Precarious Care Work and Social Reproduction of Migrant Women of Colour in the UK

Exploring the Intersections of Bordering, Temporalities, and Embodied Precarity in Care

By

Amna Sarwer

A thesis submitted in fulfilment of the requirements

for the degree of Doctor of Philosophy to the

Department of People and Organisations (DPO)

Open University Business School (OUBS)

Supervisors

Dr Charles Barthold

Professor Cinzia Priola

May, 2024

Dedication

I dedicate this thesis to Benji, who heard it all under the desk.

What if you die while you are waiting?

Acknowledgement

Completing this PhD at a time when state control and the forces of neoliberalism are inflicting intersectional damage, whether in the shape of taking away our civil liberties of dissent or conceiving of inhuman migration bills and increasing levels of redundancies of academic staff on campuses, made me think about the purpose of doing an academic degree. I struggled with the everyday guilt of leaving so many people behind in their efforts to survive while I was writing this dissertation. Every day I asked the question that Lauren Berlant once posed, 'How do you do theory in a broken world?' At times, the thought of leaving this program crossed my mind, which was countered by Maya Angelou's saying, 'There is no greater agony than bearing an untold story inside you.' This thesis became a register or a memory pad for many injustices I encountered during this research; at times, writing a thesis to make such injustices part of public knowledge gave me more hope and purpose than just completing a degree. Therefore, I would like to thank the many people here who helped me to navigate the challenges of living, labouring, and surviving this process.

I do not believe in the notion that universities are the sole custodians of knowledge and therefore would like to thank all the participants of this study, who may not have extra letters after their names but taught me more than I could have ever learnt being on campus. I thank you all for educating me about these issues and bearing with my stupid questions along the way. After meeting you all, I realised that writing and talking about an issue is no substitute for living it.

I would like to thank Prof. Cinzia Priola and Dr Charles Barthold for their support throughout this process. I want to acknowledge the emotional support of Prof. Cinzia Priola which she continues to provide to her students. I also would like to mention Dr Fidele Mutwarasibo for being an amazing mentor and someone who taught me how to stand up for myself in institutional life. I would like to acknowledge the Gendered Organisational Practice (GOP) research centre for creating an important and meaningful space where dialogue is more valued than having a consensus.

I would like to mention Samantha Hawtin, Elisa Vallette, Dr Akif Khan and Dr Setu Verma for being kind to me during this journey and lifting me when I felt down. I would like to mention my mother (Zahida Parveen) and sisters (Maryam Sarwer and Madiha Sarwer) whom I have not met for many years due to borders. Your messages of support warm my heart and make me believe that we will see each other soon. Maybe we can see *Nani Ama* together!

I would like to thank my partner, Jessica, one of the reasons why I started this PhD. Your presence in my life made me believe that staying hopeful is everything one needs at times. You have made me a better person and continue to inspire me. This was all possible because you were by my side. We shall open that bottle of champagne when you complete your PhD, which will be soon. I am indeed blessed to have love and support from women like you.

In the end, I would like to thank Benji for being my furry companion on tough days. You taught me how to care about and care for someone. I would like to believe that we three will stay together. I hope no borders ever come between us!

Abstract

Care work is precarious, low-paid, feminised labour that relies heavily on migrant workers. This study explores the experiences of precarious care work of migrant women of colour shaped by temporal migration regimes, workplace inequalities and embodied precarity. This study examines bordering practices of migration regimes and meso-level organisational inequalities, and how they influence the vulnerabilities and embodied violence in care work. In addition, I have analysed the social reproduction of migrant and racialised women and their families both locally and transnationally. I note that borders extract precarious labour by controlling racialised women's access to entitlements and increasing their unpaid responsibilities. These restrictions seemed to lower the costs of labour while extracting labour power. While previous studies have examined the experiences of care workers, research on the intersection of bordering, temporalities and precarity in care work is limited. I also contribute to the literature on intersectionality by highlighting the role of time as a system of power in migration regimes and organisations where migrant and racialised women are subject to racialised time. This study uses intersectionality as its theoretical framework in conjunction with social reproduction and also draws on concepts of precarity, bordering and racial time. I have conducted 40 semi-structured interviews with women working in care homes over eight months and analysed this data through thematic analysis. This study argues that contemporary bordering practices within the UK along with capitalism devalue care work and deplete the bodies of migrant racialised women. I have foregrounded the notion of temporal borders and temporal dispossession that channel racialised and gendered workforce in care homes and produce cheap labour to be exploited in care work. I have also foregrounded the notion of slow violence that occurs in care homes due to racialised temporalities, embodied care work and normalised racialised and gendered violence. I note that women are subject to internal bordering in their social reproduction as they are not allowed to access welfare services in the UK and consequently, they draw on their informal networks of support.

Table of Contents

List of Tables

List of Abbreviations

BAME	Black, Asian and Minority Ethnic
CUKCs	Citizens of the UK and Colonies
DLME	Director of Labour Market Enforcement
FLEX	Focus on Labour Exploitation
GCC	Global Care Chains
HSE	Health and Security Executive
IHS	Immigration Health Surcharge
ILR	Indefinite Leave to Remain
JCWI	Joint Council for Welfare of Immigrants
MAC	Migration Advisory Committee
NHS	National Health Services
NMC	Nursing Midwifery Council
NPM	New Public Management
NRPF	No Recourse to Public Funds
ONS	Office for National Statistics
OSCE	Objective Structured Clinical Examination
PHE	Public Health England
REIT	Real Estate Investment Trust
SAP	Structural Adjustment Programs
SOL	Shortage Occupation List
WBG	Women Budget Group

Chapter 1: Introduction

Dear Whiteness

I won't stay
Too Long. When you look in that mirror, it
Will be clean, You will be content
Seeing only yourself. Was I ever there? (Brown, 2019, p. 40)

I don't know where I am going. Where I came from is disappearing. I am unwelcome. My beauty is not beauty here. My body is burning with the shame of not belonging, my body is longing… The lines, forms, people at the desks, calling cards, immigration officers, the looks on the streets, the cold settling deep into my bones, the English classes at night, the distance I am from home. (Shire, 2022, p. 9)

Once you've got women and a border, a story can write itself. Even women on their own are enough. Women are stories in themselves, full of stirrings and whisperings that float on the wind, that bend with each blade of grass. (Shree, 2021, p.1)

1.1 Introduction

Female migration has been a dominant global trend in the last 20 years where more than half of migrants are women (Gündüz, 2013). This migration is often undertaken as a survival strategy in a growing crisis of social reproduction globally due to declining public provision of services and precarious labour markets. Sassen (2001) calls this trend the 'feminisation of survival' where women are increasingly becoming the main earners in households to support their families. The work of survival is being offloaded onto low-wage and exploited migrant women. This 'feminisation of migration' is also happening in the context of the crisis of care in neoliberal capitalist countries such as the UK due to increasing demand for care and scarcity of resources. This care crisis is unfolding in capitalist economies as states rely on profit-generating activities, austerity, and privatisation of social services as principles of the organisation of life (Chatzidakis et al., 2020). To address this persistent issue, countries like the UK rely on a temporary 'care fix' such as shifting the risks and costs of care onto marginalised groups (Dowling, 2020). This temporary solution resonates with other structures of fixes in capitalist production, discussed by Harvey (2001), where a spatial fix works as a

solution to the crisis of capitalist accumulation in contemporary capitalist economies. In the context of care, neoliberal economies use short-term solutions such as the reorganisation of care work instead of addressing the structural issues of the sector. These factors, including temporary fixes to permanent crises such as underfunding of social care, lower wages and precarious working conditions have contributed to the rising demand for migrant care workers in social care (Dowling, 2020). This temporary fix in care was evident during COVID-19 when healthcare facilities were facing labour shortages and the vacancy rates in the health and social care sector rose sharply during the pandemic and were considered as 'workforce crisis' (The Migration Observatory, 2023a). COVID-19 laid bare the horrors of neoliberalism as the social care sector in general and care homes in particular faced unprecedented levels of deaths and labour shortages. In this context, the recruitment of non-EU migrants has increased in the health and social care workforce and the residential care sector has hired record levels of migrant workers as nurses, carer assistants and senior carers from non-European Union areas particularly from Asia and Africa (Skills for Care, 2023). In addition, migrant care workers have also been recruited through other visa categories such as people on temporary student and partner/spouse visas (MAC, 2022).

These labour shortages informed the various changes in migration policies in the UK since 2000, and a two-step and just-in-time model of migration has been promoted that often supports migration to address labour shortages in low-skilled sectors such as care (Vickers, 2019). In two-step migration, migrants are granted temporary residence and would remain precarious for years before they could apply for permanent status (Näre and Maury, 2024). These temporal migration models are based on the notion of attracting the relatively 'tolerable' and desired people to the country to help address the labour shortages and subjecting these people to different bordering practices such as controlling and disciplining migrants through temporary and precarious legal statuses, restricting migrant rights to state support, labour protection and family life. Consistent tensions between the need to hire and control labour and frequent changes in migration policies have proliferated fluid and unstable categories under which once 'desired' people can become disposable and unwelcome. This uncertainty and opaqueness in migration policies has created differentiated levels of precariousness for migrants.

In addition, this trend of temporariness in migration is followed by temporary and insecure migrant jobs in the context of the UK (Pemberton, Phillimore and Robinson, 2014, p.13). These migration policies create conditional mobility of labour which empowers capital interests over the interests of labourers, creating precarious workers and extracting profits from them.

Furthermore, temporariness in migration policies shapes the everyday lived experiences of precarity as people face vulnerability when precarious migrant statuses intersect with precarious job markets along with other categories of difference such as race, gender, and class (Galabuzi, 2006; Goldring and Landolt, 2011). Likewise, migration policies are connected with employment conditions and the distribution of welfare benefits (Ruhs and Anderson, 2010) and these spheres intersect with each other, which is also the argument of this research.

The care sector in the UK has higher levels of precarious employment and working conditions and it relies on a disproportionate number of women and migrants from non-EU countries (Gore, 2020; Skills for Care, 2023). Therefore, this study explores the lived experiences of precarious care work embedded in temporal migration policies, workplace inequalities, and embodied precarity. This study also investigates how women of colour experience challenges of social reproduction in the context of precarious care work and internal bordering practices present in the UK. This study argues that the experiences of precarity and increasing vulnerability are constructed at multiple levels where macro, meso, and micro aspects interact with each other to produce certain lived experiences of this work and life's work. Women are rendered precarious, vulnerable, and subject to systemic violence through the precarity embedded in the temporal immigration regime, everyday bordering practices, and organisational inequalities in care homes. Women are subjected to systemic violence and vulnerability due to how their bodies are controlled and regulated through intersecting power dynamics. Migration policies, labour processes, and regulations in the care sector construct the precariousness and intersectional vulnerabilities for migrant women of colour, which Pajnik (2016) refers to as the 'wasted precariat'. Vergès (2022) argues that the notions of vulnerability and precarity must be used with caution because state processes and institutions often invisibilise the processes through which precarity is spread to some sections of society. This thesis endorses this argument through research findings that precarity is not only spread through working conditions but also distributed through state migration policies and bordering practices as part of structural violence (Auyero, 2012) that creates precarity and pushes women into violence and repression.

I argue in this study that women care workers find themselves constantly struggling between the logic of immigration laws, extraction of labour value, and pressures of social reproduction (Gutiérrez-Rodríguez, 2013). The industries such as hospitality and care work employ racialised migrant women and provide unstable and exploitative working conditions. Vergès (2022) argues that these industries have high rates of racial and sexual harassment. The Director

of Labour Market Enforcement (DLME) in the UK has noted that social care is a high-risk sector in terms of labour exploitation (FLEX, 2023; The Migration Observatory, 2023a). The government has also with complicity accepted higher levels of exploitation in the sector (FLEX, 2023). Feminised labour is exploited in care by corporal destruction which has been normalised in care work and involves intense bodywork (Vergès, 2022). The study seeks to understand the embodied experiences of precarious care work and how women's bodies are affected by these power structures. The bodies of migrant women of colour are viewed as having a single purpose – to work. Therefore, this research analyses the corporeality of lived experiences of precarious care work.

In addition, I also follow feminist theorising that emphasises the intersections of paid and unpaid work inside homes and communities (see Federici and Sitrin, 2016). This research also examines the relationships between precarious work and its effects on social reproduction and caregiving relationships between women of colour and their families, both in the UK and transnationally. The experiences of intimacy and care among these women are influenced by their migratory status, gender, and race, which are embedded in increasingly rigid borders and precarious employment. In this study, these women employ various coping strategies to tackle their marginalisation and uncertain lives.

In recognising the intersections of different power relations, this study draws on intersectionality conceived by Black feminism (Crenshaw, 1989) as a theoretical framework that has been combined with other analytical concepts of social reproduction, racialised time as a modality of precarity and bordering. This intersectional framework foregrounds the conjunction of immigration regimes and labour, both unpaid and paid, which remains underexplored (Banerjee and Thomas, 2023). The analysis of temporalities in migration policies and resultant precarity combined with precarious work exposed the embodied violence that is co-constituted by race and gender. By incorporating intersectionality to understand precarity, this research posits that *precarity affects different bodies in different ways*.

Methodologically, I adopted a feminist methodology where I conducted 40 semi-structured interviews with migrant women of colour who were working in care homes. I engage with feminist methodology to place the ‘women’ and their ‘lived experiences’ as valuable sources of knowledge for this study. The interviews were conducted over eight months in 2022 and during this time I spoke to women of colour who migrated to the UK from the Global South, specifically Asia and Africa. I analysed this data by using reflexive thematic analysis, in which

I generated codes and created themes that I discuss in the four findings chapters. By organising my analysis into four chapters, I examine particular aspects of oppression in care work and social reproduction in the broader framework of intersectionality. This allows me to provide a nuanced understanding of how various forms of oppression intersect and impact the lives of individuals in different ways.

1.2 Note on Terminologies

In this study, I am mindful of the categories I have used, such as 'migrants', 'women of colour' and care workers and the need for their critical evaluation. I have drawn on Yasmin Gunaratnam's (2003) work for this purpose who encourages qualitative researchers to be reflexive about their engagement with categories such as race. She points out the 'treacherous bind' of the use of categories where on one side categories homogenise and essentialise groups and yet on the other side if we do not engage with these categories then our research is not incorporating the felt experiences of such categorisations (p. 31). She quoted Hall (1996), who argued that although categories need to be deconstructed as '*they can only be considered 'under erasure', as no longer good to think with, but which have yet to be replaced by something better'* (Gunaratnam, 2003, p.31).

Following these arguments, this study acknowledges with caution that categories of race including others are indeed imperfect, but they remain important in our analysis of inequalities, oppression, and disadvantage (at least for the time being). Thinking of how certain categories of bodies inform lived experience, Black activist-scholar Fanon (2008, p. 87) notes in his book *Black Skin White Masks* that his Black body is too late to arrive in a world that is already carved out for him, and he is '*fixed*'. Al-Saji (2013) and Ngo (2019) contend that racialised bodies are overly determined as they are affixed to certain meanings and pasts in the public imagination. Grosfoguel, Oso and Christou (2014, p. 643) note that when people migrate to 'metropolitan societies', these destination countries are not neutral places for migrants, and they arrive in these places that have long histories of racial power differentials, colonial imaginations, colonial knowledge, and hierarchies of racial and ethnic groups attached to the history of empire. The assimilation of migrants does not occur in a neutral and level-playing field.

Therefore, this research is an exercise in 'research as double practice' (Gunaratnam 2003, p. 35) where I acknowledge the lived experiences of categories such as race, migrant status and gender and I also critically reflect on the co-constitutive and fluid nature of these categories in research. Intersectionality as a framework is central to highlighting the interrelations of

different categories and how their meanings are located and situated in certain power relations. For instance, this research engages with terms such as migrant and shows that even when women have families and British children, they continue to remain temporary migrants. Tudor (2023) reflects on the same point that migrant status is a racialised ascription, and some people are never seen as citizens due to the intersection of race. My engagement with these predetermined categories shows the oppression of them as Radhkrishnan (1996, p. 65) opines that '*The theory… it must generate critical statements even as ethnicity is affirmed, endorsed, and legitimated'.* Acker (2012) opines that categories of difference would need a priori determination in intersectional research. This approach determines some social categories before the start of the research based on observing different context-based factors and environments that can be visible and invisible.

This research focuses on gender, race, and migrant status, as the intersecting categories explored, however it also incorporates the category of class in the context of increased precarity and downward socioeconomic mobility due to non-recognition of acquired labour market skill sets and human capital (Kanitsar, 2024). In the research findings (Chapter 7), I argue that migrants often experience downward socioeconomic mobility because their qualifications obtained in their home countries are not recognised in the UK and therefore frequently viewed as insufficient, non-transferable, and, in some cases, lack value (Kanitsar, 2024). Following Dyer, McDowell and Batnitzky (2008), I also use terms such as migrant care workers that include a broad range of caring professions incorporating both relational and non-relational elements of care ranging from care assistants who prepare food and do laundry along with physical care to nurses who are involved in administering medications, treating wounds and occasionally providing personal care. I engage with the predetermined categories and contestations around them to understand the institutional structures, organisational processes and the enactment of bordering and othering in their everyday lives. In the next section, I will discuss the motivation of the study.

1.3 Motivation of the Study

The motivation behind why I decided to choose this topic and even pursue a PhD has been asked me many times. I will answer these questions by talking about two incidents that happened with me in 2019-2020. In October 2019, I started my master's in the UK. During this degree, I met my friend Ajiro who was from Malawi and was also pursuing a master's. As we became friends, I came to know more about her. Ajiro told me that she was working in a care home part-time to meet her expenses and to support her family who wanted to have a house.

Ajiro used to tell me that it is a very difficult job with emotional and physical strain, but she must keep doing it as it earns her money. As she kept working at the care home, the news of COVID-19 began to emerge, signalling a global health crisis.

In March, COVID-19 was spreading in the UK and the government imposed its temporal regulations where people were asked to stay at home and observe social distancing but at the same time, people like Ajiro experienced increasing levels of work during the pandemic as they were put in the category of 'essential workers'. Suckert (2021) and Avalos and Moussawi (2023) contend that not everyone experienced the deceleration of time during COVID-19 in the same way. Ajiro used to tell me that whenever she thought about going to a care home to work during the pandemic, she was always scared of death. Luckily, she survived COVID-19 but these conversations always get stuck with me. Her experience prompted me to engage with the death statistics in care homes and the broader literature on care work.

The COVID-19 pandemic saw high numbers of deaths among women care workers (ONS, 2020) and residents in an increasingly privatised social care sector (Daly, 2020). Nasol and Francisco-Menchavez (2021), have discussed migrant Filipino women care workers in the US, working on the frontline in residential care homes for elderly people and in assisted living facilities and personal homes. The global pandemic increased the work demands of these health and social care workers, which resulted in a disproportionate number of deaths in the Filipino American community (Nasol and Francisco-Menchavez, 2021). These experiences of higher levels of death along gender and racial lines have been reported across different countries such as the UK, the US, and Canada. In the context of the UK, according to death figures through 20 April 2020, more female than male social and healthcare workers died due to COVID-19 (ONS, 2020). For example, of the 268 COVID-related registered deaths of social care workers, women accounted for 171 deaths whereas 97 men carers died as a result of this disease. The data on death has not been disaggregated by ethnicity in official records but Public Health England (2020) has published a separate report highlighting the fact that more Black and Asian women died as a result of COVID-19 compared to British White women. According to HM Government (2020), death rates as a result of COVID-19 infections were two times higher in the care sector compared to any other profession in the UK. The UK's care homes have also seen a higher number of deaths of elderly residents in care homes during the pandemic.

Higher numbers of deaths among workers and residents took place in a privatised social care sector where more than 84% of beds are owned by private organisations (Bayliss and Gideon,

2020). This racialised pattern of infection and mortality exposes the connections between precarious work, the increasing privatisation of key public services, poor health, and resultant inequality among Black, Asian, and Minority Ethnicities (BAME). Racialised and precarious labour is disposable in a system of capitalism and inequalities (Kabel and Phillipson, 2020, p.9). Furthermore, capitalism exacerbates the condition of 'letting die' precisely because of the structural violence that is embedded in the for-profit system (Kabel and Phillipson, 2020). The asymmetries in women's experiences of work during COVID-19 are further compounded under the racially hierarchical and disposable logic of capitalism. The combination of different systemic wreckages made COVID-19 more lethal for ethnic and racial minorities in the UK (Kabel and Phillipson, 2020).

Recent studies have investigated the ownership structure of care homes and the incidence of infections, outbreaks, and COVID-19 (Dean, Venkataramani, and Kimmel, 2020; Bach-Mortensen et al., 2021). Bach-Mortensen et al. (2021) conducted a systematic review of studies and found that for-profit ownership of care homes is consistently correlated with the worst level of infections and death following a COVID-19 outbreak. For-profit care homes were also associated with shortages of personal protective equipment and disproportionately accounted for higher numbers of deaths in the initial phases of the pandemic (Bach-Mortensen et al., 2021). Similarly, care homes under chain affiliations also tended to have a higher risk of outbreaks of COVID-19 compared to non-profit care homes (Bach-Mortensen et al., 2021).

However, most of the studies so far discuss the overall mortality outcomes in care homes without discussing the working conditions and experiences of the workers. On the other hand, studies that have investigated the issue of employee discrimination, racialisation, abuse and stress along gender and racial lines (Hussein, Manthorpe and Stevens 2011; Syed et al., 2016; Syed and Ahmed, 2021), were not conducted specifically in private care homes and did not analyse the material implications of such work on migrant women of colour. According to the Women's Budget Group (2020), 77% per cent of women are part of a high-risk workforce with an appalling 98% of this workforce located in low-paid jobs. Essential Workers who work in social care and food processing sectors tend to be underpaid compared to other essential workers in the UK. Therefore, this research assumes a renewed importance after the crisis of COVID-19 to understand the working conditions of migrant women of colour in private care homes.

This research wants to draw attention to the vulnerabilities in care work that may not be visible in statistics (Holmes, 2020; Povinelli, 2008). Ajiro's experiences before and during the pandemic indicated that the excessive mortality rates and human suffering were indicative of a broader 'syndemic' issue, rather than just a pandemic. As defined by Sarah B. Horton (2016), a syndemic refers to the idea that diseases and poor health outcomes are not solely caused by physical factors but are deeply rooted in socioeconomic environments that foster structural vulnerabilities and violence. This is one reason that I wanted to pursue this PhD: to understand the intersecting precarities of care work and its embodied impact on migrant women of colour.

The second reason why I decided to pursue a PhD in the UK is related to my own experiences of temporariness as a migrant and its impact on personal care relationships. When I arrived in the UK in 2019 to pursue a master's degree, my visa was set to expire on January 31st, 2021, which pressured me to find sponsored work according to UK immigration laws. However, the COVID-19 pandemic struck in December 2019, making it challenging to secure employment. Most work opportunities available during that time were in low-paid jobs. Most employers in high-skilled work denied the sponsorship and I felt trapped in a state of 'liminality', caught between the contradictory forces of temporal flux and precariousness. My partner, a British citizen, shared my fears of separation and our collective future, and amidst this turmoil, I came across a PhD opportunity that issued a call to undertake research on the working conditions of migrant workers during COVID-19. I decided to pursue a PhD in this area as it allowed me to stay with my family here and to explore the care sector in further detail. In the next section, I outline the research objectives and questions of this study.

1.4 Research Aims and Questions

This research aims to understand the lived experiences of care work and intersecting precarities in the context of the multiplicity of bordering practices, increasing levels of privatisation of care, and precarious work. This study foregrounds the embodied impact of precarity on the bodies of these migrant women of colour and makes visible the invisible slow violence within care homes. This study also aims to understand how bordering practices, austerity and precarious work affect the 'life's work' (Mitchell, Martson and Katz, 2003) of migrant women both within local and transnational contexts. The objectives of this research are:

A. To critically review the literature on social reproduction, embodied care work, and commodification of care.

B. To establish an intersectional framework to understand the intersecting precarities and vulnerabilities in care work. Intersectionality offers a perspective to grasp how different forms of oppression, like migration regulations and borders intersect with factors such as race, migrant status, and gender, influencing individuals' work experiences.
C. To explore the role of migration policies in the production of precarious labour in care work.
D. To understand how workplace inequalities in care homes shape the precarious work experiences and vulnerabilities of migrant women of colour.
E. To understand how women sustain themselves and their families' social reproduction both locally and transnationally in the context of precarious work and internal bordering in the UK.

1.4.1 Research Questions

To accomplish these research aims; the research questions deal with the lived experiences of precarious care work embedded in exploitative macro and organisation-level practices. The research questions this research addresses are as follows:

1. How the lived experiences of precarious care work of migrant women of colour in care homes, are shaped by the temporal migration policies, organisational inequalities and embodied precarity?
2. What are the experiences of social reproduction (both material and emotional needs) of women at the intersection of migrant status, race, and gender? What challenges and strategies do women adopt to perform their caring roles locally and transnationally while being employed in precarious care work and subject to internal borders?

Having discussed the research questions, I now move on to discussing the contributions of this study in the following section.

1.5 Contributions of the Study

This study makes several contributions to the literature on care work, social reproduction, intersectionality, and precarious temporalities in migration. The first contribution is to view time in migration as a form of oppression co-constituted by other categories of difference that shape experiences of precarious care work. Temporariness in migrant statuses is a modality of precarity which intersects with race and gender in paid care work. I also note that the literature on migration studies has limited engagement with the concepts of time and intersectionality (although see Búriková, 2019) that this research addresses.

Another contribution of this study is to use intersectionality and precarity to contend that experiences of precarious work vary along the lines of race, gender, and migrant status. Care work is emblematic of precarious employment since it is commonly regarded as temporary, non-standard, low-skilled and low-wage, thereby exemplifying the vulnerable nature of work (Luppi, Oomkens and Gal, 2018). Zhang, Nardon, and Sears (2022) note that scholars from management and employment relations fields need to adopt frameworks such as intersectionality to understand the varied experiences of precarity that migrant workers encounter. Such research can inform policymakers and organisations about the challenges and relevant support that marginalised groups such as migrant women of colour need.

The third contribution of this study is to analyse the interaction between unpaid and paid work, and it also emphasises the role of the state through creating internal bordering practices that render women and their social reproduction far more precarious. The area of precarious social reproduction that I address in this work remains understudied (Strauss and Meehan, 2015).

Furthermore, precarity is unequally distributed and embodied. Precarity in care work and social reproduction are embodied experiences that are felt and lived in the lives of women carers. Care work is highly feminised and is characterised by high levels of precarity, racism and dangerous working conditions that have adverse effects on women's health and well-being (see Syed et al., 2016; Syed, 2021; Syed and Ahmad, 2021). Therefore, the fourth contribution of this research is to explore the physical and emotional harm inflicted on gendered and racialised bodies as a result of precarious work arrangements, both in paid employment and unpaid care work, and to examine how this impacts their well-being and coping strategies. In the next section, I outline the structure of this study.

1.6 Thesis Structure

This thesis consists of ten chapters. Chapter 2 reviews the literature that focuses on social reproduction, precarious embodied care work, migration policies and inequalities in healthcare settings. This chapter posits that care work is a component of social reproduction and reproductive labour, encompassing not only relational work but also menial and physical tasks. The literature review also sheds light on the devaluation of care, racialised skill sets and the role of historical divisions of reproductive labour. It then discusses the role of migration policies and the financialisation of care to highlight the increasing presence of migrant labour and privatisation of the sector. The chapter further notes that the research on care work has mostly been conducted in domiciliary care and National Health Services (NHS) and the

scholarship on institutional care, specifically private care homes, remains limited (Sahraoui, 2019).

Chapter 3 discusses intersectionality, which is the theoretical framework of the study, combining it with the theory of social reproduction and theoretical concepts of precarity, bordering, and time. In this chapter, I contend that intersectionality proves valuable in examining the interconnected oppressions and precarity at a systemic level, shaped by the coexistence of migration policies, organisational inequalities, and embodied precarity.

Chapter 4 presents the empirical context of the study, specifically concentrating on the influence of colonialism and racism in the migration system and the socio-historical development of the care sector in the UK. The chapter also highlights the diminishing government involvement in social care through the promotion of market principles and new public management (NPM) discourses. Furthermore, it explores the growing influence of major private equity firms in care homes.

Chapter 5 describes the research methodology, methods, and process. It also expounds on the feminist standpoint epistemology guiding the research and the data collection strategies. The chapter deliberates on the significance of considering the intersecting identities of the researcher, how they impact the research process and the harm that researchers may encounter. Moreover, it delineates the method of analysis, specifically thematic analysis, to examine the interviews, reflexivity involved during the analysis and themes that are subsequently discussed in the empirical chapters.

In my four empirical chapters (6, 7, 8 and 9), I present my findings as four distinct themes. Chapter 6 focuses on the temporal migration policies that create precarious migrant statuses and precarious labour that is channelled into the care sector through temporal bordering. The chapter argues that these temporal migration policies under a hostile environment shape precarious temporalities and temporal dispossession such as ‘waiting’ and ‘suspended time’ for women with varying documentation statuses. This temporal dispossession results in precarious work in care homes in the form of cheap labour.

Chapter 7 analyses the experiences of organisational inequalities of migrant women of colour such as in recruitment, promotions, and organisation of work. Migrant women are subject to colonial imaginaries of work ethics and are racialised by employers. This shows that societal-level xenophobia and racism are translated into the organisational level othering and discrimination that shapes the experiences of precarious care work.

Chapter 8 discusses the embodied precarity faced by migrant women due to time pressures, the nature of care work and slow violence. It also argues that women are under the constant pressure of time but racialised and gendered bodies experience racialised time, whereby they are constantly subject to bodily wear and tear in their work.

Chapter 9 explores the experiences of social reproduction of migrant women and their families both locally and transnationally. It analyses the linkages of precarity of work and life at the intersection of race, gender, and migrant status. The chapter shows that women adopt the embodied and temporal strategies of waiting as part of reproductive labour where they let go of their needs in the present for their families and the hope of a better future.

In the final chapter, I summarise the study findings according to the two research questions. Subsequently, I highlight the theoretical and empirical contribution of the research and its potential impact on policymaking. The chapter also considers the limitations of the research and suggests areas for further investigation in the future.

Chapter 2 Literature Review: Commodification, Devaluation and Migration in Care Work

2.1 Introduction

This chapter reviews the literature on migration, financialisation and discrimination in care work. The focus of this research is on migrant women of colour who work in long-term care in the context of the UK. Long-term care is regarded as a form of paid social reproduction when it involves institutional care in settings such as nursing homes, assisted living facilities, or other residential environments that provide physical and emotional support to residents, including older adults and sometimes people with disabilities.

In the second section, I look at the literature that defines social reproduction and care. The third and fourth sections discuss the literature that analyses paid care, embodied labour and time in care work. The fifth and sixth sections review the literature on the devaluation of care work and the commodification and financialisation of the care sector respectively. In the seventh section, I examine the literature on migration in the context of care work focusing on border regimes and immigration policies. In the eighth section, I review the literature on discrimination and racism in healthcare settings. In the last section, I conclude the literature review which has focused on selected strands of the literature in this dissertation.

2.2 Social Reproduction and Care

The concept of social reproduction was coined by Marxist feminists Dalla Costa, Selma James and Silvia Federici to bring the unpaid domestic work of women into Marxist Economics (Green and Lawson, 2011). Social reproduction has been an important area of interest for Marxist feminism, which addressed the issue of desocialising and naturalising social reproduction by labelling it as natural and biological without focusing on power relations involved in this sphere (Mitchell, Marston and Katz, 2003; Braedley and Luxton, 2015; Herrera, 2020). The literature on social reproduction focuses on earlier feminist formulations of care as part of unpaid labour (Duffy, 2005; Datta et al., 2010). It highlights the unpaid labour of women in maintaining households and creating value for capital by the reproduction of workers (Mitchell, Marston and Katz, 2003; Farris, 2017). Housewives act upon goods bought with wage labour and alter their forms, and in this way, women's labour becomes part of the mass labour involved in the production of goods (Duffy, 2005; Green and Lawson, 2011).

These anti-capitalist feminist views have contributed to the development of social reproduction theory, which aims to explain the oppression of women in capitalist systems (Glenn, 1992). Social reproduction theory highlights the importance of invisible and unpaid labour, including the emotional and physical care of individuals and nurturing relationships, which are not accounted for in traditional concepts of wage labour (Rosen, 2019). In 1970, Marxist feminists used the idea that social reproduction is an important productive activity that sustains labour by nourishing and caring for its emotional and bodily needs as a precondition to working in the capitalist economic order (Kofman, 2011; Valiavicharska, 2020).

Feminists such as Silvia Federici (2004, 2019), Susan Ferguson (2008, 2016) and Nancy Fraser (2016) have also used the concept of social reproduction to link the paid and unpaid spheres of labour. These scholars argued that social reproduction is capitalist labour, producing value across generations by maintaining life-sustaining activities. They argued that social reproduction is often invisible and hidden in private households whereas wage labour is made visible in capitalism (Folbre, 2006; Braedley and Luxton, 2015). According to Fraser (2022, 2016), social reproduction involves the process of constituting and re-energising people, communities, and shared meanings and bonds that underscore social harmony. Social reproduction involves the multiple processes of reproducing societies, individuals, and labour power over time (Bezanson and Luxton, 2006; Strauss, 2013). Social reproduction involves carrying out everyday tasks that have been historically tagged as women's jobs such as biological and emotional reproduction and provision of care for low or no wages (Bakker, 2007). Social reproduction is also labelled as reproductive labour that involves the care for oneself and care for others such as childcare, eldercare, and healthcare (Hester, 2018; Luxton, 2018; Federici, 2019; Rosen, 2019). In this sense, care is considered a part of social reproduction or reproductive labour (Hester, 2018; Dowling, 2020).

Early scholarship on social reproduction has also been criticised as it did not pay attention to its historical and spatial specificity (Kofman, 2012). The focus on unpaid domestic labour has not considered women such as Black women under slavery and migrant women who have been carrying out waged care work in the reproductive realm outside their homes (Valiavicharska, 2020). Hence, Duffy (2005) argues that the concept of social reproduction includes both paid and unpaid work (both inside and outside of homes) such as emotional, manual, and mental, which sustains life and produces future generations. Hall (2023) also describes social reproduction as both paid and unpaid work that is performed daily to maintain life.

Furthermore, in recent years, the scope of social reproduction has been further revisited by scholars (see Bakker and Gill, 2003; Bakker and Silvey, 2008; Strauss and Meehan, 2015; Valiavicharska, 2020) who have broadened the concept of social reproduction to examine the increasing levels of privatisation of state services and different forms of commodification of care work due to 'care deficit'. Since 1970, neoliberal policies in countries have slashed the public spending on reproductive sectors such as health and education along with increasing privatisation of these public services (Mezzadri, 2022). Neoliberal policies and privatisation of social services have eroded the public infrastructure, making social reproduction precarious (Strauss and Meehan, 2015). These services have been marketised resulting in a crisis of care across different countries in the world. This commodification of social reproduction led towards a higher demand for migrant workers in advanced neoliberal states (Fudge, 2014). In the 1980s and 90s, structural adjustment programs also slashed public spending on social reproduction in 'developing countries' that provided a steady supply of migrant women labour (Ehrenreich and Hochschild, 2002; Daskalaki, Fotaki and Simosi, 2021). This has given rise to global care chains (GCC) where care labour is usually transferred from one underprivileged national and familial context to privileged families and national contexts such as in the West (Hochschild, 2002; Rosen, 2019; Herrera, 2020) and some parts of the Global South.

Care work and labour are recognised as significant factors in the globalisation of social reproduction (Kofman, 2012). This reconfiguration of social reproduction has created new divisions of reproductive work where social reproduction can be highly stratified as some groups face more difficulties in maintaining life-sustaining activities than others, and other groups are entirely denied any care based on race, class, and immigration status (Lonergan, 2015). Social reproduction can become an arena of social exclusion as well where the children and elderly in the Global North seem more worthy of care compared to elderly and sick people located in deprived zones in the Global South (Rosen, 2019). McDowell (2009) and Glenn (1992) argued that we need to pay attention to class and racial divisions within the debates of social reproduction and paid care work. Building on this point, I review the literature on the concept of care and paid care work in further detail.

2.3 Care and Paid Care Work

Care is considered a combination of life-supporting activities that create, recreate, contain, repair, and maintain the world people reside in and the intellectual, emotional, and physical capacities needed to perform these activities (Dowling, 2020; Bunting, 2021). According to Dyer, McDowell and Batnitzky (2008), care is a complex concept as it refers to work such as

feeding, and bathing and to feelings such as love, sympathy, and empathy. Care is also considered fundamental in the reproduction of our social lives (Dowling, 2020). However, the literature conceptualises it in different ways (Chatzidakis et al., 2020; Duffy 2005): one view sees care as an integral component of social reproduction, and another view emphasises the relational aspect of care in everyday life. According to Duffy (2005), care can be conceptualised and understood through two major frameworks: reproductive labour and nurturance. She argues that despite overlapping similarities, these two perspectives on care are distinct.

Different studies have framed care as interdependence and relationality under the nurturing framework (Duffy 2005; Horton, 2017; Müller, 2019). Care is conceptualised as a practice or process that is centred on emotional connections and dimensions in relationships (Duffy 2005; Horton, 2017; Müller, 2019; Dowling, 2020). Kofman (2011) notes that scholars like Berenice Fischer and Joan Tronto have developed the concept of ethics of care and view care as relational. From a perspective of ethics of care, care is considered an activity focusing on providing care for and about different needs of people and it is also considered a moral worldview, which plays a huge part in shaping human actions in different social spheres. However, Kofman (2011) further contends that the one criticism that has been directed at this scholarship is its lack of focus on the changing nature of care such as a shift from unpaid familial care patterns to the commodification of care in a globalised world where migrant women increasingly perform paid care work. Nurturance and relationality in care have assumed an important place in the care literature (see England, Buding and Folbre, 2002) but disagreement still exists over which activities or occupations can be considered under this nurturance framework (Duffy, 2005). For instance, in families, some tasks include the elements of relational care but other tasks such as cleaning and shopping do not include any relational aspect (Duffy, 2005). The risk in these classifications is what we decide to acknowledge as care and what usually is rendered absent in such conceptualisations.

Duffy (2005) further argues that focusing on only the emotional and nurturing part of care excludes those people who undertake lower-ranked and lower-paid care work. She argues for a broader conceptualisation of care that includes all the work that is important to the maintenance and reproduction of people and the labour force. This conceptualisation includes work such as cleaning, and food preparation. According to Parreñas (2012), the definition of care should be expanded to recognise all those activities in which we engage to make lives easy and worth living. In the nurturing definition of care, care is usually conceptualised as emotional

labour whereas we do not focus on menial labour and body such as routine activities (cooking, feeding, and cleaning) or non-routine activities such as handiwork and laundry in this framing of care. In this definition, care is usually engaging with other people in emotional and intimate terrains and not performing repetitive and dirty work that is life-making and sustaining. This separation between emotional and dirty work usually creates a stratification of workers where dirty work is usually performed by migrants and working-class people while emotional work is usually given to privileged (such as white) people (Glenn 1992; Rosen, 2019). Such classifications create real consequences for people involved in providing institutionalised care where certain practices and certain bodies are valued over other workers in such settings (Rosen, 2019). A continued focus and valorisation of care as nurturance and relationality privileges the experiences of white women whereas such conceptualisation excludes a large number of poorly paid wage workers and women of colour clustered in menial tasks of social reproduction (Duffy, 2005; Razavi, 2015; Rosen, 2019).

Recently, scholars such as Rosen (2019), have criticised essentialising the conception of care that mostly focuses on women's activity in households and close personal relationships in the mother-child bond. According to Rosen (2019), the concept of care should be further broadened beyond its focus on women's work in households, to include institutional, socio-cultural and political contexts in which care and power inequalities in care relations may emerge. Glenn (2007) has come up with a broader definition of care that includes activities to sustain people emotionally and physically intergenerationally and daily. This definition is more encompassing including both nurturing and physical activities in care. According to Parreñas (2012), the concept of social reproduction (or reproductive labour) has greater analytical appeal for understanding the love and concrete labour required to perform life-making activities. According to Rosen (2019) and Duffy et al. (2015), care can be conceptualised through the help of social reproduction as a multifaceted concept and occasionally contradictory set of practices that include menial, fulfilling, affective and repetitive tasks. Williams (2003 cited in Kofman, 2011) also conceptualises care as processes and practices of social reproduction that include tasks of supporting people such as the elderly, children and other people who need care. In this study, I agree with this conception of care as part of social reproduction that involves both relational care and reproductive labour. In the next section, I discuss the conceptualisation of paid care work in literature.

2.3.1 Paid Care Work

Lanoix (2013) defines paid care work as work where workers carry out activities to maintain the well-being of other adults such as elderly people. This help was previously available by family members but with the rise of the marketisation of care work, more workers get paid for these previously unpaid activities and their labour is often organised and managed by for-profit organisations. In the context of defining paid care work in industries and organisations, Duffy et al. (2015, pp.4-5) define such work based on four criteria such as

- The activity within an organisation or industry contributes to emotional, social, physical, and mental well-being.
- The fundamental labour process in organisations involves face-to-face relationships with those who are cared for
- People who are receiving care belong to a social group that cannot provide and take care of themselves due to different reasons such as disability, illness and age
- Care work is an integral part of building and maintaining human infrastructure that will not be adequately produced through unwaged work and unsubsidised markets this makes public investment crucial in the sector.

This above criterion includes paid care work in industries such as childcare, health, mental health and social care. Paid care work involves the macro-institutional dynamics and the personal and micro-interactional aspects. Care work involves material aspects of this job but it also includes relational and emotional dimensions (Kofman, 2012; Herrera, 2020). However, relationality is different in care work than any other work in the service sector. According to the care literature (see Duffy et al. 2015), relationality is reciprocal and sustained emotional connections between two people. Workers in other service work such as banks and restaurants do emotional labour and can have genuine connections with customers, but they usually do not have reciprocal relationships with people. On the other hand, a care assistant in a care home establishes ongoing relationships with care recipients that can last for many years and can resemble familial relationships. However, such family-like arrangements can be fulfilling for workers, but can also form the basis of exploitative working conditions (Dodson and Zincavage, 2007: Duffy et al., 2015). Care assistants may work ‘off the clock’ (Duffy et al., 2015) and these conditions are further worsened by broader hierarchies and symbolic notions of care when women perform work on other bodies that may be considered dirty and too messy (Wolkowitz, 2006). In the next section, I discuss the embodied nature of this work in further detail.

2.4 Care Work as Embodied and Material Labour

Paid care is a type of bodywork and affective labour that is usually labour-intensive and embodied (Wolkowitz, 2006; Dyer, McDowell and Batnitzky, 2008; Cohen, 2011; Cohen and Wolkowitz, 2017). It is executed directly on the bodies of others, making it a hands-on, person-to-person endeavour that centrally involves the bodies of care workers as a critical aspect of the labour process (Jervis, 2001; Batnitzky and McDowell, 2011). Twigg et al. (2011) define paid care as work that involves work on other bodies such as maintaining, handling, diagnosing, and monitoring of bodies and they become the site of worker's labour within the employment sphere. The organisation and devaluation of the care work are often associated with bodywork that is too messy, intimate, and dirty. Different professions establish their statuses based on the extent of body contact in a given context. Higher and better-paid professions employ distancing techniques to deal with bounded bodies and do not clean bodies' dirt (such as faeces) whereas low-paid and low-skilled occupations deal with bodies that are diseased and leftover (Jervis, 2001; Twigg, 2000; Wolkowitz 2002). Such kind of bodywork is ambivalent work as it involves emotions along with aspects of physical labour and dirty work (Twigg, 2000, p.391). It is portrayed as dirty and low in professional and social hierarchies.

Cohen (2011) argues that paid care work is increasingly subject to neoliberalisation and marketisation that endorses time efficiency. Such rationalisation, though, exploits the bodies of the workers, who often happen to be migrant female workers. Bodywork involves the workers' bodies as well and the organisation of such labour depends on the structures of race, class and gender in the labour markets. Cohen (2011) argues that gendered, sexualised and racialised power structures become central in bodywork. Betnitzky and McDowell (2011) note in their study that embodied differences stratify labour markets in the service economy based on gender, race and nationality, as such labour is embodied and performative of these identity markers. They argue that the bodies of women can become an embodied site of accumulation and exploitation as people sell a part of themselves in their services. As Wolkowitz (2002) argues, such bodywork is organised based on our attitudes to certain bodies, states of bodies and various parts of the body.

> In body work the more general segmentation of the labour market by class, sex and 'race' is deeply intertwined with attitudes towards (parts of) the body and these may be more important than the more usual distinction between mental and manual labour. The location of bodywork within class, gender and racialised inequalities

> in part reflects the relative status of various practitioners and the people whose bodies form the site of their work (Wolkowitz, 2002, p.501).

She further argues that care work has been globalised and we need to pay attention to how bodywork is structured and segmented in labour markets for people with migrant statuses. Dyer, McDowell and Batnitzky (2008) argue that migrants are often portrayed as others and such portrayals interact with their socioeconomic statuses and determine their positions in labour markets. Migrants are considered to be people out of place just as dirt in dirty work is considered out of place (Misra, 2003) and such depiction results in the disproportional number of migrants who work in hierarchical and symbolically low-status work such as bodywork that involves carrying out activities socially considered distasteful. These intersections of who performs what type of work prove to be central in the devaluation of the care work, which will be discussed in the next section.

Lanoix (2013) criticises the notion of immaterial labour that often assumes service work such as care lacks materiality and relationality. Marx defined immaterial labour as that which does not produce any material good; immaterial labour has gained importance in recent times due to commodified service economies (McDowell, 2009). According to Lanoix (2013), care labour is based on embodied practices and processes that involve both materiality and relationality. Affective and immaterial labour in care work is embedded in embodied materiality. She introduced the concept of thick embodiment, which conceptualises care as deeply relational and depends on both the care receiver and caregiver in their bodily interactions daily.

> Ancillary care is thickly embodied for at least two reasons. First, it not only relies on speech acts to produce affect. Feeding someone is the physical act of giving a person food; the taste may be pleasing and it produces an affect. However, the companionship can also cheer up the person being assisted. The experience of eating with company is a fine example of corporeality mixed with affect. Second, the relationship of the caregiver and the person being assisted is one that relies on corporeality. They will encounter each other daily or very often through the material needs of the person requiring assistance. This bond is not merely one of a person giving assistance to another; it is a relationship that takes place through the personal habits and embodied reality of the care receiver. This corporeal way of being informs the care relationship (Lanoix, 2013, p.95).

This materiality and embodied labour often depend on the desirability and regulation of gendered, classed and racialised bodies (Collins, 2000; Skeggs, 2004; Batnitzky and McDowell, 2011). This hypothesis assumes that care labour is both material and embodied and, therefore, it draws attention towards the corporeality of care and embodiment of labour.

2.4.1 Time, Temporalities and Precarity in Care Work

In addition to being an embodied and material labour, care work is also subject to multiple and conflicting time frameworks, including clock time and process time (Buse, Martin and Nettleton, 2018; Davies, 1994). According to Davies (1994), who conducted seminal research on time management in Swedish childcare and nursery settings, the traditional notion of time management in care work needs to be re-examined. She argues that care work cannot be reduced to rigid schedules or "clock time" because it is inherently responsive to the unpredictable needs and bodily rhythms of those being cared for. Instead, care work is guided by "process time," where the time required is determined by the needs of the individual, rather than a standardised routine. Similarly, Lee-Treweek (1997) studied nursing auxiliaries in the UK nursing homes and found that time plays a crucial role in caregiving relationships, with workers often having to navigate the institutional schedules and protocols that can impact the quality of care provided to residents. Bryson (2007) also highlights the conflict between process time and clock time, arguing that the pressure to meet rigid schedules is a result of the commodification of time and labour in capitalist economies. In a similar vein, Cohen (2011) and Twigg et al. (2011) note that time takes on added significance in bodywork, where the unpredictability of vulnerable bodies in healthcare settings makes it challenging to routinise care labour. Specifically, Cohen (2011) argues that the emphasis on temporal control in bodywork can lead caregivers to prioritise efficiency over the actual needs of individuals in care, potentially compromising the quality of care.

Time pressures play a huge part in the delivery and experience of care. Lopez (2007) found that time constraints in nursing homes are exacerbated by broader systemic factors, such as a focus on efficiency and standardisation over personalised, relationship-based care. A controlled and under surveillance time regime forces care workers to accomplish mostly routine tasks in their shift. Tasks and productivity are measured in terms of time units that often do not consider the relational and social aspects of caring interactions (Müller, 2019). Baines and Daly (2021) and Orupabo (2022) highlight how the marketisation of care work has led to a focus on cost-cutting measures, resulting in reduced time allocations for care provision. In response, care

workers often cope with these constraints by detaching themselves emotionally and prioritising standardised tasks over the needs of residents (Orupabo, 2022). Similarly, Baines and Daly (2021) argue that time pressures in care settings shape the precarious work experiences of care workers. According to Orupabo (2022), the intersection of precarity and time has a profound impact on care work, as caregivers struggle to manage their time efficiently amidst intense time constraints. In precarious work settings, the heightened demands and performance expectations from management can lead to a fragmented approach to care, ultimately compromising the well-being of both care workers and residents. This can lead to the development of strained relationships or can hinder the formation of meaningful connections with those in their care (Baines and Daly, 2021). While existing research provides insight into the use of time in care work, limited studies (see Amrith (2022) in the context of domestic work in Singapore) have focused on time in relation to the intersections of social categories, such as gender, race, and migration status, and other intersectional oppressions, including precarity and borders, and how these intersections impact experiences of time in care work. Migrant care workers are not only subject to time pressures within care homes but also face additional time pressures and precarity as a result of being subject to border controls in the host countries, which shape their work experiences. This study aims to address this knowledge gap and contributes to the literature.

2.5 Devaluation of Care Work

Care has been devalued as a result of cultural shifts that separated productive and reproductive activities since the start of industrial capitalism (Horton, 2017). During the period of the market revolution (from the late eighteenth century to the early nineteenth century), women's reproductive labour was considered different from the 'productive' labour of men (Glenn, 2010, p.16). The idea of family wage was associated with male labour, which ignored the women's contributions such as domestic activities (Glenn, 2010). Fordism emerged in the 1920s as an intensive accumulation regime and it was mostly characterised by high wages, reduced working hours, mass production and mass consumption encouraged by the higher remuneration of the male breadwinner (Farris, 2017). This breadwinner model also reinforced the assumptions of industrial capitalism that reproductive and domestic work is not productive and, therefore, it is not entitled to monetary compensation or wage (Farris, 2017). Reproductive work under both industrial capitalism and later Fordism was a signifier of women's dependence: servility, the lack of skills, segregation, domestic isolation, and lack of social consideration (Farris, 2017). This so-called 'productive' and 'proper' work was not only

narrowly defined by work outside of the domestic sphere, but this description was highly normative and moral and created a capitalist work ethic (Farris, 2017). This capitalist work ethic was based on the notion of 'productivist', which classified individuals and activities into nonvaluable, valuable, productive and non-productive categories (Farris, 2017).

> The nuclear, heterosexual, and traditional patriarchal family was the key social unit in which productivist discipline was reinvigorated. Henry Ford himself was convinced that a stable and disciplined labour force was reproduced through the institution of the traditional family, and he required that his employees adhere to the model. In short, female dependence was inscribed into both the notion of the family wage and Fordism. A further assumption on which Fordism and the breadwinner model were based concerned the nature of care domestic, or reproductive, work, as nonwork and non-productive and, consequently, as an activity that is not entitled to a wage (Farris 2017, p.133).

Such work ethics make the contribution of women and their reproductive labour invisible and devalued (Farris, 2017). Mies (1982) argued that the patriarchal systems and resultant 'housewifisation' of women in the world economy have distorted the sources of value. She asserted that the construction of women as housewives serves as a counterpart to men as providers, and breadwinners, which does not account for the actual contribution women make in the subsistence of their families (Mies, 1982, p.5). She has further contested the separation between reproduction and production. A structural undervaluation of the women's labour is involved in social reproduction as a resource that is free like water and air (Arruzza, Bhattacharya and Fraser, 2019).

Paid care work is portrayed as women's work and it is mostly organised in a way that mirrors unpaid labour in the domestic sphere and hence remains devalued (Glenn, 1992; Armstrong and Armstrong, 2002; Baines, 2007). As Dyre, McDowell and Batnitzky (2008) note, such comparisons portray care as a labour of love that exists outside the economic realm. According to England and Folbre (1999) and England, Buding and Folbre (2002), a distinction is always made between money and love, which allows society to free-ride on the caring labour that is often provided by women. Care workers are also viewed as 'prisoners of love' where low wages are tolerated as workers provide unpaid care in different forms due to altruistic and intrinsic motivations (Folbre 2012). These altruistic forms of care become part of the 'moral economy of care' where selfless care is socially respected but also leads towards low pay (Näre, 2011).

Paid care involves being employed in care work that is carried out under the conditions of being low-paid, informal and temporary (England, 2005). Gendered perceptions of emotional labour in care work also play a role in the feminising and devaluing of this type of work (Hochschild, 1983; Kerfoot and Korczynski, 2005).

Lanoix (2013) argues that the materiality of care labour such as touching and cleaning bodies has also led towards the devaluation of care work. In addition, the devaluation of care extends beyond the realm of gender and is also linked to the nature of the bodies being cared for. Specifically, elderly care is impacted by double devaluation, whereby care work is not regarded as productive, and simultaneously, elderly bodies are seen as non-productive since they no longer contribute to capital accumulation (Green and Lawson, 2011).

Gutiérrez-Rodríguez (2012) has engaged with the Marxist theory of value, and she contends that the concept of value of labour is situated within social and cultural contexts and consensus. According to Spivak (1985), the question of value is related to the cultural significance attached to labour. The emphasis on commodities overlooks the fact that they are created through a complex web of inputs, including the labour force, labour time, and indeed the very lives of the people involved in their production (Gutiérrez-Rodríguez, 2012). The cultural coding of value for reproductive labour has been systematically devalued due to factors such as Fordism, neoliberalism and racialised women in this sector. Skill sets and competencies are also devalued due to geohistorical and geopolitical histories and by the colour of a person's skin. Such racialised notions of competencies and skills have geographical references that put credentials, locations, and individuals in hierarchies (Raghuram, 2021).

> The globalisation of the care industry brings together different groups of carers whose caring abilities are valued differently because of how their care is racialised (Raghuram, 2021, p.10).

These underpinnings of geohistorical and cultural histories operate to complicate the valuation that modern societies place on care. Such preconceptions of skills are ascribed to colonial discourses that create categories of incompetent, skilled, unskilled, and unworthy (Raghuram, 2021). Care can be considered a process in which not only gender identities of women are reconstructed but their racial identities and social class are also integrated and lived out (Mooten, 2015). Racialisation of care in the contemporary world has strong roots in colonial discourses that we cannot ignore. For these women care and the colonial system are inherently interlinked in a complex web of gender, class, and racial differences. Most of these women are

essentialised as appropriate for care work which goes back to the protective and paternalistic colonial discourse (Mooten, 2015). These trends get more intense under corporatisation and commodification of care where migrant women lack physical, emotional and economic job security. In the next section, I revisit the literature on the financialisation and commodification of care work.

2.6 Financialisation, Marketisation and Commodification of Care Work

Elderly care is the most devalued type of reproductive care (Molinari and Pratt, 2021). In addition, austerity-driven economic rationales and neoliberalisation of the health and social care sector have shifted the risks and costs of care onto residents and workers. Horton (2019) notes that labour scholars have pointed out the reconfiguration of the welfare state along the lines of market principles which also resulted in the privatisation of care. Feminist literature (see Dowling, 2016) has also explored the interlinked yet distinct concepts of financialisation of social reproduction and everyday life, including microfinance debt and social impact bonds. For instance, the financialisation of gendered bodies, including women's labour and bodies where they are particularly approached for credit and micro-credit schemes (Federici, 2014; also see Mies, 2014). Furthermore, the financialisation of social reproduction and welfare provision is growing, which lies outside of households such as the care sector (Dowling, 2016).

Aveline-Dubach (2022) has discussed the growing financialisation of the care sector including nursing and care homes. The author defines financialisation as the increasing role of finance and capital markets in the functioning of international and national economies including social sectors. Financialisation gives more power to shareholders and institutional investors who focus on increasing shareholder value and dividends. This approach towards financialisation highlights a structural shift in contemporary capitalism. In countries like the UK in Western Europe, care has been largely financialised and privatised due to the decreasing public investment and the role of the welfare state in this sector (Farris and Marchetti, 2017; Horton, 2017). These transformations are situated in the context of an ageing population, the increasing role of the market and the higher number of migrant women as workers in this sector (Shutes, 2011). Capital markets development has given new financing avenues to non-financial organisations such as care homes and therefore we have seen an increasing number of institutional investors and private equity firms in this sector (Schwiter et al., 2015; Blakeley and Quilter-Pinner, 2019; Bayliss and Gideon, 2020). For example, in the United Kingdom, real estate investment trusts (REITs) are increasingly investing in large hotel-style care homes with 60-plus bed capacity (Bayliss and Gideon, 2020). This new investment creates economies

of scale and only intends to serve self-funding residents and targets rich areas at the expense of poor regions in the absence of state-subsidised care with less to no local funding (Bayliss and Gideon, 2020). The south-east (also the wealthiest compared to the north-east) has the highest numbers of self-funded residents whereas the north-east has the lowest numbers (Bayliss and Gideon, 2020). This reconfiguration of finance and space has created 'care deserts' in some parts of the country.

In contemporary society, care has been framed and conceptualised in terms of resource limits and choice (Green and Lawson, 2011). Global economic and financial crisis, austerity policies along with reconstructing the narratives of governance and discourses of personal choice and responsibility limit the public provision of social services and support (Green and Lawson, 2011). In the context of the UK, long-term and aged care services have been contracted out to private companies whereas the role of local authorities has been on the decline for the last several years (Shutes, 2011; Horton, 2017). Care has systematically been reframed as a commodity that is becoming inaccessible in different places (Green and Lawson, 2011; Power and Hall, 2017). Marketised and commodified care has relocated the care outside of household and family relations to the new spaces of commodified domesticity such as nursing and care homes or paid domestic care (Green and Lawson, 2011). Anttonnen and Häikiö (2011 cited in Sahraoui, 2019) note that 'marketisation constructs care as commodity and individuals as customers'.

