each one of us, amongst ourselves we've constructed a method to take care of ourselves for things that affect us at work. (Mayra, 52, Ecuador, Madrid)

These forms of support are crucial for workers' well-being and if they sometimes ushered in support for judiciary procedures, that was not the primary function of these organisations. Unions, which could theoretically play that role, were rarely mentioned by respondents in Madrid and did not act as a significant source of support in cases of harassment. The association mentioned by Mayra was, for instance, rather critical of unions' role, perceiving them as out-dated organisations unable to address the specific challenges of the highly feminised care and domestic work sectors. One respondent, a victim of harassment in Madrid, thought of involving a union but her story shows that she was discouraged by the union from initiating a legal action:

NS: Were you thinking in this situation of seeking support for example from a union?

Rita: Yes, yes.

NS: What could they do in this situation?

Rita: I said I was about to denounce her for harassment because I knew that the union had to back me up. What happens is – and this is what the union told me – that if I go to court I need to be courageous. They told me "If you go to court you need to be courageous because you go to court and this woman she'll harass you even more than you can imagine, she'll harass you and harass you until she can prove that you're arrogant and instead of you winning, she'll be the one winning. Do you take the risk of going to court?" Because the trial will take years he told me. "You might have left the care home but the trial will be going on for one, two, three or more years." So I said: "No, it's not like I got to the point that… I'm not starving as much as to go to court" I said. (Rita, 54, Ecuador, Madrid)

This story illustrates that cases of racist harassment are particularly difficult to challenge legally, even for unions. The mere existence of anti-discrimination legislation does not empower racialised workers, because the path to employment tribunals is fraught with pitfalls. The reluctance of the union to start judicial proceedings seems to reflect its awareness of its limited effectiveness. At the same time it highlights again that most cases remain unchallenged (at least in legal terms) and thus unsanctioned.

In London it was mostly unions that were perceived as potentially supportive institutions, even though none of the respondents actually asked a union for help, and several had joined unions after they had problems at work. For example, this was decisive for Sameera:

I joined the union first time when I had a problem but maybe my only mistake I did not involve the union when it happened because one lady she was in this category, the same thing happened to her and she involved the union in this. They make a big thing out of it and since today she's still in the same unit and nobody can even touch her, do anything to her. (Sameera, 32, Mauritius, London)

Isabel, the Filipina care worker who experienced abuse in her first workplace in the UK, also thought that 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. (Isabel, 37, the Philippines, London)

But in practice, unions faced difficulties similar to those in Madrid, in spite of the stronger regulatory framework available to them in the UK. Workers felt that it was difficult to prove discrimination, especially in cases of covert forms of racism. Furthermore, it was common amongst respondents in the UK to be afraid that joining a union would be perceived negatively by management. Needless to say, when cases of discrimination did arise and the potential for confrontation through mediation by a union increased, this fear grew as well. Worry that making an allegation of discrimination would make the situation worse in future discouraged Sameera from seeking the union's support:

> NS: And did you get in touch with the union?
> Sameera: No, I didn't because I was thinking if I have now resolved that problem, but thank God it was fine and I don't want to involve the union for anything because then there might be a grudge against me. If something which can't be resolved at all then I involve them, if not...but at the moment it's ok. (Sameera, 32, Mauritius, London)

The commercialisation of unions' services also played a role in diminishing the trust workers could place in unions: if union membership was a cost/benefit calculation for unions (and for workers), then the likelihood of obtaining the union's support for a costly and uncertain procedure was perceived as low. The UK is probably the place where this paradox is most prominent: in spite of the existence of well-developed anti-discrimination legislation, encompassing a wide range of possible forms of discrimination, the possibility of lodging a complaint with an employment tribunal is hampered by a series of structural characteristics of the UK employment regime, including low levels of employment protection in comparison with other European countries, costly judiciary procedures, and a low probability of obtaining a union's support, given that the chances of winning discrimination cases are generally low and that unions take that variable into account. In her willingness to support her care assistant colleagues who were

harassed by the manager of the care home she worked in, Grace did not assess positively the potential role of unions:

> 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. (Grace, 61, the Philippines, London)

It thus appears that when abuse does happen, these rights are often hardly accessible notwithstanding the level of development of the regulatory framework. Existing power relationships make it difficult for workers to be able to challenge their managers and employers. The difficulty of proving discrimination and harassment in these cases adds to the problem and to the fear of starting a procedure in vain, thus risking exposure to more abuse as in Sameera's case.

Conclusion

Looking into experiences of racism and discrimination in older-age care has shown that manifestations of racism take a great variety of forms. The nature of these experiences differs according to the power relationships in which they are embedded: being insulted by residents, being bullied by colleagues or being harassed by managers; each of these settings has different implications for workers. The analysis of various forms of racism and discrimination and of the consequent coping strategies revealed how these are in fact interrelated and the symptom of broader institutional racism with national variations.

The chapter presented first a cross-national analysis of racialised workers' experiences in relation to the racist prejudice of some residents or service users. Workers faced similar neglect on the part of employers in this matter in London and in Madrid and received limited support in Paris, in the form of the presence of a psychologist. This, however, was not systematic and was not due to an acknowledgement of the implications of racism *per se*. This chapter further

argued that workers' individual and collective responses were symptomatic of different contexts of institutional racism. Then, the analysis of situations of harassment and abuse by colleagues illustrated common manifestations of racism and discrimination and exposed some of its implications for workers' well-being. This section also pointed out how these experiences were embedded in workplace power relationships and identified the role managers and employers played in different situations. In none of the cases analysed here did bullying and harassment by colleagues usher in disciplinary procedures or legal cases. The third aspect, that of discrimination or harassment by managers, revealed how intersecting regimes, when exacerbating precariousness, foster abuse at the workplace level. Migrant workers were in this regard most exposed to direct harassment by managers. These power relationships rely on the fundamentally unequal binary of the migrant/non-migrant. Tronto writes: 'the right to hospitality never de-centers the position of the original citizen and never challenges the basically unequal standing between original citizens and guest workers' (Tronto, 2011b, p. 176).

The comparative analysis conducted here has illustrated that by defining workers' rights, employment and migration regimes shape the conditions for workers' exposure to racist discrimination, harassment and abuse. Challenging these situations is complex and no single framework can possibly improve workers' experiences from all these perspectives. Anti-discrimination legislation appears to be of very limited efficacy for precarious workers: in spite of the numerous experiences related by respondents in this research, no-one actually resorted to anti-discrimination legislation. The great majority of cases go unchallenged, which suggests that it is difficult to fix structurally created unequal power relationships through individual legal action. Moreover, most abusive situations are created or exacerbated by the space for arbitrariness derived from the articulation of migration and employment policies. Therefore, overstating the relevance of anti-discrimination legislation runs the risk of equating anti-racism with anti-discrimination policies, instead of conducting a political economy analysis of the conditions under which racism and discrimination thrive. The challenge to racism and racist discrimination cannot rely solely on an anti-discrimination legislative framework. Low levels of employment protection

weaken the possibility of denouncing an employer for harassment, due to the unfavourable power relationship thus established. Furthermore, workers' well-being depends on solutions adapted to workplaces as the specifics of older-age care have demonstrated: solutions which can only be designed and implemented if workers' voices are heard and taken into account through more balanced power relationships. To combat the multiple manifestations of racism within employment it is necessary to reduce workers' vulnerability through employment protection and to improve access to the judiciary system through administrative and financial support.

CONCLUSION

> A first way to avoid responsibility is through ignorance. Not knowing about a problem seemingly absolves one from trying to solve it. (Tronto, 2013, p. 60)

In *Caring Democracy*, Tronto refers to Mills's epistemology of ignorance (Mills, 2007) to account for the way dominant groups in society get 'passes' out of responsibility in relation to care-related responsibilities reflecting notably gender inequalities. The 'epistemology of ignorance' is, in a way, the other side of the coin of the 'privileged standpoint' this thesis has claimed for migrant and minority ethnic care workers, and thus the arguments developed here contribute from a different angle to the analysis of the distribution of caring responsibilities. By way of conclusion, I attempt to summarise how the feminist ethics of care has illuminated the theoretical implications of my empirical study, and to outline the main arguments developed here which could feed back into the theoretical assumptions of the ethics of care paradigm. For this purpose I explore three points below: (1) how the study of subjective experiences combined with an analysis of structures enables the formulation of critiques from the privileged standpoint of migrant and minority ethnic care workers; (2) what are the implications of an intersectional approach for the conceptualisation of the 'democratic' dimension of the 'feminist democratic ethics of care', and (3) what are its implications for identifying sites of struggle for a redistribution of caring responsibilities and thus of ways forward for translating this philosophy into action.