The growing trend of commodifying and privatising care has turned private care providers that employ care workers into a significant area of investigation (Cox, 2013). Working conditions in the care sector and the kind of care relationships that are found in different care regimes depend on how care is being financed. As care has become more commercialised, these relational aspects come into conflict with the logic of time constraints, cost reduction, efficiency, economies of scale and standardisation. Physical and emotional dimensions of care require time (Müller, 2019). Attempts to standardise and routinise care for the sake of profitability, cost saving, and productivity jeopardises the efforts of caring for someone (Müller, 2018).

Care workers must work under these conditions, which makes their work fragmentary under constant time shortages (Molinari and Pratt, 2021). Farris and Marchetti (2017) and Moore (2020) noted in their papers the increasing corporatisation of the care sector and the decreasing role of the public sector decrease the quality of care and erode working conditions in the sector

by slashing the number of people employed in this sector. Some workers who belong to the margins of society such as women and racialised migrants get severely affected due to precarious working conditions. As noted by Sahraoui (2019), working conditions and earnings of employees tend to be better in public sector organisations compared to the for-profit private care sector where most of the focus is on cutting labour costs. Molinari and Pratt (2021) have analysed the effects of privatisation on both profit-driven and non-profit organisations in Canada's care sector. They contend that public sector care facilities have also come under pressure from neoliberal policies, such as contracting out services. Nevertheless, public sector care homes have resisted some of the pressures of privatisation that prioritised relational care and cooperation over efficiency (Molinari and Pratt, 2021, p.2). Such a public/private divide in the care sector creates different employment and work outcomes for people working in this sector. This state retrenchment and privatisation of care affects workers, who are overrepresented by migrants. Therefore, the issues of increasing precarity in employment and migrant workers should be analysed in conjunction with the privatisation and marketisation of care in the UK. In the next section, I discuss the literature on borders and immigration policies that shape care work.

2.7 Borders, Immigration Policies and Care

Critical migration studies have brought to the fore the huge role that power relations play in the movement and flow of people across borders, which is influenced by politics in any given context (Bélanger and Silvey, 2019). Research studies on migrant care workers and global labour, in general, argue that global mobilities are often supported by the motives of capitalist production and mobility (Barber and Lam, 2018). The concept of ‘mobility’ and ‘immobility’ regimes refers to the extent of control that states exert over their borders and labour markets, with some individuals enjoying greater freedom of movement due to their skills or demand in destination countries, while others are restricted from moving due to constantly evolving migration policies (Bélanger and Silvey, 2019). With the rising migration flows including the refugee crisis in Europe, borders are hardening for certain categories of people such as asylum seekers, low-skilled workers and refugees whereas in-demand and temporary models of migration are becoming very common (Merla, Kilkey and Baldassar, 2020).

Care work is deeply intertwined with the increasing globalisation and neoliberalisation of economies as the social reproduction of the welfare states is being outsourced and maintained by feminised migration from the Global South (Kofman, 2012). Earlier feminist research omitted migrant women who were working as paid carers within the households to pay greater

attention to women working in manufacturing and sweatshops. Glenn's (1992) work theorised the role of ethnic minorities and migrant women in the low-paid care work in the Global North and is one of the first few upon which more recent studies have built. The entry of middle-class white women into the workforce has led to a rise in demand for paid care jobs, as governments have failed to provide sufficient support for care work. This demand has largely been met by migrant women from the Global South. According to Hochschild (2010), Marx's stationary industrial worker has now been replaced by another new icon which is the migrant, mobile and yet stationary female worker in the service sector in the Global North. Dowling (2020) notes that in the contemporary world production does not relocate to where wages are lower, instead, labour is being relocated from places where labour is cheaper to areas where care labour is needed. Hochschild (2002) argues that this trend bears resemblance to colonisation, but now natural resources have been replaced by emotional ones. New commodification of care and love has turned care work into new gold. According to Sarvasy and Longo (2004), under neo-colonialism exploitation without settlement has been substituted with resource extraction of labour and care work for rich countries in the Global North. This is often considered a care drain where power relations are tilted towards countries situated in the Global North as care is extracted from the Global South.

Feminist migration scholars (Parreñas, 2001; Hochschild, 2002; Stevens, Hussein, and Manthorpe, 2012; Hussein, Kilkey and Tawodzera, 2023) have documented the experiences of care workers who migrate from Asia, South and Central America and Eastern Europe to Western Europe and North America. This literature on migrant care workers tends to focus on transnational care arrangements such as global care chains, which have been used to analyse the precarious and exploitative working conditions of migrant women in the care sector across the globe (Parreñas, 2012; Amrith, 2023; Lovelock and Martin, 2016). The term of 'global care chains' was coined by Hochschild after she rephrased the concept of 'international division of reproductive labour' or 'international transfer of care giving' (Parreñas, 2012). It captures different phenomena such as the feminisation of migration, globalisation and their interaction with care and gender ideologies (Lutz and Palenga-Möllenbeck, 2012). Care Chains also refer to the commodification of care, as privileged women pay migrant women to perform their household tasks and migrant women pay or shift the burden of their care work onto paid or unpaid support in their home countries (Parreñas, 2012; Williams, 2012; Mooten, 2015).

This international division of reproductive labour and care work is caused by neoliberal prescriptions and inequities that make care private and perpetuate global economic inequalities.

According to Dowling (2020), this import of emotional labour from the Global South to the Global North tries to fix the crisis of care, but it merely displaces this systematic crisis from capitalist economies to underdeveloped countries. Capitalist countries import physical and emotional labour from the Global South to address their care crisis, resulting in a care drain and 'care deficit' (Parreñas, 2000) in countries of origin when women migrate for their care jobs. In addition, few studies (see Ferguson and McNally, 2014; Yeoh et al., 2023) have built on social reproduction theory to analyse the links between guest workers, temporary migration, and its impact on the organisation of reproductive labour within households. Yeoh et al. (2023) argue that the migration of family members disrupts the care networks in migrant-sending countries where children and other individuals can suffer from a lack of emotional care. It can also alter traditional caregiving expectations and the ability to establish long-term care relationships.

Kofman and Raghuram (2015) warn us against the unqualified use of global care chains and the narratives of care deficit in countries of origin as such assumptions are mostly based on research in the context of the Philippines and Southeast Asia. They argue that research has to be directed towards the care deficit that migrant women face in new migratory contexts. They ask for more research to understand the different care arrangements that may emerge and the reconfiguration of care relations.

Immigration policies have a significant impact on migrants in the countries they migrate to, as they create various categories of workers and shape their relationships with employers and labour markets. This is due to migration controls and employment regulations, which Kofman and Raghuram (2015) argue result in different forms of labour with distinct connections to labour markets and employers. These immigration controls work in conjunction with migratory practices to produce precarious workers, who cluster in specific segments of the labour markets and jobs (Anderson, 2010; Shutes, 2011, 2013; Lovelock and Martin, 2016). Migration policies accord different welfare rights and entitlements to people based on their migration status (Anderson, 2010; Shutes, 2011, 2013; Valiavicharska, 2020). Migrants such as students, workers, refugees and asylum seekers cannot access any public welfare services in the UK (Anderson, 2010; Shutes, 2011). Non-EU migrants may not be allowed to bring their families in many instances and face restrictive conditions for citizenship and permanent residency status in the UK (Shutes, 2011). These migration and welfare regimes produce and reproduce differences along immigration, gender, and ethnic characteristics, dehumanising and devaluing lives and bodies of migrants.

Care work and gendered migration experiences remain embedded in the border regimes and migration policies where women perform their labour in racialised and gendered ways (Amrith, 2023). In the next section, I review the literature on the issue of discrimination and racism in the context of care work.

2.8 Discrimination, Racism, and Inequalities in Care Work

According to the literature, care work is often experienced in hierarchical relations embedded in racialised stereotypes (Ryosho, 2011; Williams, 2011; Syed et al., 2016). In the literature on the organisation of care, studies have shown how the intersections of race, nationality and gender shape the experiences of health workers such as doctors, physicians, and nurses. A study by Eriksson et al. (2023) highlights that care workers are often bullied by their colleagues in the workplace. Bhatt (2013) analyses the migrant Indian physicians, both men and women, working in the USA and how their gender, skilled migrant status and race play a role in their workplace experiences. She argues that women physicians continue to face both racial and gender discrimination and are relegated to the less valued medical subfield in their jobs. Bhatt notes that we need to explore race and its workings in the scholarship of gendered organisations. Olasunkanmi-Alimi, Natalier and Mulholland (2023) have analysed the experiences of racism, otherness, and micro-aggressions towards African migrant women in the aged care sector in Australia. They argued that African women carers are subject to racism by their clients, which limits their ability to care about and care for these people. They noted that research on the impact of race and ethnicity on care employees remains underexplored in old-aged care.

In the context of the UK, more research is available on home carers in domestic settings (Turnpenny and Hussein, 2022) and overseas nurses who work in NHS and their experiences of racism and otherness (Batnitzky and McDowell, 2011). Spiliopoulos and Timmons (2023) explored the experiences of racism and belonging for migrant women working as nurses in the NHS during and after Brexit in the UK. Their study found that nurses increasingly felt unsettled and uncertain about their future in the current post-Brexit climate. Likupe (2015) conducted a study on the work experiences of Black nurses from Africa in the UK and the author noted doubts and suspicions from managers around their credentials, training and ability to handle hospital procedures. Managers asked other colleagues to monitor them at work.

In the UK, the research on migrant care workers employed as home carers highlights the unequal treatment, discrimination and racism experienced by migrants of colour (see Datta et

al., 2010; Hussein et al., 2011; Walsh and Shutes, 2013; Hamed et al., 2022). In such cases, racism is not direct and open, and, in many instances, it is expressed through linguistic and cultural perceptions along with the assumption of character and skill competencies (McGregor, 2007; Walsh and Shutes, 2013). McGregor (2007) conducted a study to understand the experiences of carer from Zimbabwe working in the UK and found that care workers faced racist comments and their labour was judged based on the assumption around their culture instead of the limitations of marketised care. Home care providers in the UK also resort to racial- matching of carers and care users as a strategy to please the customers and avoid racist incidents. In addition, migrant care workers employed in home care are often expected to tolerate racism as their service users are considered vulnerable in the UK (Shutes and Walsh, 2012; Stevens, Hussein, and Manthorpe, 2012). In the context of the UK, research on the work experiences of gendered and racialised care workers within private care homes is limited. This research addresses this gap.

2.9 Concluding Remarks

In this chapter, I have reviewed the literature on social reproduction and paid care work along with care migration, financialisation and their links with racism and discrimination in healthcare settings. I have also reviewed the literature that analyses the commodification and devaluation of care and the description of people who are involved in this low-paid and invisible work. The literature suggests that this work is usually performed by racialised ethnic minoritised women whose skill sets and competencies are devalued and assigned different meanings than white bodies. The care tasks include different activities and are often carried out by a range of care workers such as cleaners, nurses, and health care assistants, among others. I have also reviewed the literature on borders, mobility, and immobility regimes in the context of care and their impact on transnational care arrangements. I have identified key gaps in the literature that this research would address. In the next chapter, I outline the theoretical framework of the study.

Chapter 3: Intersectionality, Precarious Social Reproduction, Borders, and Racialised Time

3.1 Introduction

This chapter focuses on the theoretical framework and concepts upon which I ground the key research arguments. This chapter starts with a discussion of intersectionality as the chosen framework and analytical lens. Intersectionality is conceptualised as interlocking systems of oppression based on race, gender, migrant status, and class (Thatcher, Hymer and Arwine, 2023) that marginalise women in the UK. Intersectionality has been used to highlight the broader processes, organisational practices, and contexts that produce and reproduce racism, embodied precarity, and violence in their lives. This study also draws on the theoretical concepts of bordering, social reproduction, precarity, and racialised time to situate the experiences of migrant women of colour of these macro and organisational processes embedded within neoliberal reform and the restructuring of care work in the last few decades. In the first section, I discuss intersectionality and multiple levels of analysis. In the second part, I discuss chosen concepts and how these are used with intersectionality to develop the theoretical framework of this research.

3.2 Intersectionality

Intersectionality is rooted in both critical race studies and Black feminism and is considered to be a disposition, a method, and an analytical tool (Carbado et al. 2013; Barthold et al. 2022). Opinions differ about the origin of intersectionality, but it is generally believed that intersectionality was born out of antiracist politics in the US context and conceived by Black feminists within the Combahee River Collective (Anthias, 2021; Rodriguez et al., 2016). However, according to Rabaka (2023, p.16), the writings of Du Bois showed traces of 'embryonic intersectionality' as he recognised that various forms of violence and oppression cannot be understood through a singular identity. Rabaka (2023) further argues that Du Bois emphasises the interlocking systems of marginalisation such as capitalism, white supremacy, patriarchy, and heterosexism. Though the implicit reference to intersectionality can be found in previous scholarly works, Crenshaw (1989) formally introduced the term intersectionality when she addressed the issue of the inability of the legal system to address the interlocking systems of oppression to which women are subject. She further notes that both antiracist and

feminist discourses have not been able to acknowledge the intersectional identities of women such as women of colour.

In 1991, in another essay, Crenshaw argued that the political activism and advocacy surrounding violence against women often overlook the unique challenges faced by women of colour (Crenshaw, 1991 cited in Lutz, 2022). She further contested the notion that certain marginalisations along gender, race, and class exist in isolation, and they do not co-constitute each other. It was argued that women of colour often face interlocking oppressions that are not only shaped by gender but are formed by the intersections of different systems of power and categories of difference (Rodriguez et al., 2016). These categories of difference cannot be analysed in isolation as such selective analysis would only reveal the parts and fragments of how organisations work and would fail to present the full picture of oppression and marginalisation of dominated groups.

Prominent Black feminist voices such as bell hooks, Patricia Hill Collins, and Angela Davis stressed the importance of integrated practice and analysis, which is based on the notion that systems of domination are interlocking. According to Davis (2008), intersectionality is not a mere buzzword but it has a universal appeal to analyse cultural and structural processes, social practices, and individual and group-level experiences. Patricia Hill Collins developed the model of the matrix of domination to understand the complexity and multidimensional experiences of discrimination that Black women have to endure (Lutz, 2022). Patricia Hill Collins (2015) argues that intersectionality is a critical lens that does not view class, nationality, gender, age, religion, and race as unitary forces but rather they co-constitute each other shaping multiple social inequalities. The power of intersectionality lies in the idea that it gives a central stage to the voices of people who experience multiple oppressions. It shows a shift from the additive nature of oppression to understanding the multiplicity and interactive processes that make some people more vulnerable and marginalised than others (Choo and Ferree, 2010). Young (1990, p.64) has advocated the notion that categories of oppression should be pluralised and presented a theory in which she classifies five kinds of oppression such as ‘exploitation, marginalisation, powerlessness, cultural imperialism, and violence’. She believes that these forces of oppression determine which groups and individuals are oppressed and how different combinations of these forces violate and oppress individuals.

As in any other field, multiple debates have occured around what intersectionality is, whom it serves, and what its purpose is. The question of what makes a study or research question

intersectional has polarised critical race theorists and feminist understandings. Many scholars like Bilge (2013) and Rice, Harrison and Friedman (2019) argue that intersectionality has been co-opted by research that does not challenge or contest racial inequalities. In her critique, Bilge (2013) argues that intersectionality has been 'whitened' by European academics who have erased its origin within Black feminist theory and used it to understand other differences such as sexuality.

> Thus the whitening of intersectionality is achieved in part by excluding from debate or overlooking the contributions of those who have multiple minority identities and are marginalised social actors—women of color and queers of color. This problem is particularly acute in Europe...While the whitening of intersectionality is produced through several lines of argument, I focus here on two: "Intersectionality is the brainchild of feminism" and "we need to broaden the genealogy of intersectionality" (Bilge, 2013, p. 412).

She further argues that intersectionality is used as a neoliberal depoliticised diversity project that does not acknowledge the constitutive links of intersectionality theory with critical race theory. Bilge (2013) has argued that selective focus on gender over race serves to depoliticise the original aim of social change in a so-called post-racial society. She also argues that race and racialisation processes need to be at the centre of intersectional praxis and analysis. The idea of intersectional research should be grounded in critical praxis that intends to challenge and uproot inequalities and the status quo. As argued by Rice, Harrison and Friedman (2019), intersectional research needs to stay true to its radical beginnings, which are embedded in the antiracist feminist movement.

For scholars such as Rice and Bilge, intersectionality should be specifically used concerning Black women. However, other scholars, such as Nash (2016), Lutz (2022) and Yuval-Davis (2011) do not agree with this point of view. For instance, Yuval-Davis (2011) argues that the reference to 'Black women' means Black women in the context of Western societies when more Black women live outside of Western societies and the category of Black women may have different interpretations in other societies. Yuval-Davis (2015) has advocated for situated intersectionality, which focuses on the social locations of people and how power changes within temporal and spatial contexts.

> We also highlight the central importance in the analysis of issues of translocality - i.e. the ways particular categories of social divisions have different meanings - and

> often different relative power - in the different spaces in which the analysed social relations take place; of transcalarity - i.e. the ways different social divisions have often different meanings and power when we examine them in small-scale households or neighborhoods, in particular cities, states, regions and globally (Yuval-Davis, 2015, p. 95).

Nash (2016) also contests the association of intersectionality with Black women and believes that the theory of intersectionality should include everyone who is being discriminated against, regardless of race. Scholars who disagree with limiting the application of intersectionality to Black women alone, despite its origins in explaining their experiences, suggest that the theory can be applied to examine other categories of difference and experiences, such as age and sexuality. They recognise that gender and race were the initial factors that reinforced the idea that diverse identity categories require broader political and non-oppressive alliances. This study agrees with the notion that intersectionality should focus on race and gender but focusing on other categories of difference such as migrant status would strengthen the voices of other marginalised and oppressed people. In the next section, I discuss the intersectionality and level of analysis that this study would undertake.

3.2.1 Intersectionality and Levels of Analysis

Scholars have been debating about the levels at which intersectionality operates and whether it is at the individual or the structural levels. Anthias (1998) suggests four levels of analysis that intersectional research can take. These are a) the institutional level such as institutional regimes, b) the level of representation such as discursive and symbolic, c) the level of intersubjective praxis, and d) the level of discrimination, which focuses on experiences. Intersectionality is often viewed as individual intersecting identities, however, according to Choo and Ferree (2010), the contribution of intersectionality is far-reaching and relevant for multiple levels of analysis. According to them, one of the approaches is to focus on the process, which focuses primarily on the comparison, and context, which reveals the power relations embedded in structural conditions. Banerjee and Thomas (2023) note that employment and organisation studies often focus more on individual identities than on structures and processes. They argue that by omitting structures, many studies fail to consider the immigration regimes that operate in the lives of migrant workers. Identities and categories are not the final destination of analysis, as we can examine how they fit into broader systems of power relations. Intersectionality has not emphasised categories of difference for their own sake, but rather

because analysing them reveals the underlying processes and structures that produce and sustain inequality and oppression.

The purpose of my research is to understand the experiences of care work embedded in structural conditions, such as borders, precarious care work and organisational logic, and how these materialise in the oppression of care workers within care homes. This dissertation has adopted the intersectionality approach to understand how the power relations embedded in structural conditions affect the everyday experiences of migrant women of colour working in care homes. This process-oriented focus also draws attention toward historicity where different intersections of class, gender, and race create specific meanings and experiences for specific groups of people within the spheres of representation and experience (Liu, 2018). In the next section, I discuss the use of intersectionality in organisation studies.

3.2.2 Intersectionality in Management and Organisation Studies

Management and organisation studies (MOS) traditionally focus on processes and structures, the way these entities are managed and interact with other actors in the field (Van Laer and Zanoni, 2020; Ray, 2019). This field of study is deeply embedded in positivist epistemologies with a strong focus on Western theories and perspectives that ignore important social differences such as gender, race, nationalism, and ethnicity (Van Laer and Zanoni, 2020).

> Not only has MOS been traditionally strongly dominated by Western perspectives, epistemologies, and theories, it has also largely ignored the crucial role race, ethnicity, and nationalism play in organisations and the process of organizing. When the topics of race, ethnicity, and national identity have been addressed, this has mainly occurred in subfields considered to be at the edges of MOS, such as diversity and cross-cultural management, and from theoretical perspectives that de-emphasize the structural dimensions – historical, institutional and discursive – of power inequalities along the lines of ethnicity, race, and national identity (Van Laer and Zanoni, 2020, p.487).

Organisation theory is considered to largely ignore important social differences such as race as scholars view organisations as neutral bureaucratic places and race as a personal identity marker (Ray, 2019). Within organisation studies, the focus is on the depoliticised version of equality and diversity which puts the analytical concept of intersectionality at the periphery of research on workplaces (Rodriguez et al., 2016; Barthold et al., 2022). Van Laer and Zanoni (2020) argue that in management and organisation studies scholarship, the focus is on

celebrating diversity as an asset for organisations and managing the diversity of employees along different categories such as gender and age.

The introduction of intersectionality in organisation studies is associated with Acker (1990, 2006) where she discussed gendered organisations, inequality regimes and the role of structural inequalities in the workings of institutions. Her work on gendered organisations proved to be a milestone in terms of theorising the role of gender in the processes of organisations. In 2006, Acker introduced the concept of intersectional regimes of inequality where she articulated the notion of inequality regimes in organisations that are embedded in institutional processes and work cultures (Barthold et al., 2022). She has used the notion of intersectionality to stress the fact that gender, race, and class interact with each other to create varied workplace outcomes for different workers. As noted by Rodrigues et al. (2016) and Holvino (2010), intersectionality in organisational research needs to incorporate both subjective and structural elements to explain the impact of social differences on individuals and workplace inequalities. It is important to undertake research that focuses on subjective experiences and structural conditions in which these lived realities are embedded (Atewologun, 2018; Holvino, 2010). Such intersectional analysis would point out how interlocking systems of oppression make people vulnerable in work settings.

3.2.3 Intersectionality as the Adopted Framework

Intersectionality has been variously conceptualised and operationalised such as simultaneous processes of privilege and disadvantage by Holvino (2010), intersectional regimes of inequality by Acker (2006) and translocational and transversal analysis advocated by Anthias (2013). In intersectional research, researchers seek to understand the intersections between race, gender, sexuality, and class that produce power inequalities, advantages, and disadvantages in a given context. Therefore, a study is considered to be intersectional when it analyses the interconnections of more than one category of difference (Mooney, 2016). In the context of this study, intersectionality is considered a theory which has been used with other theoretical concepts to reveal and understand the lives of these migrant women of colour. According to Anthias (2021), intersectionality can be used with other scholarly traditions such as the postcolonial feminists, critical race theorists and other schools of thought depending on how different theoretical preferences align with one's objectives. Intersectionality can be combined with theories ranging from social reproduction theory to liberal notions of diversity.

This research also appreciates the importance of acknowledging the differences between and within groups and the contextual circumstances that determine the privileges and disadvantages people face. Yuval-Davis (2015) advocates for the implementation of situated intersectionality, which recognises and addresses the unique challenges and injustices faced by marginalised communities based on their specific locations and perspectives within a given context. This research agrees with this point of view of anti-essentialism and appreciates the diversity of experiences within the categories of migrants and women of colour. Having said that, I also agree with Collins (2015) that intersectionality is a framework and critical praxis, and its purpose is to make visible the systems of domination. I use intersectionality as a theoretical framework that connects the complex and intersecting relationships between structural conditions and power inequalities, to better understand the experiences of women of colour. This research puts these women at the centre of understanding their lived experiences embedded in the intersections of structural conditions under gendered migration, employment, and care regimes, which will be discussed in the context chapter. In the next section, I discuss the chosen theoretical concepts of social reproduction, borders, precarity and time and their relationship with intersectionality.

3.3 Social Reproduction

This thesis has also conceptualised care work as part of social reproduction as it includes a broader scope of caring activities encompassing manual, emotional and physical labour. Social reproduction has three main components: reproduction of human beings, workers, and goods and services integral to the care and sustenance of the people (Bakker and Gill, 2019; Alberti and Sacchetto, 2024). Mezzadri (2022) notes that social reproduction is important in both life-making activities and capital accumulation. The work of social reproduction is associated with women in their private homes, but this work is considered to have no value for gross domestic product (GDP). Social reproduction also involves different institutions in different contexts such as families, states, markets, and communities (Alberti and Sacchetto, 2024).

Neoliberal capitalism produces its reproductive infrastructure also known as a regime of social reproduction (Fraser, 2017). Neoliberalism has transformed the paid labour relations and life-making sectors such as education and health. The level of commodification and privatisation of reproductive sectors is increasing, and most of this privatised work has been offloaded onto women. The decline in childcare, healthcare and other community services has led to the increase in women's work. Furthermore, the increasing crisis of capitalism has also created a crisis of social reproduction and care as reproduction and production are inherently intertwined.

Dowling (2020) argues that this care crisis is mostly addressed by short-term care fixes such as the externalisation of social reproduction to migrants. Kofman and Raghuram (2015) articulated that the feminisation of migration is growing as women migrate to the Global North as nannies, carers, and nurses to meet the needs of social reproduction in the receiving countries. They argued that migrant women maintain the social reproduction of the welfare state in the host countries but are often subject to constraints on the social reproduction of themselves, their families, and communities both locally and globally. This constrained form of social reproduction of migrant families does not only come from the capitalistic exploitation of bodies rather macro structures of colonial immigration regimes and gendered racism also play a central role in contributing to a precarious social reproduction for migrants. Bhattacharya (2018) has also linked the processes of racialisation and reproductive labour. She argues that racialised subjects historically and presently have been devalued and depleted by performing activities that are often considered non-productive and yet these people are important to the maintaining of capitalist life.

Bhattacharya (2018) also argues that production and wage work are not the only components of life-making. Alberti and Sacchetto (2024) built on Bhattacharya's argument and noted that reproducing oneself also depends on access to social resources such as access to public funds, and family reunification policies determined by the migrant status and other intersections of categories. Lonergan quotes Gedalof (2007 quoted in Lonergan, 2023, p.3):

> Access to health care, housing and education is an intrinsic part of the processes of cultural reproduction, of making and re-making the place one belongs to. To exclude people from those processes is to say that they are not at home, and that they are not part of that reproductive process.

Colen (1995) has provided the idea of stratified reproduction to understand the experiences of migrant West Indian workers compared to their white counterparts. Stratified social reproduction highlights the inequalities in terms of access to material resources where some people have higher access to such services compared to other people who face greater obstacles and difficulties in maintaining their care. Therefore, in this study, I look at the experiences of precarious social reproduction that are shaped by structures of oppression including precarious work, migrant status, race, and gender. I also highlight the role of the state and its enactment of racially discriminatory migration policies and bordering practices that constrain the

possibilities of family lives and access to resources such as housing in the UK. In the next section, I draw on the concepts of borders and bordering.

3.4 Borders and Bordering

Borders are everywhere; therefore it is important to explain what border and bordering mean in the context of this research. Borders are considered to be both territorial and political (Fassin, 2011). In traditional border studies, the nation-state is the main focus, however scholars in critical border and critical migration studies, such as Van Houtum (2005), Yuval-Davis, Wemyss and Cassidy (2018), and Green (2010), argue that borders and bordering are multi-scalar processes, and aspects such as practices and the experiences of inclusion and exclusion in migration are embedded in border regimes. Critical border studies analyse how borders are regulated, produced, governed, and experienced by power inequalities that form exclusion and inclusion. A processual turn claims that different bordering practices are taking place within societies that are not based at the edge of physical lines. Mezzadra and Neilson (2012) observe that borders need to be viewed through a multiplication of bordering processes that do not only relate to walls and external frontiers. They note that the border has become a social institution in the contemporary era which does not always exclude but rather includes differentially by creating hierarchies within societies.Yuval-Davis, Wemyss and Cassidy (2019) argue that different internal and external processes of bordering are solidified by changing migration policies and politics of border controls. This study seeks to engage with this scholarship that views borders not only as space but rather they are dispersed everywhere within societies in the shape of bordering practices that form affective and embodied experiences (Casas-Cortes et al., 2015; Fischer, Achermann and Dahinden, 2020; Louvier and Hough, 2024). For the theoretical purpose of this research, I draw on the work of Mezzadra and Neilson (2013) and Yuval-Davis, Wemyss and Cassidy (2019) who conceptualised borders as modern social organisations that create the distinctions between who belongs to the nation and who does not, and consequently create complex differences and hierarchies between people living within that space and time.

Mezzadra and Neilson (2013) introduced the concept of temporal bordering, which outlines the role of governance of time in the control of migratory flows and how it impacts the lives of migrants by making them more precarious. Temporal borders subject migrants to the state's time regimes, rendering them permanent or temporary as political and economic priorities shift. Yuval-Davis, Wemyss and Cassidy (2018) use the term ‘everyday bordering’ to analyse the internalisation of borders and their dialogical construction performed by different actors. They

further argue that the bordering processes and practices are both intersectional and situated. Bordering practices affect people differently based on their social location such as race, class and gender in the society and such processes also shape the individual subjectivities along with relationships between groups (Yuval-Davis, Wemyss and Cassidy, 2019, p.19). Here both of these approaches stress the importance of understanding the everyday experiences of bordering. Bordering regimes tend to operate both at the macro levels and in everyday life (Reynolds et al., 2024). Yuval-Davis (2013) contends that the notion of everyday bordering foregrounds the everyday practices and everyday life. She argues that the notion of bordering is not just the result of high politics, but it is also shaped and reshaped by everyday social, cultural and economic practices. This foregrounding of everyday bordering reveals different actors, such as employers, educational, and health institutions, that create precarity and social divisions in people's lives (Alberti and Sacchetto, 2024, p.60).

The significance of drawing on critical borders scholars is to decolonise the notion that borders are fundamentally related to fixed territorial divisions while discounting the multiple and diffused scales of borders and their knowledge production. This research refuses methodological nationalism and colonial bias which focus only on the level of the state (Tudor, 2018) and do not look into the micro and embodied experiences of borders and resultant boundaries in everyday lives. This internalisation of bordering practices creates new political and socio-cultural complexities that are both spatial and temporal (Cassidy, 2020). These practices of bordering have an impact on how migrants can access labour rights, well-being, and the chances of having a better life. These practices of creating internal borders are embodied as Fassin (2011, p.215) argues that *'In effect, immigrants embody the articulation of borders'*. Coddington (2021) notes that bodies often become sites where the sovereignty of borders is enacted.

Vickers (2019) argues that borders have always been central to capitalism as a colonial division of labour relies on exclusionary and differentiated categories of outsiders and citizens with rights. Capitalism looks for avenues to gain more profits and hence create more differentiations in labour. These processes of bordering and borders intersect with financialised, commodified care and precarious labour to create a context in which social differences are enacted and maintained. In the next section, I discuss the concept of precarity and the importance of intersectionality in its analysis.

3.5 Precarity

Precarity refers to a condition induced by changing socioeconomic structures such as flexible, leaner, and flatter forms of organisations that reduce the sense of security not only in job markets but also in welfare rights and stability of life. Precarity captures different experiences that exist on the spectrum of stability/instability. Lauren Berlant speaks about precarity in one of her conversations with Jasbir K Puar (2012) and argues that precarity is an existential and structural condition. It is existential in the sense that life is unpredictable and it is also a structural condition as economic neoliberal structures and capitalism promote and thrive on instability. As Berlant (2012 cited in Puar, 2012, p. 166) notes that

> Capitalist forms of labour make bodies and minds precarious, holding out the promise of flourishing while wearing out the corpus we drag around in different ways and at different rates, partly by overstimulation, partly by understimulation, and partly by the incoherence with which alienation is lived as exhaustion plus saturating intensity.

According to Standing (2011), precarity undermines workers' sense of security and control over their lives, as they struggle to navigate unstable living conditions and flexibilised jobs. Such flexibilisation and precarity can also be used as a way of domination and manipulation by organisations and employers to exploit workers and establish hierarchies among workers (Masquelier, 2018). Due to inflexible flexibility, people are forced to have jobs to survive, often under the notion that such choices are being made out of free will (Skeggs, 2021). The contemporary worker is considered a package of depersonalised time, abstract labour who is supposed to carry out mental and physical tasks in a standardised and routinised way. Workers are made to feel as if they are disposable, and they have to personalise the risks and adjust to new labour market standards by acquiring skill sets and other coping strategies (Standing, 2011). Time also assumes central importance in dominating power relations as precarious and low-wage workers have less time to spend on affective relationships and social reproduction (Ivancheva and Keating, 2020). They are short of time, and they also face a lack of material, emotional and physical resources to care for and love. Precarity and socioeconomic inequalities affect the human capacity to carry out affective work that communicates love and care. As Berlant (2011) notes that precarity affects social reproduction as there are not enough hours in a day and sustaining a life has become more difficult materially. Hence, precarity is considered both a subjective and objective condition. It has an objective dimension as it captures the structural changes that are transforming the labour markets, and workplaces and such structural

changes affect the subjective dimension of life such as psychological impact characterised by lack of control and a sense of uncertainty (Masquelier, 2018).

Drawing on the work of Foucault, Masquelier (2018) argues that precarity plays an important part in the neoliberal domination of individuals. When a society is subject to the control of the market, then under such a structure, individuals are exposed to conditions that make the past, present and future dangerous. Risks and responsibilities are individualised, and individuals need to adjust to this constant and permanent sense of failure (Foucault 2008; McCormack and Salmenniemi, 2016). In neoliberal governmentality, individuals are often compelled to become self-entrepreneurs to cope with the increasing competition in the labour markets and general life conditions. Bourdieu (1998) explained that flexibility and casualisation is a new mode of domination that creates a sense of insecurity and forces workers into silence around exploitative work practices and submission.

> So insecurity acts directly on those it touches (and whom it renders incapable of mobilizing themselves) and indirectly on all the others, through the fear it arouses, which is methodically exploited by all the insecurity-inducing strategies, such as the introduction of the notorious 'flexibility', - which , it will have become clear, is inspired as much by political as economic reasons (Bourdieu, 1998, p.84).

Precarity is not a new phenomenon but in the modern world, precarity creates a generalised sense of insecurity under a privileged system of economic activities. This exploitation is often justified by the political elites wrapped in the notions of competitiveness and advanced way of work (Masquelier, 2018). The state exercises a symbolic power and domination where certain conditions come to be perceived as a given reality (Masquelier, 2018). Butler (2009, 2004) also argues that arbitrary state violence exposes different people to normalised aggression, disposability and lack of security, which minimises equality and maximises vulnerability. The power of the Butlerian lens towards precarity lies in its understanding of how precarious lives are not grievable, readable, and recognisable. As they note that

> The point, however, will be to ask how such norms operate to produce certain subjects as "recognizable" persons and to make others decidedly more difficult to recognize. The problem is not merely how to include more people within existing norms, but to consider how existing norms allocate recognition differentially (Butler, 2009, p.6).

The condition of not being given recognition exposes people to both symbolic and physical violence. Competition and posing the struggle over symbolic and material resources as a zero-sum game give rise to precarity. People can only expect access to resources, rights and equality when they are assimilated into such violent structures. However, for Butler, precarity also provides a framework for subaltern communities that can fight back against such violent structures (Butler, 2015). They argue that humans need to recognise the notion that precarity and resultant vulnerability are a shared human ontological experience as we all share vulnerability and resultant mourning. Freedom is relational as it does not only depend on the individual rather freedom happens among people and between them (Butler, 2015). This relationality and connectedness with others create a sense of shared precarity that opens new possibilities for social and political perspectives. Here the resistance to the precariousness of life is found in the acts of care and our shared vulnerabilities. Though, Butler notices a universal shared vulnerability, they also note that precarity is not equally distributed among communities and some people are more prone to disposable and non-grievability in the event of loss than other people (Reilly, Bjørnholt and Tastsoglou, 2022).

Precarity affects people differently based on the social locations in which people are born and the categories they inhabit (Reilly, Bjørnholt and Tastsoglou, 2022). As Masquelier (2018) argues intersectionality is an analytical tool and has the potential to identify different forms of domination and power relations as well as to build collective resistance and struggles. Intersectionality becomes imperative to the study of precarity as one's social location is determined by the layers of domination and power in the system. Intersectionality not only shows the structures of domination but also highlights the injustices that occur at the level of economic, social and political lives and proves to be fundamental in terms of building up alliances with other marginalised groups. When the multiple axes of oppression and marginalisation are understood, individuals can see how the precarity is imbued with structural conditions (Reilly, Bjørnholt and Tastsoglou, 2022). Intersectionality helps in recognising the fact that seemingly impersonal relations of domination are embedded in personal relations of power. A person can understand the current practices and interests that structure reality so that inequalities and increasing precarisation of life are not viewed as a result of personal flaws but as an outcome of the powerful interests of the dominant groups in a society. This thesis draws on intersectionality to understand precarity as it performs a role in highlighting the power relations that shape our social reality and facilitating the building of alliances across marginalised groups.

3.6 Time and Temporalities: Feminine-Racialised Time

Time and control over time play a central part in the experiences of precarity, as workers are often expected to be available for work with little or no control over how this time can be allocated (Nobil, 2008). The time spent outside of wage labour is spent getting ready and prepared for the work (Mitropoulos, 2005). Workers lack control over the pace of their time as they are subject to external factors and the precarity of their lives. In the current age, workers are not only affected by working conditions and pay but they also struggle with how they are conditioned to spend time. Time is needed in planning for a future that has job security and certainty along with the necessary investment of time in the social reproduction of labour (Foti, 2004). While time plays an important role in the way the value of labour is squeezed for capital accumulation, in an economic system like Fordism the workers perform more labour by increasing the intensity of the workday and such a system benefits from transforming the wasted labour time such as having breaks into productive time as any replenishing of the labour has to be performed outside of the workplace (Nobil, 2008). This has established a firm separation between non-working and productive hours. While we discuss time and how precarity has a distinct element of time, it is important to question the notion of time and how social categories such as gender, race, and migrant status affect the way people experience time and uncertainty around it. In the writing of Durkheim (2008 cited in Simonsen, 2018), time is divided into days, months, and years and such divisions of time are shaped by society and in return regulate society.

Time is assumed to be abstract, homogenous, quantitative, linear and outside of persons (Knights and Odih, 1995). Time exists outside of context and content. These linear notions of time and temporalities do not consider the multiple rhythms and 'polytemporalities' that have an impact on the experiences of time (McCormack and Salmenniemi, 2016; Browne, 2014, p.31). Time is not a mechanical and technical concept rather time and its meanings are constituted in symbolic planes and behavioural interactions (Knights and Odih, 1995). Different models of time such as objective, subjective, and social assume that time is linear as these models do not analyse the social processes that portray the linearity of time. Social models do acknowledge that time is socially constructed and relative perceptions of time in a given context. However, social models do not identify the links between power, knowledge production, and linearity of time and they do not appreciate the processes through which time is gendered and subjugated to masculine linear time (Knights and Odih, 1995). Such models of time assume that time is unchangeable and static. Time is never static and neutral rather time

is intertwined with body and space as 'people are temporal' (Brewis and Linstead, 1998, p. 227).

Time is assigned different meanings such as symbolic, cultural, and material, and is experienced by different people in different ways. Time is both a social and political phenomenon and is subjectively and bodily experienced. Feminist and queer scholarship (see Browne, 2014; Freccero, 2007) focuses on multiple and alternative temporalities and notions of time as this scholarship highlights the social construction of time and temporalities, which is often considered given and objective. Feminist notions of time highlight the invisible temporal constructs and different valuations that such temporal orders place on human lives. Sharma (2014) articulates that the experience of time and temporalities is shaped by different social categories of difference such as race, gender, class, and ableism. She points out the notion of 'speed' in contemporary global capitalism, where people are pressed to execute tasks quickly. However, such temporal order of speed is experienced disparately by various groups, contingent on their position within the power structures. She takes inspiration from Massey's work on space and intersecting power relations and argues that these temporal orders and their experiences are formed by multiple differentiations.

> Temporalities do not experience a uniform time but rather a time particular to the labour that produces them. Their experience of time depends on where they are positioned within a larger economy of temporal worth. The temporal subject's living day, as part of its livelihood, includes technologies of the self-contrived for synchronizing to the time of others or having others synchronize to them. The meaning of these subjects' own times and experiences of time is in large part structured and controlled by both the institutional arrangements they inhabit and the time of others—other temporalities (Sharma, 2014, p. 8).

This thesis builds on Sharma's argument and argues that this stress on social differences and the experience of time and precarity in the context of migration and borders can be analysed through the lens of intersectionality. Intersectionality points out the power relations along multiple axes and can be helpful in the understanding of how given temporal orders under bordering, capital, and work regimes favour some people over dispossessing others. By drawing on this framework, I would draw on the notion of time (such as racialised and feminine) to understand the lived experiences of care embedded within migration regimes, 24/7 capitalism, and organisational practices.

Feminine time reflects the gender dynamics at play and it represents relationality and emotions (Brewis and Linstead, 1998). Women have to perform both paid and unpaid reproductive

labour and dedicate more relational time due to care work and social reproduction (Knights and Odih, 1995). In care work, the task and not the clock determines the amount of time required. Human needs play a huge role in care work which requires not less but more flexibility concerning time. Process time in the realm of care can vary according to bodily needs as predetermined time limits on tasks do not acknowledge the flexible and multiple temporalities needed in this work (Knights and Odih, 1995). Nurturing and reproductive activities such as doing laundry, preparing meals and providing love and care do not follow the rhythms of clocks rather such activities are embedded in the temporality of the task itself. Brewis and Linstead (1998, 2000) observed how sex workers' experiences and actions are formed by the temporal dynamics of their work environments and process/feminine time rather than following a rigid notion of time. They shed light on how workers navigate the temporal logics of their occupations such as schedules, boredom, and deadlines in their work.

In the workplace, temporal control regime controls the time of the subordinates, and this control is often exercised by gatekeepers such as managers and superiors. Women tend to be overrepresented in subordinate positions and women of colour are disproportionately employed in lower hierarchies in care work (Knights and Odih, 1995). This overrepresentation of women in lower ranks means that their time is regulated and controlled by others, and the clash of feminine time versus capitalist temporal regime remains intact. According to Lambert and Kim (2019), the ability to control time is often conditioned by the position of a person in an organisational setup. Furthermore, women are overrepresented in non-standard employment where they are often subject to controlling of schedules by their managers (see Campos, 2022) and hence such temporal precarity creates constraints in spending time with their families and social reproduction. In care work, whether it is paid or unpaid, feminine time is supposed to be tailored according to the needs of other people, which makes the experience of such time relational and interdependent with the temporal rhythms of other people (Knights and Odih, 1995).

Since women of colour tend to be overly represented in low-wage and precarious care work, here I discuss the notion of racialised time in addition to process/feminine/embodied time. Hanchard (1999) notes that time is a social construct that is distributed unequally, which mirrors the politics of racial difference. Mills (2014) argues that racial time signifies the inequalities embedded in temporality that often emerge out of power pathologies between dominant and dominated groups. These temporal inequalities provide unequal access to goods, health, services, and rights as marginalised people are made to wait longer for such resources

than dominant groups. Racial regimes such as apartheid, slavery, and colonial empires forced specific time regimes on people in terms of specific eating times, working times, waiting times, and staying alive and dying times (Mills, 2014). Due to temporal deprivations, racialised people feel they are being robbed and stuck in times and the linear masculine notions of time fail to conceptualise such lived and embodied experiences. These notions of time form an important part of my argument in the processes of bordering and temporalities, and the embodied nature of speed in work and 24/7 capitalism.

3.7 Concluding Remarks

This chapter has outlined the theoretical framework and relevant conceptual tools deployed in this dissertation. I have chosen the lens of intersectionality to understand the experiences of precarious care work, and social reproduction at the intersection of gender, race, and migrant status. I also draw on the theoretical concepts of social reproduction, precarity and racialised time to outline the intersections of different systems of oppression that shape both the work and life experiences of migrant women of colour. This theoretical framework helps me in showing the strategies and decisions that women take when they are facing precariousness of life and work embedded in racist migration policies, flexibilisation of labour under neoliberal capitalism and the absence of a welfare state for the migrant bodies. Immigration policies are controlled by the state and are integral to the social reproduction. Bordering processes constrain racialised and gendered migrants to access the welfare services that are central to their reproduction (Lonergan, 2023, 2024).

Furthermore, the entrenchment of financialised capitalism in Western countries has created a gendered impact where women are more exposed to the crisis of social reproduction of their families and communities while also negotiating with rapidly changing economic structures and employment relations (Rankin, 2001). An intersectional analysis of such entangled regimes exposes the oppressive mechanisms that both the state and capital deploy against migrant racialised and gendered bodies. By interrogating paid and unpaid care reproductive labour of migrant women of colour, I show how precarity is linked within migration regimes, labour conditions and social reproduction, which hurts the bodies of women and results in gendered and racialised embodied depletion.

Chapter 4: Research Context

4.1 Introduction

This chapter analyses the immigration and sectoral (social care) contexts in which migrant women of colour do their jobs. Care labour is embedded in intersecting power relations that are shaped by historical legacies related to care, employment, and migration regimes. In the first part of this section, I discuss the colonial practices of the immigration regime in the UK and its historical and contemporary evolution. In the second part, I provide a historical and recent overview of the care work in the UK and its prominent features. In the third part, I explore the impact of austerity on the care sector and the increasing levels of privatisation and financialisation of the care industry specifically care homes within the context of the UK.

4.2 Coloniality of Immigration Regime

The contemporary immigration system in the UK plays an important role in bordering Britain as a colonial space that controls the entry and movement of previously colonised and racialised people in the UK (El-Enany, 2020, p. 9). After World War II, many people from Pakistan, India, South Africa, the Caribbean islands and other colonies migrated to the UK to fill out the labour shortages in post-war Britain that needed rebuilding and was struggling to find labourers. In 1948, the British Nationality Act came into force under which citizens of the commonwealth were recognised as Citizens of the UK and Colonies (CUKCs), and many of them moved to Britain (Yeo, 2019). However, in the backdrop of rising racism, new legal regulations were introduced to restrict the migration of commonwealth citizens to the UK and many people were allowed to be in the UK for short-term duration. According to El-Enany (2020, p.9), the period of the 1960s-1980s was significant in the creation of a modern bordered Britain. The Commonwealth Immigrants Act 1962 created two categories in which old white commonwealth citizens were automatically given rights of residence in the UK whereas similar rights were not extended to new commonwealth non-white citizens. This paved the way for institutionalising discrimination against people of colour (Yeo, 2019). Later, the Immigration Act of 1971 made it illegal to violate the terms of visas along with the condition of being self-sufficient financially during any period of stay in the UK (Dickson and Rosen, 2020). In addition, the social reproductive rights of family reunification were restricted for migrants (Williams, 2021). The rule of ‘sole responsibility’ in the act of 1971 barred children of settled

migrant women from entering the country unless they could prove they were the child's sole caregiver.

In legislation from both 1977 and 1982, the NHS was required to check the passports of the migrants to establish whether they were eligible for healthcare or not (Williams, 2021; Medien, 2023). According to Medien (2023), for the first time, these laws and checks created internal borders within the UK that resembled 'Pass Laws' in South Africa during the apartheid era, when Black people were given passes to access jobs and services. She argues that there are similarities between apartheid-era pass laws and internal borders signifying the importation of the empire and colonialism within modern Britain (see also Lonergan, 2024; Rushdie, 1982; Tyler, 2010). El-Enany (2020) argues that such laws showed how the UK did not want to extend welfare services to racialised people especially when these welfare services were often built from the colonially derived financial resources.

Gutiérrez-Rodríguez (2018a, 2018b) coined the term 'coloniality of migration' to indicate how current states use colonial governance of mobility by restricting people and limiting their access to health systems, education, and labour markets. These immigration policies were becoming increasingly restrictive, and they also intersected with colonial othering and being racially selective (El-Enany, 2020; Gutiérrez-Rodríguez, 2013). In 1997, under the leadership of the supposedly progressive Labour Party, immigration policies were designed in a way that became restrictive for irregular migration but supportive of economic migration in relative terms. The Immigration and Asylum Act 1999 passed by the labour government solidified the principle of No Recourse to Public Funds (NRPF) to restrict access to social benefits (Lopes Heimer, 2023). The government also decided to issue licenses for authorised employers, which made employers and organisations responsible for checking on their employees and they could report their employees to the Home Office when employees violate the visa conditions. According to Griffith and Yeo (2021), this was the re-emergence of internal bordering practices that were handed over to the British society where schools, employers, and health organisations were expected to carry out migration checks in terms of valid visas and report people to the authorities.

The Nationality Act of 2006 was conceived to create an uncomfortable environment for illegal migrants by creating partnerships with several public institutions such as police, government agencies, and public services. In 2008, the labour government also introduced a point-based system of migration that would select migrants based on different criteria such as skill levels,

job offers, and knowledge of English (Vickers, 2019). With the point-based system, the migration system shifted towards a more just-in-time and temporary migration model. The adoption of this policy was also facilitated by the global financial crisis where many governments wanted to control the incoming flow of migrant labour (Groutsis, 2022). Furthermore, since 2012, the clear endorsement of these changes in ideologies and policies illustrates a shift towards demand-managed labour migration based on shortages in selective sectors. During the same period, temporary migration has risen; not only low-skilled but also skilled workers are hired through temporary migration routes (Piper, 2011, p.70) that may or may not lead to permanent settlement in the UK. This switch from permanent settlement to temporary migration models was also endorsed by the government in 2010, which advocated for the breaking of the links between labour migration and settlement rights in the UK. According to The Migration Observatory (2023b), this temporal migration turn was evident in the recent statistics, with a downward trend of permanent settlements from 32% to 27% of migrants who remained in the UK after the five years since they received their work visas in the UK. Similarly, many international students do not remain in the UK to work after they finish their studies, and it has been cited that often this is linked back to the requirements of sponsorship and meeting the criteria of point-based skilled migration.

In 2012, Theresa May started another era of immigration regime, which she labelled as 'hostile environment' towards unwanted and irregular migrants (Vickers, 2019) in conjunction with a restrictive points-based visa system. Griffiths (2017) and Parmar (2019) note that this hostile environment was based on racialised, gendered, and classed biases that have been evident in the requirements such as knowledge of English and expectations of financial self-sufficiency. This hostile environment created racial profiling and intersectional vulnerabilities for people of colour who were most likely to be discriminated against by bordering practices (Achiume, 2022; Yuval-Davis et al., 2018). The Immigration Act 2014 and Immigration Act 2016 made British citizens carry out internal everyday border checks such as in housing and health, which further sustained intersectional inequalities and racialised colonial hierarchies for people of colour (Griffith and Yeo, 2021). These policies created more challenges during COVID-19 for marginalised groups such as migrant women who would not have access to public funds in case of losing their jobs or being 'undocumented' in the UK. Therefore, these hostile policies compounded the vulnerabilities of migrant racialised women as they faced a lack of access to government support.

In the next section, I briefly discuss the features of the care sector in both historical and contemporary contexts.

4.3 Care Work in the UK: Historical and Contemporary Overview

Care work and domestic services have a long colonial history and racial divisions where Black and migrant women have performed 'dirty work' enabling white middle-class women to engage in paid work in labour markets (Woodly et al., 2021). Jaffe (2022, p.75) notes that dirty work was often delegated to the 'dirty women' as women of colour are constructed within racist discourse. These colonial histories and British imperialism have redrawn the possibilities of who would receive care and who would be the caregiver (Raghuram, 2021). Racialised bodies have been made responsible as nannies, maids and slaves to sustain the social reproduction of white households. Therefore, colonialism has an integral role to play in the contemporary social organisation of care in the Western welfare states. For instance, in the context of the UK, the recruitment of overseas nurses from the Caribbean, Asia, and Africa has an 'imperialist' history where such colonial subjects were recruited to fill out labour shortages and were expected to return to their home countries once their labour was no longer needed (Spiliopoulos and Timmons, 2023).

In 1981, a fifth of nurses and a third of doctors were born abroad in one hospital located in London (Williams, 2021). These nurses used to have lower rank and status compared to 'local' nurses and often were subject to xenophobic rhetoric and discrimination (Spiliopoulos and Timmons, 2023). As Brathwaite (2018) notes, the history of NHS cannot be written without crediting the migrant BAME nurses who worked in it and built this institution. She argues that the hierarchy between skilled labour of inferior races in healthcare reflects the white supremacy embedded in the British Empire. The recruitment of skilled labourers from postcolonial states, such as Nigeria, Zimbabwe and India, is still very entrenched as these three groups have become the largest countries where skilled labourers such as carer workers have been sent to the UK in 2023 (Home Office, 2023). The next section discusses the composition of the care workforce.

4.3.1 Institutional Care and workforce in the UK[1]

In the UK, older people usually access care in two forms such as 'in-kind' where the local authority can hire a carer or care service, and in cash where a person can hire a carer on their own (Gonzalo Almorox, 2019). On the other hand, different institutional arrangements for paid care include community homes, charity homes, local health services, domiciliary services, public and private nursing homes, and residential care homes. In 2022, the private sector has employed 58% of posts in social care whereas only 7% of social care jobs are based in local authorities (Skills for Care, 2023). Direct care workers account for more than half of the jobs (76%) in adult social care (Skills for Care, 2023). 28% of the workforce in the independent social care sector is employed on zero-hours contracts and 50% of employees are part-time care workers (Skills for Care, 2023). Women make up 81% of the adult social care workforce compared to only 19% of men in this sector, which shows the gendered nature of this sector (Skills for Care, 2023). Women and BAME workers also tend to have lower representation in managerial and senior management roles (Skills for Care, 2023). BAME communities make up 23% of the care workforce and the rest of the 77% is ethnically white. However, areas like London have higher numbers of BAME adult care workers when only 32% of care workers are ethnically white (Skills for Care, 2022). Furthermore, areas like the Southeast and West Midlands also have higher percentages of BAME care workers (21% and 25% respectively) that far exceed their population in these regions (Skills for Care, 2022).

As a result of severe staff shortages in the care sector, new immigration rules in 2022 have changed the composition of the workforce when the category of care worker has been added to the Shortage Occupation List (SOL). This change in the immigration rules has relatively relaxed the recruitment of migrant workers from other countries. According to Skills for Care report (2022), more than 11% of workers had entered the UK as care workers and 90% of these workers come from non-EU countries. Care workers' mean hourly rate in the independent care sector is £9.66, which is among the lowest hourly rates in the overall economy (Skills for Care, 2023). A care worker in the independent sector gets £1 less than an NHS-employed health care assistant (HCA) who is newly recruited in his/her role (Skills for Care, 2023). If we look at the independent care sector figures, a full-time care worker only earns £18,600, whereas senior management gets paid around £35, 300 per year (Skills for Care, 2022, 2023). This picture gets

[1] Across the four nations of the UK, the social care workforce represents a higher proportion of employment (Dodsworth and Oung, 2023). Shared challenges include workforce retention, the prevalence of zero-hour contracts and minimum wage across the UK (Dodsworth and Oung, 2023).

more unequal in local authority-based care jobs where senior management is paid more than £86,200 per year in full-time employment and a care worker is only paid £21,200 (Skills for Care, 2022, 2023). Furthermore, pay levels in the independent sector remain lower across all role types compared to the people employed in adult care jobs by local authorities. In the next section, I look at the long-term care sector specifically care homes in the UK.

4.4 Long-Term Care Sector in the UK

In recent years, the care sector in the UK has been characterised by increasing privatisation, marketisation, and lack of government funding. Privatisation along with fiscal austerity in the sector has led towards the outsourcing of care services to private companies. This section discusses these macro-level issues in the social care sector and an overview of the increasing financialisation of care homes.

4.4.1 Outsourcing and Austerity in the Social Care Sector

Outsourcing of frontline services such as social care has been an important issue in the UK where local governments commission the for-profit sector to provide care services for older people (Sasse et al., 2019). Historically, until the 1970s, most of the frontline services such as waste collection, education, and health care were largely provided by the public sector (Gamwell, 2008). In 1948, a completely socialised NHS was established but social care was never covered completely by the national government. Increasing neoliberal reforms and privatisation brought new investors and logic of management in the social care sector. Local governments resisted the initial attempts of the central government to outsource public services to the private sector. However, with the advent of Thatcher's government in 1979, most of the public services were subject to competition and market forces to cut the power of labour unions and the rising costs of public services (Sasse et al., 2019).

Discourses such as New Public Management emerged to invoke new rationalities in the governance of public services (Dahl, 2009). New public management practices within the public sector introduced private sector practices such as increasing efficiency, cutting costs and increasing the role of the market to ensure effectiveness (Dahl, 2009). The public sector reduced its service delivery capacity and used logic like Best Value and Compulsory Competitive Tendering to outsource its in-house services to the bidders who met the highest return on capital and lowest cost conditions (Gamwell, 2008). Later, in the 1990s, the labour government infused another life into this discourse where the public sector was further marketised, targeted and privatised (Sasse et al., 2019).

However, increasing the marketisation of public services did not increase the quality, as was often claimed by the government. According to a recent report by Sasse et al. (2019), private adult social care does not necessarily provide the best value or better care as it is associated with lower standards of care compared to public provision of this service. Furthermore, local governments have also started to depend on agency workers rather than permanent staff and have exerted downward pressure on wages (Gamwell, 2008). For instance, in the case of social care, the government is the main buyer of care services from the private sector and the lower levels of funding by the government have affected the levels of hourly wage rates of care workers, which are among the lowest in the country at £9.66 in 2023. These trends were combined with consistent welfare spending cuts by the central government that hugely impacted adult social care (Daly, 2020). Formal long-term care is organised in the UK through a complex structure of funding and governance[2] unlike the NHS (Gonzalo Almorox, 2019). NHS healthcare is universally provided, which is mostly free of charge at the point of use and is governed by the central government. By contrast, social care is administered by local governments with regional differences and fragmented authority across the four nations. Social care is not free, and it is means tested, which shifts the burden of finances from the local government to the consumers and patients (Gonzalo Almorox, 2019). In 2024, the current upper limit of self-funding[3] in social care is set at £23,250, which means that if someone's assets increase this limit, the person is supposed to fund the entire cost. Local authorities have suffered from higher levels of austerity over the last two decades and, as a result, only fund those people with limited finances and higher needs (Daly, 2020; Ward, Ray and Tanner, 2020). The central government has reduced its funding to the local governments, which have seen a reduction of 49% (in real terms) over the last decade and this decrease is predicted to continue in the future (Daly, 2020).

Local governments have tried to mitigate the impact of such cuts on adult social care but largely remained unsuccessful where the social care sector is predicted to have a funding gap of up to £6 billion pounds in 2030/31 (Daly, 2020). In 2021, the government announced another amendment to the Care Act 2014 where people in England would be obligated to pay £86,000 during their lifetime. However, this cap has not considered the inequality of wealth and assets in England where this approach would be applied universally regardless of regional and

[2] In the United Kingdom, social care is not automatically free for everyone. All countries charge individuals for residential care that depends on people's income (Cylus et al., 2018, p.17).

[3] The cap of £23, 250 is applicable in both England and Northern Ireland while Scotland and Wales have a higher self-funding cap (Cylus et al., 2018, p.17).

household inequality. As of now, few people have been able to access state-provided care. According to Ward, Ray and Tanner (2020), the Care Quality Commission, a regulatory institution to oversee the quality of care provided in care homes, has estimated that more than 1.5 million people have not been able to access the care support they need in England. These funding and resource capacity constraints have led to the increasing marketisation of adult social care in the UK, which will be discussed in the next section.

4.4.2 Financialisation of Care Homes in the UK

With the decline of the welfare state in social care, the neoliberal state started promoting the mantra of personal responsibility, narratives of 'big society', and praising the magic of deregulated markets for the public. The voluntary sector and later the private sector substituted the role of the state in the development of care homes as these sectors were given the funding and responsibility of delivering care services. The highly fragmented and low-value nature of the social care also facilitated the privatisation of this sector (Horton, 2019). As Laing and Buisson (2012 cited in Horton, 2019) noted in their report, less political opposition to the privatisation of the social care sector was due to the low-paid and unqualified staff of this sector compared to the political opposition towards the privatisation of health care service in the UK, which mostly consists of 'professionally' valued staff. Furthermore, this sector is also devalued due to the recipient of care being elderly people who lack economic value. In this context, care homes have been increasingly privatised and acquired by big private equity and investment funds.

These business structures have riskier practices where money is often channelled from care homes' land sales and refinanced debt to other parts of the corporate bodies while rendering care homes to more debt (Horton, 2019; Krupar and Sadural, 2022). Nursing home chains are complex and multiplex corporate bodies that have multiple layers of authority, and the main purpose of these structures is to implement strategies that can enhance profit and market control on the delivery of long-term care (Krupar and Sadural, 2022). Nursing homes often are transferred from one company to another through sales and refinancing of debt deals that make residents and labour more prone to vulnerability. Large chains such as HC-One and Care UK are controlled by equity firms. Many care homes have branches of REIT that permit care homes to avoid corporate taxes. The complicated strategies of real estate financing play the role of value-generating machines that operate around the care homes. According to the Skills for Care report (2023), residential care/nursing/care homes account for 50% of social care establishments and most of them are private. 84% of beds in care homes belong to private

providers (Gonzalo Almorox, 2019), 13% of care homes are under the voluntary sector and only 3% of remaining care home beds belong to the public sector (Blakeley and Quilter-Pinner, 2019).

This market is highly concentrated where chained care homes dominate the market (Pujol et al., 2021) and more than 30% shares of beds are controlled by big care home providers (Gonzalo Almorox, 2019). These large care home chains are not publicly listed, and investment funds and REITs control them in the UK. According to Blakeley and Quilter-Pinner (2019), five big care providers control one-fifth of the social care sector, and three of them are owned by private equity funds. Private care homes tend to have lower quality of care compared to care homes owned by the non-profit and public sectors (Allan and Nizalova, 2020). Multiple sales of care homes expose residents to evictions and workers to increasing levels of cost-cuts, lay-offs, and precarity. In the context of privatised eldercare as a site of capital accumulation, the COVID-19 pandemic had the most devastating impact, with care homes experiencing the highest number of fatalities among residents and staff (Krupar and Sadural, 2022). These privatised care homes reported a higher number of deaths and proved to be premature sites of death for the residents and care workers.

4.5 Concluding Remarks

In this chapter, I have discussed the evolution of immigration policies that perpetuate extraction, dispossession, and racialised differentiation within the UK. These laws are extensions of colonial ordering that select and restrict people according to the demands of the markets and the states. Furthermore, the care work is predominantly undertaken by migrant women of colour who work in increasingly privatised and financialised care homes. In the next chapters, I argue that immigration laws and work experiences in private care homes intersect to produce the experiences of vulnerability and embodied precarity that dehumanise migrant women of colour.

Chapter 5: Research Methodology

5.1 Introduction

In this chapter, I discuss the research methodology and methods that I have used to address the research questions focusing on: (a) how the experiences of care work are shaped by temporal migration policies, organisation inequalities and embodied precarity and (b) the lived experiences of social reproduction of migrant women of colour who are employed in precarious care work in both the local and transnational contexts. To address the research questions, this research employs an in-depth exploratory feminist qualitative methodology which will be discussed in this chapter. In the first part, I discuss the research paradigms, ontology, and epistemology of this study which aligns with the intersectional framework. In the following section, I outline the chosen method of this study and the process of ethics. In the third section, I discuss the sampling and recruitment strategies, reflexivity, and my positionality in this research. In the final section, I conclude the chapter by discussing the process of data analysis. In the next section, I discuss the research paradigm adopted in the study.

5.2 Research Philosophy

Research philosophy and paradigm is a central belief system that usually consists of four main components: 1) epistemology, 2) ontology, 3) methodology, and 4) methods (Rehman and Alharthi, 2016). A research paradigm defines how we look at the world and eventually study it (Elshafie, 2013). Creswell and Creswell (2018) note that the research paradigm is a worldview, and it consists of certain beliefs that guide actions. These worldviews are embedded in philosophical understandings of the nature of the world and research that a researcher adopts (Elshafie, 2013). The different research paradigms include positivist, post-positivist, interpretivist, and critical research paradigms. Positivism is averse to metaphysics and refutes any assertion or finding that cannot be measured or verified (Spencer, Pryce and Walsh, 2014). Positivism rejects the significance of human experience as it cannot meet the scientific criteria of logic, validity, and rigour (Elshafie, 2013). Positivist traditions believe that reality does exist independently of human beings. Interpretivism rejects notion of universal truth, or that such truth exists independent of our subjective experiences (Lincoln, Lynham and Guba, 2018). Interpretivism interprets the phenomena from the standpoint of the people who are involved in a context. No reality exists outside or independently as they are socially constructed (Antwi and Kasim, 2015; Elshafie, 2013; Spencer, Pryce and Walsh, 2014). It supports multiple interpretations of a given context or situation (Antwi and Kasim, 2015).

Research rooted in positivism is deductive whereas research in the interpretive tradition can be inductive and abductive and it also does not generalise its findings as universal (Antwi and Kasim, 2015; Elshafie, 2013). Interpretive traditions accept that all findings in research are context-bound. Positivist tradition claims to be value-free where the values and beliefs of the researcher or the researched cannot influence the truth. However, the interpretivist tradition is value-laden and creates ideographic knowledge focusing on understanding the experiences of individuals (Spencer, Pryce and Walsh, 2014).

This research adopts the interpretive research paradigm, and it has been framed by intersectionality in the theoretical framework. According to Lincoln, Lynham and Guba (2018), research paradigms such as positivist and post-positivist cannot be used in conjunction with other research paradigms due to their incommensurability of assumptions. However, other research paradigms such as interpretivism and critical research paradigms can be used together due to their alignment on some fundamental questions of epistemology and ontology (Lincoln, Lynham and Guba, 2018). This research is also aligned with the critical research paradigm in terms of its focus on creating emancipatory knowledge with marginalised communities and challenging the status quo (Elshafie, 2013). Every research paradigm has its own ontological and epistemological assumptions, which should be aligned with the researcher's research question and objectives to ensure commensurability. In the next section, I explain the ontological and epistemological choices of my study.

5.2.1 Ontology

Ontology refers to the study of the nature of truth or reality (Antwi and Kasim, 2015; Elshafie, 2013; Spencer, Pryce and Walsh, 2014). In qualitative studies and research contexts, ontology refers to the different ideas and beliefs about the presence of truth and its objectivity (Antwi and Kasim, 2015). At one extreme, universal truth and objective reality exist and such reality can be known (Spencer, Spencer, Pryce and Walsh, 2014). On the other side of this debate, reality is contextual and subjective, and no such thing as universal truth exists as different realities and experiences are supposed to be understood in the contexts in which they are embedded (Spencer, Pryce and Walsh, 2014).

Positivist ontological belief is realism (Elshafie, 2013). This ontological position assumes that the reality of truth exists independently of our constructions and beliefs, and it can also be ascertained and verified through experience and direct observation (Elshafie, 2013). It has value-free claims to truth and therefore science has put efforts to establish universal laws of

economy, nature, and even human experience. The ontological position of interpretivism is anti-foundationalist, which emphasises the fact that no permanent and unvarying truth exists in the universe (Elshafie, 2013; Spencer, Pryce and Walsh, 2014). The ontological position of this research is based on the notion that no single reality in terms of knowledge exists; rather, different social realities that co-exist with each other. My research is based on an anti-foundationalist ontology, which permits the researcher to understand the experiences of people by conversing with and often observing them in their daily lives. My research chooses this ontology to explain the experiences of care work of migrant women of colour in care homes within the UK.

5.2.2 Epistemology

Epistemology refers to the process of how we gain knowledge and the study of knowing or 'how we know what we know' (Bell and Singh-Sengupta, 2021; Rehman and Alharthi, 2016). Epistemological views define how a researcher intends to gain knowledge about the world and the relationship between the world and the researcher (Spencer, Pryce and Walsh, 2014). In positivism, the researcher and the participants exist independently of one another. In this positivist epistemology, the researcher uses systematic and rigorous approaches to understand the phenomena objectively (Elshafie, 2013). The epistemology under positivism is objectivity (Rehman and Alharthi, 2016). Researchers observe phenomena that exist independently of them, and they do their analysis without any biases. On the other hand, Harding and Norberg (2005) argue that critical theorists and feminists contest these notions of objective and masculine interpretations of social reality and the larger part of knowledge production. These contestations of positivist epistemology highlight the masculine ontology and epistemological assumptions that ascertain that knowledge is value-free. Furthermore, feminist researchers argue that women remain invisible and excluded as participants and scholars to participate in the production of knowledge. Suehn et al. (2023) note that a strand of feminist theory has advocated for standpoint epistemology (such as bell hooks and Dorothy Smith) as this epistemological view asserts that different important questions in a woman's life cannot be visible to researchers who are operating from an overriding androcentric framework (mostly racially privileged men) (McHugh, 2014). These women have an interesting take on such social and economic systems that oppress and subordinate them in their day-to-day lives. Therefore, feminist standpoint epistemology advocates for a critical analysis of these women's experiences through the eyes of marginalised women (Harding, 2018).

Feminist qualitative researchers have also used standpoint epistemological perspective to deconstruct notions of essentialised and universalised experiences of women and it explains that marginalised women are situated in their experiences and knowledge of their places in racially stratified systems and division of labour (DeVault, 2018). Their experiences and lived realities become sites of epistemic production through which we can challenge the power relations embedded within divisions of race and labour. In this epistemological perspective, a marginalised individual can understand the oppression and ideologies of the dominant class and as a result, understand the world differently (McHugh, 2014). Recognition of women's standpoints also makes other standpoints visible such as class, race, and other identities. These intersectional standpoints and identities shape a person's understanding of a given context and the world (Collins et al., 2021). These intersectional standpoints are valuable epistemologies where knowledge of multiple and intersecting power relations is produced (Hancock, 2016, p. 119). Collins in her book on Black Feminist Thought (2000) advocates for feminist epistemologies focusing on lived experience of women of colour which serve as an alternative to positivist epistemology.

> For most African-American women those individuals who have lived through the experiences about which they claim to be experts are more believable and credible than those who have merely read or thought about such experiences. Thus lived experience as a criterion for credibility frequently is invoked… In speaking of grave matters, your personal experience is considered very good evidence. With us, distant statistics are certainly not as important as the actual experience (Collins, 2000, pp.257-258).

According to Collins (1989 cited in McHugh, 2014), Black women have their standpoint as they have suffered racism and sexism, and their experiences are separate from the officially accepted structures of knowledge. In addition to understanding the standpoints of marginalised groups, feminist qualitative researchers also are aware of the power differentials that can emerge between the researcher and the researched. Suehn et al. (2023) note that in feminist standpoint epistemology, researchers can prioritise marginalised views as a basis of social justice. In this way, researchers redistribute power from dominant systems of knowing embedded in subject-object binaries and affirm the experiences of the oppressed. In this epistemology, both the researcher and participants are relationally positioned as they deconstruct the power structures and adopt the mutual role of co-researchers. The belief is that knowledge is co-constructed by both participants and researchers as they influence each other

in this process (Elshafie, 2013). This view has a different understanding of the researcher's bias as the dynamic interactions between participants and researchers are fundamental to contextualising the experiences of the participants (Spencer, Pryce, and Walsh, 2014). Rigour under this epistemological position takes different forms and meanings as the objective here is not to remove the bias but rather to increase the trustworthiness of research findings (Spencer, Pryce and Walsh, 2014). This trustworthiness can be increased by drawing on multiple sources such as perspectives in the research (Spencer, Pryce and Walsh, 2014). The researcher is supposed to be involved in this process to credibly interpret and represent the experiences of the participants.

Given the nature of my research, I have decided to adopt this feminist standpoint epistemological perspective. This standpoint epistemology supports my approach of conducting semi-structured interviews with women to understand their experiences of care. These women mostly work in hierarchical work settings where they remain invisible and devalued (Armstrong and Daly, 2004). Banerjee et al. (2015, p.29) have talked about the 'epistemological violence' in care work where workers and their knowledge are sidelined in the decision-making processes of organisations. Therefore, centring their knowledge and experiences would bring due attention to these marginalised voices. In addition, this epistemological standpoint theory also aligns with my chosen feminist methodology, which is discussed in the next section.

5. 3 Feminist Methodology

Methodology is the process where a researcher practically finds out what can be known (Harding 2018; Elshafie, 2013). It is a strategy that transforms the epistemological and ontological beliefs of the researcher into guidelines that inform about how a research study can be conducted using procedures, practices, and ethical principles. Different research paradigms are aligned with different methodologies (Elshafie, 2013). The positivist research paradigm has realist ontology and empirical epistemology, which requires a methodology that is objective and quantifiable, and measures variables and tests hypotheses to establish causal generalisations (Antwi and Kasim, 2015). In this methodology, truth is achieved through repetitive observable findings and the application of principles and techniques of statistics and mathematics (Antwi and Kasim, 2015). Positivist methodology stresses the importance of unbiased and reliable methods to establish universal truths. Positivist methodology depends on experimentation and different hypotheses are assumed which are then accepted or neglected based on different criteria. It is a deductive and quantitative way of analysing data where

different methods such as statistics and tests are used to accept or refute different theories (Rehman and Alharthi, 2016). However, this research paradigm is highly criticised as it does not consider the structural factors and human experiences. The assumption that a universal truth is waiting to be discovered and that knowledge can be free of value and power dynamics has been widely criticised by postmodern, postcolonial, feminist, and critical scholars who reject the idea of scientific inquiry embedded in positivist epistemology and methodology (Bell and Singh-Sengupta, 2021). The positivist methodology is considered an Anglo-American, masculinised, and colonising practice of knowledge that considers qualitative research as feminised.

> While much critical, reflexive work has been done by qualitative researchers to analyse research practice as a series of embodied, affective relationships, most mainstream research in our field adopts a positivist epistemology that assumes the existence of objective truths awaiting discovery (Bell and Singh-Sengupta, 2021, p.2).

Values in positivist research are viewed as biased and sources of error that undermine the pursuit of universal truth. Bell and Singh-Sengupta (2021) noted that such epistemological and methodological beliefs create instrumental and rational approaches to research. Organisational studies are inclined toward positivist methodology, which undermines the adoption of qualitative research based on empowering methodologies (Bell and Singh-Sengupta, 2021). On the other hand, qualitative research is mostly associated with interpretive and critical research paradigms and methodologies. Interpretive methodology is focused on the social phenomenon, which should be understood from the perspectives of the researched compared to the researcher (Bell and Singh-Sengupta, 2021). This approach wants to understand the phenomenon in the local context and the inductive approach is mostly used where data is analysed with theories and understand phenomena (Lincoln, Lynham and Guba, 2018). This methodology uses qualitative data through interviews, case studies and ethnographic approaches.

Empowering methodologies seek to reduce the power differentials between the researcher and the researched by being attentive to different issues of dialogue, reflexivity, and voice (Bell and Singh-Sengupta, 2021). Empowering methodologies invite people who are marginalised and othered to participate in the knowledge production that relates to their issues. The objective of these methodologies is to enable the voice of the oppressed communities and individuals, contest the prevailing structural inequalities and disrupt the power imbalances between

researchers and the researched (Bell and Singh-Sengupta, 2021). Such empowering methodologies draw heavily on theories that challenge power differentials and engage with differences such as intersectional and feminist research. Feminist epistemologies and methodologies intend to empower women where the system has systematically sidelined their needs, voices, and concerns (Doucet and Mauthner, 2007; Olesen, 2018). In feminist methodologies, more attention has been given to power differentials between the researcher and the researched (Doucet and Mauthner, 2007). This study is a feminist qualitative exploratory study that has adopted a feminist qualitative methodology. This methodology is best suited to my research questions where I wanted to understand the dimensions of experiences of care work performed by migrant women of colour. This research has used feminist methodology as it strongly aligns with the idea of feminist research that research should interrogate the lived experiences of women and their voices should be heard in this process. Integrating the lived experiences in a research project and listening to the lived realities and experiences of participants open new avenues of meanings and imaginings in knowledge production. To achieve these goals, my chosen data collection method is aligned with these ideas which I discuss in the next section.

5.4 Methods for Collecting Data

Different qualitative methods generate data such as semi-structured interviews, participant observations and personal diaries. In my research, qualitative methods have been used to gather data that is centred on the lived experiences of women in the care sector. Lived experience is an important site of interrogation that questions dominant assumptions about 'objective evidence' and epistemologies and puts people at the centre of knowledge production (Jones, 2000). The voices of the women are more central, making them active participants in the research. Feminist standpoint theory argues against a positivist way of doing research and advocates that experience should be the central point of knowledge production (DeVault, 2018). Marginalised groups such as women of colour are socially situated in different ways that make them more aware of things and ask different questions than a non-marginalised person (DeVault, 2018). Feminist qualitative research approaches have also engaged with methods and tools to empower people (Harding, 2018). Feminist methods include a wide range of qualitative methods that a researcher can adopt given the demands of the research context such as workloads of participants, literacy levels, and time constraints. In my study, participants were care workers in private care homes, and they mostly had time constraints. Therefore, one of the main concerns was to meet the needs of participants in space and time and fit the

interviews to their schedules and location. Given these considerations, this study used semi-structured interviews as the main data collection method. McHugh (2014) notes that feminist researchers stress the need to foreground the hidden voices of marginalised groups and interviewing is valued in this process. Furthermore, this choice of interviewing instead of ethnography was also informed by COVID-19 which significantly affected care homes due to higher levels of death among residents and high contagion of care workers, some of whom were also vulnerable. In the next section, I discuss my adopted method of semi-structured interview.

5.4.1 Semi-Structured Interviews

Legard, Keegan and Ward (2003) argue that interviews are considered conversations with a distinct purpose as the interviewer and the interviewees discuss different issues. The interview method is valued by feminist researchers because it allows them to have more insights into the experiences and lives of the participants and help others to gain understanding of these women's lives (McHugh, 2014). Qualitative interviews are mostly focused on how women express their insights, lived realities and ideas in their own ways (McHugh, 2014). The different types of interviews include structured, unstructured, and semi-structured. Semi-structured or unstructured in-depth interviews are important methods for data gathering within feminist methodologies and research frameworks (Bell and Bryman, 2011). These interviews are less time-consuming and intrusive in the lives of participants compared to ethnography, which can be intruding and time-intensive (Bell and Bryman, 2011). Structured interviews are mostly aligned with a quantitative approach where hierarchical power relationships exist between the researcher and the participants (Bell and Bryman, 2011). The qualitative interview has different approaches that a researcher can take. In the semi-structured interviews, a researcher has an interview guide that is used to discuss several topics during this conversation. The interview process is flexible as we can also discuss questions and topics not given in the probes and interview guide. Interviewees take centre stage in this process as full attention is given to how the participants understand the events and issues. Furthermore, interviews can also be useful for sensitive topics (Liamputtong, 2011) such as gendered roles in the division of labour. This study used semi-structured interviews as a research method. Semi-structured interviews best suited my study as interviewees had the flexibility to talk as much or as less as they wanted and emphasise what they thought was mostly important to them. I interviewed 40 women who were working as carers in care homes at the time of the interview. I used an interview guide

(see Appendix 1) that was developed based on the literature review and informal chats with care workers personally known to me. The average duration of the interviews was 55 minutes.

One issue with the interviews is related to the interpretation of the social reality as described by the participants (Bell and Bryman, 2011). Both researchers and participants can have different interpretations and this issue can create power dynamics between them (Bell and Bryman, 2011). The researcher can exercise this power of interpretation and representation over the participants, which threatens the value of feminist research (Bell and Bryman, 2011). I resolved this tension by involving participants at every stage of data collection and sharing the transcripts and final analysis with them to confirm that their views have accurately been recorded, transcribed, and represented. In the next section, I discuss the ethical considerations and challenges during my PhD study.

5.5 Ethics

I started my research during the peak of COVID-19, in February 2021 in the UK and my research ethics protocol aimed at ensuring the safety and well-being of participants. This research was approved by the Human Research Ethics Committee at the Open University. Participants were asked to complete a consent form after they read a participant information sheet that informed them about my research, and how data would be used, anonymised, and stored to protect their information and contributions (Cowan, 2009). This study used the concept of process consent, as used by Bartlett (2012), where participants are asked for verbal consent during every phase of data collection, and they are reminded that they can withdraw from the study if they want. In migrant communities, at times people view consent forms with suspicion due to the apprehension towards paperwork (Karimi, 2019). I kept these things in perspective and informed all participants that consent forms would be sent to them, and they could choose to sign the form or record their consent before starting the interview. This flexibility worked well as participants were given more choices and considerations during the interviews. Another issue that needed consideration was the place of the interview chosen by participants, and whether it would be face-to-face or online/by telephone. Three participants chose face-to-face interviews, and the rest of the interviews were conducted online. Many participants expressed a preference for online or telephonic interviews due to the flexibility they offered in terms of scheduling, which was particularly important for women who worked irregular shifts and had unpredictable daily routines. In other instances, some women preferred not to discuss issues of racism and violence in person and wanted to speak to me without

showing their faces. Liamputtong (2011, p.101) notes that interviews through telephones can be helpful when the information is sensitive and participants are hard-to-reach.

Another ethical issue I encountered was compensating women for their participation in the research. The issue was contentious as my institution communicated to me that no monetary incentive for the women's participation should be involved. However, I found this logic unethical as asking for time from these women lacked the perspective that they work in precarious and casualised jobs. Furthermore, this research has investigated the issues of low-paid care work and social reproduction that require the unpaid labour of these women, and sparing time for interviews is another form of unpaid labour (Warnock, Taylor and Horton, 2022). As a matter of justice, when I was being given a stipend to carry out this research, it seemed only fair to offer in-kind compensation to these women. I was also embedded within a precarious academic climate and as a Post-Graduate Researcher I could understand the importance of being compensated for the time. Theories of ethics of care and precarity informed this research to not take advantage of the unpaid labour of participants and I managed to pay them a modest voucher for their participation in this project. Furthermore, I was aware that some of the women in my research were not comfortable with English and I decided to give them the option of conducting their interviews in Punjabi, Urdu, and Hindi. I conducted one interview in Hindi, two interviews in Punjabi and two interviews in Urdu. I translated all the interviews verbatim. In the next section, I discuss the recruitment strategies and relevant sampling used in this study.

5.6 Sampling and Recruitment Strategies

The sampling strategy of this study is purposive and is combined with snowball sampling. Purposive sampling defines specific criteria for the selection of participants whereas, in snowball sampling, a researcher uses her personal or work contacts and at times requests research participants to refer people who fulfil the selection criteria (King and Horrocks, 2010; Bell and Bryman, 2011). Snowball and purposive sampling are useful strategies in those areas where it is difficult to reach participants. The criteria I used to select participants were:

- Women who are 18+ years old.
- Women who are not born in the UK and belong to people of colour communities.
- Women who are working in private care homes.

These criteria were used to select 40 participants for the study. The care sector has a higher rate of employee turnover (Skills for Care, 2022, p.4) as care assistants and nurses join and leave

the sector regularly. Two of my participants were also in the process of leaving their jobs and joining other care jobs such as domiciliary care. I used different recruitment strategies to access the participants, which are discussed in the next section.

5.6.1 Stakeholder Meetings and Gatekeepers

At the start of my fieldwork, I started approaching some people who were working in the care industry, including deputy managers, managers, care organisations, agencies, and unions. Since most of these organisations and people work in a sector that often suffers from extreme levels of time pressure, I decided to send emails that included the purpose of my research and interview requests with their employees and potentially relevant contacts. I had different online and in-person meetings with several organisations involved in the care and requested them to share the information flyer of my project with their members. However, I did not have much success approaching participants through unions and most of the care organisations due to several issues such as non-responsiveness and declining the request for further help with participants due to reasons such as time pressures.

Some of these stakeholders such as care home managers also acted as gatekeepers as they provided me access to some potential participants. Gatekeepers can be helpful for research as they can provide helpful information about the potential participants and in some cases, also provide direct access to them. However, gatekeepers can have unequal power in different contexts such as employers who can exert pressure on employees. Initially, I approached two care homes through managers and requested them to ask their employees to participate in the research. Five women agreed to participate in the research, others were concerned about the interviews and showing their faces. I felt that accessing participants through gatekeepers such as managers can affect the access to people as employees may think that since you have approached them through management, you may have some connections with them, which may make people reluctant to get involved or less open if they agree to participate. Following this realisation, I decided to approach people through different channels such as social media, advocacy organisations, online care platforms and personal contacts.

5.6.2 Social Media

Social media is also an effective platform when it comes to the recruitment of participants online. Recruiting women for research through social media proved to be a challenge, as there was limited engagement on platforms related to care. This experience made me realise that engagement on online platforms can have a racial dimension. Ethnic minorities in social care

are often considered as hard-to-reach and such populations may not feel comfortable about gaining visibility. However, I managed to recruit Black women from different countries in Africa through pages that specifically were for women of colour. I also decided to highlight the element of discrimination in care homes which generated a conversation in the groups and several women contacted me through emails for the interview. However, two women initially contacted me for the interview to share their experiences of discrimination, but they changed their minds later as they thought that they had discussed these issues many times and they did not see the 'value' in speaking about it anymore as they do not want any more trouble in their lives.

I also used LinkedIn as a strategy to approach some care assistants for participation in the research. LinkedIn proved to be a useful strategy during the recruitment phase as some care workers agreed to ask their fellow carers to participate in the research.

5.6.3 Attending Local Events and Group Meetings

Through my contacts and searches on the internet, I came to know about different activities and events taking place in different areas of the UK. After I engaged with the organisations and gatekeepers, I realised that I should attend local events and provide in-person information about my research to these women. I also had different community meetings in churches and mosques in London and Slough as many care workers were regular members of these organisations. I visited different places such as churches, mosques, and coffee mornings where I distributed information flyers about my research. One of the events, I attended was a coffee morning in a church in Slough where different migrant women were present. During these events and meetings, I spoke to some women and got contacts of four women who showed interest in the research but only one of them was interviewed. These meetings and events did help me in spreading the word about my research. It also created a rapport with these communities as we had conversations about the issues of pay and exploitation in the care homes and the conditions of their migration decisions.

5.7 Participants

With this multi-pronged approach, I managed to recruit different care workers who wanted to be part of the study and they were geographically based in different areas of the UK (38 participants were based in England and two participants were based in Scotland and Northern Ireland each). One of the benefits of recruiting people through different channels was the diversity of migrant women coming from different places. I interviewed 40 women from 14

different countries based in Africa and Asia. To maintain confidentiality, all names of participants and care homes used in this thesis are pseudonyms. The table below lists the participants' pseudonyms and provides some biographical information.

Table 1: Participants' information

	Name (Pseudonyms)	**Country of origin**	**Occupation**	**Care home /care agencies (Pseudonyms)**
1	Owusuwa	South Africa	Care Assistant	Gywnth Gardens
2	Barkat	Nigeria	Care Assistant	Ellsworth State
3	Lauren	Angola	Care Assistant	Fothergill House
4	Mary	Philippines	Senior Carer	Kestrel Court
5	Deepali	Kerala, India	Senior Carer	
6	Ash	Kerala, India	Senior Carer	
7	Abha	Nepal	Nurse	
8	Maya	Zimbabwe	Nurse	Cedarspring House
9	Soumaya	India	Care Assistant	Timely Care
10	Maureen	Malawi	Care Assistant	In-Time Care
11	Shaam	India	Care Assistant	Sunstone Senior Living
12	Salima	India	Care Assistant	
13	Harleen	India	Care Assistant	Care Agencies
14	Naila	Pakistan	Nurse	Rowenridge Care
15	Kris	Philippines	Senior Carer	Rosewood Terrace
16	Sarah	Nigeria	Nurse	Larkespur Lodge
17	Deepika	India	Care Assistant	Aurum Care
18	Ummayah	Kashmir, Pakistan	Care Assistant	Marlowe Care
19	Maria	Nigeria	Care Assistant	Kind Care
20	Tabbi	Kenya	Nurse	Serenity Glen
21	Bolanle	Zimbabwe	Bank Nurse	Magnolia Hall
22	Temityao	Nigeria	Care Assistant	Lilac Cottage Care
23	Naureen	Pakistan	Care Assistant	Eldrida Manor
24	Jessi	India	Care Assistant	
25	Azibo	Zimbabwe	Care Assistant	Vitalis House
26	Poppy	Kenya	Nurse	Coralyn Care Services
27	Grace	South Africa	Care Assistant	Tourvane Care
28	Desta	Kenya	Nurse	Dovecote Care
29	Paulina	South Africa	Nurse	Camellia Care
30	Jira	Uganda	Care Assistant	Briarwood Care
31	Victoria	Kenya	Care Assistant	Amberley Care

32	Kissa	Kenya	Care Assistant	Vista Care
33	Kaniz	Kenya	Care Assistant	Sunny Care
34	Patience	Nigeria	Care Assistant	Heaven Place
35	Yi	Nigeria	Senior Carer	
36	Gwen	Myanmar	Care Assistant	Pebble Brook Manor
37	Fatima	Pakistan	Care Assistant	Kairos Care Centre
38	Saeeda	Jammu and Kashmir	Care Assistant	
39	Kanika	India	Care Assistant	
40	Miranda	Nigeria	Care Assistant	Galvia Gardens

All participants worked in the care sector in different positions such as care assistants, senior carers, and nurses but care assistants were the majority in my chosen selection. Most of the women were working as nurses before moving to the UK and started working in a lower position such as carers due to the conditions of passing certain exams before they can start working as nurses again in the UK. The women came from a variety of socioeconomic backgrounds in their countries of origin and all of them identified as women. They were diverse in terms of their cultural and social backgrounds, representing a range of experiences and perspectives. Participants of the study were also working for different private care homes and agencies.

Table 2: Type of care organisations

Sr. No.	Number of participants	Type of care organisation
1.	29 Participants	Private Care Homes
2.	11 participants	Care Agencies

Research participants worked as both full-time and part-time employees as shown in the Table 3. 5 participants had both full-time and part-time jobs such as having private clients for home care, which were often justified to earn more money in a poorly paid sector.

Table 3: Type of employment

Sr. No.	Number of participants	Type of employment
1.	26 Participants	Full-Time employees
2.	14 participants	Part-Time employees

Participants held a mix of permanent and temporary positions. Even those jobs that were considered permanent by women had a sense of precarity. Broughton (2016) notes a similar

point that permanent jobs in poor and low-paid sectors also suffer from precarity (though to a lesser extent) as people may not be able to earn sufficient levels of income to ensure decent living. Some of my participants were working as temporary care workers on zero-hour contracts with little to no sense of job security in this sector. The overrepresentation of temporary jobs in this research represents the conditions of work in the care sector where jobs are precarious (Lewis, 2023). In the case of two participants, they were working without any contract in the informal economy as carers.

Table 4: Type of employment

Sr. No.	Number of participants	Type of job
1.	6 participants	Permanent
2.	32 participants	Temporary (including time-limited and zero-hour contracts)
3.	2	Cash in-hand

Most of the women worked in different care agencies, different medium-sized care homes and large private care home chains such as HC-ONE, Care UK and B&M. HC-One and Care UK are part of the 'big five' companies that own a major share of the care home market. HC-one provides 20,400 beds across the 320 care homes in the UK, and it is owned by Safand, a private equity fund that controls most of the operations (Pamben, 2021). HC-One has also made a deal with global investors such as Welltower to refinance its existing debt (Pamben, 2021). Care UK provides 8000 beds in over 150 care homes across the UK, and it is also controlled by a private equity firm, Bridgepoint Capital (Walker, 2021). These care homes have amassed huge amounts of debt while they lack accountability for their real profits and financial fragility (Kotecha, 2020). This was the context in which participants were located. Six women have more than 10 years of experience in the sector and the rest of the participants have worked in the sector ranging from five months to nine years. These women have also varied durations of migration in the UK ranging from six months to 30 years and they also have different immigration statuses from being settled to being an 'undocumented' migrant facing deportation. In the next section, I reflect on several of my identities and positions that have an impact on this research.

5.8 Intersectional Reflexivity

Reflexivity is an important issue in research. The growth of feminist and postmodernist approaches to research questions has led towards scepticism of the claims of scientific objective superiority and philosophical knowledge (Macbeth, 2001). In terms of my adopted methodological approach, intersectional reflexivity is the main concept by which I reflect on my role as a researcher and my intersectional identities of gender, race, religion, and migrant status during the knowledge production in my research (Baz, 2023). The process of intersectional reflexivity involves a consideration of different subjectivities and identities and how these identities influence the research process (Rodriguez and Ridgway, 2023) and even create an embodied impact on researchers (Sharma, Reimer-Kirkham, Cochrane, 2009). Reflexivity becomes an important point through which a researcher's position can influence their judgments in the field (Macbeth, 2001). Intersectional reflexivity helps a researcher understand the power dynamics involved in a research encounter that shift the dynamics of privileges and disadvantages between participants and researchers (Rodriguez and Ridgway, 2023). Intersectional reflexivity also makes researchers aware of the embodied and performativity of certain identities that need to be crafted for data access.

During my research, I conducted the interviews between January 2022 and August 2022 and faced different challenges during the process. Qualitative research is a multi-layered human encounter where people often ask each other about sensitive topics, and they share common vulnerabilities in the process. In these research encounters, I was embodying and mobilising various identities to negotiate these research encounters to ensure non-oppressive research to get access to the data. Constant dynamics of privileges and disadvantages were involved in these interactions where some of my embodied identities facilitated me with data access whereas other identities disadvantaged me.

This research has affected me in embodied and emotional ways as I had to endure the listening of extreme injustices present in the world of participants. In positivist research, many people advocate that the researcher should be 'objective' and conduct research from a distance (Sang, 2017). However, this idea contrasts with the feminist notion of research which emphasises the elements of relationality, emotions, and embodiment in qualitative research. A research encounter features power differentials and hierarchies when the researcher seems to benefit more from the research. I am a qualitative researcher and migrant woman of colour and I have been thinking of ensuring the well-being of participants while maintaining boundaries

throughout this research. In the next sections, I reflect on my position in this research and the various ethical issues I had to respond to while conducting this study.

5.8.1 Sexuality and Marital Status

Conducting fieldwork for qualitative research can be complex at the intersections of sexuality, gender, race, nationality, migration status, and religious factors. I migrated to the UK five years ago for my master's and I moved on to my PhD in 2021. However, I had different reasons for my migration: I belonged to a sexual minority in Pakistan, and because of the state and societal violence towards people like me, I had to move to another country. During the interviews, some participants used to ask me where I come from and how I am managing my life on my own in the UK. This notion of 'how I can live alone' was embedded in heteronormative patriarchal expectations that a woman should not be on her own. I felt my academic credentials were not enough in these encounters and the expectations were that I had to abide by a certain patriarchal code in my life. My sexuality became somewhat of a point of reflection and 'discomfort' for me as in different instances, some of the gatekeepers and participants assumed that I was a straight woman and asked me whether I had a husband. This question became a contentious point during my fieldwork as I was scared that if I came out in front of the people, they may deny me access to participants due to my sexuality (Karimi, 2019). In one place, one of my participants asked me whether I was married and I said no. She was quick to say, 'Don't worry; you will find a suitable boy very soon'. I had to decide in favour of staying quiet and not correcting her due to the issue of how people see certain sexualities.

La Pastina (2006) conducted an ethnography study in rural Brazil where he passed as straight and talked about his fears of disclosing his identity as a gay man to a community who were not welcoming to LGBTQIA+ people. LGBTQIA+ identities are stigmatised in heteronormative contexts and I was often put in a closet during these research encounters. McDonald (2013) acknowledges that researchers with diverse sexual and gender identities tend to lose more if they choose not to come out as straight in a heterosexual context. Karimi (2019) notes in his research that intimate relationship statuses and sexuality can have hindering or facilitating consequences for research and methodologies. The question of my marriage was framed in a way that was based on the heteronormative assumption that I am looking for a 'suitable man' to get settled with. It also made me wonder that a researcher cannot be separated from a private person, as we can never be only researchers for the people we interview. This experience also gave me a perspective of how researchers need to deal with such questions based on the situation and context at hand (Jackson, 2021) that research books cannot teach.

I also had to pay attention to the self-presentation and sign systems to appear not 'too gay' in front of the participants where I chose to dress up in loose shirts and simple trousers. Rodriguez and Ridgway (2023) have reported the same findings that the second author had to dress modestly in a Middle Eastern context to present themselves as non-threatening. These continuous power dynamics also made me reflect on the fluidity of insider-outsider status, which I discuss in the next section.

5.8.2 Insider Within Outsider or Vice Versa

Ahmed (2014) wrote about how strangers are made and unmade and this line certainly resonated with my experience of being insider-outsider and often in-between during this research. At the start of my research, I was aware of the discussion around being an outsider and insider in a research context. However, as my research progressed, this binary of insider-outsider became more tenuous (Carling, Erdal, Ezzati, 2014): I was an insider and an outsider at the same time in different instances. I thought that since I was a woman of colour, accessing another migrant woman of colour would be easy due to my insider status. However, I realised that various intersectional identities such as migrant status, gender, sexuality, and religion determined the extent and ease of accessing my participants. Often the gatekeepers from migrant communities did not see me as an insider due to my nationality and religion as they often suggested seeking help from the Pakistani community while recruiting women. The issue that emerged during my fieldwork was my identity as a cultural Muslim from Pakistan. During one of my recruitment requests with a gatekeeper who was from South Asia like me, this man asked me where I am from. I told him that I am from Pakistan and pursuing my PhD. When he heard about my background, he suddenly started talking about the issue of terrorism in Islam and how Pakistan has a problem with terrorism. In that instance, I realised that he tried to essentialise me and stereotype me in ways that had certain negative assumptions about my nationality and religion. He also quoted an incident of violence in Pakistan against a Sri Lankan and talked about the radical side of Islam. I felt as if this gatekeeper was blaming me for the violence. As Karimi (2019) notes, the literature has investigated the issues of reducing power differentials between the researcher and the researched, but research that addresses the ways a researcher can be harmed or hurt in the process is still lacking.

On the other side, one of my participants was a Christian Pakistani. Christians are severely persecuted in Pakistan and often are conditioned to work in stigmatised dirty work which Muslims refuse to do. I was born in a Muslim household with a middle-class background. During our interview, she told me that she did not want to talk about religious persecution and

job discrimination that happen in Pakistan against Christian minoritised communities. I knew about the persecution of religious minorities, but this interview made me aware of my privileges even when we came from the same national background. Yuval-Davis (2006) argues that categories of differences are situated in their distinct contexts, as exemplified by the contrasting experiences of my religious identity in the UK and Pakistan. In the former, my religious affiliation was a source of discrimination, while in the latter, it conferred class privileges (disadvantages for this participant), thereby illustrating how the same religious identity can have divergent consequences depending on the social context. As a feminist researcher, I focused on listening and acknowledging my privileges and reducing the power differentials between us. This participant could not speak English as the English language is often considered a language of upper-class people in Pakistan and although both of us had transcended national borders, such privileges of class and disadvantages remained between us. Therefore, I asked her at the start of the interview in which language she wanted to be interviewed and she said Punjabi. This reduced the power differentials between us to an extent and we had a candid conversation.

I could have been considered an insider in places such as interviewing women from South Asia such as Pakistan, but I suddenly realised that I was an outsider when I was interviewing a Christian Pakistani. Even when we speak the same language and same cultural references, I still have not experienced the same religious persecution that she has faced. According to Karimi (2019), insider-outsider is a fluid process where power negotiations and rapport building reinforce or rearrange our statuses as natives and strangers. Couture, Zaidi and Maticka-Tyndale (2012) note that intersectional identities reinforce insider-outsider statuses that shape the power relationships between researcher and participants. Different categories of difference interact with each other to make people insiders in foreign contexts while outsiders in familiar contexts. These categories of insider-outsider were consistently shifting in this case. As in other contexts where I was more like an outsider such as interviewing women from Africa, I was often considered an insider based on my gender and migrant status. Often, in these situations, themes of belonging and the UK came up and we shared the same vulnerabilities. I was asked about how I spent my time in this foreign land and often we shared the difficult precarious situations of being on visas. Therefore, I realise that across categories of difference, for some people I was an insider as a woman of colour while for others I was an outsider based on my cultural upbringing, class, and sexuality. Navigating my intersectional identities in the field proved to be a daunting task but I also got affected by the stories of these

women. In the next section, I discuss my experiences of psychological and embodied trauma during this research.

5.8.3 Embodied Impact

St. Pierre (1997) discusses the notion in qualitative research of 'transgressive data', which cannot be coded or put in categories as they escape language. She refers to emotion and dreams data where the researcher exhibits affective experiences and feelings during the research process. Transgressive data such as dreams can become an important part of reflexivity where a researcher looks at their dreams as a window to unconscious fears and emotions during their research. By paying attention to our bodily and sensory experiences, researchers can gain insight into the significance of engaging with the research process in an embodied manner (St. Pierre, 1997). As I was conducting this research, I reflected on the embodied nature of such transgressive data which was not part of this study; yet it taught me about my emotions concerning this research. When I started this research, I never thought about how a research project, and its socio-political contexts can have an impact on the researcher's body.

As time passed, I realised that research is not disembodied rather it is embodied specifically in emotionally challenging research projects. When I was interviewing these women, I realised that some of the stories affected me emotionally and that when I would finish the interview, the tears would roll down my cheeks. For instance, the stories of years of dispossession, waiting and racism left me scarred after every interview. In one of these interviews, I was speaking to a woman who was under the threat of deportation and the way she was speaking to me made me feel like I was experiencing those feelings of despair. She continuously kept telling me that she had no future if she went back, and she moved here with the hope of a better future to spend an 'independent' life. Her story triggered the trauma around my experiences of being a sexual minority and woman in Pakistan, where I never believed I had a future. In other interviews, I was speaking to a woman who lost her family member during COVID-19, and she could not travel back. The sorrow was palpable in her voice, lingering with me long after the conversation ended. Lupton (1998, p.16) notes that emotions are not individual phenomena rather they are intersubjective, created by the relations between different people. My emotional responses, including sadness and a sense of loss, were shaped by the personal accounts and experiences that these women shared with me. Emotions are embodied that make us understand how our bodies are entwined with each other (Sharma, Reimer-Kirkham, Cochrane, 2009). This embodied intersubjectivity is rooted in the exchanges and lived experiences that a researcher and participant share during these research encounters. The research was focused on

understanding the lived experiences of these women and lived experiences are embodied experiences (Sandelowski, 2002).

These feelings and their intensity continued to manifest long after the interviews were over. I started having dreams about the traumas of family separation where I would see myself being stopped at unknown places and told by people that I could not meet my partner and Benji because I did not have the permission to see them. Whenever I had these dreams, I often woke up in the middle of the night and felt stressed about such a possibility. When I finished these interviews and moved on to transcribing, I used to cry while I was reading the transcriptions. Similar experiences have been noted by Ross (2017) who has talked about how her interviews around pregnancies triggered some memories of the past for her and she continued to feel emotional trauma even when significant time had passed.

I also believe that the hostile climate in which this fieldwork and PhD were situated also created embodied experiences for me. Sharma, Reimer-Kirkham and Cochrane (2009) contend that the lived experience of a researcher is situated in the social and cultural contexts. This lived experience is formed by the political conditions in which the research and fieldwork are situated. Brigden and Hallet (2021) have stressed the need to consider the political moment in which research and fieldwork are grounded. The social and political context around me was so hostile towards care workers and international students that I would keep thinking about the constant changes in migration rules ranging from barring care workers and students to bringing their dependents to the UK. I was also subject to bordering practices within academia in the form of increased surveillance of my body. When I was conducting these interviews, I received an email from my institution communicating to me that my visa could be withdrawn and I could be subject to deportability if I did not abide by certain conditions. I was asked to submit 'monitoring forms' every month as part of the audit culture in academia (Cassidy and Davidson, 2024) and was not allowed to live outside a 40 metre radius of the university. Though home students could ask for residency waivers, this policy was not extended to international students. Cassidy and Davidson (2024) observe an increasing institutionalisation of bordering practices within academia, which actively encourages university workers to participate in state violence. This situation made me realise how we are disposable with varying degrees in the system that is pitted against us. This fieldwork was challenging for me, but it was also the hostile anti-immigrant policies and constant targeting towards bodies like me and my participants that made me reflect on the embodied nature of research and its context.

It is crucial to recognise the significance of embodied reflexivity in comprehending the effect of research on the researcher. Kinitz (2022) highlights that qualitative research, such as this project, can have a profound psychological and emotional impact on researchers who belong to marginalised communities. Therefore, it is essential to consider the experiences of researchers in the methodological practices. Since qualitative research is carried out by researchers, we must acknowledge the physical and emotional demands of such research encounters on the researchers involved. In the next section, I discuss the emotional labour and time commitments these participants expected of me as a result of these interviews.

5.8.4 On Staying and Interview as a Relational Process

Interviews have not been considered a specific method that focuses on relationship building (Vivyan, 2021). However, Wiesner (2021) notes that interviewing is a dialogical process where conversation is relationship-dependent and relationship-oriented. It is a process where people talk with and not to each other. In this process, all members can develop a sense of belonging. An interview can be interpreted as a tool that can be used to create such relationships (Vivyan, 2021). Interviewing can have a transformative power when people meet each other as conducting an interview can become meaningful beyond the purpose of data collection (Wiesner, 2021). In this research, some of my research participants were facing institutional abuse, and deportation threats and at times they used to ask me for help after our interview. I knew these were sensitive conversations that occurred during the interviews, and I needed to be careful of my boundaries. Feminist methodologies stress the fact that research is a relational space where things should be changed and not only researched (Bell and Singh-Sengupta, 2021). I realised during this process that my participants saw me as their long-term ally who was talking about their lives to make their conditions more visible through this study. It was often expected of me to stay in contact with these women long after I had completed the interview and left the fieldwork.

I thought that I had exited the field for epistemological, ethical (as a section of Western Academy believes a distance between the researcher and the researched should be maintained), and practical reasons but many of my participants continued to contact me and talked about their lives and the struggles they were going through. My doctoral research did not plan to have this long-term relationality as maintaining no-contact seemed right to me. However, some of my participants expected me to ‘stay’ and ‘maintain’ the relationship and solidarity they felt in my work. This expectation of staying disrupted the conventional temporal frames of research, which are neatly divided between contact for the sake of interviews and then no-contact as the

‘purpose’ of the research is completed. The thought of abandoning these women when they have historical trauma of being abandoned felt wrong and inappropriate. The expectation that I stay in contact with them was equally embedded in the notion that I care about them.

This process of caring and staying creates new relationships along with new possibilities for collaboration (Mason, 2023). I draw on the notion of care by Baraitser (2017) in which staying is equivalent to care which supports the engagement with these communities in extended temporal frameworks. After the interviews, some women sent me messages for help as they talked about the stories of the indifference of unions towards racist incidents at workplaces and potential legal help for deportation threats. I did help some of my participants wherever such help was sought from me, and I put these women with relevant information sources at the time. In some incidents, many women wanted to share the progress of their lives and legal cases with me on an ongoing basis. This process made me realise that research and interviewing are relational processes where people can see each other as support networks. In positivist research, often information is extracted from the participants without much of an intention to change things for them (Demart, 2024). This lack of relationality can be problematic in contexts where people are marginalised, and these participants can view the lack of empathy for their issues as being taken advantage of. I was conscious of these concerns, and I was open to helping my participants and listening to their concerns and lives wherever they wanted to speak to me. In the next section, I discuss the data analysis methods which I used in this research.

5.9 Methods Used to Analyse Data

The data analysis process for this study was characterised by an iterative and flexible approach, allowing for new insights and patterns to emerge throughout the research journey. Much like the complex nature of the social world being studied, the analysis itself was sometimes ‘messy’ and open-ended (Butler and Spoelstra, 2023). I started reading the transcripts of interviews as I went on collecting the data. I took notes in my diary following the interviews and jotted down dominant themes in these conversations, which was the first step towards the analysis of the data. I also transcribed all the interviews myself as I continued to interview participants, which was important to become even more familiar with the data (Braun and Clarke, 2006). Thompson (2022) also stresses this point that transcription is increasingly being outsourced by scholars, but people should think about transcribing their data. One benefit of this practice that I noticed is that I could engage with the breadth and depth of the data at an early stage.

Once I finished the data collection, I was intimately aware of the stories of participants in these interviews. In addition to this familiarity, I adopted the method of thematic analysis for analysing the data. Thematic analysis was chosen due to its flexibility and capacity to help me provide a rich and nuanced account of the data I collected (Braun and Clarke, 2006). Thematic analysis is an important method for identifying, analysing, and presenting themes within qualitative data (Braun and Clarke, 2019). This qualitative method explores data in different forms such as transcribed interviews. It is reflective and iterative because a researcher can go through multiple rounds, reading the transcripts and interpreting the data at different intervals (Braun and Clarke, 2019). Though these authors have suggested six steps (given in the table on the next page) to be undertaken as part of the analysis, they also emphasise that researchers should not follow set coding procedures and that a researcher's self-reflexivity is valued over proceduralism.

> Quality reflexive TA is not about following procedures 'correctly' (or about 'accurate' and 'reliable' coding, or achieving consensus between coders), but about the researcher's reflective and thoughtful engagement with their data and their reflexive and thoughtful engagement with the analytic process (Braun and Clarke, 2019, p. 594).

Table 5: Thematic analysis

Phases
1) Familiarise yourself with data 2) Generate new or initial codes 3) Search for initial themes 4) Review themes 5) Define and name selected themes 6) Produce results

In thematic analysis, different codes are developed to create themes and this process can be inductive or deductive. In deductive coding, codes are mostly created before data is collected based on a literature review (Braun and Clarke, 2006). In inductive coding, researcher collects data and then codifies it based on patterns (Braun and Clarke, 2006). However, Braun and Clarke (2006, p.84) also emphasise that there is no pure inductive approach, as researchers are not free from the epistemological and theoretical commitments and 'Data is not coded in an epistemological vacuum'. They (2019, p. 592) further contended that thematic analysis has been increasingly used as a rigid process that can either adopt the inductive or deductive approach of coding, which is not reflective of this method. Byrne (2021) has argued that an exclusive inductive analysis is arguably not possible as a researcher needs to have some

understanding of whether a code would be important to address the broader research questions and/or research aims. An advantage of thematic analysis is its flexibility, which allows researchers to combine an inductive approach with a degree of priori objectives (Byrne, 2021).

In this research, I have adopted a predominantly inductive approach in coding which meant that codes were generated based on data. However, I have also relied on the guidance of Braun and Clarke (2006) and Bryne (2021) to use a degree of deductive approach to ensure that open-codes and themes are relevant to the broader research questions and aims of the research. Braun and Clarke (2006) argue that a research project can have broader research questions that can guide the data analysis phases and in turn research questions are refined as the project progresses and data is analysed. The broader research aim at the start of this research was to understand the work experiences and personal lives of migrant women of colour who work in care homes. However, data in this research helped in further streamlining the research questions. I uploaded the transcripts in NVivo One and coded lines and paragraphs of transcripts.

I also draw on Braun and Clarke's (2006) guidance to stress the role of the researcher's reflexivity in the identification of the themes. Braun and Clarke (2006) note that a theme can be a central point or one of the central points that help a researcher address the research questions of the study. The identification of a theme does not need to depend on the number of times it appears, instead it depends on the intersections of the subjectivity of the researcher, chosen theoretical assumptions and data (Braun and Clarke, 2019). They stressed the point that themes are not passively hidden in data; rather the researcher interprets them (Braun and Clarke, 2019, p. 594). Therefore, in addition to the research aims, I acknowledge my role in the development of these themes that were created because of my involvement in the data. A perspectival subjectivity (Kvale, 1996) was involved in the analysis of data and another researcher could have reached a different analysis and conclusion. Thematic analysis is a 'subjective situated' involvement with data (Braun and Clarke, 2022, p. 128), thus it is reflexive, analytically engaged and aligned with one's research philosophy to ensure rigour. Reflexive thematic analysis is also consistent with my chosen paradigm and feminist methodology which favour the notions that no one single truth exists, and that research should be situated, self-reflexive and acknowledge that no knowledge production is final or perfect.

One criticism which is levelled against thematic analysis is that it is a method that does not rely on its own theory and epistemology. Clarke and Braun (2018) ask researchers to ground their

analysis in relevant theories, as thematic analysis is not descriptive. They contend that rich qualitative research interprets and creates stories. Guntram and Johnson (2018) discuss the influence of theoretical inspirations that researchers bring in their analysis (see also Jackson and Mazzei, 2013; Distinto and Priola, 2021; Benozzo, Distinto and Priola, 2024). Feminist studies stress that researchers create knowledge by including the theories they are inspired by, conversations they have with participants and their backgrounds. I acknowledge the influences of feminist theories such as intersectionality and social reproduction in my analysis as I was led by the participants' stories during this phase. I have grounded my research in intersectionality, embedded in critical race and feminist theories, which focus on foregrounding the interlocking oppressions shaped by structural conditions and categories of difference. In addition, I requested participants to go through these themes and give their feedback; some of them did so. Some participants stressed that the issue of migration policies and discrimination should be at the forefront of this research. Resultantly, I identified four themes that focused on migration policies and precarity, experiences of inequalities in organisations, embodied care work and social reproduction. I have provided these themes, subthemes, and codes in the table below.

Table 6: Themes, sub-themes, and examples of codes for data analysis

Chapters	Themes	Subthemes	Example of codes
Chapter 6	**Temporal migration and precarious labour**	Motivation and pathways of migration	Better education, jobs, types of visas, temporary status
		Reasons for entering long-term residential care	Altruism, discrimination, restrictions, limited opportunities
		Changing migration policies and precarious labour	Visa status, uncertainty in work, being stuck, migrant papers
Chapter 7	**Organisational inequalities**	Hiring and recruitment	Discrimination, managerial preferences, shift work, customers
		Politics of promotions	Managerial preferences, organisational control, leadership, racism
		Role allocations and task assignments	Organisational control, unpleasant work, nighttime, short-staffed
		Compensation	Low pay, ambiguity in payments, unclear working hours
		Complaints	Being heard, solidarity, formal complaints, decision-making, unions
		Resistance	Reluctance, collective action, individual pride, cultural pride
Chapter 8	**Embodied care work and precarity**	Time pressures and fast-paced care work	Break times, care time, bodily exhaustion, sick leave, overworking

		The precariousness of residents' bodies	Relational care, corporeality, dementia, nighttime, sleep issues, deaths
		Occupational injuries	Accidents, injuries, sleep, challenging residents, bodily exhaustion
		Organisational violence	Violence, bodily exhaustion, abuse, discrimination
		Embodied precarity in work and personal lives during COVID-19	PPE and masks, emotion management
Chapter 9	**Experiences of social reproduction**	Access to housing and gendered racism	Low pay, paperwork, support networks
		Access to medical systems	GP services, unpredictable earnings, health fees
		Unpaid caring responsibilities	Left-behind families, household chores, uncertainty in visas, support networks
		Embodied social reproduction and waiting	Stress, prioritising needs, saving, helping families

The data analysis is divided into four separate chapters, each exploring a different theme and related subthemes. This allows for a thorough examination of the data from multiple angles, helping to uncover intricate details and relationships that might have been overlooked if presented in a single chapter. These themes can be considered under the notion of braiding (Watson, 2020), where separate strands are intertwined and influence one another, ultimately forming a cohesive whole. Just as a braid consists of diverse strands that are woven together to create a single, intricate design, the themes in this study are interconnected and work together to convey a narrative that highlights various aspects of care work and the social reproduction of migrant women.

5.10 Concluding Remarks

This doctoral research aims to understand the lived experiences of migrant women of colour who work in care homes. This study foregrounds the voices of these women through adopting a feminist methodology that adopts the interpretive ontology and feminist standpoint epistemology. Initially, when I started this research, I considered a diary-interview method but later dropped it due to the issues of lack of time and the women's intense work schedules. As a result, I adopted the qualitative method of semi-structured interviews to understand perspectives of women.