First, the 'privileged standpoint' approach concurs with the key attention dedicated to the voices of those actually providing that care, as in Tronto's notion of 'care-giving', within the care ethics paradigm. Throughout the thesis, I intended to combine the study of lived experiences with an analysis of the structures that inflected respondents' trajectories and shaped their experiences. Understanding the 'ruling relations' – as formulated in Smith's institutional ethnography – was here pursued by linking those two levels analytically. In the process of bringing out specific findings from the analysis of the narratives, the cross-national design of the research proved to be crucial. It prepared the ground for analysis of the differentiated implications of intersecting regimes in a way that only the comparative dimension made possible. For instance, in the first empirical

chapter, Chapter 3, I analysed the implications of distinct migration, employment and care regimes and their specific intersections by scrutinising the profile, trajectories and aspirations of respondents cross-nationally.

Taking as the starting point of the analysis respondents' everyday experiences, I sought to bring care workers' voices to the fore. At the same time, the care ethics perspective allowed formulation of theoretical critiques from the particular standpoint of migrant and minority ethnic care workers. In the second empirical chapter for example, Chapter 4, I formulated from this standpoint a critique of classical conceptualisations of precarious employment by highlighting the relevance of the lived experience and the importance of meanings attached to it. Furthermore, the concept of the 'precariousness of life' (Perez Orozco, 2014) developed within the ethics of care paradigm was fundamental in broadening the scope of analysis of precarious employment and work in this thesis. By highlighting the vulnerabilities that are exacerbated in the context of unequal distribution of care responsibilities, this concept illuminates the ways in which paid work in older-age care is specifically precarious, an analytical task undertaken in Chapter 5. The latter sheds light on the contradictions between the outcomes of intersecting regimes and the very content of care work and its 'sticky relations', to paraphrase Tronto. By bringing in the literature of feminist moral philosophy, I sought to continue with the task taken on by Robinson and Mahon in Canada (2011) and Molinier in France (2013), who brought these theoretical works into the empirical study of care work, and by the same token to contribute to this field of literature with complementary findings. The thesis has in this regard confirmed the findings by Molinier and has contributed to them by expanding the scope of the research to different sites of fieldwork and to specific groups of care workers. By interrogating the concept of emotional labour, Chapter 6 uncovered that the care ethics paradigm is to be found in care workers' narratives and that their voices need to be brought back into the formulation of the main assumptions of feminist democratic ethics of care.

Second, the intersectional approach dictated by a focus on intersecting regimes entails the need to examine inequalities beyond gender. The 'feminist democratic ethics of care' paradigm emerged by highlighting the gendered dimension, and

most importantly it offered a theoretical space within which gender inequalities are politicised and translated into the fundamental question of social justice. Considering respondents' narratives as emanating from a 'privileged standpoint' requires taking equally into account the intersecting structures of oppression within which they are embedded. This intersectional approach can feed into the 'feminist democratic ethics of care' by linking back the 'feminist voice', originally identified by Gilligan (1982), and later turned into a broader philosophical and political stance by Tronto (2013), with the empirical study of care work. Rethinking the place of care in society can benefit from an analysis in terms of intersecting regimes in that it reveals which gendered, racialised and classed processes result in the deep inequalities that are apparent. Scrutinising these processes is crucial so that the implications of policies in the fields of migration, care and employment are not considered separately but comprehensively with all the complexities that these intersections entail.

If the idea of a caring democracy is to be translated into both research projects and grassroots movements, its main arguments need to be disseminated into society. In this thesis, I intended to carry out this task theoretically by combining an intersectional approach with key contributions of feminist moral philosophy. In the course of fieldwork, I had the chance to get to know an association called Territorio Domestico, animated by Spanish, Latino American and North African women in Madrid who best epitomise this encounter. As it mostly comprised domestic workers, I have not included the experience of this group in the ethnographic data analysed here, given my primary focus on residential care as work context. In relation to this discussion, it is however difficult not to mention the grassroots work of these women in mobilising migrant workers around the idea of an 'ethics of care'. They are collectively engaging with the assumptions of feminist moral philosophy, which they alternatively call feminist economics, and turn it into a powerful inspiration for mobilisation expressed through creative means such as theatrical scenes and songs performed in the streets of the city. One of their slogans, 'without us, the world doesn't move anymore', illustrates their fundamental struggle: to bring care, including all dimensions of domestic work, into the centre, because it sustains life and enables all other activities in society to be carried out. If they also fulfil the role of a support network to the women

involved in the movement, their struggle differs from that of most other migrant associations. They are the harbingers of the care ethics discourse at the grassroots level.

This brings me to my third point and to the question of the sites of struggle and the paths to achieving a redistribution of care responsibilities. The 'commitment to genuine equality of voice' that Tronto wrote about entails a political struggle towards the achievement of greater equality and the reduction of 'power differentials' (Tronto, 2013, p. 33). Tronto demonstrates in this regard the ways in which neoliberal projects are fundamentally at odds with the idea of a 'caring democracy'. While the findings presented in this thesis point in a similar direction, the specific arguments developed here put forward how inequalities reinforce each other and thus complicate the struggle for a 'genuine equality of voice'. The articulation of an intersectional understanding of inequalities along with a political economy analysis of respondents' narratives uncovered specific tensions beyond the idea of 'responsibility passes' mentioned above. If an epistemology of ignorance can explain why most individuals can get away with avoiding caring responsibilities without having to bear a moral burden in consequence, it falls short of explaining the fundamentally conflicting interests that underpin these inequalities. The analysis of intersecting regimes offers at least partial answers to this question in that it reveals how migration, employment and social care policies create the structural constraints within which migrant and minority ethnic workers lead their lives. The focus on migrant and minority ethnic care workers hints in this regard at how women belonging to the dominant groups benefit from the constraints weighing upon both racialised women and men, albeit differently. The reproduction of these structures takes place along intersecting inequalities and thus a feminist democratic ethics of care needs to be attentive to all these dimensions in its endeavour to place 'care' at the centre of a democratic society. Uncovering how these inequalities arise and what processes reproduce them informs the debate as to where strategic sites for the struggle to achieve a more just redistribution of caring responsibilities lie. To mention only one illustration, the analysis of various forms of institutional racism within older-age care in Chapter 7 identified how experiences of racist abuse could be reduced at

the workplace level, if the specific implications of intersecting regimes for these workers were to be addressed and challenged.

Overall, I hope this thesis will have expanded our knowledge of migrant and minority ethnic care workers' experiences in older-age care and will have contributed to our understanding of the intersecting processes that impact on their trajectories and shape their experiences. In support of movements such as Territorio Domestico, there is a need for expanding the field of literature at the intersection of a feminist ethics of care and the study of care work. The 2010 United Nations Research Institute For Social Development report *Combating Poverty and Inequality* contains a section entitled 'Putting Care on the Agenda: Implications for Policy' where it is argued that 'the costs of care must be more evenly distributed among all members of society' and that towards this end 'care must emerge from the private realm and become a public issue' (UNRISD, 2010, p. 204). While only a baby step towards the emergence of an 'ethics of care' in multilateral organisations, this report reveals nevertheless that the conversation extends beyond academia. I believe researchers who engage with the 'ethics of care' paradigm have a role to play in transforming the terms of the debate in policy realms and in contributing to the work of activists on the ground.

BIBLIOGRAPHY

ACAS (2011) The Equality Act – What's new for employers? URL: http://www.acas.org.uk/media/pdf/n/8/Equality_Act_2010_guide_for_employers-accessible-version-Nov-2011.pdf

Alberola, E., Gilles L., Tith, F. (2011) *Les services à La personne: un Levier d'insertion pour Les publics éloignés de l'emploi* ? Paris: Crédoc.