In this chapter, I have also discussed my intersectional reflexivity and positionality as a researcher during this fieldwork. I had to negotiate my own intersecting identities of sexuality, migrant status, religion, and nationality while I was recruiting participants and interviewing them. These encounters during the fieldwork made me realise the mutability of personal and research experiences. In places, when I finished some of these interviews, I cried after listening to the stories of displacement and dispossession. These often resonated with my experiences of leaving Pakistan due to my sexual identity and not being able to see my mother and my disabled sister for the last four years due to multiple visa rejections from the Home Office. These encounters were deeply embodied and corporeal. I also had to adjust the temporal boundaries of research work where my presence was expected in the lives of these women beyond the completion of the data collection and fieldwork. The expectation was that since my work is about listening to the experiences of these women, I would also continue to be supportive of them and remain in touch beyond the interviews. I chose to stay in contact and support my participants whenever it was asked of me as Sang (2017) notes that academics either are with the oppressor or the oppressed.

In the last section of my data analysis, I have discussed the steps I took to analyse the data. Thematic analysis has helped me to create codes and broader themes. In the findings chapters, these themes are presented, and they are also discussed using an intersectional lens.

Chapter 6 Research Findings: Temporal Migration Policies, Precarious Care Work and Migrant Women of Colour in the UK

At each and every checkpoint the refugee is asked
Are you human?
The Refugee is sure it is still human but worries that overnight,
While it slept, there may have been a change in classification.
(Shire, 2022, p.6)

6.1 Introduction

The themes of experiences of precarious migrant status and care work shaped by migration policies were recurrent during my interviews with these women. Therefore, this chapter explores the lived experiences of temporal migration policies in the UK that create a precarity of place for women of colour and produce migrant precarious labour to be employed in care homes.

The findings in this chapter shed light on how precarity in migrant status is intertwined with precarity in work as women are subject to multiple bordering practices. In these findings, it is evident that women on different visas are subject to temporal borders and everyday bordering that induce their sense of precarity of their legal and work statuses. The migration policies produce border controls in women's lives and supply of racialised and gendered labour in care homes where women are subject to different restrictions on their visas. Furthermore, migration policies in the UK are consistently changing and arbitrary, a manifestation of discretionary state power (Bourdieu, 2000; Consterdine, 2024), which exacerbates precarity in their legal status and provides a source of value for care homes. This chapter shows that temporal and hostile border controls intersect with gender, race, and migrant statuses to create vulnerabilities in the lives of these women. Migration policies subject women of colour to economic and social abandonment where they are denied access to social benefits and entitlements, which further pushes them into precarious care work to look after themselves and their dependents. This chapter also argues that the migration policies affect not only women of colour with temporary statuses but also create the category of 'permanently temporary' where women with settled statuses become 'migrants' and are subject to racialisation and internal borders.

This chapter is divided into three sections. In the first section, the chapter analyses the reasons for migration and the role of changing migration policies in migrant mobility. In the second section, I discuss the motivation of women of colour for entering care and the role of temporal borders in channelling precarious labour in the care sector. In the third section, I explore how

opaque migration policies render migrant women of colour with different migrant statuses (from undocumented to settled statuses) vulnerable by creating enforced temporalities such as waiting and stolen time. Women such as single mothers in this study are turned into precarious labourers in the care sector.

6.2 Motivation and Pathways of Migration to the UK

The participants in this study cited various motivations and factors to migrate to the United Kingdom. Five key reasons that emerged are given in the table below.

Table 7**: Motivations for migration from the countries of origin**

Sr. No.	**Main reasons for migration**	**Number of participants**
1.	Poor working conditions in health sector	7
2.	Discrimination: racism, religious and political persecution	5
3.	For studies and/or want to work somewhere different	11
4.	Financial reasons	14
5.	Family reunions	3

Some of these categories overlapped, such as women often mentioning financial difficulties as the reason behind their move to the UK and in addition, they had long-term goals of bringing their families here. There were mentions of not earning enough to support their families. Ash talked about her decision to come to the UK:

> In India, I graduated in nursing and I had one and half year of experience as a registered nurse in India. Then after that, I was trying to go to some of the European countries because in India, we get very less pay as a nurse and I have a family, so I decided to migrate and work somewhere else! (Ash, Senior carer)

Many women like Ash who were working as nurses in their countries spoke about poor working conditions of health care systems and being underpaid as the reasons for their decisions to migrate. Federici (2002) argues that policies such as structural adjustment programs (SAP) have created a crisis of social reproduction in sectors such as health and education in Asia and Africa (including other regions), paving the way for a massive migration of women to undertake jobs in reproductive sectors in North America and Europe. Women also tend to be underpaid in the healthcare sector globally as they earn 24% less than men on average

(International Council of Nursing, 2022). In the changing global economy and economic crises, women choose to migrate to address the crisis of social reproduction that they face in their lives (Kofman and Raghuram, 2015). Such gendered migrations can be considered a transnational strategy to mitigate the inability to reproduce one's family. Ash struggled financially, and she initially migrated to Israel as a live-in-carer during COVID-19, but her work was intense, and she started struggling mentally as she was not allowed to go outside of the house. Ash was also on a temporary visa and according to Landry et al. (2021) many temporary migrants struggled with their mental health during COVID-19. Later, she was laid off and went back to India, and applied for a care work job in the UK due to financial precarity. Her migration journey resembles the circularity of migration where she was going back to India and then to other destinations. In these instances, women are involved in circular migrations as they are not able to find continuous jobs in different countries and their multiple migrations resonate with the notion of 'wage gatherers and hunters' (Freshour, 2017) as they undertake repeat migration.

Furthermore, women also decided to migrate to the UK to join the labour market, but such labour migration is a family strategy from the very start where families decide to move once these women have found jobs. For instance, Tabbi shared her motivation:

> In Kenya, life was not easy and I wanted my family in the UK as I wanted to provide my children better education in the UK (Tabbi, Carer).

During my research I noticed other circuits of migration such as international students seeking education and employment. Collins (2013) notes that international students often decide to migrate as a long-term strategy to find work and seek a long-term stay in the destination countries. Irrespective of diversity and differences in participants' motivation behind migration, they often migrate to the UK with the anticipation of a better life. The next section discusses the role of stakeholders in migrant mobility and the different temporary pathways women undertook to stay in the UK.

6.2.1 Pathways

Temporary migration policies enact temporal borders that function as filtering and sorting technologies for selecting people for a limited time because states enact or retract these borders as they see the social and economic needs of labour markets and political priorities (Mezzadra and Neilson, 2013). These policies in the UK significantly impact the flow of various types of migrants, including low-skilled workers and international students, into the country. Since 2008, the Labour and Conservative governments have adopted the point-based immigration system and one of the aims of the point-based migration system is to correlate the skills

shortages and gaps with the migration flows (including the recent 2023 immigration law). UK has a shortage occupation list (SOL) that allows employers to hire migrant workers with ease. In 2021, jobs such as senior care workers and nursing assistants that were not part of SOL before, were added to this list (Richards, 2021; Todirica, 2024). In addition, the UK also introduced a new temporary visa category of health and care worker visa, for 12 months in 2021 (Walker Morris, 2022). These pathways are intended to help address labour shortages in the social care sector in the short term.

In this research, I have interviewed women of colour with different migration pathways and settlement statuses from temporary workers on limited leave to remain, international students who are also on time-limited visas to people with settled and undocumented statuses.

Table 8: Participants' legal migrant status

Sr. No.	Legal status	Number of participants
1.	Student route (limited leave-to-remain)	10
2.	Skilled worker visa (limited leave-to-remain) including health and care work visa	20
3.	Settled with citizenship or permanent status	4
4.	Family or spouse Visa (limited leave-to-remain)	4
5.	Undocumented	2

All these routes represent staggard migration pathways (Robertson, 2014) where women moved to multiple temporary visa categories such as some entering the UK on student visas and later on, managing to get employment sponsorship. 17 care workers previously entered the UK by securing a student visa. Earlier research has noted that the UK has the highest number of care workers, 15% in Europe, who entered the country and care work on a student visa (Sahraoui, 2019, p.91). Some participants used recruitment agencies and migration agents to reach or stay in the UK and paid them exorbitant sums of money. One of the participants Naila is from Pakistan and she recounts her experience of moving to the UK:

> I came here through an agent and got here as a nursing student and agent promised to give me a job in a care home. But when we came here, we knew that care homes had no jobs. Yeah, so we informed him and he was saying, oh, I did not cause you this trouble. It is your issue now. I do not know what happened at that time. There were no jobs and I struggled for nearly two years (Nurse).

Naila was a nurse in Pakistan, and she wanted to have a job in the UK and agent asked her to use the study route and then he would get her a job there. Naila borrowed money from her family and paid the agent's fees but on her arrival in the UK, she realised that it was a scam, and she had no job in the care home. Recently a report by the Freedom United (2022) notes that deceptive practices of agents and sponsorship systems have created conditions like modern slavery and human trafficking in the care sector of the UK. These trends show that agents and other non-state actors including transnational migrant networks are part of migration infrastructure (Alberti and Sacchetto, 2024) and seem to exert control over the mobility of people as well when they channel migrants to these countries often violating the laws and exploiting migrants. However, the state remains the important factor influencing the migration pathways and supply of labour (Bhattacharya, 2018). The control of borders and migration policies continues to be the prerogative of the state, and the state's role in this regard has become even more prominent due to the widespread negative attitudes towards migration that have arisen as a result of globalisation (Xiang, 2012). The state has a monopolistic control over the migration policies and legislation that controls the migrants and keeps track of their movement (Alberti and Sacchetto, 2024).

In the next section, I discuss the role of temporal bordering, which conditions women to enter the care sector and often stay in the care sector. These policies create temporal borders where migrants who have been given temporary permission to be in the country tend to have only partial entry into the country as different work opportunities are withheld from them.

6.3 Entering the Long-Term Residential Care and Temporal Bordering

Migration policies and regulations are linked with the structures of the labour market (Sager and Öberg, 2017). Migration controls play an active role in constructing certain types of workers (Anderson, 2020) and channelling labour into specific types of work such as care (Groutsis, Kanji and Vassilopoulou, 2024). Temporal migration policies segment and polarise labour markets by influencing the work choices people with precarious legal statuses have at their disposal. I could see the operations of these temporal borders during the questions of why women of colour tend to have these low-skilled care jobs when they have higher qualifications and often are precariously employed in these jobs. For instance, in my interviews, different participants used the restrictions around visas to justify their reasons for entering the care jobs. I interviewed Kanika who is from India, and she was working as an advocate lawyer in India for the last eight years but then she decided to move to the UK for her master's degree. Initially,

she worked as a nanny and then she decided to go to a residential care home. When I asked her why she joined care work, she replied:

> We have restrictions on us. We have work restrictions based on 20 hours per week. So, I had no option apart from doing care, as most decent jobs are full-time and office-based (Kanika, Carer).

In the UK, people who are on a study route face different restrictions in terms of their labour market participation in the country. The point-based student visa policy bound people to work only 20 hours per week in a month. The story of Kanika and how she ended up doing care work is conditioned by her temporary study visa in the UK which restricts her to work and her mobility in the labour market. The implicit assumption in her conversation is that she cannot do more decent full-time and office-based jobs due to the mobility restriction imposed by temporal bordering. Goldring and Landlort (2011) highlighted the same relationship between precarious legal statuses such as temporary migrants and how this precarity put migrants in precarious jobs. Furthermore, migration policies intersect with race and gender, which makes the work in care homes racialised and precarious labour. I interviewed a Muslim woman called Kaniz from Kenya who is pursuing a master's in the UK and has childcare responsibilities. She is working with a care agency as a part-time worker in a non-standard employment situation as she has to satisfy the migration rules on her study visa along with her responsibilities as a mother.

> You know, as I told you I was working in banking but when I came here, I had nothing else to do apart from this. There are so many challenges and as I am speaking to you, I am earning my masters on a student visa. After my graduation, I am hoping to get a better job. But based on what I have seen so far, the chances are slim. I mean not saying that it is deliberate but if you are not white they considered you not good enough, So no matter how good you are if you are not of that colour, they do not consider you at all (Carer).

As Farris (2017, pp.157-58) notes, non-Western and Muslim women are mostly employed and concentrated in selective professions such as care workers in hospitals, carers in residential homes, and domestic workers in private homes. Non-western women are employed in the social reproduction sphere where they perform domestic work and care. In Western Europe, 22% of women are employed in these jobs compared to only 5% of native-born women (Farris, 2017). These statistics show that migrant women are often pushed to work in the care sector (see Federici, 2002). In the context of the UK, the care sector has higher levels of turnover rate and hence the demand for such work is higher, which also intersects with the temporal conditions of their visas. Kaniz equated the lack of opportunities with both her visa restriction and skin

colour. Khosravi (2021) also argues that temporal borders are a way through which inequalities are sustained between different social groups. Migration policies and temporal bordering such as being on a student visa create a segmented and racialised labour market in care which women labelled as 'not decent' or 'nothing to do apart from this'. These examples also show that how temporary migrants such as students from the Global South are both consumers of the educational sector while also providing their labour to the service sector such as care (Kalemba, 2023) which add value to the economy in the UK.

On the other side, some women were on care worker visas and hence they had relatively more freedom to choose the care sector. However, in these cases, other manifestations of borders where women were tied with specific employers occured, and they also had restrictions on the number of jobs they could have on a sponsored visa. The sponsorship system is embedded in the migration policy where an employee is tied to an employer for the first five years with limited access to the labour market. For instance, if you are on a skilled or care worker visa, you cannot change your job without looking for another sponsor and you cannot work in a second job for more than 20 hours in addition to your main job. This extra work can only be undertaken in the same occupation or jobs designated within the SOL for which you are being sponsored (Home Office, 2023). Sonya, who is on a sponsored visa, talked about her constraints:

> So overall, uh, with my employer, I would say maybe the only thing you can complain about is the fact that I am just limited to one place, but I understand it is because I am working on work visa. The only part is that I am just limited to work in a specific place (Carer).

Her reflection here also seems to question the common assumption in migration studies that only illegal and irregular migrants face moments of immobility and borders. Women who are being sponsored by agents are under the constant pressure of not switching employers. These encounters with borders are considered 'temporal thickness' where borders follow migrants for longer periods in the form of temporary work permits and are restricted in terms of jobs they could do (Axelsson, 2017). These temporal borders stay with people for longer periods (Mezzadra and Neilson, 2013). In other cases, some women decided to enter care work for family reunification. Fatima from Pakistan was living in the UK, got her citizenship and later on she got married in Pakistan. However, her husband could not join her as she had neither job nor sufficient savings at that time. To bring her husband to the UK, she had to earn at least £18,600 per year along with proof of her employment for the last six months as per the previous spouse visa requirement of the UK. Fatima shared her story during the interview:

> I never wanted to work here but I had to apply for my husband's visa as I had to show the income for his visa, So I asked my friend about it. She said that I will speak to my mother about it, I think my mother would have a vacancy… so she said that I will talk to her. So, she talked to her mother, and I went and had a look at the care home and then I started my job (Carer).

Her selection of words '*never wanted to work here but I had to*' shows the oppression of temporal borders even in the lives of citizen like her who are disciplined to provide their labour for extended periods or else face restrictions on their rights. Anderson (2024, pp. 5-6) coins the term *Banal Citizens* for those who face restrictions on their rights if they do not conform to their 'duty to work' compared to a *Fantasy Citizen* who is a worker and pays taxes. Fatima decided to draw on her social capital and started working in a care home as she did not have the savings to apply for her husband's visa. Having said this, this study does not deny the agency women have when they undertake care work. Two categories of migrant women decided to work in care, based on passion and altruistic or humane reasons. These participants started working in the care sector for altruistic reasons; they often said it was a cultural pride for them to perform this work. Jessie replied when I asked her why she decided to do this work:

> I like helping them (elderly people). It is like, you know, like we Asian we think like it is profit with the money, yeah. Did you get me? You know we do work; we get money and you know God is also going to be happy with us. We are helping people (Jessie, Carer).

Some participants, specifically migrants on student visas also talked about their strategy of entering care work for a year and then gaining a care work visa for the next five years to permanently settle in the UK. They want to receive sponsorship for the visas and many of them believe the care industry is looking for people to sponsor care worker roles in the aftermath of shortages of carers (Kalemba, 2023). The Migration Observatory (2024) has recently published statistics on international students (with degrees in computer sciences and engineering) reporting that 60% of students who moved from graduate visa to skilled worker visas are employed in the care sector as carers. This number suggests that people are overqualified for these jobs but this route provides them with a way to overcome their temporariness (The Migration Observatory, 2024), precarious legal status and temporal bordering in the long run.

From the above discussion, it is evident that migrant women of colour are often channelled into care work through the enactment of temporal bordering and migration policies. As Bhattacharya (2018) argues, controlling the borders and shaping migrant mobility has been a prominent racialised practice of modern states. Demand for flexible workers is also higher in

the care sector, which intersects with the temporal restrictions of borders on migrant women of colour that limit their choices and create a racialised hierarchy.

Building on this, the next section looks at three different stories of women where they are continuously rendered precarious, 'deportable' and permanently temporary through changing migration policies. Khosravi (2021) argues migration policies are often portrayed as rational and logical in bureaucratic contexts, but they are perceived as opaque and uncertain in the lives of migrants (Näre and Maury, 2024). In the next section, this chapter shows that migrant women remain precarious in the system as women live in 'temporal liminality' and 'waiting zones'. This logic of making women wait for their rights creates an opportunity for the capital to exert control over women in different forms and extract value from their precarious labour.

6.4 Temporalities, Waiting and Labour Precarity

Migration policies can create a persistent sense of uncertainty, temporariness and, as Anderson (2013) puts it, 'institutionalized uncertainty'. This section of the chapter analyses how changing immigration policies embed temporariness in the lives of migrant women, impact them and produce intersectional vulnerabilities in their lives. This temporal migration regime institutionalises temporariness and hence the fears of deportability across migrant categories. It puts people on a continuum of deportability and often plays a role in the precarious work conditions migrants find themselves (Sager and Öberge, 2017). Border regimes operate by creating temporariness in migrants' lives and dispossessing and robbing them of their time by stealing and suspending their time (Philipson Isaac, 2024). The temporal dispossession involved in these policies highlights how temporal control creates differentiated zones of labour and extracts surplus value from racialised workers (Philipson Isaac, 2024). Migrant women of colour experience the temporalities of lost and suspended time when they wait for a residence permit and regularisation of their migrant status while undertaking cheap precarious labour to survive. In the first two subsections, I explore how migration policies intersect with precarious visa statuses to create distinct temporalities, precarity and sources of value in the shape of cheap labour for care homes. In the third subsection, I argue that migration policies and resultant bordering practices also affect women of colour who have settled statuses and still are treated as 'permanent temporary' by these regulations and shape their work opportunities.

6.4.1 From Being Legal to Illegal and Suspended Time

I was introduced to Harleen through another participant. When I met her, I did not know much about her circumstances, and it was during our conversation that Harleen shared her story with me. Harleen is 38 years old woman who hails from India and she migrated to the UK in 2012. Harleen wanted to pursue education in the UK and she decided to apply for a college there. The Home Office had certain requirements for international students and English language proficiency is one of them. The Home Office has partnered with a US firm called ETS (English Testing Services) to administer these tests for overseas students. Harleen passed her TOEIC (Test of English for International Communication) and reached the UK to study for her degree in Health Care Management. She also started working as a temporary care worker in different care homes. Everything was going well for Harleen until 2014 when a documentary released by BBC Panorama claimed that thousands of students cheated in TOEIC exams and used deception to get UK visas (Gentleman, 2022). The Home Office asked ETS to check whether the tests undertaken from 2011 to 2014 were valid. ETS conducted the investigation and concluded that 97% of TOEIC cases were suspicious (Gentleman, 2022). The Home Office started sending letters to thousands of students about possible deportation and forcibly removing many students without any right to appeal. Harleen was one of those students who started receiving those letters from the Home Office and she recounts those early days:

> They started accusing international students of cheating and they sent thousands of students back to their countries. We received letters from Home Office and there was lots of intimidation where we were harassed to go back. There might be cases of some wrongdoings there but how could they tell who did what? I passed my TOEIC exam and even passed my course but they were adamant to send us back.

Yeo (2020) talked about the culture of disbelief within the Home Office that treats people with suspicion and often exercises embodied performance of power by intimidating migrants. Harleen talked about how the Home Office mistreated her and on several occasions and she was accused of not being able to speak English. Since 2014, thousands of students have been fighting their cases to remain in the UK as many of these people have been waiting for their decisions for the last ten years. Harleen earned her degree, and she was good in her care job as well with the hope of getting a permanent settlement, but she was rendered illegal with the orders of the Home Office. For the last ten years, she has been put into a category of suspicious person and has been fighting for her case to be processed. She has been subject to different work and mobility restrictions while she only receives £50 per week in benefits.

York (2018) argues that illegal migrants are not a static group, and it is not easy to define illegal status as illegality manufactured by a hostile immigration environment and document checks through internal bordering. According to Yeo (2020) and Morris (2020), illegality is structurally produced, and anyone can easily lose their legal status due to errors made by the Home Office, increasing complexity and costs of immigration policies, lack of legal information and facing difficulties in regularising immigration status. If these restrictions are violated, people can become deportable subjects. People often change visa statuses multiple times under such a system, as temporal bordering makes them temporary on an ongoing basis. Under such temporal migration policies, people navigate through different phases of waiting for jobs and visas and they always run the risk of failure. Sager and Öberg (2017) argued that a 'continuum of deportability' is racialised and such migratory statuses create differentiation, vulnerability and control. In Harleen's case, she has been rendered deportable from being legal through the discretionary bureaucratic power of the Home Office. This threat of deportability intersects with her race and gender where she cannot access certain benefits from the state. When I met Harleen and she was sharing this story, we were walking towards the pharmacy where she was supposed to pick up her anti-depressants which made me think about how internal borders are embodied. I asked her how she manages to support herself financially when she does not receive enough money to survive. She told me that she has been working illegally in care homes as she needs money, but she also has the skills, and she also earned her degree. She works for the lowest of low wages as she has been rendered deportable and became a source of cheap precarious labour available in the care market.

> I was doing very well in my life. I did my degree in healthcare, and I was good at my job in care, but this allegation has changed my life. I am back to nowhere; I am back to square one. I have spent many years of my life here but I am completely dispossessed. I have no paper; I have no money and I have not even a house.

Borders and migration policies treat the time of migrants as worthless and migrant bodies live 'outside of time' in a state of temporal suspension (Mezzadra and Neilson, 2013). Their time is wasted as migrants wait for decisions, while they are turned into cheap commodified labour to fend for themselves in the labour markets. In Harleen's case, she has been facing a temporal suspension and rupture where time has been suspended for her and she is continuously 'waiting' in limbo for her decision. This wasted time in combination with internal borders of not being authorised to work form an integral part of producing precarious labour. The consequence of such wasted and suspended time is different depending on the intersectional

vulnerabilities of the women who are subject to these conditions. Harleen has extensive experience in this field, and she felt:

> If TOIEC would not have happened, I would have become a manager of a care home by now.

Her state shows a constant movement in circles as she waits for a life she deserves in the absence of border violence. Khosravi (2018, p.41) uses the term 'circulating populations' where people are forced to start over in their lives and such temporal dispossession controls and subjugates workers. Harleen is not happy with the way migration papers have become a tool in the hands of employers to exploit. However, Harleen's decision to work in an informal economy of care can also be seen as a resistance to the enforced temporalities the Home Office has put on her. This act of working has a nuanced impact on her because she is trying to have a liveable life and yet she feels exploited.

I asked Harleen if she has ever thought about giving up and going back after everything she has been going through and she replied that '*I want to see my mother but do not want to stay in there for long as things have changed and there is not much freedom in there'*. Her response makes me think about the temporal disjuncture of 'things have moved on there' where her friends and relations have changed significantly over all these years, and she does not relate to that place in terms of calling it home. Coe (2016) has talked about the notion of home is not static rather this feeling is both relationally and temporally constructed over life courses. Harleen has also gone through a divorce from her husband, and she was of the view, that even when she is stuck, at least in this place no one questions her decisions, but patriarchal expectations of her come from India. Amrith (2022, p. 1920) has discussed similar findings in a study of temporary ageing migrant women in Singapore and how these women do not want to go back as they have relative freedom in Singapore where they are not expected to fulfil the gendered roles in the Philippines. Harleen's situation was symbolic of multiple oppressions of patriarchy and time as a medium of governance and power (Coe, 2016) but she was anticipating that things would change in future.

Harleen often contacts me and tells me about her case. Once I asked her what she would do once she got her indefinite leave to remain (ILR), she instantly said 'I would go to India to meet my mother. It has been nine years since I met my mother.' When she said it, I thought about how borders shape 'geographies of waiting' embedded in relationalities where such regimes do not affect only one person, but rather they affect different people spread over

different locations. She has been waiting to be able to visit her family, while she keeps living in a suspended time and trying to survive by providing her cheap labour.

6.4.2 Waiting for Public Funds and Everyday Bordering

Patience is a mother of two children, and she is from Nigeria. She moved to the UK in the late 2000s to reunite with her husband. She initially came to see her husband on a visit visa and then went back to Nigeria as she was happy with her career in business administration. Later, she re-joined her husband in the UK and did not go back. When I asked her how she ended up doing care work, she responded:

> I also had my other courses before I came here. So, like when I came here, because of my situation, I couldn't use my certificate. So, I ended up finding myself in care work.

She has been working in the care sector for the last 13 years as a care worker. She has been working in domiciliary care and later also decided to join a care home facility in a temporary position. Patience also had issues with her migration status. When she arrived in the UK, her husband promised to obtain British citizenship, but Patience later discovered he had undocumented status. Trapped in an unhappy and controlling marriage with young children, she felt unable to leave her husband. According to Harris and Hardwick (2019), motherhood makes women who have precarious immigration status stay with their partners who can be abusive towards them, which makes them vulnerable to domestic violence and stress. Later, her husband decided to apply for a settlement, but things have changed since 2012 as she talked about the constantly changing migration policies:

> They keep changing these policies. When my husband put in the application, then the Home Office has already changed the law. Yes, if you stay here, it has to be 20 years before you can even be entitled to what they call leave to remain.

In 2012, the UK government implemented a ‘hostile environment’ policy that made it harder for undocumented immigrants to settle in the country. Under this policy, individuals with undocumented statuses had to live in the UK for at least 20 years before they could apply for limited (temporary) leave to remain (Yeo, 2023). They also had to renew their temporary permission to stay every 30 months, with expensive visa fees, before they could qualify for ILR after an additional ten years (Yeo, 2023). During the pandemic, her husband left her with no financial support and she was working in domiciliary care before she decided to apply for the ‘regularisation’ of her undocumented status based on family ties and paid all the cost for visa applications on her own. She received a limited leave to remain after spending years in this country and she still must wait for ten years before she would get any legal settlement.

According to the Home Office, most of the people on this ten-year route to settlement are from Nigeria, Bangladesh, Jamaica, Ghana, and Pakistan (Dickson and Rosen, 2021). Furthermore, with a limited leave to remain, she is not entitled to any public benefits and NRPF. However, she has two kids who are 'British' as she paid thousands of pounds to get them citizenship and she has been told that she was not entitled to public funds:

> The government told me that I am not entitled to because I am not entitled to public funds yeah. Well, but this money you are not giving me. You are giving the children that you said, they are citizens. So, what citizenship did you give them after I paid hard for the two of them? Sometimes when I hear them on the TV saying they are exploiting people abusing children, that you are using us too. You are abusing the migrants. Why am I not entitled to public funds when I am paying taxes and my children are citizens?

Erel and Raynolds (2018) argue migrant mothers are raising the British Citizenry without the support of the government as welfare conditionalities subject people to enforced destitution, specifically from countries such as Pakistan and Nigeria (Dickson and Rosen, 2021; Tyler, 2010). Morris (2020) notes that out of 90% people who apply for NRPF condition to be removed, 85% are women and single parents. Furthermore, Dickson and Rosen (2021) note that NRPF conditions disproportionately affect Black mothers from British colonies such as Nigeria. The condition of NRPF has discriminatory effects where 90% of these appeals involve British Children and mostly from an ethnic minority background (Morris, 2020, p. 253). In these lines, Patience also seemed to enact her right to be here and access public funds through her children. Turner (2008) notes that families can become a source of citizenship by claiming rights on the resources of a state. Racialised migrant mothers can claim residence rights for their children, which can be viewed as acts of enacting citizenship and contesting the racist acts of withholding rights by the bordering regimes (Luibheid, 2013). Temporal asynchronicity (Anderson, 2020, p. 62) existed between the enforced temporality (Triandafyllidou, 2022) of her migration status as temporary status and her sense of being permanent in this country as she has children and a life here.

Furthermore, mothers have to go through more emotional labour (Hochschild, 1979) as they have to depend on limited resources, and this situation has to be navigated daily. I asked Patience about how she manages financially, and she told me that she works in temporary jobs in a care home and with this she does other jobs such as domiciliary care. She highlighted the non-recognition and dehumanisation of undocumented care workers who have worked in this country for decades:

> And the policy, you see, last year they were saying that they are going to bring people from outside in the country to do the care work. I am telling you right now. I am not trying to put anybody into trouble. 85% of agency or residential homes are using migrants without paper to work. So why the policy is not there? Because these people have had experience and has been in this country for long. Why cannot they give them the paper, but that they can do this work perfectly?... Why would they not give papers here to the migrants who are carers.

As Patience was asking these questions, it reminded me of the notion of how illegal lives are unreclaimable as they are not considered to have a presence at all (Khosravi, 2018). When people are rendered deportable, they are robbed of the time that long-term residents like Patience have invested in building family lives, networks, and friendships. I asked Patience about her employment conditions, and she told me that she was earlier paid below minimum wage per hour but she had to do these jobs to support her children. This is an example of how the surplus value of labour is stolen as she earlier lacked a 'legal status' in the UK. This emphasis on extraction of value is particularly relevant as it shows how precarious migrant status creates an accumulation of wealth and vulnerability of labour through migration politics that is intertwined with the neoliberal economic system. However, after getting temporary permission to stay, she is still struggling to support her children. At times she has to work 300 hours per month, taking on multiple and often temporary shifts, to earn up to £2000. As a mother with a precarious legal status, with a time-limited leave, she was being treated as a disposable commodity (De Genova, 2002) and hence she was vulnerable to exploitation. According to Misra (2021), in the UK, single mothers tend to suffer more from non-standard employment and economic insecurities (Misra, 2021) as evident in the case of Patience.

Her story reminded me of the argument made by Mulinari and Sager (2022) about waiting in a welfare line where racialised bodies have to wait for their rights. They argued that making racialised and gendered bodies wait for their rights is counted as everyday racism and bureaucratic violence. At the time of this writing, Patience has been 'waiting' on two fronts. On one side, she is waiting for her permanent settlement papers, which would allow her to remain in the country 'permanently' with her children. On the other side, she is waiting for the decision from the government to provide her Right to Public Funds. While she is waiting for these two decisions, she is working in precarious care jobs. This story shows how mothers are often left on their own to tackle the intersecting oppressions of poverty, deportability, and exploitation.

6.4.3 Being a 'Permanently Temporary' and Precarity

Maureen migrated to the UK with her husband in the early 90s and she has been living here for 30 years. Maureen is a qualified lawyer in her country, Malawi, but could only find work as an assistant in the local council in the UK. Against the backdrop of the financial crisis of 2007 and growing austerity, she was made redundant and was unable to find work in London. According to research by the Runnymede Trust (2016) Black and migrant women suffer more from unemployment in areas like Manchester and London due to public cuts in the service industry. These austerity cuts affect women employed in local government where most of the migrant women are concentrated in lower-level jobs such as administration. Maureen was made redundant and was unable to get into high-level work and she was forced to change direction and seek employment in care. She decided to work for a care agency due to financial precarity, but she never used to have enough shifts. When I asked Maureen why she thinks is the reason behind not being able to get continued shifts in care work, she swiftly said:

> It was like just do not recruit them and it becomes difficult because you always must prove your right to work. Although you are a settled person here, they do not understand that I do not have restrictions. They do not understand these migration rules. I could provide you Home Office papers. You have been here over 30 years and I have received my papers 30 years ago. Where are you going to get the letter that you received 30 years ago? Will they even accept the letter that you received 30 years ago?

Immigration policies also hurt people who are citizens and legal residents of the country (Anderson, 2024; Morrison, 2020). This was evident from the Windrush scandal where people with legal permanent statuses who were citizens were deported back to the Caribbean and many of these people were rendered deportable as they fought for their rights to remain in the UK. In the backdrop of 2012, new laws require employers to carry out immigration checks to establish whether people have the 'right to work' in the country or not. This is a classic example of internal bordering that is often carried out disproportionately against people of colour (Anderson, 2024). The issue with the hostile environment is a conflation between unlawful residents and being undocumented. It is assumed in these policies that people with legal immigration status would also have documentary proof of being legal such as having the required documents. However, Griffith and Yeo (2021) argued that many lawful migrants do not have documentary proof of their immigration status and at times have expired documents. When I was talking to Maureen, her story resonated with the idea of being a lawful resident and yet do not have documentary status. In 2011, 17% of British citizens reported that they did not have a passport. Many people with permanent settlement statuses are asked to provide such

papers and in case of failure they are not given jobs and, in some cases, even get fired from these jobs and deported (Anderson, 2024). The proof of documents makes and unmakes migrants (Anderson, 2020) as it was evident in the case of Maureen. Documentation is a temporal process that shapes and periodises the life course of people (Anderson, 2020) even long after people have become citizens. Furthermore, not everyone carries the same burden of carrying documents and proving their identity to their employers as in this case the intersectionality of gender and race affected women of colour more. People from lower working class and ethnic minorities were more likely to go through immigration checks and often found themselves not being able to provide the 'official' proof of their lawfulness (Achiume, 2022; Griffith and Yeo, 2021; Bawdon, 2014). Maureen expanded on her previous statement by saying that

> You see, so the fact that I have settled status here does not matter, but because I do not come from that region and not only do I not come from that region, I do not look like someone who comes from that region, I do not belong here. I am sure there are so many Black people who have European status, especially the French-speaking people, Africans but they are still ignored. They still did not hire them. They do not hire them because they do not consider them as Europeans and the same thing that happens with Ukraine. They do not consider the Black people there, that they are Europeans because of the way they look.

Turner (2020) and Stevens (2019) talk about how immigration laws enforce borders that not only impact people with precarious migrant statuses, but also affect people with citizenship and settled status. Borders can deprive racialised citizens of their rights as they are considered 'surplus citizens' with a different bodied and temporal relationship to the nation and state (Turner, 2020). Maureen has a settled status here in the UK, which makes her eligible to access jobs and government assistance if she requires it. However, she contests the notion that she is 'settled' here as she is continuously made to feel like an 'outsider'. In her case, she is Black which is not considered as European in the UK. Tudor (2018) posits that some foreigners are more foreign than others: Eastern-Europeans are considered extra Europeans and Black Europeans, non-Europeans. De Genova (2018) has argued that the notions of migration and migrants are always racialised. Maureen's story showed the multiple layers of the racialisation of migration and the material outcome of such racialisation in her life in the form of precarious work.

Goldring and Landlot (2011) have both argued that precarity in legal status tends to have a long-lasting negative impact on work precarity. Women who had precarious legal statuses in the past tend to face precarity in work long after they have gained established and settled

(citizenship) statuses. This finding also disagrees with Parekh's (2009) argument that in modern democracies, citizenship is a basis of legal and political equality, and it offers a higher possibility of vertical mobility. In the context of my research, I noticed that individuals are both migrants and citizens at the same time and they suffer from permanent temporariness due to hostile immigration policies of the UK and continue to experience precarity in their jobs with little to no social mobility.

In the meantime (Sharma, 2014), Maureen waits for her shifts to come so she can work in care but her 'right to work' is in question most of the time and she must show her papers. She seems to have obtained the settled status, but the intersection of her skin colour and precarious status in terms of failing to fulfil legal requirements of document checks creates work precarity for her.

6.5 Concluding Remarks

In the UK, the state has embraced neoliberal governance of migration which is driven by a temporary and just in-time migration model. This model of in-time migration has been present in Britain since 2000 where different sectors rely on low-paid migrants who can be called upon to work and be disposed of whenever demand for their labour is low. While fulfilling labour shortages, migration policies maintain the internal bordering practices to subject people to differential levels of controls. According to Anderson (2010), practices of bordering are crucial in establishing divisions and hierarchies of labour by introducing various migration categories. Bhattacharya (2023) reinforces this idea by contending that capital exploits the stratification of statuses and economic values resulting from these migration categories. Mezzadra and Neilson (2012) argue that bordering practices are embedded in subjecting individuals to varied intensities of control, subjugation, segmentation, and discrimination. They further argue that just-in-time and point-based visa systems sort and filter migration based on multiple ratings and shifting priorities. Sectors such as social care have been reliant on migrant labour, which is often considered low-skilled and low-valued.

Building on this argument, this chapter has analysed the intertwining of migration and labour politics and its implications for the migrant women of colour who work as carers in care homes. I have drawn on the concepts of temporal migration, borders, and temporalities to analyse migration politics and precarious labour in the care sector. Temporary and hostile migration policies create temporal borders and produce a racialised and gendered workforce for the care sector that is often flexibilised and disposable. Migration policies and bordering have become

openly racialised and discriminatory by excluding people from entitlements and creating new hierarchies of precarious labour which facilitates racial capitalism (Bhattacharya, 2018). Though all workers are exposed to precarity and exploitation in capitalism, precarious migrant statuses expose people to differential levels of precarity and vulnerability due to the risk of deportability (Sager and Öberge, 2017). The precarity of migrant status creates a flexible labour force as workers are treated as disposable commodities. These policies are often portrayed as rational, strategic, and fair but my work argues that such frameworks create precarious subjects and result in discriminatory outcomes for women and ethnic minorities. Furthermore, immigration controls and resultant bordering practices affect not only migrants but also citizens, and this finding contests the binary of migrant versus citizen.

These policies also give discretionary powers to employers who can choose to hire workers or not as they deem fit. This state of uncertainty creates a permanent underclass of workers whose time lacks worth, and they are treated as docile and disposable labour. These temporal migration regimes create 'zones of precarity' (Ferguson and McNally, 2014, p. 1) and what Mezzadra and Neilson (2012) refer to as waiting zones where people wait for full access to entitlements, benefits, and jobs even when they have crossed the borders (Axelsson, 2017). These controlling processes in migration create temporal controls and racial divides in labour that disproportionately affect single mothers, women and ethnically minoritised citizens. These hierarchies depend on gendered and racialised perceptions of worth that assign some bodies more value than others. In the next chapter, I look into these hierarchies in care homes.

Chapter 7 Research Findings: Experiences of Care Work of Migrant Women of Colour, and Organisational Inequality in Care Homes

7.1 Introduction

This chapter analyses how the work experiences of migrant women of colour in care homes are shaped by multiple intersecting inequalities and discrimination. This chapter explores the theme of **organisational inequalities** and analyses six subthemes. The first subtheme concerns discrimination in job hiring in the care sector such as care homes. The process of hiring and recruitment in care homes is marked with different rationales of customer preferences, cost-cutting, and racial discrimination. Whiteness is considered a credential in job hiring that disadvantages migrant women of colour in general and Black migrant women in particular. Several racial stereotypes and colonial imaginaries are used in the organisational hiring decisions.

The second sub-theme is about the issue of promotions and occupational mobility. These racialised migrant women are subordinated to local white managers, and they are often stuck in jobs with little to no career success and mobility. Interpersonal interactions among white managers, nurses and carers also determine the possibilities of overcoming disadvantages associated with their intersecting identities. The third sub-theme discusses the allocation of roles and tasks where migrant racialised women are assigned to difficult and antisocial shifts during nighttime. Women of colour are often not assigned the tasks of interacting and speaking with families as residents' families prefer white carers and doubt the professional competency of racialised women, particularly Black nurses and carers. The fourth sub-theme analyses the issue of wage theft and underpayments where women are underpaid for the type of work they do. In the fifth sub-theme, it emerges that organisational policies and rules are implemented differently for different people also known as racialised decoupling of rules in care homes. I also explore why migrant women in some instances chose not to complain.

In the final theme, I look at individual agency and the varied ways in which interviewees resist oppression and discrimination. The findings show different practices such as preferring 'silence' over changing things. In other instances, women contest power relations by drawing boundaries between them and white workers where they believe that they have superior values

of care compared to local workers. This drawing of boundaries is a subtle but important response to the intersectional experiences of workplaces and work outcomes.

7.2 The Process of Hiring and Recruitment

Organisational practices such as hiring decisions produce and maintain intersecting hierarchies such as race, gender, and migrant status. Acker (2006) notes that employers consider the gender and race of the workers to determine who is suitable for a job in organisations. Recruitment and hiring decisions are influenced by the different images of racialised and gendered bodies. In the case of care, employers preferred to hire according to racialised and migrant hierarchies, where white locals and white Europeans were preferred over Asians and specifically over Black carers. Research participant, Saeeda from Pakistan suggested that:

> The preference is given to white Scottish, then white European, and then anyone else as they look different. They always wanted European nurses… and obviously, it was beneficial to them... they have the advantage that they do not have to apply for work permits for them (Carer).

According to Nunley et al. (2015), different employers have a race coding of jobs, hiring white workers for some jobs and racialised minorities for others. The reflection of Saeeda is interesting as it clearly shows how managers prefer white carers and nurses who are locals. White privilege appears to be prevalent in the hiring decisions that penalises women who look 'different' (Shutes and Walsh, 2012). Certain migrants such as white Europeans who were more privileged (Shutes and Walsh, 2012) in their mobility (at least until Brexit) as employers were not supposed to apply for sponsorship. Consterdine (2023) notes that this is a white privilege in the racialised hierarchy of migrants in the UK. The intersection of migrant status and race acts as a double bind where employers create different preferences for different workers. Saeeda elaborated that

> Asians are beneficial because they can work all the time for them. They don't ask for sick leave. They don't do any action and they were available all the time. They become their slaves. Black carers come the last!

Harrison and Lloyd (2013) also found that employers prefer migrants, and in some cases light-skinned migrants (Sachs et al., 2014) as they are often considered more docile who take direction and display strong work ethic. They also acknowledge that these immigrants face discrimination due to their accents, and other markers of differences and are selected and hired for specific jobs (Sachs et al., 2014). One of the participants shared her opinion that '*managers think white and British people are more intellectual than us and we are always a second choice for higher positions'* (Soumaya, Carer). These postcolonial imaginaries of employers are

informed by the essentialised culture stereotypes that shape their perceptions of work ethic towards different racialised migrant groups (Consterdine, 2023). These stereotypes of work ethics are more appealing to employers in service sectors that require soft skills such as emotion management and social interaction (Consterdine, 2023). These perceptions inform recruitment and hiring decisions, which also resonates with Acker's (2006) notion of the legitimacy of inequality in organisations where different racialised attributes and colonial inflextions are used to justify inequality regimes in care homes.

The tendency among managers to hire racialised workers who are deemed suitable and easy to manage reflects a racial hierarchy of oppression (Ray, 2019), with certain groups being favoured over others based on their race. Saeeda's statement also points out that Black carers are often the least preferred in hiring decisions. Storm (2023) has noted that Black people face more racism in long-term care settings compared to other ethnic minorities as whiteness does not affect everyone in the same way. Racialisation plays a significant role in recruitment decisions, which tend to disfavour African minorities and Black Caribbeans in the UK (Zwysen and Demireva, 2020). This finding has been noted in this study too where Black carers faced more discrimination during recruitment, as Maria (a Black woman) reported:

> I mean initially, you know, they see the name Maria Mill and they think I am Caucasian. And then I am treated differently until I come into the workplace. Oh, and I was even told about this by my cousin. She is really like she passes for white. Yeah, she went for interview with the NHS and they said to her, we were not gonna interview you because of your name…Now by the way, I changed my name to not let it sound ethnic. So, I now go by the name of Maria, and I changed it and when I did that, I got ten times more interviews than I did before (Carer).

This story of Maria resonates with the idea of how names are thought to embody racialised other. She has to 'whitewash' her CV in terms of choosing a white-sounding name to get jobs and it shows that how racialised bodies materialise through impressions of difference (such as names) and hence face discrimination in institutional practices (Kalemba, 2023). Kang et al. (2016) described that applicants are often engaged in 'whitewashing' their CVs to hide any racial cues or symbols when they are trying to apply for jobs and they want to appear 'racially correct' and be on the right side of the 'colour line'. Bertrand and Mullainathan (2004) argue that candidates with white testers and names are two times more successful in getting callbacks from employers compared to candidates with Black testers and names. Pager, Western and Bonikowski (2009) note that Black people are discriminated against in job markets as Blackness is considered a negative credential. They have talked about the racial discrimination that people face in low-wage jobs. They opine that Black workers face more discrimination in

low-wage work as these jobs are highly concentrated in-service work that involves face-to-face contact with the customers along with a focus on other personal characteristics (Moss and Tilly, 2001). Furthermore, low-wage labour markets also employ heterogeneous minority workers who often compete for these jobs. For instance, some studies in the context of the USA have shown that Latino workers are seen as hardworking and reliable and often preferred over Black people (Kirschenman and Neckerman, 1994). This growing competition in low-wage service work exposes Black workers to discrimination, which occurs in relation to not only white workers but also other preferred racialised minorities.

Furthermore, in private care homes, the focus on profit leads to the need to satisfy the demands of customers. Mills and Owens (2021) discussed the notion of customer sovereignty and its role in shaping the gendered labour process in customer-oriented services. They argued that customers often play a central role in controlling labour processes for LGBTQ+, which facilitates labour control and discipline by the organisations. In my study, customer sovereignty and the notion of customer preferences play a significant role in the discrimination of Black women in particular as managers view these situations from a lens of profitability.

> Even the residents sometimes will say they don't want to be touched by Black Carers. So that adds on to the problem because the home will make sure there are no people like us to satisfy their clients (Temityao, Carer).

In other instances of discrimination, where women are working in care agencies, their work often is precarious, and it always depends on the shifts that a care agency chooses to give to selected employees. Azibo who is from Zimbabwe opined that

> Sometimes discrimination happens in shifts as I have been given a shift and then they will tell me it has been taken or you might get a shift, but then later the shift has been cancelled for me, but the shift was not cancelled, it was given to someone who is white (Carer).

However, these preferences for selective workers do change as they are fluid and flexible and this is perfectly applicable in the case of rising demand for women of colour to work in care homes during COVID-19 when previous workers left their jobs and '*all these British white people just went off sick and there was no one at that particular time and then they remember us*' (Maureen, Carer). Suddenly undesirable workers became desirable to keep the care homes running. In this instance, many of the participants, whether legal or illegal migrants, started to get more calls from the care homes. This social crisis changed the previous boundaries of recruitment in care homes as the industry was looking for 'indispensably disposable' (Mezzadri, 2022) bodies to work and suddenly care homes had to give the way to necessity

over the looks and passports of a carer. This instance shows how migrant women of colour are used as tools to fulfil the needs of capital and customer demands. In the next section, the issue of job promotions is discussed.

7.3 Politics of Promotions

Lack of promotions is considered an important source of actualising inequality in organisations (Amis et al., 2018). Amis et al. (2020) note that gender, class, and racial differences at times affect the possibility of being promoted. Migrant women of colour often remain stuck in low-skilled jobs with few chances of socioeconomic mobility, even when they are qualified for higher roles. As I asked one of the participants, Kissa, about the issue of promotions, she replied with a sense of sarcasm that

> They try and hide it. When you are keen enough you are able to see that you are able to feel that right there that is discrimination that person right there is discriminating against me because of my race. Sometimes even opportunities do come, but you will not be given an opportunity just because of looks and skin colour. The people who are going to be considered first would be people of the other race. So yeah, it is something that is real though people don't like talking about it a lot. But so in a real sense, it is affecting us, who come from Africa and who are working in such places. And I hope these things would get better and I hope we can follow each other as human beings and make things easy for all of us (Carer).

Acker (2006) discusses the notion of 'visibility of inequalities' and how privileged groups are less likely to see inequalities compared to groups who are disadvantaged in the system. In the above quote, intersections between race and migrant status determine the possibilities of promotion for these women. According to Tilly (1998), this goes back to the Weberian notion of social closure practices and racial discrimination where some people are systematically channelled into some positions without the chance to move onto higher positions. Social closure practices benefit specific groups while putting other groups in disadvantaged positions.

> Another thing the management needs is to embrace diversity and immigrants need to be given also positions like higher positions in care. We know that, uh, which is the case most of the managers are from the UK and white. Yeah, and the deputy manager. These are the things that can be done (Patience, Carer).

Van Laer, Verbruggen and Janssens (2021) argue that career success depends on the structural career boundaries that are infused with social identities such as class, gender, race, and disability. These structural career boundaries depend on stereotypical views according to which certain roles are more suitable for certain people/identities. In the context of race and ethnicity, it is expected that subordinated minority groups are ideal for lower positions. In my research,

these racialised migrant women are subordinated to local white managers, and they are often stuck in jobs with little to no career success and mobility. I have come across similar complaints of lack of progression and promotion from migrant BAME nurses as white nurses tend to have more opportunities for progression such as getting mid to higher-level management positions. Royal College of Nursing (2022) highlights this disparity in promotions where white nurses are two times more likely to get promotion compared to BAME nurses. In addition, I noted in these interviews both occupational and racial differences play a role in creating inequality in care homes where white managers and nurses control promotions of lower-ranked care assistants. Jessi opined that:

> People who did not do anything and were extremely incompetent were promoted to senior positions and then they used to say to us that we feel jealous. However, we knew how people got promoted to senior positions. There was this girl who was not capable of becoming a senior carer but she was appeasing the nurse. Nurse forwarded a good report of her but people like us who were so hardworking, we were always pushed back. Our reports were never good as we never tried to appease the nurses. They even tried to ask me to keep an eye on my colleagues during night shifts and then pass information about them but I told them I am sorry I cannot pass information about my colleagues to you… it is my team, so I am better with my team like this (Carer).

For instance, in care homes, managers, often white (Skills for Care, 2022), were responsible for giving promotions to care workers such as being promoted to senior carer positions. To do this, managers asked registered nurses who were considered upper in the occupational hierarchy in care homes to evaluate different workers and pass the progress reports of these employees. Nelson and Vallas (2021) note that managers rely on informal recommendations from their employees to fill positions from the same racial groups. It was evident that workers appeased nurses and even managers with the hope that they would receive promotions. Middle managers and nurses relied on personal interactions and social relations with other workers to assess their abilities for the job. Wingfield and Alston (2014) highlight the importance of interactional racial tasks for minority workers such as everyday interactions, geniality and personability to appease the whiteness and power relations in a workplace. They argue that the promotions of ethnic minorities such as Black workers do not always depend on objective criteria such as work performances and they often must uphold racialised and gendered work relations to gain occupational mobility and promotions.

Nurses act as gatekeepers for the occupational mobility of racialised women, which dismantles the notion that promotions and upward mobility in organisations are based on merit and rationalisation. The promotion system in this case is also used as a control and disciplinary tool

for lower ranks of care workers that creates divisions among them (Tarrabain and Thomas, 2022). In this hierarchical system of promotions, lower levels of care workers are expected to 'snitch' on their peers by doing localised surveillance. This use of promotions as a controlling tool hurt women like Jessie and increased their oppression. Amis, Mair and Munir (2020) note meritocracy is one of the organisational myths where it is believed that evaluation systems and reports would ensure meritocracy in job promotions. They argue that promotions in organisations depend on racialised categories, in-group favouritism and access to networks. These women believe that factors such as race and migrant status create intersectional inequalities and determine the possibility of not progressing in their careers. In the next section, the inequalities of roles and work assignments are discussed.

7.4 Role Allocations and Task Assignments

Role allocations and task assignments are the sites where care homes often produce inequality between workers. As Salima reports:

> So we have got about three White people in our care home, we have got three units on each floor. Right? Yeah, and rooms on each floor over the past few weeks are filling up, so one unit had like eight residents the other two had like now 15 residents and they have got full rooms like full units here. So there are hard units and there are easy units, so the obviously manager is Gori [a synonym of white woman in Punjabi language] And they always get the Gorians [white women] to go in the easy unit… Yeah, like in the morning when it is hand over time and I know undercover they signal each other that which unit they are going to but they do not do the same with us and that is what I speak against (Carer).

Salima dissects the issue of task assignments across racial lines by discussing the spatial nature of intense work in care homes. She seems to suggest that care homes have intense and less intense floors where different residents with more or less severe physical requirements have to be taken care of. In her opinion, task assignments are racially divided; white women are given less busy units and floors. McDowell, Batnitzky and Dyer (2009) have argued that social differences such as race and gender determine the organisation of labour. Migrant women of colour often complain about their work as they are asked to take care of difficult residents who can be more abusive and violent. This racialised division of labour gets embodied when women suffer injuries (this topic is discussed in the next chapter). Furthermore, the discrimination in task assignments also depends on residents and their families. I was speaking to Grace who talked about how white workers are often preferred in cases of an interaction between residents' families and the carers.

> Residents' families prefer to speak to white workers. Even if they see someone from the Philippines, they will be fine but they do not like to interact with Black carers (Carer).

She also talked about how families do not view Black nurses as capable and often demand for white nurses who are more competent. This demand from families often puts white or light-skinned workers in customer-facing roles or during shifts when family members tend to visit the premises. Ahmed (2006, p.142) highlights the notion of spatial extension of suspicious and racialised bodies. She talked about how white bodies move in and out of place with relative ease as others are stopped if they have wrong names and bodies. Grace in her experiences seemed to experience this spatial extension of her racialised body. This finding also resonates with Glenn's (1992) theory about the racial division of paid reproductive labour where white carers are considered more suitable for relational and interactive work compared to women of colour who are assigned to lower-level tasks. For instance, she notes that historically Anglo women employed in private households were referred to as housekeepers, while Chicana and Black women were addressed to as servants and laundresses. This racial discrimination also intersects with the temporal nature of work shifts where often women of colour are required to work during the night shifts. Maya shared her perspective:

> The problem is here that mostly people come from outside. They tend to work night shift and unlike the locals as to them night shift is a non-social time, uh, those are non-social working hours and they would rather be at home than work night shift so most of the time it is asked from foreigners. Usually with night shift, hardly do you find the locals working night shift. You know? So it is like, uh? For shifts like where I worked, we come from different cultures. There was not even a single white person who did the night shift. Yeah, and I remember I specifically asked the manager, yeah because she phoned me to say that there is a shortage of staff. Yeah, and you are the only one who is off and I said no, I am not the only one who's off, there is Linda- but she is white, they cannot do the night duties. No, it is not for them. You see, and they should not even bother calling them on that day off because they respect their day off… they have a family. You know what we also have family and everything but no one cares about that (Nurse).

In care homes, both night shifts and day shifts, come with challenges. Participants tend to agree that night shifts are more common and staff shortages are the worst during the night when you must deal with multiple residents entirely on your own. Maya points out that management also creates inequalities between workers where migrant women are working during non-social timings whereas local white workers are considered to have favourable arrangements under the pretext of, they have families. Acker (2006) argues that an unencumbered worker is often one who is continuously available for eight hours and a complete dedication to the time. However,

in this case, the unencumbered worker is thought to be a migrant who is not considered to have families, they are expected to work during non-social hours and sacrifice their own care relations. Kossek and Lautsch's (2018) study shows an imbalance of work-life flexibility between lower and higher-level workers. However, work-life flexibility also differs among lower levels of workers across the lines of race, and migrant status. Other axes of oppression include the wage theft and low compensation of which participants complained. These are discussed in the next section.

7.5 Compensation

Wage compensation is an important factor in reproducing inequality in organisational life. In the care sector, the pay levels have always been low as care work is often considered a low-valued and low-skilled profession. Participants, often complained about the lower levels of pay for the kind of work they were expected to perform. When I was discussing the issue of pay with Kissa, she replied to me:

> I mean when we talk about the pay, yeah? I would say we are doing a sacrificial job (Carer).

Words like 'sacrifice' and 'volunteering' often came up during the interviews. Women believed that that they are doing an important 'social service'. The demands of pay are often met with little to no regard for the conditions these women are working in. Racial discrimination in wage rates is also reported during one of the interviews, where Paulina recalled that

> In one of the care homes the nurses had to complain because of the salary. They were given a lower salary in a care home where they are all like, we are all nurses. They have been given a lower salary than their white counterparts (Nurse).

During my research, I also spoke with some migrant women of colour who are working as agency workers on zero-hour contracts, and they have different shifts in various care homes. It was often mentioned that these women are discriminated against by the care homes and the staff directly recruited by care homes. The reason for discrimination against agency workers is the perception that they are being paid higher wages compared to directly recruited staff in care homes and this makes them an easy target for the management and employees in care homes. One of the participants, Kaniz shared her experience that

> You get discriminated first of all, because you are agency worker and because they are aware that you get a higher rate but then they are not aware that other agencies do not pay high rates. They actually pay you the same as they are being paid, but they just assume you are getting more and then, secondly, you get, you get discriminated for who you are, Black woman from Africa! (Carer)

As an agency worker, Kaniz is being ‘doubly discriminated’ because of her skin colour (by her colleagues and in some instances residents) and her agency status as many directly employed workers believed that agency workers are getting higher pay than workers contracted by the care homes. McGregor (2007) has reported the same findings that agency workers are subject to discrimination by managers and often permanent workers in residential care settings. Kaniz also complained that this perception is often used by the management in care homes to extract more labour from her and subjects her to the most undesirable work.

> Yeah, the lady said oh our manager said to us this is agency, we're paying them more. You have to take more work from them. At times you are not even allowed to sit.

McGregor (2007) also noted that these tensions between temporary and permanent staff are also racialised as more Black and other ethnic minorities occupy fewer permanent positions in care. However, I noticed that women who are working with agencies experience the further disadvantage of being an ‘outsider’ in care homes compared to directly hired migrant women. This finding highlights the importance of context and fluidity of intersectional oppressions (Thatcher, Hymer and Arwine, 2023; Hwang and Beauregard, 2022) where marginalised women in care homes do not have to face the further discrimination as racialised women working in care agencies.

7.5.1 Wage Theft

Wage theft refers to the failure by the employers to pay the full wage or the full benefit as specified by the employment contract. Migrant workers such as temporary workers often face the issue of wage theft at the hands of their employers (Berg and Farbenblum 2017; Clibborn and Wright 2018). The problem of wage theft is also connected to the devaluation of migrant women's skills at the intersection of discriminatory migration policies and systemic racism within the Nursing and Midwifery Council (Ugiagbe et al., 2022).

As many women migrated to the UK, the UK does not recognise their nursing qualifications and they have to undertake English language tests along with other competency tests to start working as nurses in care homes. Nurses from the Global South are required to pass English language tests and Objective Structured Clinical Examination (OSCE) exams to demonstrate their competency in the nursing profession. They also have to wait for their registration (PIN) with the Nursing and Midwifery Council (NMC). However, these registration requirements were different for nurses from the EU until 2015, as they were not supposed to undertake any English language tests to register as nurses in the UK. In 2016, EU nurses were also required

to show proof that they can speak English to register as a nurse, but they were given the option to demonstrate their ability to communicate in English such as having a nursing degree in English then they will be exempted from this English language requirement. Royal College of Nursing (2017) reported that while EU nurses could have gained exemption under nursing qualification in English, this rule was not extended to countries like Ghana, South Africa, and other countries in Africa that deliver nursing education in English. It has been noted that the requirement of English language tests disproportionately affects women from the Global South as these women at times are more likely not to meet the requirements and these rules privilege whiteness and nurses from white countries (Ugiagbe et al., 2022; Alexis, Vydelingum, Robbins, 2007). Allan and Westwood (2015) pointed out that overseas migrant women qualified as nurses from non-EU countries are still working as care assistants as they are unable to pass the English language test. Soumaya shared her experience that

> I am waiting for my PIN number and I am working as a carer. I wanted to work as a nursing assistant but my manager did not give me this role and she discouraged me. But they are still asking me to do nursing duties for the residents, but they pay me as a health care assistant (Carer and unofficially performing nursing duties).

Soumaya applied for her PIN, which will be issued to her after the clearance of nursing competency exams and English language tests. She is working as a care worker at the time of her interview but also performing the duties of a nurse where she has to administer medications along with providing personal care to the residents. Wage theft is involved in these cases as she is underpaid for her labour and a mismatch exists between the qualifications and the type of work she is performing. A hierarchy of qualifications based on different geographical regions (Ugiagbe et al., 2022) created different pay scales for the care workers. Women who come from the Global South such as Asia and Africa are required to pass several tests, which symbolised exclusion as their qualifications were not viewed as valued compared to the host societies. Van Laer, Verbruggen and Janssens (2021) argue that qualifications and labour market scripts are infused with social identities where non-western qualifications are devalued compared to Western degrees which create 'ideal competencies' such as fluency in the English language.

Underpayment is a serious issue that affects migrants, specifically temporary migrants on time-limited visas (Berg and Farbenblum 2017; Clibborn and Wright 2018). The practice of underpayment is mostly found in low-pay sectors, which also tend to overrepresent temporary migrant workers. Underpayments include different versions of exploitation such as paying below minimum wage rate, non-payment of all hours of work, refusal to pay owed wages

including overtime, and unauthorised deductions. I have noted some of these practices of underpayment to these women, including the complaints of not being paid for the time they have invested in caring for the residents and other complaints of not receiving COVID-19 related paid sick leave. Gwen, who is on a temporary student visa shared her story that

> Sometimes it is not very apparent about the payroll and you know, we were very shocked at that time we did not receive any overtime. We received like 24 hours of pay when we worked for like 72 hours. They did not pay us any overtime, actually we receive only 24 hours for the whole month, so it is not fair (Carer).

Gwen was working during the COVID-19 pandemic, but she never received any overtime pay, to which she was entitled. Other participants complained about not receiving COVID-19-related sick leave. Unison (2022) has reported the findings of a survey where only a third of workers received their sick pay. Naila worked during COVID-19 and was resentful of the lack of recognition as well as the lack of overtime pay when she mocked the company policies and the symbolic notion of 'clapping'.

> Care homes received a lot of money from government but we were not even given paid COVID-19 leaves. I do not know what the clapping did. I do not think it worked. It is not the real recognition they did not increase our pay; they did not give any salary and they do not give us any certificates, just clapping. What does it mean?

I asked the women whether they have asked their organisations about the issue of underpayment if they think they are being underpaid and some of them talk about information asymmetry and deficit where they do not know how their payments are calculated and paid. According to Campbell et al. (2019), casual employees lack certain rights and if they complain, then it can result in employer sanctions such as losing a job and shifts with no clear recourse. I found in this research that workers with employment rights and legal migration status are also reluctant to complain, for different reasons such as dependence on the employer for visa and financial precarity (Boese et al. 2013). This issue of complaints is explored further in the section below.

7.6 Politics of Belonging and Complaints: Can the Subaltern Complain?

In institutional life, procedures are considered to be rational, fair, and transparent where rules and regulations are applied to everyone in the same way (Ray, 2019). However, organisations are embedded in their contexts of social and political processes, which create and shape power relations and structural conditions. During this research, different conversations revolved around the rules and policies of patient safeguarding in care homes and complaint procedures

to protect residents and care workers. However, there is a racialised decoupling of policies (Ray, 2019) and rules as often these rules are implemented to discriminate against racialised women. The implementation of the rules and outcome of the complaint depends on who is complaining and who is at the receiving end of this complaint. Paulina experienced racism from a few residents who called her 'monkey' and refused to be cared for by her. When I asked her if she ever complained about it, she replied:

> The policies and procedures should apply to all people, regardless of your skin colour or your religion or creed or whatever you see. But here the policies and procedures they apply they are different. If you have Black hair and skin, you will get treated differently from white person. If you are white, even if you commit a crime, which puts a patient at risk, nothing gets done about it, it is ignored like it never happened. If a resident misbehaves with white worker, they even call their relatives to apologise to the worker. Yeah, you get it. Yeah, so it is like. You have to be white, if you need your problems to be solved at work, you have to be white. If you are not white, they will tell you: if you are not happy enough with the treatment, why did you even come to the UK? So, if you complain, instead of making policies and procedures equal for everyone, they want to fix you because you are Black (Nurse).

Byron and Roscigno (2019) have used the terms 'racialised policing' and 'bureaucratic discrimination' where rules and policies are disproportionately applied to different people. They reviewed several cases of complaints where racialised workers are treated differently in organisational procedures compared to their white counterparts. In some cases, racialised workers are fired from their jobs as they are considered to have violated the rules of the company but when the same mistake is made by a white worker, they are let go without any penalty. Terminations and firings show a racialised pattern in these instances (Mong and Roscigno, 2010). Ahmed (2024, p.18) also notes that sometimes when people pose a problem, they become a problem. The problems are managed by managing the person ('they want to fix you because you are Black') as the attention is drawn to the person instead of the problem. The way the problem is decided to be solved is either to stop the people talking about it or to make these people go away.

Paulina, also talked about that 'organisational whitewashing' (Ozturk and Berber, 2022) where people in power benefit from white privilege and delegitimise your complaints as '*you are complaining to a racist at the end of the day*'. In her book Complaint, Ahmed (2021) notes that complaints and how they are processed reproduce the systems of power, whiteness, and silencing. Paulina's reflections also shed light on the notion of who has the right to complain, which was also based on the politics of belonging. As Yuval-Davis (2006) argues, a politics of

belonging is constructed by maintaining different boundaries in terms of who belongs to a community and who stands outside of it. In the case of Paulina, her colour and migrant status create a boundary where she is not supposed to complain when she is not part of a country and right racial group. Victoria explained her situation:

> Yes, yes, being on a visa, I feel it makes our lives, I feel it makes things a little bit difficult because you know when you are complaining to these people and you have a visa, they feel that you are not even entitled to complain. You do not have a right. This is not your place we should not even be here, or even you should be appreciating the little of what you are getting. You should accept the bare minimum from us, yes, so the moment you start complaining, there is an issue, that why this person is complaining (Carer).

Audre Lorde (2018) notes that you have to accept the bare minimum from the master's table and even crumbs from the floor. These larger discourses are experienced within care homes, where the colour and migrant status of someone matter more than the merit of that complaint. The current xenophobic and anti-migrant discourses also create an impact on racial relations in organisations (Fletcher, Dashper and Albert, 2023). In Victoria's reflections, I could see the broader political discourse of belonging where you do not seem to have a voice if you do not 'belong' to a place. These experiences of migrant women reflect the modern discourse around citizenship in post-Brexit Britain. These changes in social and political contexts are reflected inside these organisations (Ozturk and Berber, 2022). Women are subject to institutional 'othering', which reflects the societal-level polarisation and political context. I asked Desta about the reactions she gets from managers when she complains:

> Your manager already knows that the white person knows their rights. Well, with the Black, we do not know our rights. And sometimes, even when you know you are right and you say it, they shut you down. Because you see with the migrants, they feel we do not have a voice. That is how I think we do not have a voice, but a white lady, because this is, this is their country. They do not and cannot treat them in anyway like they treat us because this is not our country. Sometimes you hear if you are tired of this job, go back to your country. So painful! (Nurse)

Her statement shows how the hegemonic power is being exercised by creating the notion of illegitimate belonging based on her colour and migrant status. While Desta was reflecting on this, she mentioned that often people of colour equally participate in the reproduction of whiteness in institutions.

> One of the residents called me a Black bitch and I complained about it to my manager, he was a Black person himself. He did not do anything. He should have taken responsibility for it. he should have taken responsibility. I think sometimes you see, uh, these people feel we are working under them. They do not behave the same towards British white people.

Wingfield and Alston (2014) note that middle managers who are ethnic minorities are frequently under-represented in these roles, and they often are expected to uphold and even perpetuate the organisational practices that privilege whiteness. Nazareno et al. (2022) argue that a new social organisation of reproductive labour, ethnic minorities, often with citizenship in host countries, recruit migrant women of colour to perform low-paid, exploitative, and devalued reproductive labour. This highlights how class and immigration status can contribute to the exploitation of migrant workers within their communities.

In addition to the women who complain about these conditions, many times women choose not to challenge these conditions. Puwar (2004, p. 53) notes that often naming and complaining about racism turns people into risky bodies. I asked these women about the collective action in workplaces around the issue of discrimination, but no collective action was mentioned. Some managers tend to deny the claims of racism from colleagues and residents towards women, which discourages participants from seeking redress (EHRC, 2022). Unions also do not seem to play an active role in addressing racial discrimination including precarious working conditions and even at times they encourage workers to accept the accusations and avoid issues as best as they can.

> Sometimes you expect them that they are going to give you all the support that you need. They talk to you instead of defending you, they say oh no, just accept that, uh? Even if you are not wrong, just accept so that it passes. So how are you helping me? I have noted that with the unions that they do not understand, you call them to help you, and they tell you to accept and apologise. But what about the problem at hand? I am telling you that there is racism. I am telling you that it is harassment at work, but you are telling me just apologise about it (Maya, Nurse).

Historically, unions have struggled to fight and even acknowledge racism and discrimination in workplaces (Jefferys and Quali, 2007; Sahraoui, 2019). The care industry continues to be one of the most difficult sectors for inclusive trade union organising, according to Sahraoui (2019). Alberti et al. (2013) noted that unions do not view the interlocking oppressions of different social locations such as migrant status, contractual status and other points of difference that cannot be reduced to only economic discrimination. They argue that traditional union structures and approaches hinder the inclusion of marginalised workers in the UK, resulting in a lack of attention to the unique discrimination faced by migrant workers.

Women also share their reluctance in terms of complaining as they do not have enough people who ‘look’ like them in higher positions. This lack of diversity in terms of migrants from ethnic minority backgrounds in management positions reduces the confidence and trust of some

women to believe in the policies related to complaints (EHRC, 2022). Many women also talk about how this is a short-term arrangement of work, and they hope to move to another good job soon. This view of being temporary in a job often translated into no individual and collective action from these women even when they are being discriminated against and have legal rights to complain. They may seem to be helpless in places but often their inactions seem to be strategic and entrepreneurial as they want to invest in long-term ambitions rather than working towards improving their lives in the short term (Axelsson, Malmberg and Zhang, 2015). However, many of them were involved in other individual strategies, such as carving out good caring identities based on their race and culture, which is discussed in the next section.

7.7 Challenging the Inequalities by 'Being a Good Carer'

In the last section, I analysed how inequality regimes are produced and experienced at the intersections of race, gender, and migrant status. Racialisation and migrant status within care homes are used by managers to control and discipline labour to satisfy the business needs of profit demands. However, these women are not silent victims who are being put inside borders and boundaries without contesting these essentialised assumptions about them. Women often contest the notion of what an ideal worker looks like in care, and they draw boundaries between themselves and others to carve out their identities which are based on migrant ethics of care. During the interviews, women were often vocal about the commodification of care where care homes are mostly interested in making money and compromising on the care of residents. Deepika explained that

> In my previous care home, they expect like in this care home that whatever they want to tell us, we need to do that thing. But I am always opposing that. I am telling them you are a management. But we are working for the residents, so whatever the residents are telling us, we are doing that, not whatever you are saying (Carer).

It is clear that she is criticising the lack of understanding that management shows in terms of the caring needs of the residents and her understanding of their needs shows the true ethics of care. Lee-Treweek (1997) observed that care workers' efforts to define their roles as more understanding towards residents' needs in the face of control by management are a significant form of resistance against marginalisation in the workplace. Owusu, Braedley and Storm (2023) also note that whiteness operates in nursing homes where white culture and values predominantly operate to shape the practices and ideologies around care. These boundaries are redrawn where women of colour believe that their ethics of care are superior to white women carers. Workers often essentialise their own identities of being natural care givers based on their race and national backgrounds. Temityao describes that:

> I did have my background with care. Like, I say. I feel that from my ethnic background as Africans, you know what is written as care work is like an obligation to us to our aged parents. So, it is not a big deal for us to come here and care. And as matter fact, it is like a post that is you know oh, what we do for, what we do out of love. You know, for this work and we can actually get paid for it. So I am going to classify like this, migrants from Africa always call the residents as their grandpa, grandma. And then the British women are professional. We are also professional yeah, but we just we just know the importance of you know building someone's emotional trust and laughing with the person and all that. We blend in, some of these white British do blend but most of them are like doing the job as they were trained to do the job. They just do the job and that is it (Carer).

Being a care giver has been equated to coming from a background such as Africa where people are supposed to take care of their parents. Here cultural repertoire is being used as a boundary marker between migrants from Africa and British nationals who are 'professional without emotions'. In several conversations, women used their unique ability to put emotions in their jobs as a way to seek legitimacy and the true identity of care workers and exclude others from this group. As Hochschild (1983) explains, emotional labour is to fulfil the requirements of the job where people can be alienated from these emotions. However, here women used the notion of emotional labour as a source of pride and an asset that she has compared to workers who are locals. Kanika explains:

> They have to do work to get paid. That is it, yeah. It is not the way; they just do this work because there is no love. There is no care nothing, only they must finish the work and it gets paid and I do not like that, yeah (Carer).

Emotional labour in this context is attributed to ethnonational boundary work that creates distinct migrant ethics of care (Datta et al., 2010). Furthermore, these women are often considered not professional as they work in low-paid and low-skilled jobs but here migrant women stressed that they are professionals with unique capabilities to perform as ideal care workers (Roitenberg, 2020). Wingfield (2010) notes that in many workplaces 'professionalism' is often equated with whiteness. Migrant women of colour are often considered to be not qualified to take care of residents based on their skin colour (Olasunkanmi-Alimi, Natalier and Mulholland, 2023) and are often portrayed as 'space invaders' with questions about their competencies. However, some women contested these notions by stressing the fact that they have the same ability and capacity to perform their jobs irrespective of their background.

7.8 Concluding Remarks

This chapter analysed the nuanced work experiences of carers, often considered low-skilled, in care homes which are shaped by intersectional inequalities materialised in organisational practices such as hiring, promotion, compensation, and the racialised nature of workplace

policies and procedures. These organisational processes often enhance the marginalisation that is assigned to different people at the societal level. Their narratives revealed the different ways in which their gender, race, and migrant status put them in a 'triple bind' of disadvantage and discrimination. These women have been discriminated against due to their skin colour and migrant status in hiring, where managers tend to legitimise these inequalities by praising the work ethics of white workers and prefer to employ white Europeans due to factors such as customers' demands. Non-Black migrants tend to be preferred as second choice and Black women tend to be positioned at the bottom of the hierarchy. This finding showed that the category of migrant care workers is not undifferentiated as Black women are further discriminated against in hiring decisions. This demonstrates that care work is also stratified by hierarchies of migrant status and skin colour where Black body is perceived to have a lower value (Storm, 2023). In addition, women who were employed in agencies are also disadvantaged due to their position as outsiders in care homes.

Migrant women also talked about inequalities in promotions in care homes where migrant status, race, and lack of informal relations with nurses jeopardised their occupational mobility. Managers asked nurses to evaluate carers for promotions, which often depended on peer-regulation of BAME migrant women. These tactics created rifts between these workers, which often led a lack of solidarity and collective action in these individual workplaces. Furthermore, participants also complained of wage theft and underpayments in these care homes where women were being paid less for their roles, often with no payment for overtime or sick leave. Organisational policies and procedures were implemented in a racialised way that tended to favour white workers over migrant women of colour. Despite a lack of collective action in these places, women chose to engage in individual actions such as speaking about the superiority of their caring professional selves carved by their ethnic identities. These conversations with the women showed how organisational practices create racial and migrant subordination that is aligned with a lack of access to material and social resources.

Chapter 8 Research Findings: Embodied Precarity, Intersectionality, and Violence in Care Work

Everyday thousands of labourers go to places…
Sometimes they return…
at times, their dead bodies or even worse,
only the news of their death arrives.
(Saha, 2020)

8.1 Introduction

This chapter discusses the lived experience of embodied precarity in care work stems from the nature of commodified care work, migration status, and intersectional inequalities in organisational life. The precarity that is often created through the precarity of migrant status and employment is also embodied in the care sector in the shape of injuries and bruises of organisational life. These material conditions shape bodily experiences of vulnerabilities and violence that women have to navigate daily.

This chapter leverages the concept of precarity to explore labour conditions, and draws on the notion of ontological precariousness, which is a general condition of vulnerability present in our lives (Lorey, 2015; Neilson and Rossiter, 2008; Millar, 2017). I specifically adopt Butler's (2009) definition of precariousness and precarity where they theorise precariousness as a universal condition of human vulnerability that comes with human life itself. However, Butler (2011) also notes that precarity is an unequal distribution of violence and vulnerabilities through the workings of political and socioeconomic institutions. Precarity is characterised by hierarchisation and insecurities that are closely tied to processes of marginalisation and exclusion (Puar, 2012). Precarity also manifests in an embodied way that wears out the bodies at varying intensities and ways (Puar, 2012). Therefore, I look at the embodied precarity that emerges as a result of racialised time pressures, vulnerability, and breakdown of migrant, gendered, and racialised bodies in the care sector.

In the findings of this chapter, I discuss the fast-paced care work that results in time pressures that women of colour have to endure in their jobs. Women lack control over their working hours and break times and are subject to racialised time, which translates into poor health, as indicated in this chapter. In the second section, I analyse the relationality of care work and how the precariousness of the residents also intensifies the embodied precarity for these women. In the third section, I discuss the slow violence in organisations and how it distributes precarity to women of colour treating them as a racialised surplus (Ba', 2023). In the final section, I

analyse the embodied precarity during COVID-19 and how this creates an impact on their personal lives and mental health.

8.2 Time Pressures and Fast-paced Care Work

The neoliberal privatised model of care relies on the precarisation of care work, which supports cost-cutting and increasing efficiency by squeezing the maximum value out of labour (Syed, 2019). Time plays a significant role in care work as it is a valuable resource that always seems to be in short supply (Syed et al., 2016) and in the interviews it became evident that the work environment in care homes was rushed and fast-paced. Different women take care of the residents in two shifts, day, and night. In the morning shifts, carers schedule their time around giving personal care to residents with often intense and palpable pressures to achieve more within a given time. Soumaya, a carer, shared her experiences of the work:

> Sometimes carers are in rush. We have to eat breakfast, so early morning breakfast is important, but people will come without eating breakfast and they will faint. And I have to look up to them checking the blood pressure and everything. Yeah, yeah, because they will tell, like, I did not eat breakfast, I was working continuously, stressful days and workload like that (Carer).

Standing (2011) has highlighted the connection between labour intensification and precarious work arrangements, where employees are expected to work continuously without breaks. This norm of nonstop work is facilitated by the speed culture perpetuated by 24/7 capitalism (Müller, 2019), which disregards human physiological needs (Standing, 2011, p. 115). Soumaya reflects on the continuous working pressures on the carers, she sheds light on how these stressors are embodied when people lose concentration on the job as they do not have time to have breakfast. They often skip meals, and such working conditions somewhat resemble the sweatshops that have been historically undertaken by gendered and racialised labour (Syed, 2019). Most of the participants feel that they have to do more within the given day and often this working day extends beyond their normal working hours. In addition to providing care, women need to complete residents' files and records, which means their shifts extend to 12 hours or more. To manage time, women skip their breaks:

> We do not get proper breaks. Hardly, I will take only 25 minutes like that. We must finish our lunch. We do not have time to talk with our families in India and in the morning around 8:00 AM will go and end up at 8 PM. But in the contract hours, that was where we signed, where I find it will be like you should take the break for one hour, but no one is taking one hour break. Otherwise, we can take like morning break, lunch break for an hour, and evening break. But we are taking only lunch break. Sometimes it will be 25 minutes, sometimes 30 minutes. If more staff is there then we will take 45 minutes break. But a proper break, no one is taking and

> no one is providing that. If you are taking any break even then people will be rushing, just they will eat and they will come back to work here quickly within five to ten minutes (Naureen, Carer).

As Naureen explains in her words, she is legally entitled to have an hour break for her lunch in addition to morning and dinner breaks, but no one is providing them with these breaks and many people have stopped asking for the break as well to complete the never-ending work. This pressure to provide care for more bodies has affected the ability of these migrant women to replenish their bodies to produce enough labour power to perform their work. Moreover, the break times are also not paid in the care homes.

> Yes, we are still on work, and we take a break, they even deduct money from it as we do not come back home. We stay here and even during that time someone falls or some emergency happens, you have to work there. Sometimes we do not even take a break. It does not matter whether we take a break or not, they deduct our pay for an hour.

Naureen sheds further light on the nature of the breaks she gets, it was interesting to note that in her care home, they deduct the money for break times considering them as 'unproductive', even when they are caring for the residents during this time. The constant unpredictability of other people's bodily needs and the lack of organisational care force these women to skip their 'off-time' at times. Davies (1994) notes that in care work a carer is 'always' expected to be available as human bodies and needs are unpredictable, which requires a continuity of care relationship. Davies (1994) argues that care relationships cannot follow a clock time such as specific break times where you can switch off from caring for and caring about people. Care relationships are embedded in process time that is fluid and relational and does not necessarily follow schedules or a quantified number of tasks. The process time is mostly gendered and associated with feminised labour, such as care work, and emphasises the importance of relationality and embodied human needs in caregiving (Foeken, 2024). Davies (1994) and Foeken (2024) note that care work is embedded in these multiple and contradictory temporalities, which can be oppressive for the individuals as women still have to prioritise other people's needs over theirs (in terms of not taking breaks). Lauren describes the impact of these time pressures on care relationships by recollecting that

> Yes, I feel like sometimes the quality of care might not be the best because my mind is, like, more focused on so many things. I have to do this so I have to do this really quickly or let's say I am feeding someone, and they have like swallowing difficulties, I cannot like rush feeding them because they might choke so that is really bad for their health and like but I cannot help it… I have many other things to do, but I still have to take my time and give the residents quality care so it is tricky. But we just have to live with it (Carer).

Time also plays a role in determining the quality of care that a care worker can provide (Cammer et al., 2013). Quality care involves taking the time to listen to the person and tending to their physical and emotional needs. However, a fast-paced environment in care homes undermines the ability of workers like Lauren to provide care that reflects their values. These findings have also been shared by Baines (2011) who argues that lack of time compromises the quality of care. Though time in care work affects care workers in general, I noticed in these conversations that women of colour experience time pressures differently compared to their white colleagues as they are expected to do a lot more work.

> Well, as a migrant woman, I think sometimes you get overloaded with work and have no time. Because I was, I was speaking to a colleague in this unit where I ended up working by myself. If it is a white worker who is working, they make sure they make it a point that they are covered. Even if a carer, since they would rather even hire an agency carer could come and work with them. But you as a migrant woman they check, is this Black woman from Africa, ahh she will work. And then they do not help you, so it means you tend to be overworked. They do not care about your welfare, but they care about the welfare of other people because they are white people (Maya, Nurse).

Racialised women occasionally work alone due to staff shortages, but white carers are provided with more support. When both time and staff are insufficient, this translates into dangerous working conditions for women of colour. Women feel constantly stressed about not being able to complete their daily tasks, which often forces them to look for other ways such as avoiding time-intensive procedures such as not using hoisting machines that require more time. Saeeda explains this situation by saying that

> People from India and Pakistan they look for shortcuts… Our people think that with hoisting we need to bring the machines, use them, and then put people to bed or use it to adjust them in the chair which takes more time, so the better thing is that we just do it directly and this is how they sustain injuries (Carer).

Gee et al. (2019) note that the scarcity of time translates into behaviours of looking for shortcuts that create higher levels of accidents and morbidity for ethnic minorities. They argue that racialised groups tend to have less time compared to their white counterparts due to structural racism and temporal inequalities. These inequalities shape the health outcomes for these people.

Time also plays a central role in precarity and precariousness where people often lack control over their lives; precarity becomes embodied when workers are under pressure to perform under limited time and resources. These women experience multiple sources of oppression along the axis of race, gender and migration statuses. Often such intersections and

socioeconomic positions determine how they experience time and the flexibility of how they allocate this time both in their personal and professional lives. The ability to use time is foregrounded in power relations as it requires freedom to allocate time (Kwate, 2017). In addition, time autonomy or control over time is considered to create health inequalities across different racial groups (Colen et al., 2023). Women often complain about the stress they have to face when trying to access time off on the grounds of poor health.

> If you are talking of going off sick. If you go off sick as a someone who is on a Tier 2 visa, it is like it is a crime to go or sit. It is like you are a slave. You are not supposed to be sick, whereas if it is their white counterparts if they're on holiday, they don't call them to come and work (Azibo, carer).

Kwate (2017) and Joshi (2023) contend that racialised time is unequally distributed among different people and often racialised people tend to have a lack of control over their time, which is 'Black time' as opposed to 'white time'. This lack of control over time plays a huge role in their working and personal lives, which is linked to embodied manifestations such as higher stress levels, poor physical and mental health and being more prone to both individual and institutional violence (Colen et al., 2023). People who can control their time and have relatively more time autonomy are healthier than people who cannot control their own time (Colen et al., 2023). According to Kwate (2017), Black people suffer from time losses through multiple forms of waiting and exploitative working conditions that make them more prone to mortality and health issues. Structural conditions create embodied precarity through access to freedom, power, networks, and money. Racialised time creates an impact on health through worsening racial subordination and related stressors. Mills (2014) argues that racism steals time from people and redistributes it in a way that has an embodied impact on racialised bodies such as lower life expectancy. Racism steals time from people and this stolen time is transformed into white time (Joshi, 2023). In this way, the time that is being stolen from racialised people reduces the life expectancy of Black people, but it extends the lifetime of white people.

In addition, the Marxist notion of reproduction of labour power assumes that the white proletarian has to be provided with a social minimum time (time for social reproduction, as was evident in the quote that they do not disturb the white workers), which is important for the reproduction of the labour and the continuation of the supply of labourers (Mills, 2014). However, such notions of social reproduction do not look into the racial deprivation of time as some exploitative racial regimes do not abide by this prerequisite of reproduction of labour power. For instance, during slavery and colonial times, it was more acceptable to work the labourers to death and then replace them than to spend money on keeping them alive and paying

for their social reproduction for a longer period (Mills, 2014). In the above quote, not allowing migrant and racialised women to have sick leave while white workers are allowed to have time off indicates the differential control of time on different carers in care homes. Women often complained about feeling stressed and harassed as they cannot spend their days off in peace and it is affecting their mental health and stress levels as Jessie explained in her interview that

> I will even say that I started getting sick and stressed due to this. It is not just me, but everyone says the same. If you do not pick up the phone, they ask you why you are not picking up the phone and then we tell manager that we cannot do this during our day off. But even they keep doing such things with us even when we have a day off and we are at our home and even when we are sick. It is a harassment! (Carer)

Edin and Shaefer (2015) argue that structural inequalities put racialised workers in occupations that represent unstable work schedules. Furthermore, as asserted by Rodgers (1989), lack of control over working hours is the hallmark of precarious employment. Mulinari (2007 cited in Philipson Isaac, 2024) argues that the erosion of boundaries between private life and work signifies an expansion of employer control over workers that extends beyond the workplace and working hours. Racialised workers are disciplined through the exercise of control over their schedules and availability, leading to constant pressure and harassment. This loss of distinction between work and nonwork time results in a lack of autonomy over one's time. This demand of being available for work can result in burnout and stress evident in these quotations. According to Health and Safety Executive's report (2023), more workers (51% of all reported cases of ill-health) suffer from stress and anxiety in the health and social care sector compared to other workers in any other industry.

Women also speak about multiple instances where they feel unwell and suffer from fever and body pains, and they still decide to go to work as pressure from their workplaces to attend to their residents is continuous.

> At times you feel sick and still you have to go to work because you can lose visa sponsorship. Manager keeps calling you then what can you do? (Kissa, Carer)

This phenomenon is considered as 'presenteeism'. Reuter et al. (2019) note that presenteeism has been increasing in the UK. Kinman (2019) argues that this trend is an emerging health concern where 50% to 70% of workers are engaged in this practice. Migration, precarity and presenteeism have strong links as migrants are involved in low-paid work that often comes with lower levels of social protection such as paid sick leave (Collins, Barry and Dzuga, 2021). Furthermore, this issue of presenteeism was evident during the pandemic as well where low-

paid migrant workers were more likely to be involved in presenteeism (Collins, Barry and Dzuga, 2021). Though it is considered that people who are on part-time jobs, zero-hour contracts and low earnings suffer from presenteeism, my research reveals that many women who are employed full-time and have a legal entitlement to paid sick leave are unable to access these benefits as they are expected to come to work regardless. This suggests that the intersection of migrant status and lack of autonomy over time also determines the extent workers will be engaged with presentism. In other situations, women also attend their work while being unwell to earn money to survive, *if you don't work then how would you eat?* (Harleen, Carer), which highlights the in-work poverty as low or no pay in precarious jobs (Shildrick et al., 2012).

8.3 The Precariousness of Residents and Precarity of Women Carers

These overworking conditions are also exacerbated by the nature of the jobs performed. Care work is based on dependence and relationality, as residents with different disabilities depend on carers to do basic tasks. The precariousness that comes from dependence on other people and from our physical vulnerability shapes ontological precariousness in our lives. Kittay (2021a, 2021b) argues that precariousness, like precarity, is not equally distributed as people with disabilities experience additional precariousness in their lives. She argues that this uneven distribution of precariousness is most visible when we depend on others for our well-being and daily lives (Kittay, 2021b). Most of the carers are responsible for caring for vulnerable residents with varying health conditions such as dementia and disabilities. The unpredictable nature of these residents' health conditions affects the care workers in various ways. Barkat discusses this point:

> Sometimes they look like they are fine and the very next moment they can have a serious fall and other health issues. At times they are walking with you normally and the next moment they will fall and pull you down with them. (Carer)

Butler (2004) writes that the social nature of human existence makes people vulnerable and dependent on others. In Butlerian reading of precariousness, it is not only related to existence, but it has elements of relationality and interdependency. Care workers mostly provide a buffer between vulnerable people and their precariousness of bodily conditions, protecting them from the negative impacts of their health conditions. Due to the relationality and interdependence between the vulnerabilities of different people in care homes, care workers become derivatively vulnerable and dependent on the people they look after. Their vulnerabilities and embodied precarity are shaped by the bodily conditions of residents.

> Then during the night, dementia patients have different routines and if they do not sleep by 12 o'clock then it becomes more challenging… If they do not sleep then we have to be up all night, as you know, and even sometimes we feel a bit drowsy. During the night, the situation is that even if sometimes you feel sleepy, you feel faint and drowsy suddenly, but you cannot sleep. However, you can feel unwell anytime and if you have some issues just like I have blood pressure, my blood pressure can get high (Jessie, Carer).

Jessie reflects on the unstable and changing routines of dementia patients where people often wake up during the night and can be difficult to handle. Their precarious bodily conditions are relational as they affect the bodies of women who have to deal with these residents during the night. This relation and interdependent nature of embodied precarity is evident when Jessie discusses how she is experiencing uncertainty around her body.

In addition, a relationality in suffering occurs, as this is not just limited to one person, but it has a collective and interpersonal effect. Suffering in care homes seems to circulate and move among different people such as residents, healthcare workers such as carers and nurses. For these women being with suffering was often being *in* suffering too (Dragojlovic and Broom, 2017), both physically and emotionally. For instance, women are involved in relational care, which fosters affective caring relationships between women and residents. Women speak about the unpredictability of residents' health and sudden deaths, which affect them emotionally. Maria, a carer, said:

> It is hard when residents die. I had a resident who was under my care. One night, I put her in bed and did a round on the floor to check on other residents, when I came back to see her, touched her face and hands which were stiff and she was not breathing, I realised she was dead. I could not believe that she just died, and my heart sank. It was not that I saw someone dying for the first time, but it affects you (Carer).

She talked about how she cried but she had to 'move on' as if nothing happened to continue with her 'routine work'. In these encounters with women, it is often communicated to me that suffering and pain affect carers too in care relationships when they see residents being ill or dying and hence suffering cannot be treated as if it only affects the resident.

> When you care for residents, you get affected too. You get affected by these losses but do not think that you get any emotional support from work or from your managers or anything. No, you just have to go on like nothing happened. Yeah, you get it. You go on like nothing happened to you, do not cry. And the next thing managers do is to replace that person with another new resident and then that is it. It is like nothing happened. (Maya, Nurse)

Suffering becomes an affective assemblage of residents and carers who fear, hope, and suffer together in these caring and often difficult relationships (Dragojlovic and Broom, 2017). Care

labour in care homes is part of an affective assemblage of bodies that is mediated by relationality in care work and embodied experiences. Suffering is embodied, intersubjective, affective, and ontological condition in this work (Dragojlovic and Broom, 2017). When residents pass away, women experience disenfranchised grief, a type of grief that is not socially validated (Doka, 2002), as carers are expected to move on because of fast-paced and nonstop work in residential care homes. Women are expected to abide by feeling rules (Hochschild, 2003) that include suppressing emotions like sadness or tears when dealing with the death of residents, as it is perceived as unprofessional behaviour. Participants are generally expected to handle their emotions and cope with their sense of loss daily, and yet they receive minimal support from their organisations and line managers. The misery of residents is emotionally demanding and painful for these women as if they are suffering along with them. This is often hidden, and the unseen human misery involved in this type of labour is something that many of us do not think about (Toynbee, 2007). In the next section, I analyse the bodily injuries and accidents which occur during these jobs.

8.4 Occupational Injuries, Pain, and Breakdown of Bodies

Care workers do not produce any material commodity but perform daily tasks that are immersed in corporeality. Women use their bodies along with their emotions to perform caregiving activities. These embodied activities involve touching and handling bodies, feeding, and helping residents to get up and sit down, meaning that care work revolves around corporeality and consequently injuries can result from these activities. Women recall the multiple incidents leading to accidents and injuries on this job. The table below outlines the number of times these incidents have been mentioned during the interviews.

Table 9: Injuries and accidents on the job

Cause of injury	Frequency	Nature of accident
Lifting of clients	7	Back pain due to lifting clients
		Muscle injuries due to lifting the residents
Lack of staff	14	Hoisting the residents without any staff help
Physical abuse	10	The patient slapped my face
		The resident threw a chair at me

		The resident burnt my body with hot tea
Resident scratching	9	A resident would scratch or pull you down while walking
Sleep deprivation	9	Persistent sleep deprivation and hospital admission due to being overworked
Physically tired	16	Feeling tired due to the extreme nature of work

I was speaking to Maureen who reflected on the physical aspects of her job.

> Care home, it is a horrible place to be. You just go in there for survival. In the end, you go in for survival. Uh, like I said you, you enjoy working with old people, but the environment is not that good. I got sick many times (Carer).

Another participant shared her reflection that *'you go to care home in a healthy state, but you come back with disease'* (Jessie, Carer). In the account of Maureen, she likes working with older people, but she does not consider it a place where you would like to be as it has embodied impact on your health. Women also speak about how they have to lift heavy men when they are providing care to male residents.

> After we are giving the shower or bath to 90 People and I tell you honestly, I am getting a little bit tired like, you know, the continuously standing and bending and we are working every bone in our bodies, and we are also moving and handling the residents and some people weigh 40 kg and some person is 100 kg. It affects us if I turn 100 kg man, it is not that much easy to turn 100 kg man! (Shaam, carer)

The breakdown of bodies is gendered as well; women have to look after men who outweigh them in strength and body weight. Women deal with heavy bodies, which often leads to back and muscle pain.

> Back pain is a very normal thing for carers. These problems have to come during this job. Whoever go to physiotherapists, you will see most of them are working as carers because when I went to physiotherapists, they told me that 90% people are carers who come to us for help (Ash, senior carer).

A recent report by the Health and Safety Executive (HSE, 2023) reveals that musculoskeletal disorders account for 20% of work-related illnesses in the health and social care sector, a higher proportion compared to workers in all other industries. In other instances, where no handling of bodies is involved, other muscular pains are experienced, as Gwen discussed:

> I am in pain, I do not want it to be permanent, you know?... We have to do a trolley like breakfast trolley or for dinner… It is because of its location or maybe because of the trolly composition. We have to pick up the things from that like lower trolley or something like that so I think it has injured my neck (Carer).

Sleep deprivation is another issue reported by participants who suffer health consequences and workplace injuries due to constant disturbances in sleep. Sleeping disturbances are common during night shifts and when women work for both care homes and domiciliary care. Maria shared her experience below:

> With carers we work in 24/7 seven days a week, and we are woken up in the middle of the night. We are not given any additional funds or any sort of compensation for you know, sleep deprivation at different times. If you are Black, you are given difficult jobs to do. I said to my previous agency. I emailed and I asked for breaks and then I just gave up… I rang the manager and I said you get somebody else in here today because I have not slept in months. I am going home (Carer).

Racial disparities have been noted in sleep deprivation. Sleep is an important indicator (often understudied indicator) of health disparities and health outcomes. According to Hale, Wendy and Daniel (2020), higher levels of mortality or morbidity and sleeping for less hours are linked. Moreover, since ethnic minorities and women tend to disproportionately work in lower-status and precarious work with uncertainty in their work schedules, sleep deprivation is distributed unequally across racialised and gendered ways (Colen et al., 2023). Dugan et al. (2022) showed that precarious work schedules such as long shifts, intensity and non-day work create sleep deprivation in workers and produce serious health outcomes such as fatigue in their lives. Disrupted and less sleep is considered to contribute to poor health trajectories. Sleep deprivation can result in different issues such as cardiovascular disorders. Furthermore, it can also create safety risks for both the workers and the residents (Harvey, 2011). In the next section, I discuss organisational neglect and violence that shape the experiences of embodied precarity in care homes.

8.5 Gendered and Racialised Violence in Care Homes

Women speak about incidents of violence at the hands of residents and notable incidents of organisational violence. Care homes have different sections and wards where people with different bodily and mental abilities are cared for. Dementia wards and people with mental health challenges are considered to be the most abusive and violent places and often they are least preferred to work in. Safety in these wards is uncertain as one of the participants who has been working in dementia wards reflected on her experience:

> We have to compromise as well but I have worked mostly in dementia wards, and they always acted like children. Yes, they beat us when they get hyper, and we never know when this can happen (Jessie, Carer).

Women often suffer abuse at the hands of male residents, which occasionally has a profound impact on their lives, resulting in long-lasting physical changes and emotional trauma that can be deeply ingrained in their bodies. Wainright and Turner (2003) discuss the notion of epiphanies of embodiment which refers to important moments such as sustaining severe injuries and their impact on bodies and physical abilities. This epiphany of embodiment is also a feature in care work where on-the-job violence results in long-term pain.

> These dementia patients, when they have long nails, they scratch you with nails, look at these scars here. They scratch on the face, on my arms and even they slap you. In the beginning, I went to the care home and there was this resident which required one-to-one care, and it was my first day and they made me sit there. He got up and started walking and I started going after him as I was concerned that he may fall, the moment I try to hold him, he threw a chair at me. He was so heavy and healthy; he threw a chair at me and he also punched me on my arm and then my arm was in so much pain and it still hurts a lot (Naureen, Carer).

Another woman, Ummayah, a part-time care assistant, discusses how violence can also manifest as sexual violence.

> I was not as comfortable providing personal care to male residents simply because I was not exposed to that sort of things in my culture, especially when I was new to the job. I did not know much about sex and generally the opposite gender and it was a different experience for me. But I think depending on how some residents behave, I know one of my friends worked in care and she has that while changing residents, they tried to feel her breasts and slap her bump. I had residents who grabbed my hips and breasts, and you can tell whether a resident do something intentionally or not. I know there were times when I did not feel safe providing personal care to residents because it is just how they behave or say things to me.

Ummayah discussed how her experiences of sexual violence make her feel unsafe and put her under a lot of stress. She often works in under-staffed facilities and being on her own increases the risk of such assaults. Health and Safety Executive (n.d) noted that aggression and violence remain the third major cause of workplace incidents (including feeling threatened and unsafe) in health and social care settings. The executive further noted that factors such as working alone puts people at increased risk of violent and aggressive behaviour. Ummayah does not view the response of management as very helpful here and she thinks that this issue happens more often with young female carers. Other carers also share this view that sexual violence and abuse remain unaddressed as they come from a patient who has dementia, and hence are part of the job.

I often asked women about the abuse patients can be subject to as well at the hands of carers. Some of them talked about instances of abuse that residents are subject to and different vulnerabilities in care homes. However, they were also of the view that in these instances, *'Carers are usually punished in cases of any complaint against us, specifically people like us, but the violence towards staff is hardly acknowledged'* (Harleen, Carer). Management in care homes refuses to see or acknowledges the violence these women encounter while doing their jobs and it is often blamed upon these women (Williams, 2018). Owusuwa talks about her recent injury at work.

> Sometimes the residents can be very aggressive. One day, I am going with a cup of coffee very hot coffee, yeah? I used to give the tea to residents and it is a teatime, Yeah, so, I am going to serve. There was a man who was always angry, every time he is hurting someone. I was walking over there and immediately that man moved his hand and the entire cup of coffee was spilt on my shirt, and I got burnt… And if we are going to the management, they are like that is fine. You can apply some cream, but that care home was not good. They did not care about it and always blamed us (Carer).

Egan (2019) discusses the notion of precarious entitlements concerning gig workers in food delivery services. The author discusses the conditions of: police neglect, insecure space and spatial disregard that increase the precarity of food delivery workers. In the context of this research, organisational neglect and violence increased the embodied precarity of migrant women while working in challenging working conditions. Owusuwa explains:

> Lots of those on the sponsorship from Africa are treated like slaves with no respect for their health and well-being. They get the meanest and hardest residents, clients and are paid way less than other carers.

Violence can be defined in extensive ways that can involve both physical and non-physical (symbolic violence) manifestations (Kilby, 2013). However, physical violence is distinctive as this kind of violence emerges crudely due to pathologies of power. Every person has a body that makes him or her vulnerable. Physical violence is an evident form of power that not only violates the body, but it also affects the person's integrity. However, violence and resultant vulnerability are not universally distributed as bodies are gendered and racialised; this defines the extent to which a person can be exposed to violence. Racialised and gendered bodies are more prone to violence due to the social and symbolic meanings attached to them. As Popitz (1999 cited in Costas and Grey, 2019) notes a person can separate himself or herself from material possessions and social settings but cannot separate oneself from the body. The violence that racialised women face emerges as a result of precarity produced by structures (borders and organisational) that they have to endure in their everyday organisational lives.

Embodied precarity is interlinked with structural racialised and gendered violence in organisations. This kind of violence is embedded in everyday organisational lives and experiences of work. Furthermore, in the context of this study, violence is not something that is always intended to be unleashed in the lives of migrant women and it is not only present at interpersonal levels but at the structural levels as well. The combined social conditions make the lives of these women less worthy or undeserving of protection. Violence is normalised in the broader structural and organisational rhythms of these care homes.

> Uhm, yes, I think obviously in, uh, if you work in care that a lot of people do know that you suffer a lot of injuries, expecting back injuries and shoulder pain as well, pulling muscles. So, I think it would be better if the government could provide us more support. And I know that they do nothing for us, except that you just go to the GP and then it is a normal routine again. And it is just we are told to take medication like painkillers and pain will go away on its own until it escalates to a very serious issue which was not taken into account. And I think that means there is a lot of times that this happens with us as you keep working and things get worse! (Ummayah, Carer)

Precarity is conceptualised as slow violence (as Ummayah said 'it is a normal routine again' and 'you keep working and things get worse'), a kind of violence that often occurs gradually and is dispersed across time (Yea, 2023). It is drawn-out, everyday violence. It also resembles attritional violence, which often is not seen as violence at all (Nixon, 2013; Sandset, 2021). By this understanding, slow violence is both normalised and routinised in hidden rhythms of working lives. Davies (2018) argues that slow violence highlights the violent structural inequalities that not only shape our present but also the future. The concept of slow violence also points out the ordinariness of some crises that have been occurring over long periods and they become hidden and mundane. Berlant (2007, p.754) has used the term slow death which gradually wears out the bodies and becomes part of their historical existence and experience. Slow death has been a fact of life and a defining feature for certain populations who live in perpetual crisis in normal and ordinary times (Berlant, 2011, p.101). Berlant (2007, p.759) encourages us to look beyond the 'traumatic events' and see the similar violence in everyday lives and normalised living and dying for some communities. Berlant (2011) talks about how precarity and resultant embodied impact have been endemic rather than epidemic for these communities. Sandset (2021) argues that this slow violence creates death zones where slow violence relies on the expectation and even acceptance of deaths and suffering for certain people.

Yea (2023) argues that we tend to focus on severe and extreme cases of exploitation of migrant labour whereas the banal and routinised suffering is often brushed under the carpet. Salima shared her story that, '*I sustained a shoulder injury during work and used to come to work with a heating pad on but no one ever asked me a thing about it'*. Bauman (2004, p.12) has theorised the notion of human waste or wasted humans as the disposable and excessive population of selective groups who are not permitted to stay nor are recognised. These people are often oppressed under different structural conditions of violence and suffering that subject them to slow death. Bauman (2004) focuses on the history of subjugation, which puts labels of useless and superfluous on communities and individuals in modern times. Building on this notion of wasted humans, Mbembe (2019, p.71) connects it with the forces of racism and argues that 'the function of racism is to regulate the distribution of death'. Fernandez (2023) labels it as 'racist wastification' as the conditions of wasted lives emerge out of racism and racial relations. Racism plays an important role and central mechanism that produces wasted lives in Western societies. This study identifies a gendered and racist wastification of women's bodies that suffer injuries (often long-term), but those injuries are invisible in workplaces.

Violence is visible in total institutions that are not part of the rest of society such as prisons, detention centres, and camps as these are liminal places where the state of exception (places that exist outside the law) exists (Costas and Grey, 2019). Along borders, the lives of asylum seekers and refugees are managed by the state, and violence in such 'abnormal organisational settings' can emerge here due to their situatedness outside of the law. However, when violence is equated with such an abnormal organisational setting of repressive geographical walls and surveillance by the coastguards, it is easier to forget about the violence that occurs far from these places within normal organisational life. The production of precarious work experiences occurs in a context of immigration controls, neoliberal employment conditions, and increasing privatisation of care in the UK that entails embodied precarity and racialised and gendered violence that often remains invisible. During this research, I also noted that violence is noticeable but normalised by the participants as it becomes part of the job.

> Actually, only for small things, like maybe sometimes residents punch you. It is only that one but nothing as far as I know, from the time I started here. Even from my colleagues, I did not hear anything (Kris, Senior Carer).

In these instances, women participate in symbolic violence where they do not see violence on the job as 'abnormality': They occasionally excuse these incidents as normal and to be endured. In other instances, women are aware of the violence that they are often subject to, but the

precarity around their earnings and transnational family responsibilities stopped people from quitting their jobs or raising a voice against this, as Jessie explains:

> We have families in India and in other places and we have to take care of them. We would be able to send money when we will earn from here and that is why they keep tolerating it.

8.6 Embodied Precarity and Personal Lives During COVID-19

At the time of these interviews in January 2022, COVID-19 was still a health emergency with multiple variants emerging in different countries. My participants were working in care homes during these times, and they worked during the peak of COVID-19, with precarity around death and life. Participants discussed the new avenues of marginalisation and embodied precarity in both their work and personal lives during COVID-19. In many care homes where these women were working, they did not provide masks to carers in the initial phases of the pandemic. Care workers were at the bottom of the hierarchical ladder of vulnerability. Salima recollected the working conditions during COVID-19:

> No. They did not provide us masks during the first wave. Our company did not have it but they provided masks to nurses. They did not give us anything… I am not sure whether this happened in every care home but in our care home this fact has been kept in secret if you ask me honestly… this fact was kept in secret. Yes, they kept these things hidden and did not provide us masks and they also knew that patients brought COVID-19 from hospitals. They wanted to save money so whenever we used to wear masks, our manager used to discourage us from wearing that explaining residents will get scared.

Salima was not given a mask and she was also forced not to take any precautions during COVID-19 as this would affect the business and customer service of the care home. She talked about how she used to think that such exploitation was only possible in countries like India and Pakistan, but she soon learnt that it is all about money in the *'civilised world'* as well. '*There is no justice here, it is all about money, money, and money*.' Salima's reflection resonates with the work of Said (1993) in which he argues that the West portrays itself as advanced, modern, and civilised compared to the East portrayed as barbaric and backward. Salima's lived experience informs her about the contradictions of these discourses in practice. Barkat, below, shares her reflection on the precarity and loss that carers from ethnic minorities had to endure:

> I know a lot of carers, women from our background who died working in the field. Alot. Because of COVID-19, because they were working in care. It is hard it is hard. They left their families and children. Every angle, every angle, we lost a lot.

According to the report published by PHE (2020), BAME communities had the highest death rates. According to the study of Razaq et al. (2020), the death rate for Black Africans was four

times higher and the death rate for Bangladeshi and Pakistani communities was three times higher than that of white people. The Women's Budget Group's (2020) report also endorsed the findings that ethnic minorities and migrant women died in disproportionate numbers compared to their white counterparts. Women carers had to sacrifice their lives and caring relations to look after people in care homes, creating a sense of loss. Mask-wearing was never a complete solution for this type of work as other elements of the jobs such as cleaning saliva and washing body parts increased the vulnerability of both the carers and the residents. These professional choices were not limited to the care homes as women had to make calculative decisions of where to and who to meet during COVID-19.

> It is hard for us as well as we do not meet the people, like myself I tried not to go shopping not to do any danger as I know once I get it, It is not good for my family and not good for the people I care for. So, I was more careful than anybody else. So a lot of carers, we lost a lot of freedom (Barkat, Carer).

Care work changed significantly for women both in paid and unpaid spheres. Embodied precarity became the hallmark of their lives and the responsibility of being a good carer blurred the boundaries between personal and professional spheres. Women had to perform emotional management with residents to ensure them they were fine, and carers had to let go of their freedom. This emotion management was also being performed when women decided not to hug their children for months due to the induced sense of precarity by the virus. Patience shared:

> They [the care home] were pulling me away from my children. Because whenever I was coming back, I was worried about my family. For many weeks, I could not hug my children. I could not sit next to my children. Because I was worried that whatever I am bringing, I am going to pass it to my children. It is not easy. This job is not easy. It is a matter of life and death. We have to do it as we have families to provide, we have families and dependents.

This job brings its precarity around the probability of life and death, but she continued with this job as she has her family and people to look after. Her situation sheds light on the double bind of precarity that involves economic survival and physical survival and often women prioritised economic survival as there was no institutional support which these women could depend on during COVID-19. As Barkat said:

> It is secondary home, when you have a secondary home, you have to work harder than anybody else because you are thinking that if you fall down who is going to lift you up? You got bills to pay, you got a family to look after but when you are original wherever you go, your family would pick you up. When you are in a foreign country you have to work hard because you have to provide food on the table and obviously whenever it comes to help again it depends which status you

> belong to, if you are a resident then yes you can get more help from the government but when you are not resident, you are a migrant and you came to work, obviously the help is not there for you. You have to work. You have to be in that risky job.

Often women carers had to hide the fact that they were working in COVID-19 wards from their families. Tabbi spoke about her experience that

> I was even afraid to tell my family that I am looking after those residents who are COVID-19 positive. I was so afraid to even disclose that I work in a space within COVID-19. Because I thought they would think Oh no, you know this is so bad but then time went on and I did manage. It was difficult. (Nurse)

BAME women were reported to be struggling with the rising demands both at home and work (Skeggs, 2021; WBG, 2020). Working mothers like Patience, Tabbi and others were involved in paid reproductive labour but they were also performing unpaid caring relations at home. The narrative was that they felt unsafe about their bodies and what they were bringing to their children when they came back home. These mothers were stuck in a care sandwich where in a professional capacity, they had to take care of the residents in care homes and often risked their lives by working in unsafe conditions and proximity to the people who were not well. On the other hand, they had to create a distance between their children due to the embodied precarity that they were experiencing during this period while still fulfilling the unpaid caring responsibilities.

The stories mentioned the tales of stress, anxiety of fear that women were experiencing during COVID-19. Many participants decided to seclude themselves in separate rooms as a strategy to save their families. Some narratives featured a feeling of guilt when women equated going to work with bringing the virus to their children. They felt inadequate as they could not hug their children in such times of crisis. Zhu et al. (2020) have shared similar findings in a study in Wuhan, China to understand the challenges of healthcare workers. This study brought to the fore that women healthcare workers faced significant dilemmas in terms of caring for people on the job and being under the constant fear and stress that they can make their families sick with this virus. Chowdhry (2020) has also the same feeling during COVID-19 when she had to breastfeed her son while she was working in COVID wards. She explained that she used to wash herself thoroughly after coming home but still used to fear what would happen to her son if she would still be carrying this disease to her child.

8.7 Concluding Remarks

In this chapter, I have discussed the embodied precarity of migrant women of colour who are working in low-wage and devalued care work. Precarity is conceptualised as politically and

socio-economically driven precariousness through which different groups of people are differentially exposed to vulnerabilities at different intersections of othering and exclusion (Lorey, 2011). Hardt and Negri (2009) contend that the precarity of labour and the subsequent exploitation of individuals are pervasive phenomena that disproportionately affect racialised populations and women in the Global North.

Women experience embodied precarity induced by the intersections of their racialised migrant statuses and working conditions. This precarity gets embodied as women face constant time pressures both on and off work to remain available for 'care'. These women experience multiple temporalities of process time within caregiving relationshipsy, and they also embody 'Black time' which signifies the lack of control over their working schedules and lives. Racial stratification and segregation in care work redistribute time from racialised bodies to white people as women of colour tend to work for more hours without institutional support compared to their white counterparts. This lack of freedom and control is embodied when women suffer injuries, sleep deprivation, and consistent neck and back injuries while performing their work.

Embodied interdependency in care work exists when the precariousness and suffering of the residents' bodies determine multiple levels of injuries and feelings of being unwell for the women, whose work involves relationality. In this chapter, I portrayed embodied precarity as a way of domination and slow violence due to the gendered and racialised banality of workplace injuries and labour exploitation. Care homes often recognised the vulnerability and precarious bodily needs of the residents, but women care workers, were denied the same recognition. As Berlant (2011) argues, capitalism thrives on producing precarious minds and bodies and it promises security to some people while wearing other bodies down. The multiple axes of their racialised, gendered, and migrant status make these women more prone to such violence.

Chapter 9 Research Findings: Precarity and Social Reproduction in the Life of Women Carers

Indignity sits slack-jawed with an indefinite leave to remain,
awaiting papers far into the afterlife.
Still, she promises to send money.
(Shire, 2022, p.11)

9.1 Introduction

Truong (1996) discusses the interdependence of production and reproduction spheres where globalised production is followed by its closely related counterpart, social reproduction. While I was conducting interviews, I could see similar discussions around housing, healthcare, caring responsibilities locally and transnationally and incomplete family formations embedded within austerity-induced privatised social services, employment relations and hardening of border and migration policies. Different conversations around social reproduction included tensions and strategies around intimacy, embodied stress, family lives, and unpaid care.

Following this, this chapter analyses the precarity of life's work in the context of transnational migration. This chapter focuses on understanding the challenges and strategies of social reproduction women adopt in an environment that restricts or severs the basic material resources and family life for migrants (as is evidenced by the recent migration policy that bars care workers from bringing their 'dependents' in the UK (Gayle, Mellino and Bloomer, 2023)). Furthermore, this chapter foregrounds the materiality of social reproduction as bodies and households remain central to these processes. The intersecting systems such as migration, neoliberalism, and casualised employment relations define to what extent these women can sustain themselves and their families materially and emotionally.

In the first section of this chapter, I discuss the experiences of accessing housing and how such experiences are shaped by internal bordering and categories of difference. Gendered racism in the increasingly privatised housing market discriminates against women of colour and single mothers. In the second part, I analyse the experiences of accessing medical care in the UK in the context of declining medical services and practices of bordering in the NHS. In the third part, I discuss the transnational strategies of social reproduction such as unpaid caring responsibilities which women of colour perform. The major finding in this section is that women of colour face care deficits in host countries, which they try to mitigate by paying for childcare services, and in other instances working opposite shifts to their partners. The chapter

also sheds light on how discriminatory visa policies increase the burden of unpaid care for women who have transnational families. In the last section, this chapter discusses the notion of embodied social reproduction where women put their needs on hold to financially support their transnational families and even extended communities. Women 'wait' to fulfil their desires such as buying basic commodities and socialising, which often protects their families from the precarity of subsistence.