Aldeghi, I., Loones, A. (2010) *Les emplois dans les services à domicile aux personnes âgées. Approche d'un secteur statistiquement indéfinissable.* Paris : Crédoc. URL: http://www.credoc.fr/pdf/Rech/C277.pdf

Alvesson, M. and Sköldberg, K. (2009) Reflexive Methodology New Vistas for Qualitative Research. London: Sage

Anderson, B. 2000. *Doing the dirty work? The global politics of domestic labour.* London: Palgrave Macmillan

Anderson, B. (2010). Migration, immigration controls and the fashioning of precarious workers. *Work, employment & society*, *24*(2), 300-317.

Anderson, B., & Shutes, I. (2014). *Migration and Care Labour Theory, Policy and Politics*. Palgrave Macmillan.

Andolfatto, D. and Labbé, D. (2006) La transformation des syndicats français. Vers un nouveau « modèle social »? *Revue française de science politique*, vol. 56, n° 2, avril, p. 281-297.

Andrews, T. (2012) What is Social Constructionism? Grounded Theory Review, Issue 1, June, Volume 11. URL: http://groundedtheoryreview.com/2012/06/01/what-is-social-constructionism/

Anthias, F. and Yuval-Davis N. (1992) *Racialized boundaries: Race, nation, gender, colour and class and the anti-racist struggle*, Routledge, 1992.

Anthias, F. (2011) Intersections and Translocations: new paradigms for thinking about cultural diversity and social identities. *European Educational Research Journal* Volume 10 Number 2

Anthias, F. (2012) Intersectional what? Social divisions, intersectionality and levels of analysis. *Ethnicities* 13(1) 3–19

Anton José, I., Munoz de Bustillo, R. and Carrera, M. (2010) Labor Market performance of Latin American and Caribbean Immigrants in Spain, Journal of Applied Economics, Vol. XIII, No. 2, p. 233-261

Aspinall, Peter J. (2002) Collective Terminology to Describe the Minority Ethnic Population: The Persistence of Confusion and Ambiguity in Usage, Sociology, 36: 803.

Ayres, L. (2008). Semi-Structured Interview. In Lisa M. Given (Ed.), The Sage Encyclopedia of Qualitative Research Methods. (pp. 811-812). Thousand Oaks, CA: SAGE Publications

Balibar, E. and Wallerstein, I. M. (1988). Race, nation, classe: les identités ambiguës. Paris: Ed. La Découverte.

Barbier, J-C. (2002): "A survey of the use of the term précarité in French economics and sociology." Centre d'Etudes de l'Emploi. URL: http://www.cee-recherche.fr/fr/fiches_chercheurs/texte_pdf/PRECARITE2BARBIER.pdf

Becker, G. S., & Tomes, N. (1994). Human capital and the rise and fall of families. In *Human Capital: A Theoretical and Empirical Analysis with Special Reference to Education (3rd Edition)* The University of Chicago Press, pp. 257-298

Bedolla, L. G. (2007) Intersections of Inequality: Understanding Marginalization and Privilege in the Post-Civil Rights Era. *Politics & Gender* 3(2) 2007

Berger, P. and Luckmann, T. (1966/1991) The Social Construction of Reality. A Treatise in the Sociology of Knowledge. London: Penguin Books

Bertossi, C. (2007). *French and British models of integration. Public philosophies, policies and state institutions.* ESRC Centre on Migration, Policy and Society, Working Paper, (46)

Bettio, F., Simonazzi, A., & Villa, P. (2006). Change in care regimes and female migration: the 'care drain' in the Mediterranean. *Journal of European social policy*, 16(3), 271-285.

Bourdieu, P. (1979) Les trois états du capital culturel. In: Actes de la recherche en sciences sociales. Vol.30, Novembre. L'institution scolaire. pp.3-6

Bourdieu, P. (1998) *Contre-feux. Propos pour servir à la résistance contre l'invasion néo-libérale,* Paris : Editions Raisons d'Agir

Bourne, J. (2001) The life and times of institutional racism, Race & Class, 43(2), 2001, pp. 7-22.

Brah, A. and Phoenix, A. (2004) Ain't I A Woman? Revisiting Intersectionality. *Journal of International Women's Studies* Vol 5 n°3, May

Burawoy, M. (1975) The Functions and Reproduction of Migrant Labor: Comparative Material from Southern Africa and the United States. American Journal of Sociology, Vol. 81, No. 5, pp. 1050-1087

Boyatzis, R. E. (1998) *Transforming qualitative information: Thematic analysis and code development.* Sage.

Byrd, C. (2011) Conflating Apples and Oranges: Understanding Modern Forms of Racism, Sociology Compass 5(11), pp.1005–1017.

Cabrero, G.R. and Gallego, V.M. (2013) Long-Term Care in Spain: Between Family Care Tradition and the Public Recognition of Social Risk. In: Ranci C. and Pavolini E. (eds.) *Reforms in Long-Term Care Policies in Europe.* New York: Springer

Cachon Rodriguez, L. (2008) La Integracion de y con lon inmigrantes en Espana: debates teoricos, politicas y ideversidad territorial, *Politica y Sociedad.* Vol. 45 Num 1: 205-235

Cangiano, A., Shutes, I., Spencer, S., & Leeson, G. (2009). *Migrant Care Workers in Ageing Societies : Research Findings in the United Kingdom Report Report on Research Findings in the UK* (Vol. 44).

Cangiano, A. (2014) Elder Care and Migrant Labor in Europe: A Demographic Outlook. *Population And Development Review* 40(1): 131–154

Cano, E. (2004) *Formas, percepciones y consecuencias de la precariedad*, Mientras Tanto, Invierno 2004, 93, pp.67-82

Cantle, T. (chair) (2001) Community cohesion: A report of the Independent Review Team. Home Office. URL: http://resources.cohesioninstitute.org.uk/Publications/Documents/Document/DownloadDocumentsFile.aspx?recordId=96&file=PDFversion

Cantle, T. (2008). *Parallel lives–the development of community cohesion. Citizenship, Cohesion and Solidarity*, London: Smith Institute, 9-20.

Carrera, S. (Ed.). (2009) *In search of the perfect citizen? The intersection between integration, immigration, and nationality in the EU*. Leiden: Martinus Nijhoff Publishers

Castles, S. (2006) "Guestworkers in Europe: A resurrection?." International Migration Review 40.4 (2006): 741-766.

Choo, H.Y. and Ferree, M.M. (2010) Practicing Intersectionality in Sociological Research: A Critical Analysis of Inclusions, Interactions, and Institutions in the Study of Inequalities. *Sociological Theory* 28: 129-149

Christensen, H. and Guldvik, I. (2014) *Migrant Care Workers. Searching for New Horizons*. Dorchester: Ashgate

Colectivo Ioé (2003) Experiencias de Discriminación de Minorías Étnicas en España. URL: http://www.colectivoioe.org/uploads/edb969a5b5bb4f6aaf3f9afb865cf396533d9315.pdf

Condon, S. (2000) Migrations antillaises en métropole, *Les cahiers du CEDREF* [En ligne], 8-9 | URL : http://cedref.revues.org/196

Cook, K. (2008). In-Depth Interview. In Lisa M. Given (Ed.), The Sage Encyclopedia of Qualitative Research Methods. (pp. 423-424). Thousand Oaks, CA: SAGE Publications

Corkill, D. (2001) Economic migrants and the labour market in Spain and Portugal. *Ethnic and Racial Studies*, 24:5, 828-844

Crenshaw, K.W. (1989) Demarginalizing the intersection of race and sex: A black feminist critique of antidiscrimination doctrine, feminist theory and antiracist politics. University of Chicago Legal Forum, 140, 139-167.

Cruickshank, J. (2011) The positive and the negative. Assessing critical realism and social constructionism as post-positivist approaches to empirical research in the social sciences. IMI Working Papers, Paper 42, Oxford: International Migration Institute

Cuban, S. (2013) Deskilling Migrant Women in the Global Care Industry. London: Palgrave Macmillan

Datta, K., McIlwaine, C., Evans, Y., Herbert, J., May, J., Wills, J. (2006) *Work, care and life among low-paid migrant workers in London: towards a migrant ethic of care*. London: Queen Mary, University of London.

De Genova, N. (2013) Spectacles of migrant 'illegality': the scene of exclusion, the obscene of inclusion, *Ethnic and Racial Studies*, 36(7), 1180-1198.