9.2 Access to Housing and Gendered Racism

Migrant ethnic minorities have faced gendered and racial inequalities since their arrival after the Second World War in the UK where they lacked access to safe, reasonable housing and faced restrictions on entering some areas (Guentner et al., 2016; Lukes, De Noronha and Finney, 2019; King, 2021; Shankley and Finney, 2020). These trends of discrimination towards migrants (mostly Black and ethnic minorities) have been present in the UK and were evident in the Grenfell Tower tragedy in 2017 (Tilley and Shilliam, 2018; Shankley and Finney, 2020). This tragedy pointed towards the racialisation of the housing policy and neoliberal urbanism such as declining stocks of social housing in Britain (Tilley and Shilliam, 2018). Access to adequate and safe housing also forms an important part of social reproduction and I asked participants about their experiences of accessing housing in the UK. The women have selected different accommodation arrangements, but most of them are living in temporary housing such as rented rooms, housing facilities (often shared) or dormitories within a care home. In several instances, many women felt that in the housing market, they are discriminated against because of their colour, gender, and migration status. Ash lives in a small temporary room that has been provided to her by the care home. She shares this room with her husband and has been looking for an affordable house for the last couple of months. However, she has not found one.

> It is very hard to find the housing I told you earlier because it is very hard to find the house here nearby… Mostly they will give preference to those from here. They will not give the preference to someone from, you know the outside the UK, even from India or Philippines. That is the hardest part and they carry out checks! (Ash, Senior Carer)

According to King (2021) and Lukes, De Noronha and Finney (2019), this discrimination against migrant and ethnic minorities has been exacerbated due to racist bordering practices within the UK. Since the introduction of the Right to Rent scheme in 2014, landlords have assumed the role of border guards as they are supposed to carry out checks of whether people are eligible to rent or not and these policies disproportionately discriminate against people of colour (Achiume, 2022; Lukes, De Noronha and Finney, 2019). In 2019, the High Court passed

a ruling that Right to Rent checks are incompatible with human rights laws (Shankley and Finney, 2020). According to a report by the Joint Council for the Welfare of Immigrants (JCWI) (2017), landlords are 51% less willing to rent their properties to migrants who are not from the European Union.

Ash wants to bring her son to the UK who is living in India with his grandparents, but she has been facing precarity in her living situation due to the discrimination in the housing market. So, she has decided not to take her son to the UK as '*he cannot survive in one room whereas in India he has a big house'*. In other instances, I spoke to some women carers who faced precarious access to housing upon their arrival in the UK as landlords asked them to produce bank statements for the last three months, which these women often lack. According to Black Women in Care (2023), the housing crisis is severely affecting sponsored migrant carers on short-term visas who mostly happen to be women in the UK, and many have been sleeping on buses and train stations as they could not find houses to stay and rent. Booth (2024) noted that in some cases, care workers are being put by care providers in cockroach-infested, cramped, and substandard rooms. Many women shared their stories about not being able to get a house due to their skin colour and gender. Azibo has been provided with a single room by the agent and she lives with a landlady in the same house. She felt that she had no freedom in the house as the space did not belong to her. She has a long-term plan of bringing her family to the UK and for this, she is looking for a house and discussed her experience of accessing accommodation in the UK.

> I have learnt that it is difficult to get accommodation because of your colour. You can actually book an appointment and once you speak to the person, and they tell 'Oh, someone else has taken the apartment, you know'? And it all boils down to colour, it all boils down to colour (Carer).

According to the research by Shelter (See Butler, 2021) and JCWI (2017) Black and Asian ethnic minorities face 14% more discrimination when they try to rent a house compared to white people. Lukes, De Noronha and Finney (2019) have cited the report of Runnymede Trust (2013) and argued that over a quarter of Black Africans, Black Caribbean and Pakistanis feel discriminated against when looking for a place to rent. Other intersections include Black single mothers who shared the feeling that skin colour and gender matter in terms of accessing a house. I interviewed Maya who was a single mother with two children. She recalled the time when she was looking for the first house to stay in with her children:

> I had to grab a white man to eventually get the first house that I got because I could not secure a house despite having all the requirements. I would go for a viewing

> and, uh, until someone told me about the reason you are not getting a place is that you are Black. So, I asked them that, I asked the agent that I am not getting the house because I am Black and then they said to me we had no control over that because it is the landlord who chose the tenants. If the landlord says they don't want someone who is Black, we cannot put someone who is Black. So, I went and grabbed a white man to be in the forefront. Yeah, so that white man was at the forefront, When I went for my next viewing, he is the one who spoke to them and everything. Yeah, and I got that place. I got that place after having viewed so many houses and not getting the place but when I eventually grabbed that white man to go with me and I got the place (Nurse).

Maya's reflection also resonates with Shelter's findings (See Butler, 2021) which highlight the structural racism and patriarchy in the UK that prevent people of colour, low-income people, and single mothers from having a space of their own. This example illustrates how the intersecting factors of her gender, race, and single parenthood contributed to her difficulty in obtaining housing, thereby increasing her stress levels. New migrants also tend to have more temporary residential arrangements and face higher levels of disadvantage in housing compared to migrants who have been living in the UK for longer years (The Migration Observatory, 2022; Lukes, De Noronha and Finney, 2019). However, this research also suggests that people who get residence status in the UK may continue to experience housing disadvantage due to a lack of local government support with their housing situation. Yi has acquired a permanent residency in the UK, yet she described her experience:

> It is stressful, OK, I am in the same building since 2012 and I am not qualified yet. I wrote a letter to MP, I have done this. I have done that. Oh, we are sorry we do not have three bedrooms because we know you qualify for that. You fight for that, but there is nothing available. This is too much (Senior Carer).

Yi has been living in a small rented house for the last 12 years and she has children who sleep in the same room without any privacy. Shankley and Finney (2020) and Tilley and Shilliam (2018) note ethnic minorities in the UK are more likely to live in ill-suited and overcrowded accommodations compared to their white counterparts due to the raced and classed nature of housing markets. While only a small fraction of white households (one out of 20) lives in overcrowded conditions (Shankley and Finney, 2020), a much larger proportion of ethnic minorities (a third and in some cases higher) live in inadequate housing (Dillon, 2023).

Some ethnic minorities, such as Black people are three times more likely to be dependent on social housing compared to their white counterparts (Mohdin and Aguilar García, 2023) but the declining stock of social housing increases the housing precarity for these ethnic minority groups (Shankley and Finney, 2020). According to Guentner et al. (2016), the Human Rights Equality Commission have also found evidence that local authorities may 'unintentionally'

discriminate against ethnic minorities in accessing social housing as the government ask local councils to prefer some groups over others. Local Councils can also subject people to the requirements of proof of years of residence in the area before allocating the houses and hence subject even citizens to internal bordering practices (Guentner et al., 2016). Moreover, Anderson (2024) notes that the scarcity of houses and rising rents have led councils to adopt out-of-area moves and relocate individuals (primarily single mothers with young children), from areas with limited and expensive housing options to distant regions that lack social support systems and local connections causing displacement effects.

Ethnic minorities are also less likely to own their homes which concentrates them in precarious housing arrangements such as the privately rented sector (Dillon, 2023). The housing sector has also been mostly privatised with low levels of social housing as around 11 million people are renting from private landlords (Butler, 2021). In the context of increasing levels of housing demand and privatisation of the housing sector, estate agents and landlords exercise significant control over who can rent.

In big metropolitan cities, rents are extremely high at times. In the case of some migrant women in low-paid care jobs who could not afford houses but who had families here in the UK, they found houses with relative ease as they decided to share accommodation with their relatives. The social capital of the migrants also determines the extent of precarity they must face in the housing market, and pooling of resources is strategy of 'counter-social reproduction' (Lewis, 2022) to mitigate the ongoing situation in the UK. For instance, in big metropolitan areas like London, rents are skyrocketing, and many women capitalise on their social capital and pool resources to rent a house and/or stay with their families, friends, and distant relatives. Shaam explains her living arrangements:

> My cousin and I are living together. It is a small apartment for two families, but rent is so high (Carer).

This bundling of resources often proved to be difficult due to lack of space, but it also afforded these women resources such as having a place and even asking relatives and friends for support with childcare in case they needed it. These interviews ascertain how social reproduction in the UK is entangled with co-constitutive systems of oppression ranging from low-paid jobs to neoliberalisation of the housing market to racism and classism. In the next section, I discuss the experiences of accessing the medical system.

9.3 Experiences of Accessing Medical System

Medical assistance is another topic that came up during the interviews. Ash had been experiencing sore throat since she arrived in the UK a year ago:

> I also had a bad experience like I had severe throat pain. It was not COVID-related, but this throat pain happened during the peak of COVID-19, and I did not get the appointment at the hospital and at my GP surgery. Then I decided to go to the emergency and accident section, and they told me that they did not have enough staff and you are not in any life-threatening situation, so I needed to wait for days and then I came back with no check-up. I could not swallow food for many days, could not go to work and I had to take medicines that I brought from India (Senior Carer).

Neoliberal policies have led to a shift in resources away from the public sector to the private sector, accompanied by a rise in the privatisation of healthcare (Mezzadri, 2022). A significant portion of the NHS budget is now being directed towards private entities, such as contracting out public services to the private sector (Iacobucci, 2019). According to a recent report by a think tank, approximately 18% of the NHS budget is currently being spent on private providers (Iacobucci, 2019). The health sector has also been severely impacted by decades of funding cuts and austerity measures, leaving healthcare services struggling to cope with the unprecedented demands placed upon them during the COVID-19 pandemic. In the case of NHS, privatisation of services and funding cuts have increased the waiting time for all kinds of care including ambulances and emergency care (Pearson, 2019). According to Pearson (2019), this extreme pressure on the NHS has also affected women more in terms of accessing the system and looking after the family members who need care. Women from ethnic minority backgrounds are more severely affected as their experiences of accessing health care are markedly different from white women (Pearson, 2019). Research also shows that ethnic minorities continue to be disproportionately affected during COVID-19 by lack of access to primary care due to language barriers, lack of cultural sensitivity, and structural racism; problems that were prevalent even before the pandemic (Ajayi Sotubo, 2021). Germain and Young (2020) both argue that the absence of regular healthcare services and non-urgent medical treatments has a disproportionate effect on migrant women and ethnic minorities, who encountered greater difficulties in accessing healthcare facilities during the COVID-19 pandemic.

In the case of Ash, she had to take unpaid sick leave as she could not get a medical note from the hospital of the ‘authenticity’ of her condition, and she lost a major chunk of her pay due to this illness. She has been facing precarious pay levels as her medical condition remained

untreated till the time of this interview. She told me that she has to send money to India as she is taking care of her son and parents, and without her full pay, she is not earning enough to sustain herself and her family. Ash's situation resonated with the concept of translocal precarity (Green and Estes, 2022) where precarity does not affect people in one location but also affects people across borders. The lack of social reproduction infrastructure such as health care facilities during COVID-19 in the UK affected the social reproduction of migrants and their families in both home and destination countries. She had to borrow some money from her friend to pay the bills here and send the money back to take care of her dependents.

In another instance, I spoke to Shaam who also migrated from India with her husband and son to pursue a degree in finance. Her son has been suffering from illness since they moved to the United Kingdom as he experiences frequent coughing episodes and high fevers, and she has been attempting to navigate the medical system to receive treatment for him. However, she faced numerous obstacles in the form of lengthy wait times, making it difficult for her to secure an appointment with a doctor for her son. Her son had a high fever and she eventually managed to get an appointment at the surgery. She recollected her experience:

> You know how much health insurance we have paid. There was quite a huge amount and still getting nothing in return. They are saying it is free of cost but what free of cost? I paid for the health insurance (surcharge). I took my child to the surgery, and they gave a cough syrup which was not helpful, and he was not already well. They do not understand neither help. It is quite frustrating. The medical system is quite frustrating. I think they are taking money, but you know for one and half years, how many times they are giving us the opportunity to visit them actually?

Shaam was disappointed by the medical system here as doctors have not addressed her concerns and she relied on home remedies that she brought from India for her son. According to the study by Roberts (2008), unconscious bias and racialised medical perception towards minoritised ethnic groups affect medical diagnosis and treatments. Migrant women and ethnic minorities are more susceptible to such prejudices and racist perceptions that undermine the health concerns and needs of these marginalised women (Germain and Young, 2020). Furthermore, Niraula et al. (2023) reflected upon the experiences of waiting that temporary migrants must endure when they initially migrate to Canada and cannot access healthcare facilities for the initial three months. They note in their study that many people delayed seeing a doctor as they relied on home remedies and the medicines, they brought from their home countries as they did not consider their situations as emergencies. In the case of this study, both Ash and Shaam considered their situation as having an emergency, but they ended up relying

on home remedies due to a lack of healthcare access and acknowledgement of their conditions by the doctors. Their experience of delegitimisation by the medical system and waiting not only affects their health, but such periods of extended waiting also increase the burden of their caring responsibilities. Shaam showed her disappointment by using a frame of reference with India where *'emergency is treated as emergency'* unlike the UK where you have to wait for days before you are seen by a doctor and still, they do not hear and address your health concerns.

Shaam has also addressed another important element of the NHS health surcharge, which migrants have to pay before they come to the UK. This surcharge was introduced in 2014 in a hostile environment where non-European Economic Area (EEA) migrants were required to pay £200 per person to access NHS services (Coddington, 2021). Subsequently, the surcharge has been increased to £624 since 2020. In 2024, this surcharge is set to further increase up to £1035 per year (417% rise since 2019) for people who are migrating to the UK on student, family, and work visas (Das and Smith, 2023; McKinney et al, 2023). Lonergan (2023) points out that the concept of "health surcharge" in the UK is a form of welfare bordering that differentiates between individuals based on their immigration status. Specifically, people on student, work, and family visas are no longer considered 'ordinarily resident' rather they are put under the category of temporary non-EEA migrants. She argues that this practice of charging non-EEA migrants for their health is a racialised practice of the welfare state in the UK. Coddington (2021) argues that in many cases migrants who are coming from commonwealth countries, such as India in the case of Shaam, have been historically colonised by the British Empire and their wealth was stolen from them. El-Enany (2020) contends that immigration laws in conjunction with welfare laws have been instrumental in restricting former colonial subjects' access to services like healthcare and this is how Britain transformed itself into a form of domestic colonialism while disguising itself as a postcolonial state.

Carers who used to work in private and public care were supposed to pay this health surcharge as part of their visa fees until 2020. Though this requirement has been changed since March 2020 as people working in adult social care are exempted from health surcharge, it is applied differently to different visa categories. Women who are not on Tier 2 work visas or care work visas but still are working in adult social care are supposed to pay their entire Immigration Health Surcharge (IHS) as part of their and their dependents' visa applications. Though they are allowed to reclaim this money in 6-months blocks from NHS, it has been a toll order for many migrant women to pay and even claim back health surcharge (Unison, 2023a, 2023b).

Furthermore, these women are also being taxed for their earnings by the government, but they are not allowed to access any health facilities in the UK until they pay for their health upfront. One of the participants, Naureen, who joined her husband on a spouse (family) visa while paying her IHS fees, talked about such higher levels of tax and lower pay levels for care work:

> Pay is so less and if pay is more because you work more then they deduct a lot of tax. They deduct a lot of money. We get nothing in return (Carer).

In addition to paying health surcharge, migrants also pay the National Insurance Contribution, which is the second largest source of income for the government (Anderson, 2024). Migrants pay 12% of their incomes (ranging from £792 to £4,167 a month) towards contributory benefits such as state pension, jobseeker allowance and disability allowance. However, most visa holders are subject to NRPF conditions and face barriers to their settlement in the UK. Hence, in practice, they cannot claim these benefits due to their migrant status nor can they ask for repayment of these contributions (Anderson, 2024). This means that migrants pay more than they take out in benefits. Bhambra (2022) has argued that practices of extracting excessive levels of taxation from colonised people were an integral part of the British Empire and the resultant revenues were provided to the British state. She further notes that more than half of the financial resources of the British State came from taxes, resources and labour extracted from colonies. Williams (2021) underscores the welfare inequalities and redistributive injustices experienced by racialised immigrants, specifically Indian and Black communities, within the post-war welfare state in the UK. Despite their substantial tax contributions, they were often denied access to welfare services while their services and labour were being used to sustain white privileges and the postcolonial welfare state (Williams, 2021; Rushdie, 1982).

In the mirror image of these colonial practices, these women are still being double-taxed (Coddington, 2021), which exceeds the ‘fair contribution’ expectations by the government (Lonergan, 2023). Welfare services have no provisions for migrant women unless they pay for their health insurance in the first instance. Cassidy (2018) also argues that such bordering practices of health services extract the maximum financial benefits out of migrants.

In the next section, I discuss the unpaid caring responsibilities that women have undertaken both locally and transnationally to maintain their families financially, physically, and emotionally.

9.4 Unpaid Caring Responsibilities

Women were undertaking varied unpaid caring responsibilities, both in the context of their local and their transnational family setups. The table of these arrangements is given below.

Table 10: Care arrangements

Participants' caring arrangements	Number of participants
No caring responsibilities in the UK	**11**
Asking grandmothers to help (in the UK)	**4**
Domestic help of partners	**2**
Caring responsibilities in home countries such as children, siblings, and parents	**17**
Solely responsible for unpaid care in the UK	**14**

A total of 17 women are responsible for the transnational care of their children, siblings, and parents which resonates with the idea of global care chains. These women who are involved in global care chains often adopt different caring practices to substitute for care for their children and families. Gendered relations form the core of such care arrangements, which can reinforce or rearrange relations of care (Lutz and Palenga, 2012). Jira talked about how her migration has been difficult for her as she left four daughters in the care of her husband when she moved to the UK.

> He is he is a carer and it is not so easy. It is not so easy. You can tell from the tone, the youngest is four and she has chronic cough. You know on and off, depending on the weather and it can really be nasty. I can still remember once he called me in the middle of the night and was literally in tears because my daughter was coughing nonstop. So, you can imagine you know the turmoil it is having on family relations as a whole. It is not so easy. It is not so easy! (Carer)

The feminisation of migration has a bearing on family relations, and it changes the gendered roles where men become carers. Migrants are increasingly portrayed as agents of change (Constable, 2014) and migration is considered to bring emancipatory effects but as Jira explains, gendered labour migration and the resultant change in gendered roles do not necessarily bring empowerment or emancipation as women still perform caring responsibilities, and emotional labour for their families. She further states:

> It is very true, I think it would have been better if roles would have reversed, my husband would have come here, getting the money and I am looking after the kids. You know well, it is actually a toll on my husband let alone that there are girls, you know. That needs looking after, so it is actually I know it is actually difficult for him and I just wished that roles could be reversed. And that he was the one who

> was here doing care, and I am back home [in Uganda] running things. It would have been much better. It is actually difficult for a woman to be away from home and try to earn money at the same time. It is like two roles in one, the father and the mother as well. (Carer)

Some of these women talked about the strain on family relationships when they are away. Cultural and gender expectations around care remain even when women are assuming more economic roles (Abrego, 2009). In this study, women have adopted the act of remittances as care and transnational motherhood, but they are still performing more emotional labour due to cultural scripts of gender. Nevertheless, they interpret the act of sending money home as showing love and care and fulfilling their parenting responsibilities.

> Yeah, you know the money made the difference when I got my first pay cheque. It really did make a difference. It is not yet enough because I am still, you know, a, a care assistant. but it, it really made a difference. I was able to pay off my daughters fees in boarding school and the other one is in University. I could pay for the transport, yeah you know fees and it made a difference (Jira).

Motherhood seems to be fraught with contradictions of demands of being the primary carer of the children and materiality of care. This interpretation by the participant conceptualised care through the provision of physical needs that require financial resources (Hondagneu and Avila, 1997). The assumption around the separation of economic activities in the outside world and intimate and caring responsibilities in the domestic sphere creates tensions between these interrelated sides (Fouratt, 2017). Coe (2011) argues that in the Western world, money and love are two separate domains that are considered antithesis of each other. She notes that these two acts are interlinked as migrants show emotions and attachments towards their kids through material care and sending remittances. This materiality of care is considered a good indication of love and emotional closeness with the children in the context of transnational migration. Parents who live locally and cannot provide for their children are considered not good parents compared to people who live in other countries but engage with the well-being of their children (Coe, 2011). Migrants interpret sending money and gifts home as a strategy for showing love and care, which forms an important part of social reproduction. It becomes a crucial part of emotional labour and long-distance care.

Migrant women who are living with their families in the UK, often face the challenges of balancing household work with their tiring work schedules. One of my participants discusses this point:

> It is quite you know it is very difficult and you know I have to go to college, and I have my dissertation. I have my assignments. Yeah, I have my exams I have my

> husband here. I have my kid, so you know, as the woman is a multitasker, yeah so you know you need to manage your things. So, two days I am going there, and being Asian and being new where we are not used to not that much frozen food or, you know, stale food here like we need fresh food because as of now it is still new. So, I am like I am making food for my family. Oh, I am making Chappati (bread) at least twice a day (Shaam).

These caring responsibilities can get more intense when the chores undertaken in the household are based on the reproduction of cultural ideologies and traditions. Zaiceva and Zimmerman (2014) discuss that non-white women tend to spend more time on cooking and religious activities than white women. In this quote, Shaam talked about her caring responsibilities towards both her husband and the child and how cooking expectations have increased her workload. In another instance, Deepika shared how Asian husbands do not help with any chore as they do not consider this as their responsibility. Migrant women in these situations are embedded in structures that were formed at the intersection of patriarchy and lack of government support for childcare. Sarah, a nurse and a mother of two daughters shared the family arrangements that allow her to work.

> My mum was around so my mum was around up until mid-2021 as she came from Nigeria and then what we have tried to do is myself and my husband tried to work opposite shifts and to each other.

Sarah faces severe work pressures that limit her ability to take care of her children around the clock and she managed to find a solution with the help of her family. She does not qualify for child benefits apart from 15 hours a week for 38 weeks in a year which includes term time for her three-year-old daughter. She also occasionally pays for her eldest daughter who at times goes to daycare whenever the family needs it. She talks about childcare is expensive in the UK and only available for certain hours and for the rest of the hours, you need to pay a lot of money for it. According to Hester (2018), the cost of childcare in areas like London has increased more than seven times than the pay rise, which makes it difficult for families to access paid care. Sarah is also not highly paid in her caring job, which affects the ability of these women to provide care for their children. Her employer provides no childcare support, and her situation points towards the interdependence of both paid and reproductive work as the labour and wage conditions in the care sector affect the caring abilities of these women. I asked her about how she sees the issue of lack of childcare support, and she replied:

> If you are in your residency or permanent residency, you then have access to more benefits. And so, I am I do not really have a problem with that, because you know everywhere you go and they have their laws, their rules which you have to abide by.

Her response resonates with the idea of how precaritised workers rationalise discriminatory policies and how they handle such pressures by rationalising them. As Wendy Brown (2015 cited in Apostolidis, 2019) articulates, neoliberal responsibilisation serves as a technique that forces people to be self-providers and self-responsible. Apostolidis (2019) notes that precaritised migrants emulate this narrative of self-reliant immigrants often under the conditions of precarious work, low wages and lack of social assistance. Households have been turned into sites for the externalisation and invisibilisation of social reproduction in the wake of discriminatory migration policies and increasing privatisation and commodification of services. Sarah was able to off-load some of her caring responsibilities on other women to work but the intersection of her class and migrant status limits the possibility of how much she could rely on the market.

The literature on bordering (see Turner, 2020) also suggests that immigration policies affect care relationships in transnational families. The unpaid care in some cases is intensified for these women as their partners faced delays in their visas, which restrict the completion of their families in the UK. In the case of Fatima, she had her new-born baby, but her husband was stuck in Pakistan due to the issues of approval of spouse visa.

> I called my mother-in-law who was visiting me for childcare as my husband did not get his visa at that time. And when my husband got his visa, she went back. Now the situation is better, and life has become much easier (Carer).

Turner (2020) argues that there is a colonial bordering of intimacies exists against people from places like Pakistan, Bangladesh, Nigeria, and other formerly colonised countries who are accused of 'suspicious intimacies' and 'sham marriages' in the UK. Family reunification visa refusals are the highest for partners from Nigeria (49.1%) and Pakistan (40.6%) compared to partners from the US and Canada (10 to 14%) (Turner, 2020, p.113). These refusals are judged against criteria such as income levels, the ability of non-EEA commonwealth partners to speak higher levels of English and proof of being a 'genuine marriage' often mirrored in the image of white, secularised Christian and heterosexist ideas of intimacy and marriages (Balani, 2023). Family visas are often used as racial filters (Erel, 2018) where racialised migrant families and spouses are seen as not genuine and they have to prove relationship status (Coddington, 2021). Turner (2020) and Achiume (2022) note that while these criteria seem to be technical and financial, they perform the role of racial governance without appearing to be about race. Moreover, Morris (2021) notes that migration policies related to family unification and spouse visas disproportionately affect low-income groups, ethnic minorities, and women. These

policies adversely impact the welfare of children (often British citizens) by rupturing parental and family relationships (Morris, 2021).

Kofman (2014) articulated that often in the absence or delay of family reunifications, spouses need to work for income, and they depend on family members such as grandmothers to support them with childcare. Fatima's mother-in-law helped her with childcare while she got a job and managed to show enough savings to the Home Office and eventually her husband joined them in the UK on a spouse visa. This policy of spouses earning a certain income (£18,600 in the case of the UK) through wage labour or having equivalent savings also perpetuates the class-based inequalities in family reunions (Bélanger and Candiz, 2019), which creates a burden on the women both in the realm of work and reproduction spheres. In the UK, immigration policies based on racial governance of mobility and class-based inequalities can stratify the most important social ties and intimate bonds for women of colour, as was evident in Fatima's case.

Migrants are supposed to rely on their income, families, and other support networks for their social reproduction. In all these cases, increasing hardening of visa restrictions and lower levels of government support for childcare create unsustainable burdens of care on these women. Fatima has a settled status in the UK, but she felt precarious about her future in the country due to the precarious situation of her husband. Women of colour are often subject to waiting periods where at times, they are reduced to single mothers bearing the emotional and physical pressures of childrearing. In the next section, I discuss the concept of waiting and embodied social reproduction.

9.5 Embodied Social Reproduction and Waiting

Women also discussed about the issue of how the financial support to their overseas families contributes to their precarity and embodied stress levels. Women put their own lives on hold to meet the demands of social reproduction in other places. Women from both Africa and Asia are responsible for not only taking care of their children, but they are also responsible for care of extended families and communities. I spoke to a bank nurse, Bolanle who works in a care home and she shared her experience:

> Personally, during COVID-19, I got the most of my money. So I got paid for so many shifts but it did not really help because I was the one who supported family. Many people like in my family and even extended family, I support and also relatives back home I am supporting as well. So now the pressure was on me, you know? So even if I got paid, I sent the money back.

Cohen (2023) argued that Black women nurses in South Africa were responsible for larger

communities apart from their immediate families. Black women in Africa tend to support older people and extended families compared to men and many households have lower numbers of wage earners (Cohen, 2023). At times during the conversations with these women, they talk about the unfairness and often unevenness of these demands to maintain both their close and extended families and protect them from financial precarity. Bolanle was responsible for many people in Zimbabwe, and she was supporting them financially. She felt pressured to do it and often felt like she had not saved enough for herself as she sent money back home. These extended responsibilities of social reproduction required resources and money, which created precariousness in migrant women's lives. These responsibilities added feelings of anxiety and stress as these women were employed in precarious jobs and this precarity was evident in the quote as she got most of her shifts during COVID-19. Often the dependency and having family relatives who ask you for money created pressure in these women's lives as one participant shared her story:

> Life here is really difficult, there is a lot of struggle here. My family asked me to send them money and I told them how can I send you money? And they said to me you work per night and you earn £100, so what kind of issue you possibly can have? So, if you send us £100, it is not a big deal. But only we know how we earn here; it is so difficult to earn here. We cannot even sleep properly for this kind of work. We have so many expenses here like bills etc, it is not easy to live in the UK, it is expensive (Fatima).

Fatima faces increasing levels of precarity in the UK due to higher levels of inflation and rising bills which she finds difficult to pay. According to Hester (2018), many economies that are considered high-income have been witnessing an increase in inflation and a decline in real wages, which affect the social reproduction of different communities. A report published by Resolution Foundation (2017) argued that the UK is facing the worst pay growth crisis. This crisis puts more pressure on people to work for more hours to earn their subsistence (Hester, 2018). Furthermore, the expectation of sending money puts pressure on Fatima's bodily resources, which demonstrates the embodied nature of social reproduction. Social reproduction is usually performed at the important sites of bodies and households which highlight the centrality of embodiment and materiality in both paid and unpaid care work (Meehan and Strauss, 2015).

Deepika talks about the pressure of sending money back, which has often left her with no savings in the UK. She spoke about how her mother and brothers were able to get a house for themselves, but she remained precarious as she did not own any property both in the UK and India. This story reminds me of Misra's (2021) article on the need to understand the distribution

of precarity within the same households where some people are more precarious than others. In this case, women were subject to further precarity due to the added burden of their and their families' social reproduction. Azibo from Zimbabwe said:

> Oh well. I just have to put aside life for myself, you know when I get like about £1600 you just make sure that you are good with money and savings and maybe like £100 of savings and grocery shopping. You shop at the cheapest grocery shops like Tesco and Lidl's. You have to send the money back. You do not have to go overboard and you just buy, you know necessities for yourself. You do not do parties.

Azibo used the expression 'putting aside life' indicating that she has chosen to prioritise the needs of her children. In feminist materialism, the convergence of various material factors, such as consumption and reproduction, highlights the complex networks of social reproduction. During the interviews, conversations revolved around how women preferred to spend less money to save more for their families overseas. They often let go of their material needs, such as compromising on the kind of clothes they need as they want their families to avoid the stress of being uncertain about money. This letting go of material needs highlighted the role of the body and the materiality of social reproduction, which are often interdependent. The material world is an assemblage (Robbins and Marks, 2010) of different spaces, bodies, and objects that play a role in maintaining life. In this instance, the act of waiting to fulfil your desires enabled the survival of families who were left behind.

Furthermore, Azibo's decision to 'wait' when she is facing a precarious future of being with her family has a temporal dimension. She needs resources such as having a house and bearing visa costs and expenses that increased exponentially at the time of writing this chapter. Waiting emerged as an important practice of social reproductive work that was embodied and emotionally draining but it also was central to the maintenance of family bonds and emotional kinship (Kangas et al., 2023). Kangas et al. (2023) conducted a study to understand migrant labour and its social reproduction in the context of post-soviet Central Asia and they argued that waiting forms a crucial part of labour migration where left-behind wives wait for their husbands to return. They contended that without waiting no intimate bonds exist and as a result no monetary circulation. In this study, it is the migrants who are waiting too for their families to be reunited and meanwhile ensuring the circulation of financial resources to maintain kinship bonds.

This practice of spending the minimum amount of money to save and send the maximum remittances back to their children also perpetuated the loneliness of these women where some

of the participants decided to spend their time in their homes as they did not want to spend money on socialising. On the other hand, some women such as Ash chose not to be with their children for the time being as they wait for a better future:

> And he will be getting upset and also this is my first year in UK. Yeah, I want to be with my son but this is my what it is called, this is my beginning, period, so, I am little bit like my financial situation is not stable as I earn at times less and sometimes borrow. I am just beginning, so once I will be settled, I want to bring him otherwise I am stressed and I am facing difficulties which I do not want to pass to him.

The decision not to bring the family to the destination country is informed by conditions that migrant workers face in new countries. Migrant workers often face downgrading of social and economic class with adverse living and working conditions (Valiavicharska, 2020). In such conditions, waiting for better conditions and leaving a child in a better economic condition can be interpreted as care by some people. The care chains literature assumes that when women migrate to the West as nurses, nannies, and domestic workers, they leave their families and children behind, which creates a care drain or care gap in these countries while a care gain in the host countries (Ehrenreich and Hochschild, 2002). However, criticism of this literature points out the assumption of intense mothering, which assumes a Western middle-class idea of care rather than actual practices of care in different countries from where these women migrate (Tyldum, 2014). Mothers can have different ideologies of motherhood, which can be embedded in the cultural and social traditions of a given context. Kofman and Raghuram (2015) have critically evaluated the concepts of care chains and care drain by noting that such literature does not reflect many places in the world where foster mothering and distant mothering are not viewed as cultural taboos. Illanes (2010) conducted a study on Peruvian mothers who migrated to Chile and stayed for long periods to ensure that they would have enough money to support their children with their studies and lives. In this instance, migrant women remain migrants and wait to ensure that they will be able to support the long-term social reproduction of their families. Ash's decision to wait is induced by her precarious life in the UK and this period of waiting is a strategy to tackle precarity in the hope of getting over many challenges.

As the waiting goes on, women participants in the study discussed various methods they use to cope with stress, and many emphasised the significance of their spiritual beliefs and religious practices. Jira shared her approach to managing work-related and personal stress, citing religion as a key factor in her coping mechanism.

> It is God. Thank God, I have a religion and I think my religion has really, really helped me in the course of my life. And I think that is what I am saying, because sometimes you see at the moment, I do not even have friends. At the moment, I go to church and I pray, I will follow the way God will give me his plan.

Sampaio (2020) conducted a study with undocumented Brazilian migrants in the US and how they use faith and religion as coping mechanisms in their lives. The author notes that participation in churches becomes a way for undocumented migrants to navigate their acute loneliness in host countries. Teeple Hopkins (2017) has studied the live-in Filipino workers in Canada and how they rely on churches as a space to gain emotional strength and support. She argues that spaces like churches play a huge role in the social reproduction of these workers such as emotional support during difficult work. Ibañez Tirado (2019) noted that religion and faith acquire significant meanings in people's lives who are left behind as they wait for their partners and family members to come back. In this research, women who migrated also rely on religion to navigate the challenges in their lives.

9.6 Concluding Remarks

In these interviews, I used to ask women how they spend their free time, and these women often respond to me saying '*What do you think, Amna? I do not have time to take proper rest and then I have a family.'* In these instances, women were exhausted, and their experiences of social reproduction were embodied in their daily routines. In some instances, women did not have any intimate relationships as one participant told me *'I have been single all my life and I have an intense job where all you can do is to take some rest and go to work tomorrow' (Naila).* The care crisis in the UK freerides the crisis of social reproduction of migrant women of colour without replenishing these emotional and intimate bonds.

In this chapter, I have analysed the crisis of social reproduction of women of colour who are embedded in contexts where the welfare state is receding, marketisation and privatisation of the social sectors are increasing, and the migration regime is creating a 'hostile environment' towards migrants. These austerity-driven funding cuts to social sectors such as health, housing, and child and elderly care have worsened the experiences of inequalities in terms of poverty and precarity (Hall, 2023). The austerity measures further exploit the intersections of classes, racialised and gendered inequalities and hurt people at the margins (Pearson, 2019). According to Dowling (2020), austerity and funding cuts affect BAME women as they live in poverty disproportionately due to different reasons such as gender inequalities in labour markets and institutionalised racism. Housing has been an important issue of social reproduction as women tend to face institutional racism embedded in bordering practices such as the 'Right to Rent'

and often live in overcrowded facilities with lower quality. The central government has cut funding for local councils where they struggle to provide council housing to the neediest and most marginalised people. Participants faced precarious situations in accessing health facilities as they were made to wait for medical access in the UK. Women were paying double taxes and yet they were not entitled to any public services such as free health care in different cases such as students and private care workers. El-Enany (2020) contends that the intersection of welfare conditionalities and immigration laws has been deliberately designed to reimpose colonial relations of extraction on racialised migrants. This framework ensures that white British people continue to benefit from the resources and wealth acquired through colonial dispossession and these colonial practices indicate the importation of a '*new empire in Britain'* (Rushdie, 1982).

I have also shed light on unpaid caring responsibilities of women both within the UK and transnationally where they are supporting their families while facing precarity in their subsistence. In the context of the UK, women were stretched over their jobs and family lives without childcare support from the government and employers. In rare instances, some women paid for selective hours for childcare but in most of the cases women were solely responsible for the care of children with the occasional help of their mothers and partners. This is what Fraser (2016) called the crisis of care in financialised capitalist societies where capitalism tends to accumulate wealth at the expense of depleting resources of care and social reproduction. Double privatisation occurs when households have to spend more on privatised services and products with their incomes, but it also increases the unpaid caring labour for people who cannot afford such commodified services. Immigration policies also restricted family reunification, which not only created precarity in the lives of women who had temporary visas but also made settled residents precarious and kept their families apart without any care or support for themselves and their children.

It is also not possible to understand the sphere of social reproduction without appreciating its interdependence with production as employment relations are flexible and precarious. Women faced precarious subsistence and work conditions in the UK but they were responsible for the reproduction of their families in their countries of origin. These women knew their precarity was translocal and could travel and affect their dependents which made them adopt choices of strategic waiting where they prioritised the care of their families over them. They decided to absorb the impact of precarity while ensuring that their families would remain untouched by its impact. Additionally, in these scenarios, waiting emerged as a manifestation of care and this finding contested the notion that migration of women leaves their communities care deprived.

Chapter 10: Conclusion

10.1 Introduction

Academic research involves carefully listening to and crafting narratives derived from human experiences (Pollock and Bono, 2013) that might otherwise go unnoticed in the daily grind. These stories are rooted in real-life events and seek to address specific issues or research questions. However, the storytelling process in academic research eventually reaches a temporary conclusion when the researcher recognises that she has shared the most of meaningful research encounters with the reader, and it is time to draw a provisional close to the story. Although storytelling itself is never truly finished, as one's research can always be discussed more as time passes, the constraints of a time-bound PhD project with limited funding necessitate a temporary ending to the conversation in this thesis. Writing is a slow process, like a slow fiction that keeps evolving as our lives go on. Research is like a slow burn of reading, thinking, and working through different arguments as we continue to observe and reshape our line of analysis. I certainly feel a temporal disjuncture here between the finite timeline imposed by my funding restrictions and the organic evolution of my research, which I anticipate will take on new dimensions in the years to come.

Having said this, in this final chapter, I summarise the primary findings presented in the preceding empirical chapters while relating them to the theoretical framework and concepts used throughout the study. I also discuss potential policy implications and suggest directions for future research. I outline the key theoretical, methodological, and empirical contributions of this research to migration studies, feminist care research and organisational theory. I have contributed to the theory of intersectionality by highlight the role of time, bordering, and precarity in revealing oppressive power dynamics experienced by marginalised female workers. This research makes an important contribution to feminist care research by emphasising the role of embodied violence and work-based harm towards racialised bodies; it also contributes significantly to the theory of social reproduction by highlighting the impact of bordering on the caring relationships of migrant women of colour. Additionally, I have engaged with intersectional and embodied reflexivity to present a reflexive account of my intersectional identities and their impact on the research process and my mental health.

10.2 Research Questions and Objectives

In this study, I analysed the experiences of precarious care work of migrant women of colour in care homes at the intersections of temporal migration policies, workplace inequalities and

embodied precarity. Additionally, I examined the social reproduction of migrant women of colour both locally and transnationally, considering how precarious care work and internal bordering affect precarity in social reproduction. I aimed to achieve five interrelated objectives (see chapter 1) in the chapters devoted to the literature review (Objective A), theoretical framework (Objective B), and empirical findings (Objective C, D, E). In the literature review, I have located the concept of paid care work as part of social reproduction, which is broader in its theoretical and empirical scope. The literature shows that there is devaluation of women's labour specifically which falls under the categories of reproductive and care work (Arruzza, Bhattacharya and Fraser, 2019). I have also highlighted the scholarship on the importance of the body in care work and how certain bodies are viewed in this work due to categories of race, migrant status, and gender. The literature on experiences of paid care also shows that most studies tend to focus on domestic workers and live-in carers and that a greater in-depth understanding of discrimination and racism in other care settings such as residential homes in the UK is needed. I have also critically engaged with the literature on migration policies and the commodification of care, which shows the higher levels of precarity of the care workers in social care.

Another objective (B) of this research was to develop a theoretical framework that can explain the lived experiences of care work and social reproduction of migrant women. I draw on intersectionality as a framework in addition to adopting theory of social reproduction and concepts of bordering, precarity and time. Intersectionality sees different oppressions as co-constituting and for this research, I also argue that different systems of power in terms of migration regimes and flexible labour relations in contemporary capitalism affect the embodied experiences within the working and personal lives of these carers.

Accordingly, in the context chapter, I have discussed the current migration regime in the UK and argued that this regime shares many continuities with the British colonial past as race remains central to the migration policies. The UK's migration system has its roots in the colonial practices of labour migration from the colonies, which aimed to regulate the flow of people across its borders (Gutiérrez-Rodríguez, 2018a, 2018b; Sharma, 2020). Various pieces of legislation, such as the Alien Act of 1962 and the 1971 Immigration Act, have emphasised the importance of Britishness and whiteness in determining who can enter the country and limiting the number of visas given to workers from some countries (Smith, 2024). This colonial legacy continues to shape the country's border controls, where non-white individuals from former British colonies are treated disparately in the migration process. Since 1997, the UK

has seen a significant increase in temporal controls on migration, including the introduction of a points-based system in 2008 to regulate the movement of workers and international students. Temporal migration policies are designed to stop permanent settlement and to address the labour and economic needs of the country. These measures have been enacted under the guise of maintaining race relations and meeting labour needs but have ultimately created a hostile environment and precarity for certain groups (Smith, 2024). Furthermore, levels of disciplining workers who are tied to specific employers with restrictions on their welfare rights are increasing: These colonial practices of the British Empire are present in the contemporary work permit system (Sharma, 2020). I have also discussed the privatisation of the care sector and decreasing levels of government support for social care due to austerity measures. This context serves as the backdrop for the empirical chapters, in which the actual experiences of care work are placed.

In the empirical chapters 6,7, and 8 (objectives C and D), I have analysed the findings that address the first research question.

1. How the lived experiences of precarious care work of migrant women of colour in care homes, are shaped by the migration regimes, organisational inequalities and embodied precarity?

In chapter 9 (objective E), I have presented the analysis that is related to the second research question.

2. What are the experiences of social reproduction (both material and emotional needs) of women at the intersection of migrant status, race, and gender? What challenges and strategies do women adopt to perform their caring roles locally and transnationally while being employed in precarious care work and subject to internal bordering?

I discuss these research questions and related research findings in the next section.

10.3 Research Question 1

The intersections of migration systems and neoliberal labour markets play a role in creating migrant precarious lives as these structures expose them to differential levels of precarity and precariousness in work and personal lives (Hedberge, 2022). In this study, I have adopted the framing of intersectionality that examines how lived experiences are shaped by broader social structures and policies (Ferrer, Brotman and Koehn, 2022). Theobald (2017) has advocated for a multilevel intersectional analysis to understand the systemic disparities and work inequalities

embedded both in migration policies and formal care systems. By analysing these intersections, researchers can identify the ways in which macro and meso structures shape everyday experiences of precarity. The intersectional analysis in this study analyses the lived experiences of care work that are embedded and shaped by the macro and meso dominant structures. I summarise the key findings of three (6, 7 and 8) chapters below which show that temporal migration policies, discrimination against racialised and gendered migrant workers in organisations, and embodied precarity all play a role in shaping the work experiences of migrant women.

10.3.1 Migration Policies, Temporalities and Precarious Care Work

In Chapter 6, I have focused on migration policies in the UK and how these policies shape the experiences of precarious migrant statuses and precarious labour in care work. This chapter has argued that changing migration policies create distinct temporalities and precarity of labour at the intersection of gender, race, and migrant statuses. For the last 40 years, richer countries like the UK have used the processes of de-bordering and rebordering to exclude non-nationals along with bringing in migrants to be used in selective sectors to meet the labour shortages (De Giorgi, 2010; Farris and Bergfeld, 2022). These processes of bordering are directly linked with the skills hierarchies where larger numbers of migrants have been recruited in dirty, dangerous, and demanding (DDD) along with caring, cleaning and cooking (CCC) jobs. These jobs are usually reserved for 'low-skilled' temporary migrants and racialised people who are paid lower levels of wages. The bordering processes select and control the labour mobility in the host countries, which shapes deportability and disposability by enforcing temporary and precarious migrant status and restricting their political and labour rights. Therefore, examining the time politics intertwined with flexible working conditions helps in understanding how the vulnerabilities are produced and experienced in care. Bourdieu (2000) argues that the control of time is significant in the creation and maintenance of inequality. Colonisers disrupt the natural flow of time in the societies they govern, imposing their tempo on the population. The findings in this study show that temporal borders have a significant effect on the structures of the labour market and the creation of precarious labour in global capitalism (Mezzadra and Neilson, 2013). Mezzadra and Neilson (2012) noted that these borders proliferate within contemporary societies and are integral in creating a differentiated labour force in capitalist globalisation. These bordering practices play an integral role in the production of space and time in global capitalism, which is always looking for cheap labour (Maury, 2020; Dickson and Rosen, 2020).

Women are subject to differential practices of temporal bordering that restrict them to work in low-paid jobs by invoking working hours restrictions and in some cases limiting women to work in shortage list occupations that were dominated by health and social care professions. Women talked about how they lack the option to work anywhere else with their visa restrictions and care work is in high demand as well. Gutiérrez-Rodríguez (2014) notes that the racialised women are often channelled in reproductive labour through workings of migration systems. In other instances, women also talked about their reasons such as personal choice, religion, and passion for this work to join the care sector.

The study also shows that the production of precarious labour is a result of immigration systems that impose constantly changing requirements on migrants (Griffiths, 2021). Migration policies and laws are consistently modified (Griffiths, 2017) due to factors such as the need for timeliness and responsiveness to British capital and political demands (Vickers, 2019). However, these changes create uncertainty and instability in the lives of migrants, who are put into multiple migrant categories and subject to constant threats of deportation in cases where they fail to meet these changing legal requirements. This enforced temporariness of migrant women shapes their vulnerability in work and makes their labour precarious and cheap. In some cases, women have worked for years in the UK and care sector, but this spent time is not acknowledged by the state. The research findings have demonstrated that temporal control and the resulting temporal dispossession influence the distribution of rights among individuals with both settled and non-settled statuses (Mulinari and Sager, 2022). This temporal bordering leads to the erasure of the time spent in a country, particularly for women without documentation and for racialised women with permanent settlements, as their working and personal lives are not recognised or valued. This temporal bordering and resultant temporal dispossession often result in the exploitation of racialised women who provide their cheap labour to care homes and hence employers exercise more control over labourers by picking and choosing different categories of people over others (Philipson Isaac, 2024). This institutionalisation of uncertainty and temporariness underpins labour markets as precarity in legal status expands the control and power of capital and employers over workers. By differentiating workers through temporal and racialised processes, capital assumes a more central role in employment relations.

The chapter also foregrounds the notion of waiting as a form of temporal dispossession where women continue to wait to come out of their legal precarity and precarious work. Waiting can be a form of oppression and vulnerability, where individuals are made to feel the effects of power imbalances (Bourdieu, 2000; Kofman and Vacchelli, 2024). Institutions exercise control

by forcing people to wait, keeping them in a state of uncertainty and darkness about the length of time they must endure (Auyero, 2011). Khosravi (2021, p.13) observes that people wait for different things, but the experience of waiting varies based on social hierarchies of class, gender, and race. The loss of agency over time creates vulnerability and powerlessness, shaping the lives of migrants and devaluing their labour through migration policies. Authorised migrants and those who have settled status continue to face temporal and internal bordering, which hinders their career advancement and keeps them in unstable employment situations in care. Ellermann (2020) argues that in the last 20 years, legal precarity has not only affected undocumented and/or temporary migrants, rather it has also affected people with permanent residence and even citizenship statuses. The policies introduce arbitrary changes where different statuses such as legal migrants and even permanent residents are rendered temporary as evident in the Windrush case (Coddington, 2021). In this context, the state imposes temporariness on racialised migrants which also hurts women of colour who are permanent residents and citizens, and they are treated as 'eternal migrants' and 'surplus citizens' (Khosravi, 2018). The practices of bordering and resultant precarious temporalities make gendered and racialised bodies vulnerable to exploitation in care work.

10.3.2 Organisational Inequalities

Building on the last section of the Chapter 6, where internal bordering channels precarious labour in care, in Chapter 7 I analysed worker's experiences of intersectional inequalities present in care homes in areas such as recruitment, promotions, work allocations and implementation of rules. Theobald (2017) argues that both migration policies and work hierarchies in care organisations are important areas where systemic inequalities and disparities emerge. Acker (2006) notes that organisations have different forms of inequality regimes, which create varied work experiences for employees. She further contends that the organisation processes such as hiring, promotions, wages and compliance remain important area of inequalities (Benschop, 2021). In the context of this study, women experienced varied forms of racism and inequalities in their workplaces. These inequalities are shaped by interpersonal dynamics, employers' perceptions, customer demands and macro-structural forces. Differential inclusion of different migrant workers occurs when white low-paid workers are preferred over other workers and Black migrant women are least preferred in care roles. Previous studies (Walsh and Shutes, 2012; Sahraoui, 2019) have discussed the issue of racism in care work but this study contends that Black migrant women experience qualitatively more intense forms of discrimination due to their skin colour and migrant status. Hussein, Kilkey and Tawodzera

(2023) also noted that low-paid ethnic minority workers are given fewer shifts compared to white colleagues as whiteness is valued in this context.

Furthermore, inequalities are reproduced in other formal organisational processes such as promotions and task allocation where interpersonal dynamics between local managers and care workers often determine their chances of career progression. Occupational hierarchy also plays a huge role in job promotions where nurses control the care workers and expect them to keep an eye on each other to be promoted. This study finds evidence of the practices of underpayment and wage theft in care homes. This finding resonates with the previous research studies conducted by Gardiner (2015) and Albert (2021) who contend that the social care sector suffers from the issue of underpayments of minimum wage; in some instances, employers do not provide payslips that detail the number of hours people work. These underpayments are also made possible by structural and institutional racism where foreign qualifications from places such as Asia and Africa are not recognised and women have to pass competency and English language exams and meanwhile, they work in lower positions.

Ray (2019) argues that organisations are racialised, which legitimises inequalities and distribution of unequal resources, gives superiority to whiteness which privileges them and creates racialised policies and procedures that discriminate against subordinated people. I have also noted in this study that migrant women were subject to 'white scrutiny' (Healy, Bradley and Froston, 2011, p.481) where organisational rules and procedures of complaints were differently applied to racialised women. Organisations are not race-neutral places but rather they often reflect the broader societal and political processes in which they are embedded. Women shared stories where line managers and colleagues used xenophobic rhetoric of belonging and nativist politics to show that they do not belong there. Hussein et al. (2023) note that Brexit processes have also impacted third-national countries (care workers from the Global South), which is overlooked in the literature. They also have created a spillover effect for racially minoritised women outside of the European Union as they are subject to xenophobia and racism outside and inside their workplaces.

In Chapter 7, the migrant status, gender and race acted as a triple bind for these women that perpetuated intersectional inequalities and shaped the precarious work experiences of migrant women of colour. Societal-level racism has filtered down in organisational structures along with interpersonal dynamics to affect women with intersecting identities. Women adopted various coping strategies such as observing a 'code of silence' (Horton, 2016) instead of

complaining to stay out of trouble and used individual strategies such as carving out positive caring identities to tackle migrant discrimination and racism in their jobs.

10.3.3 Embodied Precarity and Slow Violence in Care Work

In Chapter 8, I have discussed how the nature of privatised care work, migrant statuses and organisational inequalities get inscribed on the bodies of these women and shape their embodied precarity in work. This chapter argues that all people can be vulnerable but precarity is distributed and embodied unequally- along the multiple axes of oppression such as race, gender, and migration. The rationale of privatised care which values cost-saving and efficiency treats bodies of migrant women as expendable. Women on sponsored visas (such as Tier 2) spoke about how care homes subject them to intense forms of time control to squeeze their labour as compared to white women. Previous studies (Davies, 1994; Lee-Treweek, 1997; Shutes, 2011; Walsh and Shutes, 2013; Orupabo, 2022) have discussed the time pressure in care work. However, the findings in this study suggest that time pressures are not experienced in the same way neither organisations subject everyone to a similar time regime.

Migrant women in this study were subject to '24/7 productivity' (Müller, 2019) and fast-paced working-time regimes that forced them to complete the maximum number of tasks within the given time. Participants complained of how they were forced to work during their off days compared to white colleagues, which left them with unstable work schedules and a lack of control over their time. Some of these participants were subject to racialised temporalities (Mahadeo, 2018) as they expected to be doing more in a short time and present for their jobs even when they were feeling sick. Mahadeo (2018) contends that racialised people have half of the time to do the same tasks compared to their white colleagues as they have to navigate racism, whiteness and temporal inequalities. Racialised people face compressed time as they must do more to be half as good. In this study, participants experienced more palpable time pressures both on and off work, which often resulted in stress, accidents and injuries. Hardt and Negri (2009, p. 146) argue that precarity enforces a unique temporal regime by blurring the boundaries between nonwork and work time, thereby disempowering workers and depriving them of control over time.

In neoliberal regimes of labour, workers are expendable as their bodies are worn as sucked oranges (Amrith, 2021). Women in this study consistently shared stories of losing consciousness on the job and feeling bodily and emotionally depleted due to their work. Horton (2016) noted in her work on Latino workers in Californian farms that farmworkers work in

consistent heat and often their bodies are finished off as they suffer life-defining injuries and diseases such as kidney disease. In care homes, these women used to complain about 'back pain' and 'muscle pain' including torn muscles, which more often than not tend to be long-term injuries. Women sustained injuries at work as they were handling residents on their own and care homes did not hire agency staff which saved them money, but white carers were given more institutional support. Federici (2004, p. 13) highlights the significance of the degradation and exploitation of women's bodies in capitalist accumulation. She also argues that capitalism reduces the cost of labour by exploiting marginalised groups, including women, and that it exhausts the very bodies it exploits, including those of colonised people, racialised communities, women, and immigrants (Chattopadhyay, 2018; Daskalaki, 2021). Federici (2004, p.13) argues that in the capitalist system, human life is controlled by the drive for profit, and the maximisation of violence is used to sustain the exploitation of labour. She quotes Maria Mies (1986 cited in Federici, 2004, p.14) 'Violence itself becomes the most productive force'. Mezzadri (2022) argues that the latest forms of labour exploitation are based on embodied harm (just like slavery), which exposes 'othered' and racialised bodies to a range of violent processes as a means of their existence.

Embodied precarity in care work was also a consequence of the relational and embodied nature of the work. Residents in care homes were exposed to differential levels of vulnerability and precariousness due to different bodily conditions and their precariousness affected the embodied precarity of these women who were subject to physical harm as they were caring for their bodies. Light (2023) contends that embodiment is a relational process because bodies are not individual entities rather, they are interlaced with other bodies. The embodied precarity of migrant women in care work is a part of affective assemblages where pain, harm and vulnerabilities move across and among bodies. This embodied interdependence and relationality in care portray a different picture of precarity that affect not only individuals in neoliberal capitalism but also various bodies (Povinelli, 2008).

Embodied precarity in these settings also resembles the everyday normalisation of violence and banality. Sluggish temporalities of suffering show that women were suffering from racialised and gendered harm in their jobs even before COVID-19. Participants shared the stories about having long-term physical harm, which remains unacknowledged in care homes. Anderson et al. (2019) coined the term 'slow emergencies' for those unbearable conditions that become an ordinary part of life and often are not acknowledged as situations needing attention. This concept is related to the idea of 'slow violence' and 'crisis ordinariness'

(Berlant, 2011), which suggest that disasters and crises are not distinct from everyday life, but rather, they are intertwined with it. These notions highlight that people's lives are not equally protected and that some groups, such as those defined by class, gender, and race, experience more vulnerability and violence due to unequal distributions of precarity (Butler, 2004, 2009).

In times of crisis, existing social and economic inequalities along racial, gender, and citizenship lines often dictate whose lives are deemed worthy of protection and whose are considered dispensable. Slow emergencies do not qualify for political and ethical responses as they are considered stalled times in which people live their present (Anderson et al., 2019; Povinelli, 2008). However, for those who experience these slow emergencies first-hand, the impact is tangible and felt daily. The distinction between ordinary life and emergencies becomes blurred, making it difficult to mobilise collective action to address these issues.

This overexposure to death is systematic and bare of all attributes of violence against the oppressed. There were conversations around human loss, misery, and maternal guilt which women talked about as they continued to work during COVID-19. These conversations showed how women's bodies are exploited by macro structures of migration and profit-making in care homes. In the next section, I summarise the findings of migrants' social reproduction in a transnational context of care.

10.4 Research Question 2

10.4.1 Social Reproduction and Precarity

During the interviews, conversations revolved both around their work lives and other stories of their life's work and related challenges, which were mentioned multiple times. As a result, I also wanted to portray their lives as larger than their work and interconnected with broader issues such as migration and borders. Kilkey et al. (2018) note that the omission of life's work that migrants undertake risks essentialising the notion that only the work experiences of migrants are worthy of exploration while ignoring their personal lives and hopes. Constable (2014 cited in Ugarte, 2023) stresses that migrant workers' lives encompass much more than their work, underscoring the importance of considering their broader personal experiences and aspirations. The analysis of findings suggests that the insecurities encountered by these women in the realms of production are intertwined with reproduction and had a profound impact on their lives. As women talked about embodied precarity in their workplaces and the impact on their caring relationships with their families, it became apparent that precarity is experienced in their own social reproduction and unpaid caring responsibilities. In Chapter 9, I addressed

the second research question and discussed these experiences of social reproduction that are embedded in specific racialised practices of internal bordering and precarious care work. Women care workers as a part of the global workforce contribute to the reproductive labour of the host countries and the reproduction of capitalism (Yeoh et al., 2023) and yet they are often denied their rights to social reproduction (Constable, 2020).

These complexities and contradictions are experienced at the intersections of race, gender, class, and migrant status. For instance, participants including long-term residents were subject to NRPF under welfare bordering which affects racialised families disproportionately (Coddington, 2021; Erel, 2018). Erel (2018) notes that NRPF affects the childcare for racialised migrant families irrespective of their citizenship status as racialised families are considered temporary, not belonging to the nation, and hence not deserving of the care and welfare of the state. The practices of bordering and gendered racism in the housing market affect women of colour as they tend to face higher levels of precarious housing arrangements. In addition, some participants with settled statuses were facing housing disadvantage (Lukes, De Noronha and Finney, 2019) by living in overcrowded houses. Women were subject to the IHS 'as access to healthcare is increasingly borderised' (Ruiz, 2002, p.51). They were treated as 'cash cows' by being double taxed for these welfare services (Menendez, 2024) that were built on the colonial theft from the Global South (Bhambra, 2015). These practices of charging women for their healthcare while they are providing their labour to social care in addition to paying taxes resonate with the notions of domestic colonialism (Bhambra, 2022) and welfare chauvinism stressing that 'migrant access to welfare should be withdrawn either entirely or partially' (Guentner et al., 2016, p.393).

In addition to bordering practices, women had to navigate the rising levels of privatisation of public services such as housing markets and health systems, which created double precarity. The welfare state is shrinking in the aftermath of the neoliberal shift where individuals are held responsible for their social reproduction and are expected to rely on market-driven solutions. Women were employed in precarious jobs with temporary and zero-hour contracts that frequently excluded paid sick leave resulting in fluctuating income levels that made it difficult for them to support their transnational families. The precarity in earnings of women in the UK affected the household income in the countries of origin and transferred precarity from one area to another, which creates *transnational chains of precarity.* Women often depended on debt to support their families due to the lower and fluctuating wages and the absence of welfare support for migrants in case of poor health.

The feminisation of migration gives rise to new transnational caring arrangements that are mostly classed, raced, and gendered (Banerjee and Thomas, 2023). Migration regimes and resultant intersectional oppression shape the unpaid caring labours of women transnationally and in host countries. In this study, the restrictive family migration policies, and welfare conditionalities, such as restriction on childcare access, increased the childcare responsibilities of women. Women who were experiencing work pressures, spoke about how they were not provided regular childcare by their employers and the government. In other instances, migration policies impacted women with permanent resident statuses: they were effectively rendered single mothers as they were subject to 'bordering intimacies' and expected to earn a specific amount of money to sponsor their spouses in the UK. This created gendered, racial and class inequalities in care (Banerjee and Thomas, 2023; Turner, 2020). Banerjee and Thomas (2023) note that migrant mothers who have legal statuses have to navigate single motherhood when their spouses are deported which creates multiple injustices.

To address these inequalities in care, women invited the grandmothers as 'flying grandmothers' who came to the UK on temporary visas and were responsible for childcare. Bjørnholt and Stefansen (2018) noted similar transnational caring practices where grandmothers from Poland will fly to Norway to help parents with caring responsibilities. Aryal and Guveli (2023) have discussed the Nepali *non-Gurkha* families in the UK under restrictive migration regimes, who become flying families as they travel internationally to provide and receive care in the presence of restricted visa access and resident permits.

These notions of flying kin indicate a transnational care flow and subsidised social reproduction, which becomes necessary when host countries do not provide migrant women with free childcare. This drawing on informal care resources subsidises the labour of these migrants who are squeezed by both the capitalist arrangements of the care sector and the anti-migrant policies in countries that often aim at hurting the social reproduction processes of racialised migrants rather than facilitating them. Rai et al. (2014) note that the poorly paid work and lack of citizenship entitlements enhanced the burden of social reproduction as capital accumulates further value by transferring the cost of social reproduction of workers onto them. This support from families and communities both in local and transnational contexts can be considered care circulations that maintain family bonds and lives (Kilkey et al., 2018). Women who did not have childcare duties often mentioned the reliance of family members and wider communities, and how they were financially supporting these networks with their earnings.

Despite their best efforts, they commonly felt that they were not able to set aside sufficient funds for themselves, which at times left them stressed and exhausted.

Social reproduction is carried out by embodied individuals who are embedded in households, communities, and social relations (Fawcett et al., 2023; Rai et al., 2014). Individuals are bodily and emotionally depleted while carrying out social reproduction and can suffer from bodily harm such as sleeplessness, fatigue, and tiredness from performing both paid and unpaid caring responsibilities. This depletion can also occur in emotions where individuals feel stressed or feel guilty for not fulfilling their perceived societal expectations. Social reproduction can be a depleting process that is experienced differently due to interlocking systems of gender, race, and class (Rai et al., 2014). Migrant women sacrificed their bodily needs, shopped at the cheapest grocery stores, and suffered from loneliness and isolation by choosing not to socialise to save enough money to be sent home and for future dreams of bringing their families to the UK. Brickell et al. (2022) have examined the gendered aspect of exhaustion and bodily deterioration in Cambodia, where women are trapped in unstable garment industry jobs and frequently resort to borrowing money to maintain their households. They note that the eating habits of these women are disciplined by the pressures of debt-financed social reproduction. Women in this study were also exercising discipline to buy cheap food (often it means buying the minimum number of essentials) and practices of waiting, which women of colour undertook as expressions of material care to save their families from subsistence precarity in their countries of origin. Women often tackled precarity in terms of childcare, housing, and finances by depending on partners, friends (locally) and family support systems (both locally and transnationally) as their social reproduction was privatised and equally invisible to larger immigration and employment policies. The role of informal social networks and transnational family support was evident in these instances, which cheapened the cost for employers and the UK by providing these women with emotional and financial support.

When examining social reproduction in the context of transnational migration, it is essential to consider the intersections of borders, precarity, and the processes of race, gender, and class that impact migrants (Alberti and Sacchetto, 2024). In the context of intersecting precarities, this study highlights how unpaid reproductive labour is both shaped by precarious paid care work and racist, classist and gendered border policies. Rai et al. (2014) note that paid work also contributes towards the depletion of bodies and social reproduction when waged work comes with stress, longer working hours and bad health.

Fraser (2016) articulates that our societies are experiencing a crisis of social reproduction as capital does not accord any value to these activities and freerides these resources. I agree with this and would equally like to add that the intersections of neoliberalisation of economies in the Global North along with jingoistic politics severe these social reproduction resources further while these migrants do the social reproduction for the host societies. Moreover, the costs of social reproduction of migrants are of no concern to the state and employers, who externalise these needs to the migrants' countries of origin and cheapen reproductive labour in the host countries (Anderson, 2000). Erel (2018, p.180) notes that 'this extreme form of marginalisation centres the idea of a national community does not owe care to migrants, even though migrants themselves form a key part of the workforce in care and social reproduction.' The role of racialised bordering practices such as discrimination in access to housing and NRPF controlled the social reproduction of racialised women including 'settled residents' who relied on their families and networks to care for them. Women relied on religion, prayers and churches as coping strategies and psychological support as they stayed optimistic for their future in the UK. Time assumes a renewed significance in migrant's agency, which I discuss below.

10.5 Time and Migrant Agency

Coe (2016) argues that migration involves not only physical movements across different geographic locations but also a temporal dimension, as people imagine and seek out better futures. When people decide to move across different spaces, these decisions also involve the temporal imagination of a better future. My participants often decided to migrate as a strategy to address the challenges of social reproduction. These migratory decisions were often made in the hope of what Andersson et al. (2019) call 'futurity', simply put, a better future for their families and themselves as they try to move out of their uncertain present. Migration is thus a complex, transtemporal process that spans multiple geographies and temporalities.

Time also played an important role in the agency of migrant women as many viewed working in care as a temporary, transitional phase that would ultimately lead to better opportunities and a more stable future. They were willing to accept precarious employment in care work in the hopes of achieving permanent settlement in the UK. This mindset became a strategic approach for many women seeking to secure a better future for themselves, despite the uncertainty and instability of their current situation. The women sought sponsorship for their visas, believing that the care industry offered a pathway to obtaining long-term residency permits, which would help them achieve their goals. Many of them did not wish to challenge their employment conditions, choosing instead to accept them and focus on their longer-term aspirations. Xiang

(2021) describes this approach as 'suspension,' where women temporarily put their immediate ambitions on hold in favour of pursuing more distant, future-focused objectives, as described by Axelsson, Malmberg and Zhang (2017). Costas and Grey (2014) have outlined the role of imaginary future selves and postalgia in organisation studies where people hope for an ideal future. They highlighted that imaginary future selves become part of a coping strategy in the present where people defer resistance and change in their present conditions and often perpetuate them. Berlant (2011) argues that agency is not always about taking action to change things rather agency can be exercised in maintaining things and not making or changing them. Berlant (2011, p.3) discusses the notion of optimism and attachments in which people keep believing in future possibilities and get attached with the fantasy of a good life. These women's good life fantasies comprised of having better incomes, family reunions, and more secure migrant status. In precarious times, these fantasies also involve imagining that in the future people will get somewhere better than the present impasse (Bone, 2021; Anderson et al., 2023). This hope for a good life and a secure future helps maintain their coping strategies for their ongoing precarity. These hopes seemed to have a transcending quality (Costas and Grey, 2014). This optimism seemed to play an integral role in their ongoing strategy of carrying on in their work and *'oscillating between fantasy and surrender'* (Bourdieu, 2000, p.221).

Berlant (2011, p.200) contends that people rework the urgencies of livelihood often without assurances of futurity and they continue to adapt to the situations. Migrants also use their agency and devise tactics to navigate and even subvert the temporal controls of their lives by the government. For instance, in this research, some participants joined the care sector by anticipating that they would get a permanent settlement and would be free of their temporariness. Waiting emerges as an important manifestation of temporal governance where often irregular migrants are subject to waiting for decisions. However, I also note that waiting does not always indicate the suspension of agency or an empty time. This period can be valuable and meaningful for people who anticipate a better future and opportunities (Robertson and Runganaikaloo, 2013). Waiting can often appear as a positive space where migrants can feel protected and safe such as in the case of a participant, Harleen, who was waiting for the legalisation of her residency and was willing to wait instead of facing patriarchal structures in her country of origin, where she to go back. In the case of migrant mothers who left their children behind, they wanted to protect their families from the impact of the precarity of their conditions in the UK and decided to wait until they became 'stable'. The important element in

this waiting period was to minimise the impact of precarity on their families both in the future and present.

Therefore, this study shows through the complex narratives of women that we need to move beyond the dichotomies of resistance/victim agency as often the agency is not necessarily expressed through the ability to oppose or a capacity of action (Mahmood, 2006). Agency does not always mean that people want to contest power relations as this capacity is context-dependent and located in the social locations of people (Mahmood, 2006). Alves De Matos (2024) notes that agency can be a distributed capacity across space and time and embedded in interrelations and caring practices where the fundamental needs of others in the present and future can influence the actions women take in present. However, such agentic practices can maintain the status quo and hence can reinforce the conditions of oppression to which women are subject (Anderson et al., 2023). Temporal imagination can lead to hope or disappointment and disillusionment when reality does not match expectations. Although the women in my study were aware of their precarious living situations, instead of trying to enact a change in their current precarious lives, they invested their time towards achieving '*Afterlives of Permanent Residency'*. These choices reminded me of Berlant's (2011) concept of 'cruel optimism' in which a person desires something that may become detrimental to them or their flourishing. The attachments with fantasies such as job stability and family well-being kept my participants living on and even tolerating the situations which seem to harm them. It was evident to me that discrimination and violence are often tolerated and endured for a 'fictional future' (Costas and Grey, 2014) that may or may not arrive.

10.6 Contribution of the Thesis

This research makes theoretical contribution to the field of intersectionality studies by exploring how the concepts of precarity, borders, and time intersect and reinforce oppressive power structures within the care sector of capitalist societies. I contributed to the literature on migration, work experiences of precarious migrant women of colour in residential care homes, embodied precarity and social reproduction at the intersections of gender, race, class, and migrant status. In this section, I will delineate the contribution of this thesis.

10.6.1 Time, Migration Studies, and Intersectionality

The first contribution that this study has made is to centralise the notion of time and temporalities in the gendered migration of women working in care homes. The study of time, like the study of race in migration literature (Mayblin and Turner, 2021, p.71), remains limited

in migration studies where space has dominated the research (Griffiths et al., 2013; Griffiths, 2024; Merla et al., 2020; Yeoh et al., 2023). Furthermore, in migration literature where time has been foregrounded, its focus remains the phenomenological approach in the context of migrants who are irregular and imprisoned within camps (Barber and Lam, 2018, p.9). These studies draw inspiration from Giorgio Agamben's notion of a state of exception as migrants experience time differently within camps and under detainment conditions (See Griffiths, 2014). The literature on borders analyses the consequences of illegal migrations, everyday lives and the work experiences of irregular migrants (as illustrated by the works of De Genova 2002; Khosravi, 2010; Holmes, 2013). As these studies analyse the irregularity of mobility and the impact on undocumented workers, I have looked at different migrant statuses such as temporary, undocumented, and permanent residents in understanding the impact of temporal borders and migration policies on the production of precarious labour (Kofman and Raghuram, 2015; Griffiths, 2024; Maury, 2020).

This study argues that time remains central in the experiences of migration and bordering practices, which is a manifestation of camp not outside but rather inside the society (Morris, 2020). Time is central to the borders and migration policies where bureaucratic procedures and rapidly changing migration policies shape migrants' choices. State migration policies facilitate the mobility of capital and people who are embedded in the notion of time. These migration policies are aligned with capitalism, which seeks to respond to the forces of labour demand and supply and manipulate space and time to encourage or discourage the mobility of migrants (Barber and Lam, 2018). State and capital-driven control of labour migration exerts control over how migrants experience their mobility within these contexts. Time in migration assumes a central role where multiple temporalities are experienced by migrants in both global and local contexts (Wang, 2020, 2021).

Another theoretical contribution of this study is the advancement of intersectionality theory by foregrounding the notion of time as another structure of oppression and unequal power. Intersectionality recognises that people's lives are affected by interlocking oppression, such as racism, sexism, and xenophobia, which intersect and overlap with each other (Crenshaw, 1991). Intersectionality analyses the broader power structures and social relations where different categories of difference assume more or less importance over time and space (Anthias, 2013). However, the conception of time as a system of power and oppression has not been explored in the literature on intersectionality. Mahadeo (2018, p.187) contends that time is embedded in oppressive structural conditions that disadvantages some people and privileges

others at the intersections of gender, race ('time is not race-neutral'), and class. He further argues that structural inequalities steal time from racialised people. Time has emerged as an important form of social inequality (O'Hagan, 2018). I have drawn on the intersectionality theory to argue that the intersections of precarious migrant status, race, and gender also add value to this analysis as temporal borders create different precarious experiences for racialised women. In the chapter 6, it is evident that migration policies subject women to waiting, a form of racialised time (Hanchard, 1999), and render them vulnerable in labour market. In addition, another contribution of this study (chapter 8) is to show that how organisations also subject migrant women to racialised temporalities and differential level of control in work. This analysis of racialised time and organisational control shows the ways marginalised women experience oppression in their work.

10.6.2 Intersectionality, Embodied Precarity and Violence

This research has contributed to the literature on embodied precarity and intersectionality in the context of care work. Care work is a part of social reproduction that shapes embodied experiences of this labour along interlocking and intersecting oppressions of race, migrant status, gender, and class (Parker, 2015). Both paid and unpaid social reproduction such as reproductive labour are being carried out in precarious times, which calls for a timely analysis of embodied precarity of care labour. Gill and Pratt (2008) note that the critique of precarious labour still focuses on information and creative industries and the social movements that mostly focus on the highly educated, the able-bodied and the young, who relatively lack caring responsibilities. Furthermore, Ivancheva and Keating (2020) argue that precarity has been mostly studied in the area of productive and material labour rather than being focused on reproductive labour. Precarity is considered to gain more importance when it has affected the productive sphere in global capitalism even when precarity has always been a characteristic of reproductive labour of women who perform material, affective and invisible work daily.

Previous research such as Kalleberg (2018) has discussed the rise of precarious jobs, the resultant negative outcomes, and the hope for labour protections but his work only tangentially touched on the intersections of gender, racial and immigration diversity with people's experiences of precarious work. Precarity has a strong gender dimension (see Vosko, 2000) along with race, migrant status, and class as economic uncertainty and precarious migrant status interact with these structural locations (Reilly et al., 2022). Misra (2021, p.105) notes that '*precarity is not an equal-opportunity disaster*', and precarity affects different people in varied ways. She argues that an intersectional analysis of this phenomenon is needed to better

understand these facets of precarity (also see Zhang, Nardon and Sears, 2022). Therefore, this study has contributed to the literature on precarity by drawing on intersectionality to understand the experiences of the embodied precarity of migrant women of colour.

A relative lack of discussion remains around everyday violence and exploitation towards gendered and racialised bodies, which need to be acknowledged in care work (Mcbride et al, 2015). Banerjee and Hwang (2023) noted that research is still lacking on violence against women of colour who are oppressed by the interlocking systems of race, gender, and other social categories. This lack of attention towards violence against women of colour counts as 'epistemic violence' that needs to be addressed (Banerjee and Hwang, 2023). Racialised and gendered violence in organisations and its relationship with embodied precarity are less talked about in the literature. Costas and Grey (2019) argue that a sensibility is needed around the notion of organisational violence, which does not occur in countries with poor human rights as such 'abnormalities' can occur in 'normal' organisations.

Rioux (2015) argues that physical and corporeal processes underpin the power relations such as capital accumulation and rising inequality in the contemporary world. In this thesis, I have argued that embodied precarity is an unequal distribution of vulnerability and structural violence to certain bodies such as migrant racialised women who work in private care homes. In this study, migrant women were exposed to differential levels of workplace risks and embodied violence due to being tied to specific employers, the nature of care work and organisational disregard for their health and on-the-job safety. Health and safety remain relatively understudied aspects of precarious work (Hammonds and Kerrissey, 2022). Moreover, these two aspects have complex and intersecting dynamics that involve race, gender, and precarity, all of which disproportionately affect gendered and racialised bodies. This study has followed the calls by scholars such as Misra (2021) and Hammonds and Kerrissey (2022) to pay more attention to intersectionality, race, and gender in understanding the impact of precarity in precarious work. Hammonds and Kerrissey (2022) argued that health and safety are important parts of precarity, and research is needed to understand how COVID-19 has affected these conditions and experiences of precarity for low-wage workers (Loustaunau et al. 2021). Research has been conducted on the health and safety of workers, but these issues have not been conceptualised through the lens of precarity (Hammonds and Kerrissey, 2022) and embodiment. I have attempted to build the relationship between embodied precarity, violence and the health and safety of racialised migrant women.

10.6.3 Borders and Embodied Social Reproduction

Studies that have looked into the bordering practices and social reproduction remain scarce (Maury, 2024). In addition, different studies have looked at migrant labour in reproductive sectors in the destination countries, but few studies look into the experiences of social reproduction of migrants (Kofman and Raghuram, 2015; Kilkey et al., 2018). The study has contributed to the literature on social reproduction by exploring the intersection of internal borders and precarious work and their impact on migrant women and their caring relationships. The study also discusses how gender, race and migrant status are implicated in these processes. The analysis shows how capital and states use bordering practices to extract labour without addressing the social reproductive needs of women. I have also teased out the binary of migrant/citizen here as well to show that bordering practices disproportionately affect racialised women in housing, healthcare, and unpaid care. Women work in the reproductive sector such as care, and this paid work also has a bearing on their social reproduction both in the destination countries and transnationally.

The study argues that women adopt the temporal strategy of 'waiting' to sacrifice their bodily needs in the present to support the reproduction of their families and future family reunions. I have also foregrounded the gendered and racialised body in the processes of unpaid reproductive labour. The body has been an important site of theorisation in feminism but in postmodern theory, the real human body has not been given its due importance and visibility (Rioux, 2015). Embodied activities and materiality of the body are manifested in exploitation, hunger, violence, and disease (Parker, 2015). Federici (2019) notes that directing the focus towards bodies would contest the capital exploitation and accumulation through invisible and undervalued labour of people of colour and women. Despite different studies on bodily performances in paid labour, research on reproductive labour (both paid and unpaid) and bodies remains limited (Meehan and Strauss, 2015). Social reproduction and care are embodied and material as bodies are directly and indirectly implicated in this process (Katz, 2008). In this work, I show that women's bodies are depleted as they try to save their families from financial precarity.

10.6.4 Management and Organisation Studies and Intersectionality

In the context of management and organisation studies (MOS), different studies have investigated the issue of diversity management and the experiences of discrimination of racial and ethnic minority employees who work in capacities such as managerial and leadership ranks (see Healy, Bradley and Forson, 2011; Atewologun, Sealy and Vinnicombe, 2016). A

significant amount of research has been conducted on the glass ceiling where often women hit the glass ceiling and cannot progress to higher positions due to gender discrimination. However, a gap remains in research that analyses the experiences of racial and ethnic minorities who are employed in blue-collar jobs (Van Laer and Zanoni, 2020) and low-wage work, such as care assistants and care workers who are employed precariously in the private care sector. Nkomo (2021, 2019) notes, that there is a continued denial of race in MOS. Nkomo authored her paper 'The Emperor Has no Clothes' twenty years ago, but race remains an area at the margins of mainstream MOS. Van Laer and Zanoni (2020) argue that MOS do not always pay attention to the experiences of most disadvantaged groups (such as racialised migrant women of colour in this study) who are expropriated in the labour market through precarity and flexibility in organisations. It is important to look at these non-standard employment relations, which depend on different temporal structures (such as contract work and zero-hour work) that affect the ethnic, national, and migrant groups differently. This study contributes to the literature by analysing the experiences of organisational inequalities of migrant women who work in low-paid and precarious care jobs.

Amis et al. (2018) note that organisational scholars need to pay more attention to intersectionality as organisations become sites, where various intersections shape inequalities. I interviewed women to understand how their work experiences are shaped by intersectional inequality regimes in care homes. I have also foregrounded the inequalities in organising processes such as job allocations, promotions, and implementation of rules which women have to endure at the intersection of gender, race and migrant status. An important finding which contributes to the literature is that though previous studies have reported the issue of discrimination and racism in the context of domestic care work (Hussein et al., 2011; Shutes and Walsh, 2012), this study shows that not everyone is discriminated against in the same way. In chapter 7, I noted that Black women and in some cases temporary agency workers tend to be more discriminated against in their jobs. This finding shows that the category of racialised women is not homogeneous and there are differences of experiences within this category.

Furthermore, Marino and Keizer (2023) contended that the research on migrant labour and employment remains limited in residential care compared to care work in domestic homes. Kofman and Raghuram (2015) noted that the literature and research on gendered migrations have mostly focused on household work such as home care as the main site of migrant labour where migrant women work as nannies and maids. It is important to understand the other contexts such as care homes embedded in marketised and financialised care models which

regulate, and value skill sets and care activities differently (see Yeates, 2009). This study has contributed to the literature by addressing this gap and giving visibility to working conditions, discrimination, and violence against racialised women in care homes.

10. 7 Methodological Contributions

In this research, I also have contributed to the literature on reflexivity by exploring the intersecting identities and power relations in the field that influence the research experiences and their embodied impact. The reflexive accounts of socially constructed categories of difference and resultant power relations in research encounters remain relatively underexplored (Gilmore and Kenny, 2015). In previous research, researchers have looked at factors such as gender that affect the interactions with their participants, but there remains a limited engagement with other intersectional identities (such as sexuality, nationality, and religion) of researchers in the fieldwork (some exceptions are Karimi (2019) and more recently Baz (2023). In the methodology chapter, I have reflected on my multiple identities and how these intersecting identities of a researcher create a situated simultaneity of advantages and disadvantages (Holvino, 2010) that shape the research encounters in the field. Categories of difference such as religion, gender, nationality, sexuality, and migrant status assumed importance during the access of participants and interviews and brought certain power inequalities in the process. In the methodology chapter, I have introspected my numerous identities and how they intersect, influencing my research strategy. I have drawn upon the concept of intersectional reflexivity (Ruiz-Castro, 2021), whereby the researcher's intersecting positionalities impact the fieldwork and research procedures and process (Baz, 2023; Rodriguez and Ridgway, 2023). The intersectional identities of the researcher create both advantages and disadvantages that influence the research encounters in the field, with categories of difference playing a significant role in participant recruitment, interviews and introducing power imbalances in the process.

During the interviews, my migrant and racial identity led to expectations of ease in accessing participants as I thought of myself as an insider who is the ‘other’ (being a migrant woman of colour) researching ‘the other’ (Ruiz-Castro, 2021). However, the fluidity of social categories like migrant, religion and nationality blurred the lines between insider and outsider. Sometimes certain gatekeepers from ethnic minority backgrounds talked about my ‘problematic’ Muslim religious background in the context of the 9/11 war on terror, and they asked about my nationality and used slurs like ‘Pakis’. In another instance, a Christian woman from Pakistan viewed me as an outsider due to my privileged religious background in Pakistan, while a

woman from Ghana saw me as an insider since we shared similar experiences of being outsiders in the UK. We shared various similarities and differences, but these positionalities were shifting between privileges and disadvantages (Baz, 2023).

Recurrent questions probing about my sexuality in the interviews resonated with the notion of reflexivity of discomfort (Hamdan, 2009) where a researcher is taken out of her comfort zone and has to engage with their background. The issue of sexuality was not something that I anticipated would take importance in my access to participants and interviews. However, I had hegemonic heterosexual expectations, and I had to often stay silent when participants assumed that I was straight and tried to send me marriage proposals. I was concerned that if I chose to 'come out' in front of the participants, they may refuse to speak to me, which also indicated the power imbalances which emerge between the researcher and the participants. Navigating these complexities was an emotional experience for me that highlighted the dialectics of privileges and disadvantages involved in which the researcher and the participants are embedded. Hamdan (2009) argues that these notions of reflexivity push researchers to confront the unexpected and unfamiliar in the fieldwork.

I also highlight the embodied impact of conducting this study, arguing that it is not a detached, emotionless exercise; rather, it is a deeply embodied and emotional experience (Laliberte and Schurr, 2016). These emotional and embodied challenges are often muted in the written accounts of methodology which I have tried to 'unmute' in my writing. Emotions are discussed during informal conversations but are often excluded from published accounts of research (Laliberte and Schurr, 2016). Pullen and Rhodes (2008) stress that we tend to write by conforming to academic standards while cleaning the 'dirt' out of our written accounts. They argue that dirty writing is corporeal and embodied writing where we write about the body with our bodies. Later, Pullen (2018) argues that embodied writing should be in touch with our emotions and bodies and should not be edited to please other people. The context where I come from (Pakistan) has embedded in me to normalise the emotional pain or even physical pain of the feminine body and I was often told, 'it is no issue'. I was brought up in an environment where everything related to a woman's body needs to be a secret and should not draw attention to herself. This research taught me how to listen to my body and its pain, something which I have not done in the past. The relationality I developed with my participants and the responsibility of writing about their lived experiences have also taught me the importance of embodied emotions in writing. I learnt the impact of this research on me when I revisited the transcripts and thought endlessly about the conversations I had with my participants. It was my

‘dreaming body’ (Helin, 2019) which started showing me scenes of separation from my partner and what life might be like if I were to be sent back. It was the same question which some of my participants asked me and I always reassured them that this would never happen. But I had unacknowledged anxieties around these questions which I masked in the day but could not escape in my dreams. I still have these dreams most nights. The ‘old’ me would have censored this experience in my written accounts as writing exposes our vulnerabilities (Pullen, 2018) but here I do not want to censor my emotions rather I want to acknowledge my vulnerability.

I have foregrounded the emotional and embodied side of working with marginalised communities that ethics committees and procedures cannot foresee. Research is often time-bound and transitory with contractual bargains, but emotions in the field stick and circulate beyond the field as researchers get emotionally entangled, engulfed, and even overwhelmed by these research encounters (Laliberte and Schurr, 2014). When a researcher works with people who are subject to pain, violence and precarity, often the boundaries of researcher and interpersonal relationships get blurred (Butcher, 2022). When a project is near the completion timeline, a researcher may feel guilt and even isolation because these people are left to struggle with the same vulnerabilities and precarity (Dempsey, 2018). Having experienced these feelings myself, I think that institutional support is needed in terms of ensuring the well-being of the researcher, who is affected due to the emotional labour and toll involved in such difficult conversations.

Universities should provide more support to researchers in terms of time where research involves sensitive conversations and fieldwork may require certain pauses to navigate difficult emotional reactions that emerge during research. Despite having a highly supportive supervisory team, the PhD program was structured in a manner that pressured me to work tirelessly to meet tight deadlines. In various instances where I should have taken time to reflect on my emotions, I was compelled to expedite the completion of my degree to avoid financial uncertainty and the risk of exceeding the legal limit of my visa in the UK. As a result, I experienced physical and emotional strain, including tears and anxiety, which stemmed not only from the distressing accounts I encountered in the field but also from the government's anti-immigrant policies and the pervasive bordering practices coupled with neoliberal ideologies and policies present in universities.

During my PhD, I had interactions with individuals in university-level leadership roles who dismissed the emotional turbulences associated with research. Neoliberal institutions value

financial restraints and individual responsibility, which often impact researchers from marginalised backgrounds in adverse ways (Kinitz, 2022). Researchers who come from marginalised backgrounds need resources such as financial and emotional support to engage in work that requires psychological and emotional labour. Universities often call for researchers from historically marginalised communities to conduct research within these communities but without providing access to relevant support. This support assumes renewed importance for graduate students who are systematically marginalised and can be further impacted by the sensitive research they are undertaking.

10.8 Policy and Practical Implications

At the end of the research interviews, I asked these women about what needs to change in this work, and we discussed many suggestions. For instance, in some interviews, participants talked about the increasing commodification and marketisation of care homes where companies will invest money in buildings, décor and external appearances to attract more customers, but they will not increase the wage rates in proportion to workloads. Horton (2021) notes that care homes in the UK are increasingly becoming hotel-like spaces that often resemble Travelodge due to the financialisation of care homes. These hotel-like homes transfer risks onto workers and residents to maintain ongoing caring relationships without much regard for their working conditions. Furthermore, care has increasingly been commodified in the UK with the decreasing role of public investment in social care. Private equity firms are extracting profits from social care which I argue needs to be discouraged because the sector needs to be protected from the instability of financial markets. It is integral that the state shows both moral and political commitment towards creating an affordable and equitable infrastructure of care that people can rely on. I agree with scholars who argue that collective investments and worker-owned cooperatives working in collaboration with local governments and the wider community can also be a way towards the commoning of care resources (Dowling, 2020). Care should not be treated as a luxury, and everyone should have access to ‘structural care’ (Ticktin, 2024).

Participants also believed that resource allocation need re-evaluation to recognise the value of their contributions and ensure they receive proper respect in their work. I argue that the voices of care workers need to be put at the centre stage in post-COVID policy decisions about the future of social care. There needs to be better conditions for the workers including eliminating the practices of hiring labour on zero-hour contracts. Care workers should be provided stable contracts with access to training, paid sick leave and other employment benefits. It is essential

to recognise the contributions of these invisible carers in long-term care and provide them with corresponding material benefits.

Williams (2021) notes that migrant care work remains embedded in global, regional, and local inequalities such as care extractivism where racial capitalism extracts reproductive labour from the Global South to meet caring needs in the Global North. She argues that this is a colonial practice of extraction and hence care work needs to be decolonised through providing funds and medical resources to these countries in the Global South. According to a recent report published by the Migration Advisory Committee (2023, p.26), the UK is hiring more migrant labour on Health and Care Work visas from 'red list' areas such as Bangladesh, Ghana and Zimbabwe which have already lower levels of healthcare professionals. I suggest that the UK should redistribute and democratise the material resources needed for healthcare sectors in these places as a first step towards reparatory justice in care work.

Furthermore, migrant care workers are disproportionately represented by women from the Global South who fill in the labour shortages in reproductive sectors (Williams, 2021; Fraser, 2022). The mistreatment of migrant care workers in the UK is often discussed, but the root causes (the migration and welfare policies) are overlooked. Women are exploited in care work due to their limited options and support within the system, which is largely shaped by the state. For instance, women face challenges in managing the social reproduction of their families due to low wages and no access to state support, which sometimes leads to poverty. This financial strain compels women to remain in exploitative employment and often takes on multiple jobs, draining their physical resources. The consequences of this situation affect the care provided to residents and highlight the need for policies that recognise the interrelated nature of these vulnerabilities. The government must address the social reproductive needs of migrant women of colour, including accessible and affordable healthcare, housing, and free childcare, given their historical and contemporary contributions to the UK welfare system through taxes. The care sector also tends to experience high staff turnover rates, leading to labour shortages with approximately 152,000 vacant positions (Skills for Care, 2022). While the Skills for Care annual report (2022) highlights several positive factors that could encourage workers to remain in their jobs, such as improved pay, full-time employment, and avoiding zero-hour contracts, it neglects to address the impact of racism and migrant discrimination in care homes. This oversight is significant, as these forms of discrimination can lead to reduced job satisfaction, increased turnover, and negative effects on the well-being and health outcomes of care workers. Racism perpetrated by employers, coworkers, and clients pushed some women in this study to

seek employment elsewhere, exacerbating their precarity in both work and personal lives. Moreover, power imbalances within organisations result in disparities in the enforcement of regulations, leaving migrant women particularly vulnerable. To address these issues, more nuanced and intersectional approaches to handling complaints are necessary, and labour unions must become more attuned to advocating for the rights of individuals facing multiple forms of oppression.

Furthermore, Farris, Yuval-Davis, and Rotenberg (2021) have highlighted the hypocrisy of the government in the UK during COVID-19 where a performative framing of 'in this together' was used to extract labour of people who were not earlier considered part of the national community in Britain. This framing portrayed frontline workers as heroes but did not acknowledge that many of these people were categorised by the state as undocumented migrants and at risk of being deported from the country. During COVID-19, it was also being discussed in public polls that undocumented care workers in the UK should be granted citizenship but none of these opinions was enacted into law (Farris, Yuval-Davis and Rotenberg, 2021). The sacrifices these women made during this pandemic should be recognised; they should be given residency rights in the UK along with recognition of the time they have worked in the care sector to avoid 'time theft' by the government. Some of these participants claimed that care homes heavily rely on undocumented workers and legalising these migrants would address the issue of labour shortages in the country. These similar points have been acted upon in countries like Greece where illegal migrants have been given legal papers to address labour shortages in sectors such as agriculture and construction (Smith, 2023).

The future of social care in the UK faces significant challenges such as lower levels of funding to local councils and privatisation of care, primarily driven by an ageing population and increasing demand for services. Additionally, the workforce crisis, influenced by immigration policies such as banning the family members of the care workers, increasing exploitation of the visa sponsorship system and wage pressures, further complicates the landscape. This necessitates urgent reforms to ensure sustainable and equitable care provision in the future. For instance, in the UK, migration and labour laws are interconnected, with the status of a migrant worker being tied to their employer. This connection affects how workers can assert their rights and voice concerns at work. The lack of separation of migration and labour law enforcement plays an important role in the occupational health and safety of workers and constrains their agency as women choose to work in unsafe work environments over risking their visas and

future in the UK (FLEX, 2023). This intersection limits the agency of migrant women in the social care sector. It is essential that individuals are not penalised for voicing concerns about poor employment practices, such as wage theft and abusive contracts, imposed by their employers. In 2024, the Labour government has outlined a 'New Deal for Working People' and a 'Fair Pay Agreement' for the social care sector in its manifesto. However, they have not addressed the issue of migrants being tied to their employers; in cases of abusive practices like underpayment, these migrants risk losing their immigration status if they choose to complain. Therefore, the 60-day rule of switching employers, under which individuals may face deportation if they do not find a new employer within this period, needs to be eliminated. Additionally, the high visa costs for migrant workers who switch their employers should be eliminated. It is crucial to acknowledge that the future of the social care sector depends significantly on migrant workers. Restricting these workers' ability to express their concerns about employment conditions—such as unstable contracts, lower wages, and the quality of resident care—endangers the well-being of vulnerable individuals and threatens the overall sustainability of social care.The care sector needs these workers and improving the working conditions will positively impact both workers' and residents' well-being (Hussein et al., 2023). It is essential to embed a relational perspective of occupational health where different systems of social care, care users and workers affect each other in both positive and negative ways. Line managers and employers in care homes need to look at the relationality in bodily harm and workings of precarity which do not only affect vulnerable residents in long-term care but also affect racialised migrant women. Therefore, it is crucial to acknowledge the relationality in embodied precarity that not only affects care workers but also vulnerable British citizens.

10.9 Limitations of the Current Study and Future Possibilities of Research

No knowledge production is without its flaws and limitations. Throughout this research, there were different instances where I secretly wished that I should have used this approach for my research. For instance, at the start of this project, I wanted to work as a carer in a care home to conduct ethnography combining interviews and participant observations, but this could not be possible due to concerns around the health and safety of residents and workers during COVID-19. I also could have conducted this study in one care home which would have provided me with deeper engagement with the participants as previous studies demonstrated (see Lee-Treweek, 1997; Syed, 2019). However, choosing one single case study can also often result in a lack of diversity of participants and their experiences. Despite the lack of participant

observations, this study interviewed participants who were working in diverse settings with a range of migrant statuses and countries of origin from Asia and Africa.

Another limitation is that this study is not longitudinal research and hence I did not follow the life and career trajectories of all participants apart from the ones who remained in contact with me informally. The Migration Observatory (2023) also noted this lack of research on the career and life trajectories which migrants on work visas adopt. I keep thinking about these women and the question of whether they would ever achieve the fantasies of a better life as they move on in their lives. Therefore, longitudinal research would be invaluable in understanding the different forms and intensities of precarity which migrants face over time. Future research can adopt an intersectional life course theoretical framework (see Ferrer, Brotman and Koehn, 2022) to understand the inequalities and precarity which women face.

I also acknowledge that I have not looked into the experiences of white women who come from Europe in a post-Brexit climate. When I started this research, it was initially based on the higher levels of mortality rates in women from minoritised ethnicities and migrant communities and this dissertation wanted to explore their experiences of working in paid institutional care under a hostile migration environment. This study acknowledges that immigration policies and border regimes have affected people in Europe as well in the backdrop of Brexit. After Brexit, people from the European Union would need visas and sponsorships to work in the UK. Brexit has also generated larger questions of belonging and the true meanings of Britishness that affects people from Europe. However, such border and immigration regimes are differentially activated in the UK where people from European Union/EEA/Swiss Citizens can still visit the UK without obtaining a visa, but they have to apply for a visa if they intend to stay in the UK for more than six months. The activation of borders and immigration rules are different for people who come from the Global South or when certain populations are racialised. Nevertheless, rising borders within Europe would require further research comparing migrant women from both European and non-European countries to understand the differences and similarities in their experiences of precarity, work, and social reproduction.

Another future area of research is to analyse the work experiences of migrant men from ethnic minority backgrounds who are involved in this field. While women make up a larger proportion of care workers, men too play a significant role in providing care and support. However, men are often excluded from providing personal care to women as this involves touching of the body. Furthermore, gender is mediated through the category of race where black male body is

not viewed as suitable to provide care (see Storm, 2023). These differences need to be further investigated in relation to how racialised men experience precarity both in paid work and family life as migrants and ethnic minorities in the UK. Future research can include the experiences of men and women and the comparisons of strategies for tackling precarious social reproduction locally and transnationally.

Future research can also focus on the rise of digital platforms, such as 'Florenceapp' for staffing needs in care homes, and their impact on the working conditions of racialised women and migrant labour. This research can analyse the new processes of inequalities and precarisation which online platforms can shape for marginalised workers in institutional settings. Dowling (2020) has noted that platform care work creates different ways of organisational control through electronic monitoring of workers. The platform care work will continue to assume more importance due to the care crisis in capitalist economies and will need to be analysed in academic and policy research.

I have conducted what I consider to be difficult research. This research has been difficult in the sense that the women I have spoken to face multiple layers of marginalisation, and these layers were obvious to me from my ongoing conversations with participants. Although it is customary for us as researchers to suggest 'new avenues' for research, or further lines of enquiry, I long for a scenario in which bordering, violence and family separation are no longer characteristics of people's lives. When I was writing the final pages of this dissertation, the UK government issued new orders to ban care workers from bringing families into the UK (Bychwski, 2023). These changes in the migration laws will give rise to new realities of social reproduction and transnational care arrangements for migrant women in the UK. These laws will hinder low-paid professions such as care workers from being with their families due to the nature of low-paid care work whereas high-skilled professions can dare to fall in love and bring their families to the UK (Booth and Goodier, 2023; Tapper, 2023). It will reinforce class inequalities that often intersect with gender, race, and migrant status. According to Sumption and Brindle (2023), 75% of women earn less than the recommended income threshold (£38,700) for family visas. An understanding of how such changes will give rise to new care strategies for women forced to leave their families behind is needed.

10.10 Concluding Remarks

This thesis has analysed multiple factors, including migration policies, workplace-level inequalities, and the embodied precarity which contribute to the complex experiences of

precarious work in the care industry. This study has also argued that precarity is not solely determined by non-standard employment relations, but also by other intersecting systems of marginalisation, such as race, gender, and migration status. Therefore, it is essential to consider interlocking systems of oppression in future policy and academic research to gain a further understanding of migrant lives and the varied experiences of precarity which migrant workers encounter. Such research can inform policymakers and organisations about the challenges and relevant support which marginalised groups such as migrant women of colour need. Given the increasing diversity of the workforce in care, specifically from non-EEA areas, this support to migrant women will assume further importance for the delivery of ethical and sustainable care in the social care sector.

References

Abrego, Leisy. (2009). 'Economic Well-Being in Salvadoran Transnational Families: How Gender Affects Remittance Practices', *Journal of Marriage and Family*, 71(4), pp.1070–1085. DOI: 10.1111/j.1741-3737.2009.00653

Achiume, E. Tendayi. (2022). 'Racial borders', *The Georgetown Law Journal*, 110 (3), pp.445–508.

Acker, Joan. (1990). 'Hierarchies, Jobs, Bodies: A Theory of Gendered Organisations', *Gender and Society,* 4(2), pp.139–58.

Acker, Joan. (2006). 'Inequality regimes: gender, class, and race in organisations', *Gender and Society,* 20(4), pp.441–64.

Acker, Joan. (2012). 'Gendered Organisations and Intersectionality: problems and possibilities', *Equality, Diversity and Inclusion: An International Journal,* 31(3), pp. 214–24.

Ahmed, Sara. (2006). *Queer Phenomenology: Orientations, Objects, Others*. Durham: Duke University Press.

Ahmed, Sara. (2014). 'Making Strangers', *Feministkilljoys*, 4th August. Available at https://feministkilljoys.com/2014/08/04/making-strangers/ (Accessed: 3rd September, 2023)

Ahmed, Sara. (2021). *Complaint !*. Durham, N.C: Duke University Press.

Ahmed, Sara. (2024). *The Feminist Killjoy Handbook*. London:Penguin Books Ltd.

Ajayi, Sotubo. (2021). 'A perspective on health inequalities in BAME communities and how to improve access to primary care', *Future Healthcare Journal,* 8(1), pp. 36–9. DOI: https://doi.org/10.7861/fhj.2020-0217

Albert, A. (2021). 'Care workers more likely not to be paid minimum wage due to practices such as unclear payslips', *Home Care*, 21 May. Available at Care workers more likely not to be paid minimum wage due to practices such as unclear payslips (Accessed: 10th June, 2023).

Alberti, Gabriella, Holgate, Jane and Tapia, Maite. (2013). 'Organising migrants as workers or as migrant workers? Intersectionality, trade unions and precarious work', *The International Journal of Human Resource Management,* 24(22), pp.4132-4148. DOI: 10.1080/09585192.2013.845429

Alberti, Gabriella and Sacchetto, Devi. (2024). *The Politics of Migrant Labour Exit, Voice, and Social Reproduction.* Bristol: Bristol University Press.

Allan, H., and Westwood, S. (2015). 'Non-European nurses' perceived barriers to UK nurse registration', *Nursing Standard,* 30(37), pp.45-51. doi:10.7748/ns.30.37.45.s41.

Allan, Stephen., Nizalova, Olena. (2020). *Care home markets in England: changes over time and impact of local authority expenditure on supply*. Personal Social Services Research Unit Working Paper. Available at DP2020-04.pdf (pssru.ac.uk) (Accessed: 5th September, 2021)

Al-Saji, Alia. (2013). 'Too Late: Racialized Time and the Closure of the Past. *Insights,* 6 (5), pp. 2–13.

Alves de Matos, P. (2024). 'Distributed agency: Care, human needs, and distributive struggles in Portugal', *Critique of Anthropology*, 44(1), pp.82-96.

Amis, J. M., Munir, K. A., Lawrence, T. B., Hirsch, P., and McGahan, A. (2018). 'Inequality, institutions and Organisations', *Organisation Studies,* 39(9), pp.1131–1152. https://doi.org/10.1177/0170840618792596

Amis, J. M., Mair, J., and Munir, K. A. (2020). 'The organisational reproduction of inequality', *Academy of Management Annals,* 14(1), pp.195–230. https://doi.org/10.5465/annals.2017.0033

Amrith, M. (2021). 'Ageing bodies, precarious futures: the (im)mobilities of "temporary" migrant domestic workers over time', *Mobilities,* 16(2), pp.249–261. https://doi.org/10.1080/17450101.2021.1885834

Amrith, M. (2022). 'The temporal borders of transnational belonging: Aging Migrant domestic workers in Singapore', *American Behavioral Scientist,* 66(14), pp.1912-1927.

Amrith, M. (2023). 'Migrant eldercare workers', in Torres, Sandra and Hunter, Alistair (ed.), *Handbook on Migration and Ageing*. Cheltenham, UK: Edward Elgar Publishing, pp 217-.228

Anderson, Bridget. (2000). *Doing the dirty work?: The global politics of domestic labour*. London: Zed Books.

Anderson, Bridget. (2013). 'Migration, Immigration Controls and the Fashioning of Precarious Workers', in E. Jurado and G. Brochmann (ed.) *Europe's Immigration Challenge: Reconciling Work, Welfare and Mobility.* London: I.B.Tauris, pp. 185–204. http://dx.doi.org/10.5040/9780755619931.ch-010

Anderson, B., Grove, K., Rickards, L., and Kearnes, M. (2019). 'Slow emergencies: Temporality and the racialized biopolitics of emergency governance.', *Progress in Human Geography*, 44(4), pp.621–639. https://doi.org/10.1177/0309132519849263

Anderson, Bridget. (2020). 'And About Time Too…: Migration, Documentation and Temporalities', in Horton, Sarah and Heyman, Josiah (ed.) *Paper Trails: Migrants, Documents, and Legal Insecurity.* Durham: Duke University Press, pp. 53–73.

Anderson, B., Awal, A., Cockayne, D., Greenhough, B., Linz, J., Mazumdar, A., Nassar, A., Pettit, H., Roe, E.J., Ruez, D. and Salas Landa, M. (2023). 'Encountering Berlant part two: Cruel and other optimisms', *The Geographical Journal*, 189(1), pp.143-160.

Anderson, Bridget. (2024). ‘Blurred boundaries: Fantasy citizenship, the worker citizen and Mobility Controls’, *Journal of Ethnic and Migration Studies,* pp.1–15. https://doi.org/10.1080/1369183x.2023.2298545

Anthias, F. (1998). ‘Rethinking Social Divisions: Some Notes Towards a Theoretical Framework’, *Sociological Review,* 46(3), pp.505-535.

Anthias, F. (2013). ‘Hierarchies of social location, class and intersectionality: towards a translocational frame’, *International Sociology,* 28(1*)*, pp.121–38.

Anthias, F. (2021). *Translocational belongings: Intersectional dilemmas and social inequalities*. Abingdon, Oxon: Routledge.

Antwi, Kwadwo. Stephen, Hamza, Kasim. (2015). ‘Qualitative and Quantitative Research Paradigms in Business Research: A Philosophical Reflection’, *European Journal of Business and Management,* 7(3), pp.217-225.

Apostolidis, P. (2019). *The fight for time: Migrant day laborers and the politics of precarity*. New York: Oxford University Press.

Armstrong, P., and Armstrong, H. (2002). ‘Thinking it through: women, work and caring in the new millenium’, *Canadian Woman Studies*, 21(4). Available at https://link.gale.com/apps/doc/A93082994/AONE?u=anon~f56df7ff&sid=googleScholar&xid=b7d5c1b9 (Accessed: 19th January, 2022)

Armstrong P, Daly, T. (2004). *There are not enough hands.’ Conditions in Ontario's Long-Term Care Facilities*. Report prepared for the Canadian Union of Public Employees, Toronto.

Arruzza C, Bhattacharya, T. and Fraser, N. (2019). *Feminism for the 99%: A Manifesto.* London: Verso

Aryal, S., and Ayse, Guveli. (2023). Flying families between the UK and Nepal: compromised intergenerational care amidst a restrictive migration policy context. *Journal of Family Studies*, 30(2), pp.254–282. https://doi.org/10.1080/13229400.2023.2218842

Atewologun, D., Sealy, R. and Vinnicombe, S. (2016). ‘Revealing intersectional dynamics in organisations: Introducing ‘intersectional identity work’, *Gender, Work and Organisation,* 23(3), pp.223-247.

Atewologun, D. (2018). ‘Intersectionality theory and Practice’, *Oxford Research Encyclopedia of Business and Management*. Oxford University Press. https://doi.org/10.1093/acrefore/9780190224851.013.48

Auyero, J. (2011). PATIENTS OF THE STATE: An Ethnographic Account of Poor People’s Waiting. *Latin American Research Review*, 46(1), pp.5–29. http://www.jstor.org/stable/41261368

Auyero, Javier. (2012). *Patients of the State: The Politics of Waiting in Argentina*. Durham: Duke University Press

Avalos, M. A., and Moussawi, G. (2023). '(Re) framing the emerging mobility regime at the US-Mexico borderlands: COVID-19, temporality, and racial capitalism', *Mobilities*, 18(3), pp. 408-424.

Aveline-Dubach, N. (2022). 'Financializing nursing homes? The uneven development of Health Care REITs in France, the United Kingdom and Japan*', Environment and Planning A: Economy and Space*, 54(5), pp.984-1004. https://doi.org/10.1177/0308518x211072865

Axelsson, L., Malmberg, B. and Zhang, Q. (2017). 'On waiting, work-time and imagined futures: Theorising temporal precariousness among Chinese chefs in Sweden's Restaurant Industry', *Geoforum*, 78, pp. 169–178. doi:10.1016/j.geoforum.2015.12.007.

Axelsson, Linn. (2017). 'Living within temporally thick borders: IT professionals' experiences of Swedish immigration policy and practice', *Journal of Ethnic and Migration Studies*, 43(6), pp.974-990. DOI: 10.1080/1369183X.2016.1200966

Ba', S. (2023). 'Precarious parents' in Italy: A study on gendered and racialised labour-power. *Capital & Class*, *0*(0). https://doi.org/10.1177/03098168221139279

Bach-Mortensen, A.M., Verboom, B., Movsisyan, A., and Esposti, M. D. (2021). 'A systematic review of the associations between care home ownership and COVID-19 outbreaks, infections and mortality', *Nat Aging*, 1, pp. 948–961. https://doi.org/10.1038/s43587-021-00106-7

Baines, D. (2007). 'Caring for/caring about: women, home care, and unpaid caregiving', *Resources for Feminist Research*, 32(3-4), pp.179-182.

Baines, D. (2011). 'Resistance as emotional work: the Australian and Canadian non-profit social services', *Industrial Relations Journal.* 42(2), pp.139–156. DOI: https://doi.org/10.1111/j.1468-2338.2011.00616.x

Baines, D. and Daly, T. (2021). 'Borrowed time and solidarity: The multi-scalar politics of time and gendered care work', *Social Politics: International Studies in Gender, State & Society*, *28*(2), pp.385-404.

Bakker, Isabella, and Stephen, Gill. (2003). *Power, Production, and Social Reproduction: Human In/Security in the Global Political Economy.* New York: Palgrave Macmillan.

Bakker, Isabella. (2007). 'Social Reproduction and the Constitution of a Gendered Political Economy', *New Political Economy* ,12(4), pp.541–56

Bakker, I., and R. Silvey. (2012). 'Introduction', in Bakker, I., and R. Silvey (ed.) *Beyond states and markets: The challenges of social reproduction*. Oxon and New York: Routledge, pp.1-16. doi:10.4324/9780203928493.

Bakker, I. and Gill, S. (2019) 'Rethinking power, production, and social reproduction: towards variegated social reproduction', *Capital and Class,* 43(4), pp.503–23.

Balani, S. (2023). What's love got to do with it? Marriage and the security state. *Identities,* 30(2), pp.257-275.

Banerjee, A., Armstrong, P., Daly, T., Armstrong, H., and Braedley, S. (2015). '"Careworkers don't have a voice:" Epistemological violence in residential care for older people', *Journal of Aging Studies,* 33, pp.28-36.

Banerjee, P., and Hwang, M. C. (2023). 'Race, Gender, and Violence', *Gender & Society,* 37(3), pp.345-360.

Banerjee, Pallavi., and Thomas, Carieta O. (2023). 'Intersectionality, Citizenship and Labor', in Romero, Mary (ed.), *Research Handbook on Intersectionality*, Cheltenham, UK: Edward Elgar Publishing, pp. 274-291.

Baraitser, L. (2017). *Enduring Time*. London: Bloomsbury.

Barber, Gardiner Pauline and Lam, Winnie. (2018). 'Migration, Temporality and Capitalism: A Brief Introduction', in Barber, Gardiner Pauline and Lam, Winnie (ed.). *Migration, Temporality and Capitalism Entangled Mobilities Across Global Space*. New York: Palgrave McMillan, pp 1-20.

Barthold, C., Krawczyk, V., Berti, M., and Priola, V. (2022). 'Intersectionality on screen. A coloniality perspective to understand popular culture representations of intersecting oppressions at work', *Gender, Work and Organisation,* 29(6), pp.1890–1909. https://doi.org/10.1111/gwao.12886

Bartlett, R. (2012). 'Modifying the Diary Interview Method to Research the Lives of People With Dementia', *Qualitative Health Research,* 22(12), pp.1717–1726. https://doi.org/10.1177/1049732312462240

Batnitzky, A., and McDowell, L. (2011). 'Migration, nursing, institutional discrimination and emotional/affective labour: Ethnicity and labour stratification in the UK National Health Service', *Social & Cultural Geography,* 12(2), pp.181–201. https://doi.org/10.1080/14649365.2011.545142

Bauman, Z. (2004). *Wasted lives: Modernity and its outcasts*. Cambridge, UK: Polity.

Bawdon, F. (2014). *Chasing Status: If Not British, Then What Am I?* Legal Action Group. Available at: https://www.lag.org.uk/about-us/policy/campaigns/chasing-status (Accessed:16th March, 2022)

Bayliss, Kate and Gideon, Jasmine. (2020). *The privatisation and financialisation of social care in the UK.* SOAS Working Paper Series No. 238. Available at SOAS Economics

Working Paper 238: The privatisation and financialisation of social care in the UK (Accessed: 10th June, 2021).

Baz, S. A. (2023). 'An intersectional reflexive account on positionality: researching Pakistani and Bangladeshi Muslim lone motherhood', *Qualitative Research*, 0(0) 14687941231165893.

Bélanger, D., and Candiz, G. (2019). 'The politics of 'waiting' for care: Immigration policy and family reunification in Canada', *Journal of Ethnic and Migration Studies*, 46(16), pp.3472–3490. https://doi.org/10.1080/1369183x.2019.1592399

Bélanger, D., and Silvey, R. (2019). 'An im/mobility turn: Power geometries of care and migration', Journal of Ethnic and Migration Studies, 46(16), pp.3423–3440. https://doi.org/10.1080/1369183x.2019.1592396

Bell, E., Bryman, A., (2011). *Business research methods.* Oxford: Oxford University Press.

Bell, E., and Singh-Sengupta, S. (2021). *Empowering methodologies in organisational and social research.* Milton Park, Abingdon, Oxon: Routledge.

Benschop, Y. (2021). Grand Challenges, Feminist Answers. Organisation Theory, 2(3). https://doi.org/10.1177/26317877211020323

Benozzo, A., Distinto, M. and Priola, V. (2024). 'Matter and Method: The Quest for a New-Materialist Methodology in Management Studies', *British Journal of Management*, 35(1), pp. 86-98.

Berg, L., and B. Farbenblum. (2017). *Wage Theft in Australia: Findings of the National Temporary Migrant Work Survey.* Sydney: Migrant Worker Justice Initiative. Available at Wage+theft+in+Australia+Report_final_web.pdf (squarespace.com) (Accessed: 31st March, 2023)

Berlant, L. (2007). 'Slow death (sovereignty, obesity, lateral agency)', *Critical Inquiry*, 33(4), pp. 754–780. https://doi.org/ 10.1086/521568

Berlant, L. G. (2011). *Cruel optimism*. Durham, N.C: Duke University Press.

Bertrand Marianne, Mullainathan Sendhil. (2004). 'Are Emily and Greg More Employable than Lakisha and Jamal? A Field Experiment on Labor Market Discrimination', *American Economic Review,* 94(4), pp.991–1013.

Bezanson, K. and Luxton, M. (2006). 'Introduction: Social Reproduction and Feminist Political Economy', in Bezanson, K. and Luxton, M. (ed.) *Social Reproduction Feminist Political Economy Challenges neo-liberalism*. Montreal: QC McGill-Queen's University Press, pp 3-10.

Bhambra, G. K. (2015). 'The refugee crisis and our connected histories of colonialism and empire'. Available at The Refugee Crisis and Our Connected Histories of Colonialism and Empire | sicherheitspolitik-blog.de (uni-frankfurt.de) (Accessed: 25 September 2022).

Bhambra, G. K. (2022). 'Relations of extraction, relations of redistribution: Empire, nation, and the construction of the British welfare state', *The British Journal of Sociology,* 73(1), pp.4–15. doi:https://doi.org/10.1111/1468-4446.12896.

Bhatt, W. (2013). 'The Little Brown Woman: Gender Discrimination in American Medicine', *Gender & Society,* 27(5), pp.659–680. https://doi.org/10.1177/0891243213491140

Bhattacharyya, Gargi. (2018). *Rethinking Racial Capitalism: Questions of Reproduction and Survival*. London: Rowman and Littlefield International.