De Haas, H. 2007. "Between Courting and Controlling: The Moroccan State and 'Its' Emigrants" *Working paper No 54*. Oxford: Centre on Migration, Policy and Society, University of Oxford.

De Lizarrondo Artola, A. M. (2009). La integración de inmigrantes en España: el modelo patchwork. *Migraciones* (26), 115-146

Delphy, C. (2013) *L'Ennemi Principal. Economie Politique du Patriarcat.* Paris: Editions Syllepse

Department for Business Innovation and Skills (2014) Findings from the Survey of Tribunal Employment Applications 201. Research Series n° 177. URL: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/316704/bis-14-708-survey-of-employment-tribunal-applications-2013.pdf

Doeringer, P., & Piore, M. J. (1971). *Internal labor markets and manpower adjustment.* New York: DC Heath and Company.

Duggan, L. (2003). *The twilight of equality. Neoliberalism, cultural politics and the attack on democracy*. Boston: Beacon Press Books.

Ehrenreich, B., & English, D. (1973). *Witches. Midwives and Nurses: A History of Women Healers.* Old Westbury: Feminist Press.

ENAR (2013) Racism and related discriminatory practices in employment in Spain. URL: http://www.enar-eu.org/IMG/pdf/spain.pdf

England, K., & Dyck, I. (2012). Migrant Workers in Home Care: Routes, Responsibilities, and Respect. *Annals of the Association of American Geographers*, *102*(5), 1076–1083.

Erel, U. (2010) Migrating Cultural Capital: Bourdieu in Migration Studies. *Sociology*. Volume 44(4): 642–660

Ernst and Young Advisory (2008) Etude sur le marché de l'offre de soins, d'hébergement et de services destinés aux personnes âgées dépendantes. Available at: http://www.senat.fr/rap/r07-447-2/r07-447-2-scan1.pdf

Esping-Andersen, G. (1990/2013). *The three worlds of welfare capitalism*. John Wiley & Sons.

Fargues, P. (2008) Circular Migration: Is it relevant for the South and East of the Mediterranean? *CARIM Analytic and Synthetic notes*, n°40

Fassin, D., and Fassin, E. (2006) *De la question sociale à la question raciale. Représenter la société française*, Paris: La Découverte.

Federici, S. (2006) Precarious Labor: A Feminist Viewpoint. In the middle of a whirlwind. Last accessed 10 January 2016. URL: https://inthemiddleofthewhirlwind.wordpress.com/precarious-labor-a-feminist-viewpoint/

Federici, S. (2012) *Revolution at Point Zero: Housework, Reproduction, and Feminist Struggle*. New York: PM Press

Folbre, N. (2012). Should women care less? Intrinsic motivation and gender inequality. *British Journal of Industrial Relations,* 50(4), 597-619.

Froy, F. and L. Pyne (2011), "Ensuring Labour Market Success for Ethnic Minority and Immigrant Youth", OECD Local Economic and Employment Development (LEED) Working Papers, 2011/09, OECD Publishing.

Garner, H. et Lainé, F. (2013) *Service à la personne: constats et enjeux,* Commissariat Général à la Stratégie et à la Prospective.

Gawronski, B. et al. (2008) Understanding the relations between different forms of racial prejudice: a cognitive consistency perspective, *Personality & Social Psychology Bulletin* 34(5), pp. 648–65.

Gilligan, C. (1982/2003) *In a different voice*. Cambridge, MA: Harvard University Press.

Gilligan C., Hochschild A.R. and Tronto J.C. (2013) *Contre l'indifférence des privilégiés. A quoi sert le care.* Edited by Molinier P. and Paperman P., Paris: Payot

Gilroy, P. (1987/2002) *There Ain't No Black in the Union Jack.* London: Routledge.

Glendinning, C. (2013) Long Term Care Reform in England: A Long and Unfinished Story. In: C. Ranci, E. Pavolini (eds.), *Reforms in Long-Term Care Policies in Europe*. New York: Springer

Guillaumin, C. (1972/2002) *L'idéologie raciste*. Paris: Editions Folios Essais.

Hall, S. (1978) 'Racism and Reaction' in Five Views of Multi-Racial Britain. London: Commission of Racial Equality, pp. 23–35.

Hardt, M. and Negri, A. (2000) *Empire*. Cambridge, MA: Harvard University Press.

Harvey, D. (2014) *Seventeen Contradictions and the End of Capitalism.* New York: Oxford University Press

Headley, C. (2000) Philosophical Approaches to Racism: A Critique of the Individualistic Perspective, *Journal of Social Philosophy*, 31(2), pp.223–257.

Heath, A. F., and Cheung, S. Y. (2007) Unequal chances: Ethnic minorities in Western labour markets (Vol. 137). Oxford University Press.

Hemerijck, A.C., Palm, T.P, Entenmann, E. and Van Hooren, F.J. (2013) *Changing European Welfare States and the Evolution of Migrant Incorporation Regimes*, Working paper, University Amsterdam. URL: http://www.compas.ox.ac.uk/media/PR-2013-IMPACIM_Background_Welfare_States.pdf

HM Revenue & Customs. 2013. National Minimum Wage compliance in the social care sector.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/262269/131125_Social_Care_Evaluation_2013_ReportNov2013PDF.PDF (Last accessed February 2015)

Hochschild, A. R. (1983/ 2003) *The Managed Heart. Commercialization of Human Feeling.* Berkeley: University of California Press.

Hochschild, A. R. (2000). Global care chains and emotional surplus value, 130-46, in Giddens, A., & Hutton, W. (2000). On the edge: Living with global capitalism. London: Jonathan Cape.

Hussein, S. and Manthorpe, J. (2005) An International Review of the Long-Term Care Workforce, *Journal of Aging & Social Policy*, 17:4, 75-94

Hussein, S., Manthorpe, J. and Stevens, M. (2011) Social care as first work experience in England: a secondary analysis of the profile of a national sample of migrant workers. *Health and Social Care in the Community*, 19(1): 83-97.

Hyman, R. (2001). *Trade union research and cross-national comparison* [online] London: LSE Research Online. URL: http://eprints.lse.ac.uk/archive/00000757

Ikuenobe, P. (2010) Conceptualizing Racism and Its Subtle Forms, Journal for the Theory of Social Behaviour, 41:2.

IMSERSO Instituto de Mayores y Servicios Sociales. (2005) *Cuidado a la dependencia e Inmigracion, Informe de Resultados*, Coleccion Estudios Serie Dependencia Instituto de Mayores y Servicios Sociales

Jany-Catrice, F. (2013) Mise en visibilité statistique des emplois dans les services à la personne. *La Revue de l'Ires* /3 - n° 78, pp. 25 à 49

Jayaweera, H., and Anderson, B. 2008. Migrant workers and vulnerable employment: a review of existing data. Report for TUC Commission on Vulnerable Employment.

http://www.vulnerableworkers.org.uk/wp-content/uploads/2008/08/analysis-of-migrant-worker-data-final.pdf (Last accessed Ferbuary 2015)

Jenkins, S. (2004). *Gender, place, and the labour market*. Aldershot: Ashgate.

Jivraj, S. (2013) *How has ethnic diversity grown 1991-2001-2011? The Dynamics of Diversity: Evidence from the 2011 Census*. Centre on Dynamics of Ethnicity (CoDE)

Kalleberg, Arne L. (2009). "Precarious work, insecure workers: Employment relations in transition." American Sociological Review 74.1: 1-22.

Kofman, E. (2008) Managing Migration and Citizenship in Europe: Towards an Overarching Framework. In : Gabriel C. and Pellerin H. *Governing International Labour Migration: Current Issues, Challenges and Dilemmas*. New York : Routledge

Kofman, E. and Raghuram, P. (2015) *Gendered migrations and global social reproduction.* London: Palgrave Macmillan

Köhler, H-D and Calleja Jiménez, J-P. (2012) Transformations in Spanish trade union membership. *Industrial Relations Journal* 43:3, 281–292

Korczyk, S. (2004), "Long-Term Care Workers in Five Countries: Issues and Options" AARP Public Policy Institute. URL: http://assets.aarp.org/rgcenter/health/2004_07_care.pdf

Lada, E., (2011) Les associations jouent un role ambivalent dans la professionalisation des emplois et des salariées du secteur d'aide à domicile. *La documentation Française Formation Emploi,* Juillet-Septembre, N° 115, pp.9-23

Laparra Navarro, M. (coord.). 2004. *Precarious Employment in Europe: A Comparative Study of Labour Market related risks in Flexible Economies*. ESOPE Project. Final Report. Brussels: European Commission

ftp://ftp.cordis.europa.eu/pub/citizens/docs/kina21250ens_final_esope.pdf (Last accessed February 2015)

Lanoix, M. (2013) Labor as Embodied Practice: The Lessons of Care Work. *Hypatia* vol. 28, no. 1, Winter, pp.85-100

Laslett, B. and Brenner, J. (1989) Gender and Social Reproduction: Historical Perspectives. *Annual Review of Sociology*, Vol. 15 (1989), pp. 381-404

Le Bihan, B., and Martin, C. (2010) Reforming Long-term Care Policy in France: Private–Public Complementarities. *Social Policy & Administration*. Vol. 44, N°4, pp. 392-410

Lentin, A., & Titley, G. (2011). The crises of multiculturalism: Racism in a neoliberal age. New York: Zed Books Ltd.

León, M. (2010). Migration and Care Work in Spain: The Domestic Sector Revisited. *Social Policy and Society*, 9, pp 409-418

Leontaridi, M. (1998). Segmented labour markets: theory and evidence. *Journal of economic surveys*, *12*(1), 103-109.

Lewchuk, W., & Clarke, M. (2011). Working without commitments: The health effects of precarious employment. McGill-Queen's University Press

Lorrey, I. (2015) *State of Insecurity. Governement of the Precarious*. London: Verso

Low Pay Commission. 2014. *National Minimum Wage*. Report 2014.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/288847/The_National_Minimum_Wage_LPC_Report_2014.pdf (Last accessed February 2015)

Lutz, H. and Palenga-Möllenbeck, E. (2011): Care, Gender and Migration: Towards a Theory of Transnational Domestic Work Migration in Europe, *Journal of Contemporary European Studies*, 19:3, 349-364

Lutz, H. (Ed.) (2008) Migration and Domestic Work: A European Perspective on a Global Theme, Aldershot: Ashgate.

Machin, S. (2000) *Union Decline in Britain*. London: London School of Economics. URL: http://eprints.lse.ac.uk/20191/1/Union_Decline_in_Britain.pdf

Mahon, R. and Robinson, F. (Eds.) (2011) *Feminist ethics and social policy: Towards a new global political economy of care.* Vancouver: UBC Press.

Marie, C.-V. and Temporal, F. (2011) Les DOM : Terres de migrations, *Espace populations sociétés* [En ligne], 2011/3. URL: http:// eps.revues.org/4652

Martin, C. (2008) Qu'est-ce que le social care ? Une revue de questions. *Revue Française de Socio-Économie*, n° 2, pp. 27 à 42

Martiniello, M. (2013) *Penser l'ethnicité. Identité, culture et relations sociales*, Liège: Presses Universitaires de Liège.

McCall, L. (2005) The Complexity of Intersectionality. *Journal of Women and Culture in Society*, vol. 30, no. 3, 1771-1800

McKay, S. et al. (2012) Study on precarious work and social rights. Working Lives Research Institute, London: London Metropolitan University

McLoughlin, S. and Münz, R. (2011) Temporary and circular migration: opportunities and challenges, Working Paper No.35, European Policy Center.

Macpherson (1999) The Stephen Lawrence Inquiry. URL: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/277111/4262.pdf

Meardi, G. (2012) *Social Failures of EU Enlargement : A Case of Workers Voting with Their Feet*. New York: Routledge

Menz, G. and Caviedes, A. (2010) *Labour migration in Europe*. London: Palgrave Macmillan

Mezzadra, S., & Neilson, B. (2013). Border as Method, or, the Multiplication of Labor. Duke University Press.

Miles, R. (1993). Racism after 'race relations'. London: Routledge.

Mills, C.W. (2007) White ignorance. In: Sullican S. and Tuana N. (Eds.) *Race and Epistemologies of Ignorance.* Albany, NY: State University of New York

Ministry of Justice (2012) Employment Tribunals and EAT Statistics, 2011-12. URL: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/218497/employment-trib-stats-april-march-2011-12.pdf

Ministère de l'Intérieur (2013) Les données de l'immigration professionnelle et étudiante. Paris: Direction de l'immigration.

Molinier, P. (2013) *Le travail du care.* Paris: La Dispute /Snédit

Montiel Perez-Nievas, S. and Vintila Daniela, C. (2011) La Reagrupación Familiar en España y En Europa. *Anuario de la Facultad de Derecho Universidad Autónoma de Madrid.* Vol.15, pp. 143-167

Mouriaux, R. (2013) Le syndicalisme en France depuis 1945. Paris : La Découverte

Nakano Glenn, E. (2010) *Forced to care. Coercion and caregiving*. Cambridge, MA : Harvard University Press

Noiriel, G. (1988). Le creuset français. Paris : Éd. du Seuil.

OECD (2013) *International Migration Outlook*. OECD Publishing

OECD (2015) *International Migration Outlook*. OECD Publishing

Palys, T. (2008). Purposive Sampling. In Lisa M. Given (Ed.), The Sage Encyclopedia of Qualitative Research Methods. (pp. 698-699). Thousand Oaks, CA: SAGE Publications

Paugam, S., Le Blanc, G. and Rui, S. (2011) Les nouvelles formes de précarité. Regards croisés entre la philosophie et la sociologie, *Sociologie*, 2011/4 Vol. 2, p. 417-431

Paugam, Serge (2009) *Le salarié de la précarité. Les nouvelles formes de l'intégration professionnelle*. Paris: Quadrige.

Pardini, B. (2013) Diagnostic emploi formation relatif aux aides-soignants, aides médico-psychologiques et auxiliaires de vie sociale. Paris: Défi Métiers. URL: http://www.defi-metiers.fr/sites/default/files/docs/rapports-etudes/diagnostic_emploi_formation_as_amp_avsl_0.pdf

Parreñas, R. (2001) Servants of Globalization. Standford, CA: Stanford University Press, 2001

Parreñas, R. (2000) Migrant Filipina domestic workers and the international division of reproductive labor. *Gender & Society*, 14(4), 560-580.

Peck, J. (1996). *Work-place: The social regulation of labor markets*. Guilford Press.

Perez Orozco, A. (2014) *Subversion feminista de la economia. Aportes para un debate sobre el conflicto capital-vida*. Madrid: Traficantes de suenos.

Rattansi, A. (2011) *Multiculturalism: A very short introduction* (Vol. 283). Oxford University Press.

Robinson, F. (2013) Global care ethics: beyond distribution, beyond justice. *Journal of Global Ethics*. Volume 9, Issue 2

Rocha Sánchez, F. (2012) *Youth Unemployment in Spain. Situation and Policy Recommendations*. Berlin: Friedrich Ebert Stiftung. URL: http://library.fes.de/pdf-files/id/09469.pdf

Rodgers, G., and Rodgers, J. 1989. Precarious Work in Western Europe: the State of the Debate. In Gerry Rodgers and Janine Rodgers, eds., *Precarious Jobs in Labour Market Regulation: The Growth of Atypical Employment in Western Europe*. International Institute of Labour Studies, Geneva.

Rodríguez Rodríguez, V. (Eds.) (2012). *Inmigración y cuidados de mayores en la Comunidad de Madrid*. Bilbao: Fundacion BBVA.

Rodríguez Cabrero, G. and Marbán Gallego, V. (2013) Long-Term Care in Spain: Between Family Care Tradition and the Public Recognition of Social Risk. In: C. Ranci, E. Pavolini (eds.), Reforms in Long-Term Care Policies in Europe. New York: Springer

Rodriquez, J. (2014) *Labors of Love: Nursing Homes and the Structures of Care Work*. New York: New York University Press

Romero, B. A. (2012) Towards a model of externalisation and denationalisation of care? The role of female migrant care workers for dependent older people in Spain, *European Journal of Social Work*, 15:1, 45-61

Romero, M., Preston, V., Giles, W. (2014) Eds. *When Care Work Goes Global: Locating the Social Relations of Domestic Work* . England: Ashgate

Roy, O. (2008) *La sainte ignorance.* Paris: Seuil

Samers, M. (2008) At the heart of 'migration management': immigration and labour markets in the European Union. In: Gabriel, C. *Governing international labour migration: current issues, challenges and dilemmas* (Vol. 26). Routledge, pp. 128-144.

Saumure, K., & Given, L. (2008). Nonprobability Sampling. In Lisa M. Given (Ed.), The Sage Encyclopedia of Qualitative Research Methods. (pp. 563-564). Thousand Oaks, CA: SAGE Publications

Serrano, A., Artiaga, A. and Davila de Leon, M. (2013) Crisis De Los Cuidados, Ley de Dependencia y Confusión Semántica. *Revista Internacional de Sociología.* Vol.71, no 3, Septiembre-Diciembre, pp. 669-694

Settersten, R. A. and Angel, J.L. (2011*) Handbook of Sociology of Aging*. New York: Springer

Sevenhuijsen, S. (1998) *Citizenship and the ethics of care. Feminist considerations on justice, morality and politics*. New York, NY: Routledge

Scrinzi, F. (2013) *Genre, migrations et emplois domestiques en France et en Italie*. Paris: Editions Petra.

Shutes, I. (2011) Social Care for Older People and Demand for Migrant Workers, The Migration Observatory, University of Oxford

Shutes, I. (2014) A Right to Care? Immigration Controls and the Care Labour of Non-Citizens. In: Anderson, B., & Shutes, I. *Migration and Care Labour Theory, Policy and Politics*. Palgrave Macmillan.

Simien, E. M. (2007) Doing Intersectionality Research: From Conceptual Issues to Practical Examples. *Politics & Gender* 3(2)

Simonazzi, A. (2009). Care regimes and national employment models. *Cambridge Journal of Economics*, *33*(2), 211–232.

Sivanandan, A. (1985) RAT and the degradation of black struggle. *Race Class* 26:1.

Smith, D. E. (1987) *The everyday world as problematic: A feminist sociology*, Northeastern University Press

Smith, D. E. (2005) *Institutional ethnography: A sociology for people*, Oxford: Altamira Press

Smith, P. and Mackintosh, M. (2007) Profession, market and class: nurse migration and the remaking of division and disadvantage. Journal of Clinical Nursing 16, pp. 2213–2220

Sole, C. and Parella, S. (2003) The labour market and racial discrimination in Spain, *Journal of Ethnic and Migration Studies*, 29:1, 121-140.

Standing, G. 2011. *The precariat: The new dangerous class*. London: Bloomsbury Academic.

Stasiulis, D. (2008) Revisiting the Permanent-Temporary Labour Migration Dichotomy In : Gabriel C. and Pellerin H. *Governing International Labour Migration: Current Issues, Challenges and Dilemmas*. New York: Routledge

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

Tribalat, M. (2004). Une estimation des populations d'origine étrangère en France en 1999. *Population,* 59(1), pp. 51-81.

Tronto, J. C. (1993) *Moral Boundaries. A political Argument for an Ethic of Care*. London: Routledge

Tronto, J.C. (2011a) A Feminist Democratic Ethics of Care and Global Care Workers. Citizenship and Responability. In: Mahon, R. and Robinson, F. (Eds.) *Feminist ethics and social policy: Towards a new global political economy of care.* Vancouver: UBC Press.

Tronto, J.C. (2011b) Privatizing Neo-Colonialism: Migrant Domestic Care Workers, Partial Citizenship and Responsibility. In: Dahl M.H., Keränen M. and Kovalainen A. (Eds.) *Europeanization, Care and Gender.* London: Palgrave Macmillan

Tronto, J. C. (2013) *Caring Democracy. Markets, Equality, and Justice*. New York: New York University Press

TUC (2007) Hard Work, Hidden Lives. URL: http://www.vulnerableworkers.org.uk/files/CoVE_full_report.pdf

Carlmicheal, S. and Hamilton, C.V. (1967/1992) Black Power. The Politics of Liberation. New York: Vintage Books

Ungerson, C. (2003) Commodified care work in European Labour Markets, European Societies, 5:4, 377-396

UNISON (2013) Time to care. A UNISON report into home care. URL: https://www.unison.org.uk/content/uploads/2013/11/On-line-Catalogue220152.pdf

UNRISD (2010) *Comabting Poverty and Inequality. Social Change, Social Policy and Politics*. Geneva: UNRISD.

Vosko, L. F. (2006). *Precarious employment: Understanding labour market insecurity in Canada.* Montreal & Kingston: McGill-Queen's Press.

Vosko, L. F., and Clark, F. L. (2009) Gendered precariousness and social reproduction, in Vosko, L. F., MacDonald, M., and Campbell, I. eds., *Gender and the contours of precarious employment,* New York: Routledge.

Walby, S. (2007) Complexity Theory, Systems Theory, and Multiple Intersecting Social Inequalities. *Philosophy of the Social Sciences* 2007; 37; 449

Wihtol de Wenden, C. (2010) *La question migratoire au XXIème siècle. Migrants, réfugiés et relations internationales*. Paris: Presses de la Fondation Nationale des Sciences Politiques.

Williams, F. and Gavanas, A. (2008) The intersection of Childcare Regimes and Migration Regimes: A Three-Country Study. In: Lutz H. (Ed.) *Migration and Domestic Work. A European Perspective on a Global Theme.* England: Ashgate.

Williams, F. (2011a) Migration and Care Work in Europe: making connections across the transnational political economy of care. Context: University of Oxford, 14-15th April 2011.

URL: http://www.social-policy.org.uk/lincoln2011/Williams%20F%20P2.pdf

Williams, F. (2011b) Towards a Transnational Analysis of the Political Economy of Care. In: Mahon, R. and Robinson, F. (Eds.) *Feminist ethics and social policy: Towards a new global political economy of care.* Vancouver: UBC Press, pp.21-38

Williams, F. (2011c) Care, Migration and Citizenship: Migration and Home-based care in Europe. In: Dahl M.H., Keränen M. and Kovalainen A. (Eds.) *Europeanization, Care and Gender.* London: Palgrave Macmillan

Williams, F. (2012). Converging variations in migrant care work in Europe. Journal of European Social Policy, 22(4), 363–376.

Williams, F. (2014) Making Connections Across the Transnational Political Economy of Care. In: Anderson, B., & Shutes, I. *Migration and Care Labour Theory, Policy and Politics*. Palgrave Macmillan.

Winker, G. and Degele, N. (2011) Intersectionality as multi-level analysis: Dealing with social inequality. *European Journal of Women's Studies* 18(1) 51–66

Yeates, N. (2009) *Globalizing Care Economies and Migrant Workers: Explorations in Global Care Chains*. Palgrave Macmillan

Yinger, J.M. (1981) Towards a theory of assimilation and dissimilation, *Ethnic Studies*, 2.Vol. 4. 20- 23.

Appendices

Appendix A: Topic guide for interviews

(1) Introductory questions to the interview

- How does a regular day of work look like for you?
- What shifts do you work?

(2) Current employment situation

- How long have you been working in this job?
- Who is your employer (for-profit/non-for- profit)?
- On which type of contract do you work (permanent, fixed, zero hours, agency)?
- Does the number of hours worked vary from one week to another?
- Does your income vary significantly from one month to another?
- Do you know what your entitlements are in terms of sick pay and holiday pay?
- Did you experience any difficulties in having access to these benefits?

(3) Content of work

- What do you like and what do you dislike about your job?
- How would you describe your relationships with service users/clients/residents?
- Do you have good relations with your colleagues?
- Who are your colleagues? (gender, age, ethnicity, community)
- What autonomy do you have in organising your work?

(4) Managerial relations

- Who is your line manager (what status)?
- What is your relation with your manager(s)?
- Could you describe for example some recent contacts that you had with your line manager?
- When an issue or a concern comes up whom do you talk to?
- Do you have any example of how a concern has been dealt with recently?

(5) Bullying and harassment

- Did you think in any circumstances that you were not treated fairly at work? (for example in relation to pay, shifts, workload, career opportunities)
- Did you experience bullying or harassment at work?
- Did you raise this issue with anyone?
- Did you receive any support from colleagues?
- Did you file a complaint?
- How did the process go?
- Were you supported by a union?
- Are other workers in a similar situation to yours?

• Are certain groups particularly subject to discrimination?

(6) Training and career opportunities

• Do you receive trainings? Do you have a fair access to the available trainings?
• Would you like to take up a different job or other responsibilities?
• What promotion opportunities could you have?
• Do you feel you have control over your career?

(7) Questions for migrant workers

• When did you come to the UK?
• What was your first job in the UK?
• Did you have a job back home?
• Did you study in your home country?
• Is there a degree that you would like to get recognised in the UK?
• What is your current migrant status?
• Does your migrant status, or a migrant status you were on in the past, affect your work in any way?
• What specific support would benefit migrant workers in your eyes?

(8) Security, stability and protection

• Do you consider your job as a secure job?
• Do people around you hold on their jobs?
• Were you made redundant by any of your employers?
• Do you feel protected at work in terms of health and safety issues?
• Are you in a union?
• If yes, what did make you join a union?

(9) Employment history

• In which circumstances did you get this job?
• Did you know someone in your current workplace?
• Tell me about the different jobs you had. What did you like and what did dislike about them?
• Did you work as care worker in different jobs?
• What was your first job as a care worker and how did you started?
• Why did you start working as a care worker?

(10) Beyond work

• Do you leave far from your workplace?
• Do you have a side job?
• Do you have other caring responsibilities?
• What do you do besides work?
• Do you socialize with colleagues?

- Do you live with a partner? Do you have children?
- With whom do you live?
- What jobs do other members of the household hold?
- What do you envisage for your professional future?

Appendix B: Questionnaire

- **What is your age?** .....

- **What is your gender?**

□ male □ female □ other

- **What is your level of qualification?**

□ no qualification □ A-level or equivalent □ Bachelor □ Master and above

- **What is your job title?** .....

- **Ethnic origin**

□ Bangladeshi □ Pakistani □ Indian
□ Black African □ Black UK □ Black Caribbean □ Black Other
□ Asian UK □ Chinese □ Asian other
□ White UK □ Irish □ White Other
□ Other, please write in .....

- **Occupation of your father?** ..... - **Occupation of your mother?** .....

- **What is your migration status?** .....

- **If you moved into the UK, how long have you been here?** .....

- **What is your nationality?** .....

- **Type of employer**

□ Public employer
□ Private employer
□ Community and voluntary sector

- **What type of contract are you on?**

□ Full time, indefinite
□ Full time, fixed-term
□ Part-time, indefinite
□ Part-time, fixed-term

□ Zero hours contract
□ Agency work

• If you work part-time how many hours per week do you work on average?.....

• Does your income vary from one month to the other?

□ Yes, less than 10% increase or decrease
□ Yes, more than 10% increase or decrease
□ No

• On average, what is your monthly income? .....

• Do you receive the following benefits?

	Yes	No	Don't know
Paid Holiday / Annual leave			
Employer sick pay (in addition to statutory rights)			
Employer pension scheme (in addition to statutory rights)			
Maternity pay			
Maternity leave			

• How long have you been in your current job? .....

• How many different jobs did you have over the past 5 years? .....

• Are you a union member?
□ Yes □ No

THANK YOU

Appendix C: Coding tree and references, extraction from Nvivo10

Name	References
Attachment to residents	269
Emotional labour	77
Affect and time	4
Death and grief	18
Explicit empathy	15
Power relations	3
Attachment and professionalism	50
Family type relations	33
Home culture and attachment	17
Individualized care	19
Invisibilisation of affect	14
Occupational identity	59
Coping, Resisting, Supporting	68
Role of communities	33
Unions' activities and opinions on unions	34
Employment terms and social rights	252
Annual, sick and maternity leave	40
Contract type and job security	205
Chosen temp work	8
Recognition and job stability	5
Migration	125
Migration history	93
Migration Status	32
Pay	105
Non financial recognition	8
Pay and level of expenses	24
Pay and recognition of work accomplished	43
Responsibility	29
Racism and discrimination	168
Coping, institutional context	41
Discrimination by management	50
Feeling of fairness	33
Migration status related discriminations	6
Racial prejudice of colleagues	12
Residents' racist comments or attitudes	26
Relationships with families	7
Routes into employment	335
Care vs Hospital and Public vs Private	12
Choice and Early impressions	90
Finding the job	97
Intermediaries	10
Multiple jobs	56
Overqualification and recognition	48
Previous experience	18
Other sectors	62
Same sector	132
Social status	4
The body	100
Bodily contact	3
Health implications	62
Injuries and aggressions	35
Training	372

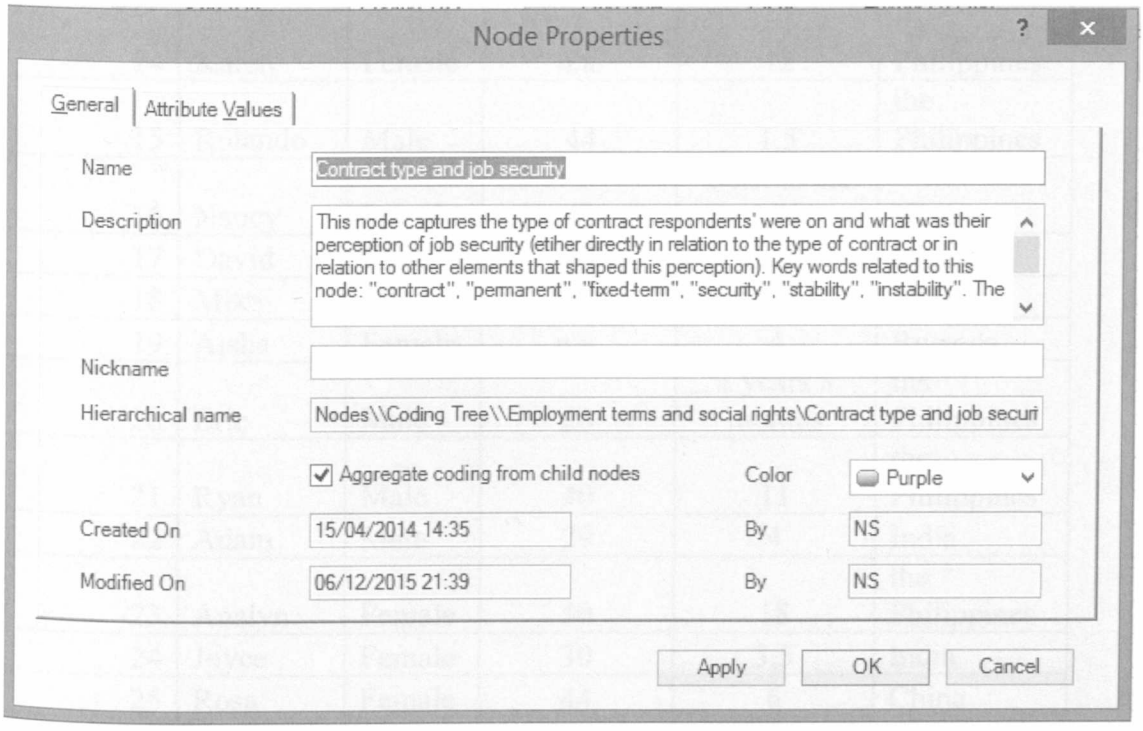
Appendix D: Node in Nvivo

Boyatzis elaborated a 'checklist' for the elaboration of thematic codes around five elements:

> 1. A label (i.e., a name)
> 2. A definition of what the theme concerns (i.e., the characteristic or issue constituting the theme)
> 3. A description of how to know when the theme occurs (i.e., indicators on how to 'flag' the theme)
> 4. A description of any qualifications or exclusions to the identification of the theme.
> 5. Examples, both positive and negative, to eliminate possible confusion when looking for the theme. (1998, p. 31)

The screen capture below shows what the presentation of a node (i.e. a code) in Nvivo10 looks like. In this example the node 'Contract type and job security' is defined (the definition is incomplete on the screen capture due to the scroll-down feature of the window).

Picture 1: Node properties screen capture



Appendix E: Respondents in London

	Name (changed)	**Gender**	**Age**	**Years in the UK**	**Nationality (prior to migration)**
1	Sameera	Female	32	12	Mauritius
2	Mary	Female	20	born in the UK	
3	Isabel	Female	37	6	the Philippines
4	Marissa	Female	60	11	the Philippines
5	Amal	Female	24	10	Somalia
6	Sonia	Female	33	10	Mauritius
7	Alma	Female	41	7	the Philippines
8	Jenifer	Female	24	born in the UK	
9	Basma	Female	47	12	Somalia
10	Fadila	Female	30	4	Bangladesh
11	Houda	Female	34	4	Bangladesh
12	Zaria	Female	20	11	Sierra Leone
13	Julie	Female	45	14	Ghana
14	Karen	Female	n.a.	12	the Philippines
15	Rolando	Male	44	1,5	the Philippines
16	Nancy	Female	42	Born in the UK	Nigeria
17	David	Male	40	NA	Uganda
18	Mike	Male	55	5,5	Nigeria
19	Aisha	Female	n.a.	4	Rwanda
20	Eric	Male	28	2 years 8 months	the Philippines
21	Ryan	Male	40	11	the Philippines
22	Adam	Male	29	4	India
23	Analyn	Female	50	18	the Philippines
24	Joyce	Female	30	3,5	India
25	Rosa	Female	44	6	China

Appendix F: Respondents in Paris

CARE	Name (changed)	Age	Gender	Years in France	Nationality (prior to migration)
1	Fouzia	43	F	12	Algeria
2	Hawa	34	F	1,5	Ivory Coast
3	Selwa	33	F	7	Morocco
4	Elodie	52	F	36	Guadeloupe
5	Adèle	56	F	24	Cameroon
6	Mélinda	44	F	10 months - grew up in France	Martinique
7	Patricia	34	F	12	Reunion Island
8	Melissa	41	F	23	Cameroon
9	Naima	32	F	16	Tunisia
10	Laëtitia	29	F	3	Guadeloupe
11	Aimée	44	F	21	Guinea
12	Camille	45	F	5	Cameroon
13	Kadee	53	F	37	Senegal
14	Tabla	45	F	30	Guinea
15	Marc	37	M	5	Reunion Island
16	Nabila	40	F	22	Senegal
17	Jade	46	F	22	Ivory Coast
18	Luc	25	M	14	Cameroon
19	Saba	41,5	F	31,5	Cameroon
20	Eloïse	59	F	40	Guadeloupe

21	Nada	31	F	Born in France	France
22	Hélène	25	F	3	Guadeloupe
23	Amandine	32	F	17	Ivory Coast
24	Amélie	43	F	8	Ivory Coast
25	Bacar	35	M	15	Senegal
26	Ingrid	37	F	4	Myanmar
27	Jacques	31	M	Grew up partially in France	Cameroon
28	Doriane	59	F	33	Guadeloupe
29	Sofia	36	F	Born in France	France
30	Danièle	53	F	20	Senegal

Appendix G: Respondents in Madrid

	Name (changed)	Age	Gender	Nationality (prior to migration)	Years in Spain
1	Martina	51	F	Ecuador	14
2	Claudia	53	F	Peru	10
3	Carmen	39	F	Cameroon	13
4	Mayra	52	F	Ecuador	14
5	Soraya	45	F	Morocco	18
6	Victoria	54	F	Ecuador	26
7	Lucia	56	F	Nicaragua	9
8	Saul	27	M	El Salvador	7
9	Beronica	38	F	Ecuador	12
10	Andrea	47	F	Cape Verde	28
11	Gladys	37	F	Ecuador	14
12	Imene	31	F	Peru	7
13	Abdel	48	M	Morocco	20
14	Elena	42	F	Paraguay	7
15	Naomi	37	F	Colombia	7
16	Pedro	25	M	Spain	7
17	Adriana	29	F	Ecuador	14
18	Flor	25	F	Peru	5
19	Rita	54	F	Ecuador	11
20	Antonio	39	M	Cuba	3
21	Serena	38	F	Peru	12
22	Rebeca	46	F	Peru	12
23	Cecilia	37	F	Colombia	3

24	Magdalena	51	F	Ecuador	12
25	Lourdes	50	F	Ecuador	7
26	Sandra	48	F	Ecuador	8
27	Marisol	47	F	Ecuador	14

Appendix H: Consent form

Nina Sahraoui
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Working Lives Research Institute
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Consent Form for Interviewees

Project title: "The social implications of precarious work for Black, Asian and Minority Ethnic workers"

I will talk you through this sheet. When you agree please tick the boxes and sign below. You do not have to write your name and contact details if you do not wish to. I will give you a copy of this sheet; you can find my contact details above in case you need to raise an issue later on.

I have talked about the project with Nina Sahraoui and I understand what it is about. ☐

I have been able to ask all the questions that I wanted. I understand that no one will know who I am if they read the PhD because the data will be anonymised. ☐

Nina Sahraoui can use what I say in her PhD, presentations and academic publications. I will not be named in any of the research. ☐

I understand that I can pull out of the research at any time and that I do not have to give any reason. ☐

Name.....

Contact details.....

.....

.....

Signature .....

Date.....

Appendix I: Conference papers

European Sociological Association Annual Conference **August 2015**

Paper presented: 'Varieties of institutional racism? Care workers' experiences of racism and discrimination in London, Paris and Madrid.'

United Nations University GCM, Barcelona **June 2015**

Paper presented: 'Emotions in care work: a worker's best asset or biggest threat?'

British Sociological Association Annual Conference, Glasgow **April 2015**

Paper presented: 'Affective/Emotional Labour in Migrant Care Workers Narratives.'

ECPR General Conference, Glasgow **Sept. 2014**

Paper presented: 'Racism without 'race'? Racialised care workers' experiences of discrimination and racism in older-age care.'

17th Nordic Migration Conference, Copenhagen **August 2014**

Paper presented: 'Migrant Workers in London Greater Region in For-profit Elderly Care Facilities. Capital's use of multiple borders for the extension of its own frontiers.'

XVIII ISA World Congress of Sociology, Yokohama **July 2014**

Paper presented: 'Routes into employment of migrant workers in Greater London. Caring by necessity?'

International Labour Process Conference, King's College **April 2014**

Paper presented: ' "We are not just carers, we are humans". Female migrant workers experiences in the care sector.'

Appendix J: Media and peer-reviewed publications related to the thesis

Peer-reviewed publications

Sahraoui, N. 2015. "We are not just carers, we are humans". Migrant and minority ethnic care workers' experiences of discrimination and racism in elderly care. *Sociological Forum*, Vol. 6, pp. 227-240.

Book reviews

Sahraoui, N. 2015. *Racism, Class and the Racialized Outsider*, by Satnam Virdee. Reviewed in: Transfer, published online 5 December 2014, Volume 21, Number 1, February 2015, pp.119-121.

Sahraoui, N. 2015. *Genre, migrations et emplois domestiques en France et en Italie*, by Francesca Scrinzi. Reviewed in: Critical Sociology, forthcoming September 2015.

Media publications

'Why we shouldn't speak of "unskilled" migrants anymore', Migration Pulse, Migrants' Rights Network, May 2015
URL: http://www.migrantsrights.org.uk/migration-pulse/2015/why-we-shouldn-t-speak-unskilled-migrants-anymore

'Feminisms: fragmentation vs. collaboration - A reflection from fieldwork in Spain', Changing Employment Blog, February 2015
URL:http://www.changingemployment.eu/Blog/ViewPost/tabid/3428/articleType/ArticleView/articleId/5186/Feminisms-fragmentation-vs-collaboration--A-reflection-from-fieldwork-in-Spain.aspx

'Symbolic violence and other challenges encountered along the way of the fieldwork adventure', Changing Employment Blog, July 2014
URL:http://www.changingemployment.eu/Blog/ViewPost/tabid/3428/articleType/ArticleView/articleId/3961/Symbolic-violence-and-other-challenges-encountered-along-the-way-of-the-fieldwork-adventure.aspx

Films

Sahraoui, N. and Ajouaou, J. 2015. 'A labour of care.'

Interviews with migrant care workers in Paris, London and Madrid.
Duration: 18 minutes. Own production.

Sahraoui, N. and Ajouaou, J. 2014. 'Migrant care workers in Madrid.'

Migrant domestic workers' activism. Duration: 5 minutes. Own production.