Bhattacharyya, Gargi. (2023). *The Futures of Racial Capitalism*. Cambridge: Polity Press

Bilge, S. (2013). 'INTERSECTIONALITY UNDONE: Saving Intersectionality from Feminist Intersectionality Studies', *Du Bois Review: Social Science Research on Race,* 10(2), pp.405-424. doi:10.1017/S1742058X13000283

Bjørnholt, M., and Stefansen, K. (2018). 'On the move: Transnational family practices among Polish parents working and caring for children in Norway', in Slany, Krystyna., Guribye, Eugene., Pustulka. Paula., and Ślusarczyk. Magdalena., (eds.), *Transnational polish families in Norway: Social capital, integration, institutions and care.* Frankfurt: Peter Lang, pp. 155–172.

Black Women in Care. (2023) 25th August. Housing Crisis. Available at (3) Black Women in Care: Posts | LinkedIn (Accessed 27th August, 2023).

Blakeley, Grace and Quilter-Pinner, Harry. (2019). *Who Cares? The Financialisation Of Adult Social Care*. Institute for Public Policy Research. Available at https://www.ippr.org/articles/financialisation-in-social-care (Accessed: 25th May, 2022)

Boese, M., Campbell, I., Roberts, W., and Tham, J.C. (2013). 'Temporary Migrant Nurses in Australia: Sites and Sources of Precariousness', *The Economic and Labour Relations Review,* 24 (3), pp.316–339. doi:10.1177/1035304613496500.

Bone, K. D. (2021). 'Cruel Optimism and Precarious Employment: The Crisis Ordinariness of Academic Work', *Journal of Business Ethics,* 174, pp.275–290. https://doi.org/10.1007/s10551-020-04605-2

Booth, Robert and Goodier, Michael. (2023). 'Legal action planned over UK's 'cruel' income threshold visa rules', *The Guardian,* 17th December. Available at Legal action planned over UK's 'cruel' income threshold visa rules | Immigration and asylum | The Guardian (Accessed: 10th January 2024)

Booth, Roberts. (2024). 'Modern slavery in social care surging since visa rules eased', *The Gaurdian*, 21 January. Available at Modern slavery in social care surging since visa rules eased | Social care | The Guardian (Accessed: 1st Feb 2024)

Bourdieu, Pierre. (1998). *Acts of resistance: Against the new myths of our time.* Cambridge: Polity.

Bourdieu, Pierre. (2000*). Pascalian Meditations.* Translated by Richard Nice. Stanford: Stanford University Press.

Braedley, Susan and Luxton, Meg. (2015). 'Foreword', in Meehan, K., and Strauss, K. (ed.) *Precarious worlds: Contested geographies of social reproduction*. Georgia: The University of Georgia Press, (pp Vii-XV).

Brathwaite, B. (2018). 'Black, Asian and minority ethnic female nurses: Colonialism, power and racism', *British Journal of Nursing,* 27(5), pp. 254–258. https://doi.org/10.12968/bjon.2018.27.5.254

Braun, V. and Clarke, V. (2006). 'Using thematic analysis in psychology', *Qualitative Research in Psychology,* 3(2), pp.77-101. DOI: 10.1191/1478088706qp063oa

Braun, V., and Clarke, V. (2019). 'Reflecting on reflexive thematic analysis', *Qualitative Research in Sport, Exercise and Health,* 11(4), pp.589-597. doi:10.1080/2159676x.2019.1628806

Braun, V. and Clarke, V. (2022) *Thematic analysis: A practical guide*. London: SAGE Publications.

Brewis, J., and Linstead, S. (1998). Time after time: the temporal organisation of red-collar work. *Time & society*, 7(2-3), pp.223-248.

Brewis, J., and Linstead, S. (2000). 'The worst thing is the screwing'(1): Consumption and the management of identity in sex work', *Gender, Work and Organisation,* 7(2), pp.84-97.

Brickell, K., Lawreniuk, S., Chhom, T., Mony, R., So, H., and McCarthy, L. (2022). "Worn out": debt discipline, hunger, and the gendered contingencies of the COVID-19 pandemic amongst Cambodian garment workers', *Social & Cultural Geography*, 24(3–4), pp.600–619. https://doi.org/10.1080/14649365.2022.2055778

Brigden, N. and Hallett, M. (2021). 'Fieldwork as Social Transformation: Place, Time, and Power in a Violent Moment', *Geopolitics*, 26 (1), pp.1–17. doi:https://doi.org/10.1080/14650045.2020.1717068.

Broughton, Andrea. (2016). 'Precarious work - a slippery concept?', *Institute for Employment Studies,* 9 September. Available at Precarious work - a slippery concept? | Institute for Employment Studies (IES) (employment-studies.co.uk) (Accessed: 16th October, 2022)

Browne V. (2014). *Feminism, time, and nonlinear history*. New York: Palgrave Macmillan. DOI: 10.1057/9781137413161

Bryson, V. (2007). *Gender and the politics of time: Feminist theory and contemporary debates*. Bristol: Policy Press.

Bunting, M. (2021). *Labours of love: The crisis of care.* London: Granta Books.

Búriková, Z.S., (2019). 'Au Pairs, Nannies and Babysitters: Paid Care as a Temporary Life Course Experience in Slovakia and in the UK', *Feminist Review*, 122(1), pp. 80-94.

Buse, C., Martin, D. and Nettleton, S. (2018). 'Conceptualising 'materialities of care': making visible mundane material culture in health and social care contexts', *Sociology of Health & Illness*, 40(2), pp.1-13.

Butcher, M. (2022). 'Qualitative research methods I: Emotionally engaged approaches to working with vulnerable participants', *Progress in Human Geography*, 46(3), pp.907-914. https://doi.org/10.1177/03091325221083212

Butler, Judith. (2004). *Precarious Life: The Powers of Mourning and Violence.* London, New York: Verso.

Butler, Judith. (2009). *Frames of War: When Is Life Grievable?* London: Verso.

Butler, J. (2011). 'For and against precarity', *Tidal: Occupy Theory, Occupy Strategy*, 1, pp.12–13. Available at 7.-Butler_Precarity.pdf (e-flux.com) (Accessed: 16th May, 2023)

Butler, J. (2015). *Notes toward a performative theory of assembly*. Cambridge MA: Harvard University Press.

Butler, N., and Spoelstra, S. (2023). 'What is the point of method sections?', *Organisation*, 30(6), pp.1266–1272. https://doi.org/10.1177/13505084231183078

Butler, Patrick. (2021). 'Black, Asian and disabled tenants 'more likely to face housing discrimination', *The Guardian*, 26 May. Available at Black, Asian and disabled tenants 'more likely to face housing discrimination' | Housing | The Guardian (Accessed: 16th September, 2023)

Bychwski, Adam. (2023). 'Care workers already avoiding UK due to planned ban on bringing families', *Open Democracy*, 11 December. Accessed from Care workers who won't be able to get family visas for relatives already avoiding UK | openDemocracy (Accessed: 5th Feb 2024)

Byrne, D. (2022). 'A worked example of Braun and Clarke's approach to reflexive thematic analysis', *Qual Quant*, 56, pp.1391–1412. https://doi.org/10.1007/s11135-021-01182-y

Byron, R. A., and Roscigno, V. J. (2019). 'Bureaucracy, discrimination, and the racialised character of organisational life, in Wooten, E. Melissa, (ed.) *Race, organisations, and the organizing process*. UK: Emerald Publishing Limited, pp. 151-169.

Cammer, A., Morgan, D., Stewart, N., McGilton, K., Rycroft-Malone, J., Dopson, S., and Estabrooks, C. (2013). 'The hidden complexity of long-term care: How context mediates knowledge translation and use of best practices', *The Gerontologist*, 54(6), pp.1013–1023. https://doi.org/10.1093/geront/gnt068

Campbell, I., Tranfaglia, M. A., Tham, J. C., and Boese, M. (2019). 'Precarious work and the reluctance to complain: Italian temporary migrant workers in Australia', *Labour and Industry*, 29(1), pp. 98–117. doi: 10.1080/10301763.2018.1558895.

Campos, Ugaz, D. (2022). 'Time precarity at work: Nonstandard forms of employment and Everyday Life', *Social Indicators Research*, 164(2), pp.969–991. https://doi.org/10.1007/s11205-022-02954-1

Carbado, D. W., Crenshaw, K. W., Mays, V. M., and Tomlinson, B. (2013). 'Intersectionality', *Du Bois Review: Social Science Research on Race*, 10(2), pp.303–312. https://doi.org/10.1017/s1742058x13000349

Carling, J., Erdal, M. B., and Ezzati, R. (2014). 'Beyond the insider–outsider divide in migration research', *Migration Studies,* 2(1), pp.36-54.

Casas-Cortes, M., Cobarrubias, S., De Genova, N., Garelli, G., Grappi, G., Heller, C., . . . Tazzioli, M. (2015). 'New Keywords: Migration and Borders', *Cultural Studies,* 29(1), pp.55-87. doi:10.1080/09502386.2014.891630

Cassidy, K. (2018). 'Everyday bordering, healthcare and the politics of belonging in contemporary Britain', in Paasi, A., Prokkola, E.-K., Saarinen, J., and Zimmerbauer, K. (eds.) *Borderless Worlds for Whom?: Ethics, Moralities and Mobilities*. Loondon: Routledge, pp.78-92.

Cassidy, K. (2020). 'Everyday Re-Bordering and the Intersections of Borderwork, Boundary Work and Emotion Work amongst Romanians Living in the UK', *Migration Letters,* 17(4), pp.551–558. https://doi.org/10.33182/ml.v17i4.839

Cassidy, K., and Davidson, G. (2024). 'Bordering public institutions through the routinization of borderwork and datafication: Internalized immigration regimes within UK health care and higher education', *Environment and Planning D: Society and Space, 0*(0). https://doi.org/10.1177/02637758241233898

Chatzidakis, A., Littler, J., Rottenberg, C., Hakim, J., and Segal, L. (2020). *The Care Manifesto: The Politics of Interdependence*. London: Verso Books.

Chattopadhyay, S. (2018). 'Violence on bodies: Space, social reproduction and intersectionality', *Gender, Place & Culture,* 25(9), pp. 1295–1304. doi: 10.1080/0966369X.2018.1551783.

Choo, Hae Y., and Ferree, Myra M. (2010). 'Practicing Intersectionality in Social Research: A Critical Analysis of Inclusions, Interactions, and Institutions in the Study of Inequalities', *Sociological Theory,* 28(2),129–49. doi:10. 1111/j.1467-9558.2010.01370.x.

Chowdhry S. M. (2020). 'Trying To Do It All: Being a Physician-Mother during the COVID-19 Pandemic', *Journal of palliative medicine,* 23(5), pp.731–732. https://doi.org/10.1089/jpm.2020.0182

Clarke, V. and Braun, V. (2018). 'Using thematic analysis in counselling and psychotherapy research: A critical reflection', *Counselling and psychotherapy research,* 18(2), pp.107-110.

Clibborn, S., and C. F. Wright. (2018). 'Employer Theft of Temporary Migrant Workers' Wages in Australia: Why Has the State Failed to Act?', *The Economic and Labour Relations Review 29 (*2), pp. 207–227. doi:10.1177/1035304618765906.

Coddington, K. (2021). 'Incompatible with life: Embodied borders, migrant fertility, and the UK's 'hostile environment', *Environment and Planning C: Politics and Space,* 39(8), pp.1711-1724.

Coe, C. (2011). 'What is Love? the materiality of care in Ghanaian transnational families', *International Migration, 49*(6), pp.7–24. https://doi.org/10.1111/j.1468-2435.2011.00704.x

Coe, C. (2016). 'Orchestrating care in time: Ghanaian migrant women, family, and reciprocity', *American Anthropologist,* 118(1), pp.37–48. https://doi.org/10.1111/aman.12446

Cohen, J. (2023). 'Precarity of subsistence: Social reproduction among South African nurses', *Feminist Economics,* 29(1), pp.236–265. https://doi.org/10.1080/13545701.2022.2123950

Cohen, R. L. (2011). 'Time, space and touch at work: Body work and labour process (re)organisation', *Sociology of Health & Illness,* 33(2), pp.189–205. https://doi.org/10.1111/j.1467-9566.2010.01306.x

Cohen, R. L., and Wolkowitz, C. (2017). 'The feminization of body work', *Gender, Work and Organisation,* 25(1), pp.42–62. https://doi.org/10.1111/gwao.12186

Colen, C. G., Drotning, K. J., Sayer, L. C., and Link, B. (2023). 'A matter of time: Racialized time and the production of Health Disparities', *Journal of Health and Social Behavior,* 65(1), pp.126-140. doi: 10.1177/00221465231182377

Colen, S. (1995). 'Like a Mother to them: Stratified Reproduction and West Indian Childcare Workers and Employers in New York', in F. Ginsburg and R. Rapp (ed.) *Conceiving the New World Order: The Global Politics of Reproduction.* Berkeley: University of California Press, pp.78–102.

Collins, F. L. (2013). 'Regional Pathways: Transnational Imaginaries, Infrastructures and Implications of Student Mobility Within Asia', *Asian and Pacific Migration Journal,* 22 (4): pp.475–500.

Collins, H., Barry, S., and Dzuga, P. (2021). 'Working while feeling awful is normal': One roma's experience of presenteeism', *Work, Employment and Society,* 36(2), pp.362–371. https://doi.org/10.1177/0950017021998950

Collins, Patricia, H. (2000). *Black Feminist Thought*. New York: Routledge.

Collins, Patricia, H. (2015). 'Intersectionality's Definitional Dilemmas', *Annual Review of Sociology,* 41(1), pp.1–20. doi: 10.1146/annurev-soc-073014-112142.

Collins, P. H., da Silva, E.C.G., Ergun, E., Furseth, Inger., Bond, D. Kanisha., Martínez-Palacios, Jone. (2021). 'Intersectionality as Critical Social Theory', *Contemp Polit Theory,* 20, pp.690–725. https://doi.org/10.1057/s41296-021-00490-0

Constable, Nicole. (2014). 'Migrant motherhood, "failed migration", and the gendered risks of precarious labour', *TRaNS: Trans-Regional and -National Studies of Southeast Asia,* 3(1), pp. 135–151. doi:10.1017/trn.2014.13.

Constable, Nicole. (2020). 'Tales of Two Cities: Legislating Pregnancy and Marriage among Foreign Domestic Workers in Singapore and Hong Kong', *Journal of Ethnic and Migration Studies,* 46(16), pp 3491–507.

Consterdine, Erica. (2024). 'Policing the Enforcers: The Governmentality of Immigration Controls', *International Political Sociology,* 18(2), pp 1-16.

Consterdine, Erica. (2023). 'Unpacking the immigration hierarchy: postcolonial imaginaries of labour migrants', *Journal of Ethnic and Migration Studies,* 49(15), pp.3836-3855, DOI: 10.1080/1369183X.2023.2175204

Costas, J., and Grey, C. (2014). 'The Temporality of Power and the Power of Temporality: Imaginary Future Selves in Professional Service Firms', *Organisation Studies,* 35(6), pp.909–937. https://doi.org/10.1177/0170840613502768

Costas, J., and Grey, C. (2019). 'Violence and organisation studies', *Organisation Studies, 40*(10), pp.1573–1586. https://doi.org/10.1177/0170840618782282

Couture, A. L., Zaidi, A. U., and Maticka-Tyndale, E. (2012). 'Reflexive accounts: An intersectional approach to exploring the fluidity of insider/outsider status and the researcher's impact on culturally sensitive post-positivist qualitative research', *Qualitative Sociology Review, 8*(1), pp.86-105.

Cowan, D. (2009). *Research Issues in Health And Social Care*. UK: M & K Update Services.

Cox, Rosie. (2013). 'Gendered spaces of commoditised care', *Social & Cultural Geography,* 14(5), pp.491-499, DOI: 10.1080/14649365.2013.813580

Crenshaw, Kimberlé. (1989). 'Demarginalizing the Intersection of Race and Sex: A Black Feminist Critique of Antidiscrimination Doctrine'. *University of Chicago Legal Forum,* 1989(1), pp 139–167.

Crenshaw, Kimberlé. (1991). 'Mapping the Margins: Intersectionality, Identity, and Violence Against Women of Color', *Stanford Law Review,* 43(6), pp.1241–1300

Creswell, J. W., and Creswell, J. D. (2018). *Research Design: Qualitative, Quantitative, and Mixed Methods Approaches*. Thousand Oaks, CA: SAGE Publications.

Cylus, Jonathan and Roland, Daniel and Nolte, Ellen and Corbett, Jennie and Jones, Karen and Forder, Julien and Sussex, Jon. (2018). *Identifying options for funding the NHS and social care in the UK: international evidence.* The Health Foundation working paper 3. Available at Identifying options for funding the NHS and social care in the UK: international evidence - The Health Foundation (Accessed: 26th July, 2021)

Dahl, H. M. (2009). 'New Public Management, care and struggles about recognition', *Critical Social Policy,* 29(4), pp. 634-654. doi:10.1177/0261018309341903

Daly, M. (2020). 'COVID -19 and care homes in England: What happened and why?', *Social Policy & Administration,* 54(7), pp. 985-998. doi:10.1111/spol.12645

Das, Shanti and Smith, Sophie. (2023). 'Borderline racist': critics slam Rishi Sunak's plan to fund pay rise with higher migrant fees', *The Guardian*, 16th July. Available at 'Borderline racist': critics slam Rishi Sunak's plan to fund pay rise with higher migrant fees | Immigration and asylum | The Guardian (Accessed: 11th November, 2023)

Daskalaki, Maria. (2021). 'The Subversive Potential of witchcraft: a Reflection on Federici's Self-reproducing Movements*', Gender, Work and Organisation,* 28(4), pp. 1643-1660. https://doi.org/10.1111/gwao.12654

Daskalaki, M., Fotaki, M. and Simosi, M., (2021). 'The gendered impact of the financial crisis: Struggles over social reproduction in Greece', *Environment and Planning A: Economy and Space,* 53(4), pp.741-762. https://doi.org/10.1177/0308518x20922857

Datta, K., Mcilwaine, C., Evans, Y., Herbert, J., May, J., and Wills, J. (2010). 'A migrant ethic of care? negotiating care and caring among migrant workers in Londons low-pay economy', *Feminist Review,* 94(1), pp.93-116. doi:10.1057/fr.2009.54

Davies K. (1994). 'The tensions between process time and clock time in care-work: the example of day nurseries', *Time & Society,* 3(3), pp.277–303.

Davis, Kathy. (2008). 'Intersectionality as Buzzword: A Sociology of Science Perspective on What Makes a Feminist Theory Successful', *Feminist Theory,* 9(1), pp.67–85. doi:10.1177/1464700108086364

Davies, T. (2018). 'Toxic space and time: Slow violence, necropolitics, and petrochemical pollution', *Annals of the American Association of Geographers,* 108(6), pp.1537–1553. https://doi.org/10.1080/24694452.2018.1470924

De Genova, N. (2002). 'Migrant 'illegality' and deportability in everyday life', *Annual Review of Anthropology,* 31, pp.419–447.

De Genova, Nicholas. (2018). '"The "Migrant Crisis" as Racial Crisis: Do Black Lives Matter in Europe?', *Ethnic and Racial Studies,* 41(10), pp.1765-1782.

Dean, A., Venkataramani, A., and Kimmel, S. (2020). 'Mortality Rates From COVID-19 Are Lower in Unionized Nursing Homes', *Health Affairs,* 39(11), pp. 1993-2001. doi:10.1377/hlthaff.2020.01011

De Giorgi, A. (2010). 'Immigration control, post-Fordism, and less eligibility: A materialist critique of the criminalization of immigration across Europe', *Punishment & Society,* 12(2), pp.147-167.

Demart, S. (2024). 'Afro-Belgian activist resistances to research procedures: Reflections on epistemic extractivism and decolonial interventions in sociological research', *Current Sociology,* 72(3), pp.581-598.

Dempsey, K. E. (2018). 'Negotiated positionalities and ethical considerations of fieldwork on migration: Interviewing the interviewer', *ACME: An International Journal for Critical Geographies,* 17(1), pp.88-108.

Dickson, E. and Rosen, R. (2020). '"Punishing those who do the wrong thing": Enforcing destitution and debt through the UK's family migration rules', *Critical Social Policy,* 41(4), pp.545-565.

Dillon, Martha. (2023). *The Impacts of the Housing Crisis on People of Different Ethnicities An analysis of the latest data from England & Wales, Positive Money.* London: Positive Money. Available at The impacts of the housing crisis on people of different ethnicities | Trust for London (Accessed: 5th Jan 2024)

Distinto, M. and Priola, V. (2021). 'On refugees, researchers, viruses, data, and how they affect each other. A post-qualitative approach', *TPM Testing, Psychometric, Methodology in Applied Psychology*, 28(1), pp.83-97.

Dodson, L., and Zincavage, R. M. (2007). "It's Like a Family": Caring Labor, Exploitation, and Race in Nursing Homes', *Gender & Society,* 21(6), pp.905–928. https://doi.org/10.1177/0891243207309899

Dodsworth, E. and Oung, C. (2023). 'What does the social care workforce look like across the four countries?', *Nuffield Trust Blog,* 16th February. Available at What does the social care workforce look like across the four countries? | Nuffield Trust (Accessed: 10th December, 2023)

Doka, K. J. (2002). *Disenfranchised grief: New directions, challenges, and strategies for practice*. Champaign, IL: Research Press.

Doucet, A., and Mauthner, N. (2007). 'Feminist methodologies and epistemology', in C. D. Bryant, and D. L. Peck (ed.) *21st century sociology* . Thousand Oaks, CA: SAGE Publications, Inc., pp. II-36-II-42., https://www.doi.org/10.4135/9781412939645.n62

Dowling, E. (2016). 'In the wake of austerity: social impact bonds and the financialisation of the welfare state in Britain', *New Political Economy*, 22(3), pp.294–310. https://doi.org/10.1080/13563467.2017.1232709

Dowling, E. (2020). *The care crisis what caused it and how can we end it?* London: Verso Books.

Dragojlovic, Ana and Broom, Alex. (2017). *Bodies and suffering: Emotions and relations of care*. Abingdon and New York: Routledge.

Duffy, Mignon. (2005). 'Reproducing Labor Inequalities', *Gender & Society,* 19(1), pp.66-82. doi:10.1177/0891243204269499

Duffy, Mignon. (2007). 'Doing the Dirty Work: Gender, Race, and Reproductive Labor in Historical Perspective', *Gender and Society,* 21(3), pp.313–36.

Duffy, M., Armenia, A., and Stacey, C. L. (2015). 'On the Clock, Off the Radar: Paid Care Work in the United States', in Duffy, M., Armenia, A., and Stacey, C. L. (ed.) *Caring on the clock: The complexities and contradictions of paid care work.* New Brunswick (N.J.): Rutgers University Press, pp. 3-13.

Dugan, A. G., Decker, R. E., Zhang, Y., Lombardi, C. M., Garza, J. L., Laguerre, R. A., Suleiman, A. O., Namazi, S., and Cavallari, J. M. (2022). 'Precarious Work Schedules and Sleep: A Study of Unionized Full-Time Workers', *Occup Health Sci,* 6, pp.247–277. https://doi.org/10.1007/s41542-022-00114-y

Dyer, S., McDowell, L., and Batnitzky, A. (2008). 'Emotional labour/body work: The caring labours of migrants in the UK's National Health Service', *Geoforum,* 39(6), pp.2030–2038. https://doi.org/10.1016/j.geoforum.2008.08.005

Edin, Kathryn, and Shaefer, H. Luke. (2015). *$2.00 a Day: Living on Almost Nothing in America.* New York, NY: Houghton Mifflin Harcourt.

Egan, R. (2019). *Precarious entitlement to public space and utility cycling in Dublin: a grounded theory study*. PhD Thesis. Dublin City University, Dublin. Available at 09.09.19 – E-Thesis.Robert Egan.pdf (dcu.ie) (Accessed: 27th April, 2023)

Ehrenreich, B., and Hochschild, A. R. (2002). 'Introduction', in Ehrenreich, B., and Hochschild, A. R. (ed.) *Global woman: Nannies, Maids, and sex workers in the new economy*. New York: Metropolitan Books.

El-Enany, N. (2020). *(B) ordering Britain: Law, Race and Empire*. Manchester: Manchester University Press.

Ellermann, Antje. (2020). 'Discrimination in Migration and Citizenship', *Journal of Ethnic and Migration Studies,* 46 (12), pp.2463–79. doi: 10.1080/1369183X.2018.1561053

Elshafie, Marwa. (2013). 'Research Paradigms: The Novice Researcher"s Nightmare', *Arab World English Journal, 4(2),* pp.4-13.

England, P. (2005). 'Emerging theories of care work', *Annual Review of Sociology,* 31, pp.381–399

England, P., Budig, M., and Folbre, N. (2002). 'Wages of virtue: The relative pay of care work', *Social Problems,* 49(4), pp.455-473. https://doi.org/10.1525/sp.2002.49.4.455

England, P., Folbre, N. (1999). The cost of caring. *The Annals of the American Academy of Political and Social Science,* 561, pp.39–51.

Equality and Human Rights Commission (EHRC). (2022). *Experiences from health and social care: the treatment of lower-paid ethnic minority workers.* Available at Experiences from health and social care (equalityhumanrights.com) (Accesssed: 30th November, 2023)

Erel, Umut. (2018). 'Saving and reproducing the nation: Struggles around right-wing politics of social reproduction, gender and race in austerity Europe', *Women's Studies International Forum,* 68, pp.173–182

Erel, Umut and Reynolds, Tracey. (2018). 'Introduction: migrant mothers challenging racialized citizenship', *Ethnic and Racial Studies,* 41(1), pp.1-16, DOI: 10.1080/01419870.2017.1334939

Eriksson, E., Jordal, M., Hjelm, K., and Engström, M. (2023). 'Job satisfaction and wellbeing among migrant care workers in nursing homes: An integrative review', *Nursing Open,* 10, pp.3486–3505. https://doi.org/10.1002/nop2.1611

Fanon, F. (2008). *Black Skin, White Masks*. London: Pluto Press.

Farris, S. R. (2017). *In the name of Women's rights: The rise of femonationalism*. Durham, N.C: Duke University Press.

Farris, S. R., and Bergfeld, M. (2022). 'Low-skill no more! essential workers, social reproduction and the legitimacy crisis of the division of labour', *Distinktion: Journal of Social Theory,* 23(2-3), pp.342-358.

Farris, S. R., and Marchetti, S. (2017). 'From the Commodification to the Corporatization of Care: European Perspectives and Debates', *Social Politic: International Studies in Gender, State & Society*, 24(2), pp.109-131. doi:10.1093/sp/jxx003

Farris, S., Yuval-Davis, N., and Rotenberg, C. (2021). 'The frontline as performative frame: An analysis of the UK COVID crisis', *State Crime Journal,* 10(2), pp.284-303.

Fassin, D. (2011). 'Policing Borders, Producing Boundaries. The Governmentality of Immigration in Dark Times', *Annual Review of Anthropology,* 40, pp.213–226.

Fawcett, R., Gray, E., and Nunn, A. (2023). 'Depletion through social reproduction and contingent coping in the lived experience of parents on Universal Credit in England', *Social Politics: International Studies in Gender, State & Society,* 30(4), pp.1040-1063.

Federici, Silvia. (2002). Women, Reproduction and Globalization. *Genève: Graduate Institute Publications*. Available at DOI: https://doi.org/ 10.4000/books.iheid.6171. (Accessed: 31st December, 2022)

Federici, S. (2004). *Caliban and the Witch*. New Rork: Autonomedia.

Federici, S. (2014). 'From commoning to debt: Financialization, microcredit, and the changing architecture of capital accumulation', *South Atlantic Quarterly,* 113(2), pp.231-244.

Federici, S. and Sitrin, M. (2016). 'Social reproduction: Between the wage and the commons', *ROAR*, 2. Available at: https://roarmag.org/magazine/social-reproduction-between-the-wage-and-the-commons/ (Accessed: 5 March 2022).

Federici, Silvia. (2019). 'Social reproduction theory History, issues and present challenges', *Radical Philosophy,* 204, pp.55-57.

Ferguson, Sue. (2008). 'Canadian Contributions to Social Reproduction Feminism, Race and Embodied Labor', *Race, Gender, Class,* 15(1-2), pp.42-57.

Ferguson, S. (2016). 'Intersectionality and Social-Reproduction Feminisms: Toward an Integrative Ontology', *Historical Materialism,* 24, 2, pp.38-60. https://doi.org/10.1163/1569206X-12341471

Ferguson, S., and McNally, D. (2014). 'Precarious migrants: Gender, race and the social reproduction of a global working class', *Socialist Register*, 51, pp.1–23.

Fernández Fernández, Martín. (2023). 'A Necropolitical Approach to Waste Theory'. *Revista Canaria De Estudios Ingleses,* 86, pp.147-56.

Ferrer, I., Brotman, S., and Koehn, S. (2022). 'Unravelling the Interconnections of Immigration, Precarious Labour and Racism Across the Life Course', *Journal of Gerontological Social Work*, 65(8), pp.797–821. https://doi.org/10.1080/01634372.2022.2037805

Fischer, C., Achermann, C., and Dahinden, J. (2020). 'Revisiting borders and boundaries: Exploring migrant inclusion and exclusion from intersectional perspectives', *Migration Letters,* 17(4), pp. 477–485. https://doi.org/10.33182/ml.v17i4.1085

Fletcher, T., Dashper, K., and Albert, B. (2023). 'Whiteness as credential: exploring the lived experiences of ethnically diverse UK event professionals through the theory of racialised organisations', *International Journal of Contemporary Hospitality Management*, 35(11), pp.3903-3921.

Focus on Labour Exploitation (FLEX). (2023). *Joint Position Paper on Preventing Exploitation in the Adult Social Care Sector*. Available at Joint Position Paper on Preventing Exploitation in the Adult Social Care Sector – FLEX (labourexploitation.org) (Accessed: 12th December, 2023)

Foeken, E. (2024). 'Embodied, caring and disciplinary: A Foucauldian reading of "process time" as constitutive of the biopolitical institution of the family', *Time & Society*, 33(1), pp. 3–24. doi:10.1177/0961463x231176434.

Folbre, Nancy. (2002). *The Invisible Heart: Economics and Family Values*. New York:The New Press.

Folbre, Nancy. (2006). 'Measuring Care: Gender, Empowerment, and the Care Economy', *Journal of Human Development*, 7(2), pp.183–199.

Folbre, Nancy. (2012). *For love and money: Care provision in the United States*. New York: Russell Sage Foundation.

Foti, A. (2004). `Precarity and North European Identity' (Interview with Alex Foti by Green Pepper)'. *Available at* Foti_Precarity.pdf (sindominio.net) (Accessed: 27th May, 2023

Foucault, Michel. (2008). *The birth of biopolitics: Lectures at the Collège de France*. Basingstoke: Palgrave Macmillan

Fouratt, C. (2017). 'Love for the Land: Remittances and Care in a Nicaraguan Transnational Community', *Latin American Research Review,* 52(5), pp.792-806. doi:10.25222/larr.248

Fraser, Nancy. (2016). 'Contradictions of Capital and Care', *New Left Review*, 100, pp.99–117.

Fraser, Nancy. (2017) 'Crisis of Care? On the Social Reproductive Contradictions of Contemporary Capitalism', in Bhattacharya, T. (ed.) *Social Reproduction Theory, Remapping Class, Re-Centering Oppression.* London: Pluto Press, pp. 21–36.

Fraser, Nancy. (2022). *Cannibal capitalism: How our system is devouring democracy, care, and the planet - and what we can do about it*. London: Verso Books.

Freccero C. (2007). 'Queer times', *South Atlantic Quarterly,* 106(3), pp.485-494. DOI: 10.1215/00382876- 2007-007

Freshour, Carrie. (2017). '"Ain't No Life For A Mother!" Racial Capitalism And The Crisis Of Social Reproduction', *Society and Space,* 17th November. Available at "Ain't No Life For A Mother!" Racial Capitalism And The Crisis Of Social Reproduction (societyandspace.org) (Accessed: 3rd April 2022)

Fudge, J. (2014). 'Feminist Reflections on the Scope of Labour Law: Domestic Work, Social Reproduction, and Jurisdiction', *Fem Leg Stud*, 22, pp.1–23. https://doi.org/10.1007/s10691-014-9256-2

Galabuzi, Grace-Edward. (2006). *Canada's Economic Apartheid: The Social Exclusion Of Racialized Groups in the New Century*. Toronto: Canadian Scholars' Press.

Gamwell, Sophie. (2008). *Agency workers in social care: management, experience, and access to voice at work*. PhD Thesis. University of Warwick. Available at Agency workers in social care: management, experience and access to voice at work - WRAP: Warwick Research Archive Portal (Accessed: 1st August, 2021)

Gardiner, L. (2015). *The scale of minimum wage underpayment in social care*. Resolution Foundation. Available at NMW-social-care-note1.pdf (resolutionfoundation.org) (Accessed: 2nd June 2023).

Gayle, Vicky., Mellino, Emilliano and Bloomer, Natalie. (2023). 'Ban on family members 'will force migrant care workers into poverty', *The Bureau of Investigative Journalism,*

7 December. Available at: Ban on family members 'will… | The Bureau of Investigative Journalism (thebureauinvestigates.com) (Accessed: 10th January 2024)

Gee, G. C., Hing, A., Mohammed, S., Tabor, D. C., and Williams, D. R. (2019). 'Racism and the Life Course: Taking Time Seriously', *American Journal of Public Health*, 109(S1), pp.S43–S47. https://doi.org/10.2105/ajph.2018.304766

Gentleman, A. (2022). 'English Test Scandal: Home Office Accused of 'Shocking Miscarriage of Justice', *The Guardian*, February 9. Available at English test scandal: Home Office accused of 'shocking miscarriage of justice' | English language testing scandal | The Guardian (Accessed: 25th April 2023)

Germain, S., and Yong, A. (2020). 'COVID-19 highlighting inequalities in access to healthcare in England: A case study of ethnic minority and migrant women', *Feminist Legal Studies*, 28(3), pp.301–310. https://doi.org/10.1007/s10691-020-09437-z

Gill, R. and Pratt, A. (2008). 'In the social factory? Immaterial labour, precariousness and cultural work, Theory', *Culture and Society*, 25, pp.1–30.

Gilmore, S., and Kenny, K. (2015). 'Work-worlds colliding: Self-reflexivity, power and emotion in organisational ethnography', *Human Relations*, 68(1), pp.55-78. https://doi.org/10.1177/0018726714531998

Glenn, E. N. (1992). 'From Servitude to Service Work: Historical Continuities in the Racial Division of Paid Reproductive Labor', *Signs*, 18(1), pp.1–43. http://www.jstor.org/stable/3174725

Glenn, E. N. (2007). 'Caring and inequality', in S. Harley (Ed.), *Women's labor in the global economy*. New Brunswick (N.J.): Rutgers University Press, pp. 46-61.

Glenn, E.N. (2010) *Forced to care: Coercion and caregiving in America*. Cambridge, MA: Harvard University Press.

Goldring L and Landolt P. (2011). 'Caught in the work–citizenship matrix: The lasting effects of precarious legal status on work for Toronto immigrants', *Globalizations*, 8(3), pp 325–341.

Gonzalo Almorox, Eduardo. (2019). *Essays on the empirical economics of long-term care. Ph. D. Thesis*. Newcastle University. Available at Newcastle University eTheses: Essays on the empirical economics of long term care (ncl.ac.uk) (Accessed: 15th November, 2021)

Gore, Ellie. (2020). 'COVID-19 and racial capitalism in the UK: why race and class matter for understanding the coronavirus pandemic'. Available at http://speri.dept.shef.ac.uk/2020/05/01/COVID-19-and-racial-capitalism-in-the-uk-why-race-and-class-matter-for-understanding-the-coronavirus-pandemic/ (Accessed: July, 2021)

Green, M., and Lawson, V. (2011). 'Recentring care: Interrogating the commodification of care', *Social & Cultural Geography,* 12(6), pp.639-654. doi:10.1080/14649365.2011.601262

Green, S. (2010). 'Performing Border in the Aegean.', *Journal of Cultural Economy,* 3(2), pp.261-278. doi:10.1080/17530350.2010.494376

Green, W. N., and Estes, J. (2022). 'Translocal precarity: Labor and social reproduction in Cambodia', *Annals of the American Association of Geographers,* 112(6), pp1726–1740. https://doi.org/10.1080/24694452.2021.2015280

Griffiths M, Rogers A and Anderson B. (2013). 'Migration, time and temporalities: Review and prospect'. COMPAS Research Resources Paper. Available at RR-2013-Migration_Time_Temporalities.pdf (ox.ac.uk) (Accessed: 10th September, 2022)

Griffiths M. (2017). 'Foreign, criminal: Doubly damned modern British folkdevil', *Citizenship Studies,* 21(5), pp. 527–546.

Griffiths, M. and Yeo, C. (2021) 'The UK's hostile environment: Deputising immigration control', *Critical Social Policy,* 41(4), pp. 521-544. https://doi.org/10.1177/0261018320980653.

Griffiths, M. (2024). 'Epilogue:'Claiming Time'Special Issue', *Journal of International Migration and Integration*, 25(3), pp.1231-1247.

Griffiths, Melanie. (2021). 'Interrogating time and temporality in migration governance', in Carmel, Emma., Lenner, Katharina and Paul, Regine (ed.), *Handbook on the Governance and Politics of Migration.* Cheltenham, UK: Edward Elgar Publishing, pp 316-328.

Griffiths, Melanie. (2014). 'Out of Time: The Temporal Uncertainties of Refused Asylum Seekers and Immigration Detainees', *Journal of Ethnic and Migration Studies,* 40 (12), pp.1991–2009

Grosfoguel, R., Oso, L., and Christou, A. (2014). ''Racism', Intersectionality and Migration Studies: Framing Some Theoretical Reflections', *Identities,* 22(6), pp. 635–652. https://doi.org/10.1080/1070289x.2014.950974

Groutsis, D. (2022). 'From temporary migrant to labour citizen', in Triandafyllidou, A. (ed.) *Routledge Handbook of Immigration and Refugee Studies*. Abingdon: Routledge, pp. 136–146

Groutsis, D., Kanji, S. and Vassilopoulou, J. (2024). 'How Precarity Is Threaded into Migration Rules: The Cases of the UK, Germany, and Australia', in E. Meliou, J. Vassilopoulou, and M.F. Ozbilgin (eds.) *Diversity and Precarious Work During Socio-Economic Upheaval: Exploring the Missing Link.* Cambridge: Cambridge University Press, pp. 213–239

Guentner, S., Lukes, Sue., Stanton, Richard., Vollmer A. Bastian., and Wilding, Jo. (2016). 'Bordering practices in the UK welfare system', *Critical Social Policy,* 36(3), pp. 391–411. doi:10.1177/0261018315622609.

Gunaratnam, Yasmin. (2003). *Researching race and ethnicity: Methods, knowledge and power*. London: Sage.

Gündüz, Z. Y. (2013). 'The Feminization of Migration: Care and the New Emotional Imperialism' *Monthly Review,* 65(7), pp. 32-43. doi:10.14452/MR-065-07-2013-11_3

Guntram, L. and Johnson, E. (2018). *Feminist Approaches to Using Other People's Words: Two Examples*. London: SAGE Publications Limited.

Gutiérrez-Rodríguez, E. (2012). Affective Value. On Coloniality, Feminization and Migration. Available at: http://eipcp.net/transversal/0112/gutierrezrodriguez/en (Accessed: 17th March, 2022)

Gutiérrez-Rodríguez, E. (2013). 'The Precarity of Feminisation', *International Journal of Politics, Culture, and Society*, 27(2), pp. 191–202. https://doi.org/10.1007/s10767-013-9154-7

Gutiérrez Rodríguez, E. (2014). 'Domestic Work–Affective Labor: On Feminization and the Coloniality of Labor', *Women's Studies International Forum,* 46, pp.45–53. https://doi.org/10.1016/j.wsif.2014.03.005.

Gutiérrez Rodríguez, E. (2018a). 'The coloniality of migration and the "Refugee Crisis": On the asylum-migration nexus, the transatlantic white European settler colonialism-migration and racial capitalism', *Refuge,* 34(1), pp. 16-28. https://doi.org/10.7202/1050851ar

Gutiérrez Rodríguez, E. (2018b). 'Conceptualizing the Coloniality of Migration', in Bachhman-Medick, Doris and Kugele, Jens (ed.) *Migration: Changing Concepts, Critical Approaches*. Berlin/Boston: Walter de Gruyter, pp 193-210.

Hale, Lauren, Wendy Troxel, and Daniel J. Buysse. (2020). 'Sleep Health: An Opportunity for Public Health to Address Health Equity', *Annual Review of Public Health,* 41, pp.81–99

Hall, Rebecca. (2023). 'A social reproduction theory of gender violence', *Signs: Journal of Women in Culture and Society,* 48(2), pp.321–345. https://doi.org/10.1086/722312

Hall, S. (1996). 'Introduction: Who needs identity?', in S. Hall and P. du Gay. (eds) *Questions of Cultural Identity*. London: Sage, pp. 1-17.

Hall, Sarah Marie. (2023). 'Social reproduction, labour and austerity: Carrying the future', *Sociological Review, 71(1),* pp 27-46. DOI 10.1177/00380261221135753

Hamdan, A., K. (2009) 'Reflexivity of discomfort in insider-outsider educational research', *McGill Journal of Education,* 44(3), pp 377–404.

Hamed, S., Bradby, H., Ahlberg, B.M. and Thapar-Björkert, S. (2022). 'Racism in healthcare: a scoping review', *BMC Public Health,* 22(1), p.988. https://doi.org/10.1186/s12889-022-13122-y

Hammonds, C., and Kerrissey, J. (2022). 'At Work in a Pandemic: Black Workers' Experiences of Safety on the Job', *Labor Studies Journal*, 47(4), pp.383-407.

Hanchard, M. (1999). 'Afro-Modernity: Temporality, Politics, and the African Diaspora', *Public Culture*, 11(1), pp.245–268. doi:https://doi.org/10.1215/08992363-11-1-245.

Hancock, A. M. (2016). *Intersectionality: An intellectual history*. New York: Oxford University Press

Hardt, M. and Negri, A. (2009). *Commonwealth*. Cambridge. MA: Harvard University Press.

Harding, S., and Norberg, K. (2005). 'New feminist approaches to social science methodologies: An introduction', *Signs: Journal of women in culture and society,* 30(4), pp.2009-2015.

Harding, N. (2018). 'Feminist methodologies', in Cassell, C., Cunliffe, A.L. and Grandy, G. (eds.) *The sage handbook of qualitative business and management research methods*. London: SAGE, pp. 138-152. https://www.doi.org/10.4135/9781526430212

Harrison, J. L. , and Lloyd, S. E. (2013). 'New jobs, new workers, and new inequalities: Explaining employers' roles in occupational segregation by race and nativity', *Social Problems*, 60(3), pp.281–301

Harris, S. and Hardwick, J. (2019*). A Vicious Circle: The Relationship between NHS Charges for Maternity Care, Destitution, and Violence Against Women and Girls, Maternity Action*. Available at https://maternityaction.org.uk/wp-content/uploads/VAWG-report-November-2019.pdf (Accessed: 21st May, 2021)

Harvey, David. (2001). 'Globalization and the "Spatial Fix', *Geographische Revue,* 2, pp. 23–30.

Harvey, Allison G. (2011). 'Sleep and Circadian Functioning: Critical Mechanisms in the Mood Disorders?', *Annual Review of Clinical Psychology,* 7, pp.297–319.

Health and Safety Executive. (2023). *Human health and social work activities statistics in Great Britain, 2023.* Available at Human health and social work activities statistics in Great Britain, 2023 (hse.gov.uk) (Accessed: 15th February, 2024)

Health and Safety Executive. (n.d). *Violence in health and social care*. Available at Health Services - Workplace violence (Accessed: 10th Feb 2024)

Healy, G., Bradley, H. and Forson, C. (2011). 'Intersectional sensibilities in analysing inequality regimes in public sector organisations', *Gender, Work and Organisation,* 18(5), pp.467-487.

Hedberge, Charlotte. (2022). 'Precarity and Migration: Thai Wild Berry Pickers in Sweden', in Choonara, Joseph., Murgia, Annalisa and Carmo, Miguel Renato., (ed.) *FACES OF PRECARITY Critical Perspectives on Work, Subjectivities and Struggles*. Bristol: Bristol University Press, pp.180-194.

Helin, J. (2019). 'Dream Writing: Writing Through Vulnerability', *Qualitative Inquiry*, 25(2), 95-99. https://doi.org/10.1177/1077800418810984

Herrera, Gioconda. (2020). 'Care, Social Reproduction and Migration', in Bastia, Tanja and Skeldon, Ronald (ed.). *Routledge Handbook of Migration and Development*. London: Routledge, pp 232-241.

Hester, Helen. (2018). 'Care under capitalism: The crisis of "women's work", *IPP Progressive Review*, 24(4), pp. 344-352.

HM Government. (2020). *Coronavirus related deaths by occupation England and Wales. Available at* www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/causesofdeath/ (Accessed: 10th August, 2021)

Hochschild, A. R. (1979) 'Emotion Work, Feeling Rules, and Social Structure', *American Journal of Sociology*, 85(3), pp.551–575.

Hochschild A. R. (1983). *The Managed Heart: Commercialization of Human Feeling*. Berkeley, CA: University of California Press.

Hochschild, A. R. (2002). 'Love and gold', in Hochschild, Arlie Russell and Ehrenreich, Barbara (Ed.). *Global woman: Nannies, maids, and sex workers in the new economy*. New York: Henry Holt, pp.15-30.

Hochschild A. R. (2003). *The managed heart: Commercialization of human feeling*. Berkeley, CA: University of California Press.

Hochschild, A. R. (2010). 'The backstage of a global free market. Nannies and surrogates', in Soeffner, HG. (eds) *Transnationale Vergesellschaftungen*. Springer VS, Wiesbaden, pp. 1125-1138. https://doi.org/10.1007/978-3-531-18971-0_106

Holmes, S. M. (2013). *Fresh Fruit, Broken Bodies: Migrant Farmworkers in the United States*. Berkely, California: University of California Press.

Holmes, S. M. (2020). 'Migrant Farmworker Injury: Temporality, Statistical Representation, Eventfulness', *Agriculture and Human Values*, 37(1), pp.237-247.

Holvino, E. (2010). 'Intersections: The simultaneity of race, gender and class in organisation studies', *Gender, Work and Organisation*, 17(3), pp.248–277.

Home Office. (2023). *Why do people come to the UK? To Work*. Available at Why do people come to the UK? To work - GOV.UK (www.gov.uk) (Accessed: 19th January 2024)

Hondagneu-Sotelo, Pierrette, and Avila, Ernestine. (1997). 'I'm Here, but I'm There': The Meanings of Latina Transnational Motherhood', *Gender and Society*, 11, pp.548–571

Horton, B., Sarah. (2016). *They Leave Their Kidneys in the Fields - Illness, Injury, and Illegality among US Farmworkers.* California: University of California Press.

Horton, Amy. (2017). *Financialisation of Care: Investment and organising in the UK and US*. PhD Thesis. Queen Mary University of London. Available at Financialisation of Care: Investment and organising in the UK and US (qmul.ac.uk) (Accessed: 20th June, 2022)

Horton, Amy. (2019). 'Financialization and non-disposable women: Real estate, debt and labour in UK care homes*', Environment and Planning A: Economy and Space*, 54(1), pp.144-159. https://doi.org/10.1177/0308518x19862580

Horton, Amy. (2021). Liquid home? Financialisation of the built environment in the UK's "hotel-style" care homes. *Transactions of the Institute of British Geographers,* 46(1), pp.179-192.

Hussein, S., Manthorpe, J., and Stevens, M. (2011). 'The experiences of migrant social work and social care practitioners in the UK: Findings from an online survey', *European Journal of Social Work,* 14(4), pp.479– 496.

Hussein, S., Kilkey, M., and Tawodzera, O. (2023). 'The vulnerability of Central & Eastern European and Zimbabwean migrant home care workers' wellbeing in the UK: the intersectional effects of migration and social care systems', *Journal of Ethnic and Migration Studies,* 50(5), pp.1118–1137. https://doi.org/10.1080/1369183X.2023.2279716

Hwang, S., and Beauregard, T. A. (2022). 'Contextualising intersectionality: A qualitative study of East Asian female migrant workers in the UK', *Human Relations, 75,* pp.609–634

Iacobucci, Gareth. (2019). Is the NHS being privatised? *British Medical Journal,* 367, pp.l6376. doi: https://doi.org/10.1136/bmj.l6376

Ibañez Tirado, D. (2019). ''We sit and wait': Migration, mobility and temporality in Guliston, southern Tajikistan', *Current Sociology*, 67(2), pp.315-333. https://doi.org/10.1177/0011392118792923

Illanes, J. C. (2010). 'Migrant mothers and divided homes: Perceptions of immigrant Peruvian women about motherhood', *Journal of comparative family studies, 41*(2), pp.205-224.

International Council of Nursing. (2022). *New reports reveal nurses are underpaid, undervalued and face larger gender pay gap than other sectors*. Available at New reports reveal nurses are underpaid, undervalued and face larger gender pay gap than other sectors | ICN - International Council of Nurses (Accessed: 30th July, 2023)

Ivancheva M, and Keating K. (2020). ‘Revisiting precarity, with care: productive and reproductive labour in the era of flexible capitalism’, *Ephemera,* 20(4), pp.251–282.

Jackson, K. (2021). ‘“what should I do now?”: Navigating relational ethics in practice as an early career researcher as illustrated by a qualitative interview study about women’s drinking practices’, *International Journal of Qualitative Methods,* 20. https://doi.org/10.1177/1609406920986044

Jaffe, Sarah. (2022). *Work won't Love you back: How devotion to our jobs keeps us exploited, exhausted and alone*. New York: Bold Type.

JCWI. (2017). *Passport Please: The impact of the Right to Rent checks on migrants and ethnic minorities in England.* Available at 2017_02_13_JCWI Report_Passport Please.pdf (strategiclegalfund.org.uk) (Accessed: 30th May, 2023)

Jefferys, S., and Ouali, N. (2007). ‘Trade Unions and Racism in London, Brussels and Paris Public Transport’, *Industrial Relations Journal,* 38(5), pp.406–422.

Brown, Jericho. (2019). *The tradition*. Port Townsend, WA: Copper Canyon Press.

Jackson, A. Y., and Mazzei, L. A. (2013). ‘Plugging one text into another- Thinking with theory in qualitative research’, *Qualitative inquiry,* 19(4), pp.261-271.

Jervis, L.L. (2001). ‘The pollution of incontinence and the dirty work of caregiving in a US nursing home’, *Medical Anthropology Quarterly,* 15, pp.84–99

Jones, Adele. (2000). ‘Exploring Young People’s Experience of Immigration Controls: The Search for an Appropriate Methodology’, in Humphries, Beth (ed.), *Research in Social Care and Social Welfare Issues and Debates for Practice*. London: Jessica Kingsley Publishers, pp 31-47.

Joshi, Y. (2023). ‘Racial Time’, *U. Chi. L. Rev.*, 90, pp.1626-1670.

Kabel, A., and Phillipson, R. (2020). ‘Structural violence and hope in catastrophic times: From Camus’ The Plague to COVID-19’, *Race & Class,* 62(4), pp. 3-18. doi:10.1177/0306396820974180

Kalemba, J. (2023). ‘The coloniality of labor: Migrant Black African youths' experiences of looking for and finding work in an Australian deindustrializing city’, *Gender, Work & Organisation,* 30(2), pp.612-627.

Kalleberg, A. L. (2018). *Precarious lives: Job insecurity and well-being in rich democracies*. Cambridge, UK: Polity.

Kang, S. K., DeCelles, K. A., Tilcsik, A., and Jun, S. (2016). ‘Whitened resumes: Race and self-presentation in the labor market’, *Administrative Science Quarterly,* 61, pp.1–34.

Kangas, A., Krivonos, D., Khidjobova, S., Omonillaeva, Z., Jitlina, O., Tereshkina, A., and Kiromova, M. (2023). ‘Social Reproduction of Post-Soviet Migrant Labour: Braiding the International Political Economy’, *Antipode*, 55(1), pp.156-179.

Kanitsar, G. (2024). 'The same social elevator? Intergenerational class mobility of second-generation immigrants across Europe', *European Sociological Review,* p.jcae007.

Karimi, A. (2019). 'The role of intimate relationship status, sexuality, and ethnicity in doing fieldwork among sexual–racial minority refugees: An intersectional methodology*', *Sociological Inquiry,* 90(4), pp.971–992. https://doi.org/10.1111/soin.12316

Katz, Cindi. (2008). 'Bad Elements: Katrina and the Scoured Landscape of Social Reproduction', *Gender, Place and Culture,* 15(1), pp.15–29.

Kerfoot, D., Korczynski, M. (2005). 'Gender and service: new directions for the study of 'front-line' service work', *Gender, Work and Organisation,* 12, pp.387–399.

Khosravi, S. (2010). 'An Ethnography of Migrant "Illegality" in Sweden: Included Yet Excepted*', Journal of International Political Theory*, 6(1), pp.95–116. https://doi.org/10.3366/e1755088210000479

Khosravi, S. (2018) 'Stolen time', *Radical Philosophy,* 2 (3). Available at https://www.radicalphilosophy.com/article/stolen-time#fnref4 (Accessed: 30th June, 2022)

Khosravi, S. (2021). 'Afterword. Waiting, a state of consciousness', in C. M. Jacobsen, M.-A. Karlsen, and S. Khosravi (eds.) *Waiting and the Temporalities of irregular migration*. New York: Routledge, pp. 202–209.

Kilby, J. (2013). 'Introduction to Special Issue: Theorizing violence', *European Journal of Social Theory,* 16, pp.261–272.

Kilkey, Majella, Merla, Laura and Baldassar, Loretta. (2018). 'The social reproductive worlds of migrants', *Journal of Family Studies*, 24(1), pp.1-4, DOI: 10.1080/13229400.2018.1422319

King, N., and Horrocks, C. (2010). *Interviews in qualitative research*. London: SAGE.

King, Sophie. (2021). 'Why are people of colour disproportionately impacted by the housing crisis?', *Shelter,* 5 February. Available at Why are people of colour disproportionately impacted by the housing crisis? | Shelter (Accessed: 5th December, 2022)

Kinitz, D. J. (2022). 'The Emotional and Psychological Labor of Insider Qualitative Research Among Systemically Marginalised Groups: Revisiting the Uses of Reflexivity', *Qualitative Health Research,* 32(11), pp.1635-1647. doi:10.1177/10497323221112620

Kinman, G. (2019). 'Sickness presenteeism at work; prevalence, costs and management', *British Medical Bulletin,* 129(1), pp.69–78.

Kirschenman, Joleen and Neckerman, M. Kathryne. (1994). 'We'd Love to Hire Them, but…: The Meaning of Race for Employers', in Pincus, L. Fred., Ehrlich, J. Howard (ed.) *Race And Ethnic Conflict: Contending Views On Prejudice, Discrimination, And Ethnoviolence*. New York: Routledge, pp. 152-161.

Kittay, Feder, Eva. (2021a). 'Precarity, Precariousness, and Disability', in Hamington, Maurice., Flower, Michael (ed.), *Care Ethics in the Age of Precarity*. Minneapolis: University of Minnesota Press, pp 19-47.

Kittay, Feder, Eva. (2021b). 'Precarity, precariousness, and disability', *Journal of Social Philosophy,* 52(3), pp.292-309.

Knights, D., and Odih, P. (1995). `it's about time!', *Time & Society,* 4(2), pp.205–231. https://doi.org/10.1177/0961463x95004002003

Kofman, Eleonore. (2011). 'Gendered Migrations and the Globalisation of Social Reproduction and Care, New Dialogues and Dierctions', in Schrover, Marlou and Yeo, Eileen (ed.) *Gender, Migration, and the Public Sphere,* 1850–2005. London: Routledge, pp.118-139.

Kofman, E. (2012). 'Rethinking care through social reproduction: Articulating circuits of migration', *Social Politics: International Studies in Gender, State, Society,* 19(1), pp.142–162. https://doi.org/10.1093/sp/jxr030

Kofman, E. (2014). 'Gendered migrations, social reproduction and the household in Europe', *Dialetic Anthropology,* 38, pp.79–94

Kofman, E., and Raghuram, P. (2015). *Gendered Migrations and Global Social Reproduction*. London: Palgrave Macmillan

Kofman, Eleonore and Vacchelli, Elena. (2024). 'Temporalities, dependency, and the politics of marriage migration', in Louvier, L. and Hough, K. (Ed.) *UK borderscapes: Sites of enforcement and resistance.* London: Routledge, pp.37-51.

Kossek, E., and Lautsch, B. (2018). 'Work-life flexibility for whom? Occupational status and work-life inequality in upper, middle, and lower level jobs', *Academy of Management Annals,* 12, pp.5–36

Kotecha, Vivek. (2020). 'The Hidden Profits Behind Collapsing Care Homes', *CHPI,* 8th May. Available at The hidden profits behind collapsing care homes | CHPI (Accessed: 25th October, 2022).

Krupar, S., and Sadural, A. (2022). 'COVID "death pits": US nursing homes, racial capitalism, and the urgency of antiracist eldercare', *Environment and Planning C: Politics and Space,* 40(5), pp.1106–1129. https://doi.org/10.1177/23996544211057677

Kvale, S. (1996). *InterViews: An introduction to qualitative research interviewing*. Thousand Oaks, CA: Sage.

Kwate, N. O. (2017). 'The Race Against Time', *Du Bois Review: Social Science Research on Race,* 14(2), pp.497–514. https://doi.org/10.1017/s1742058x17000145

La Pastina, AC. (2006). 'The implications of an ethnographer's sexuality', *Qualitative Inquiry,* 12(4), pp.724–735.

Laliberté, Nicole and Schurr, Carolin. (2016). 'The stickiness of emotions in the field: complicating feminist methodologies', *Gender, Place and Culture: A Journal of Feminist Geography,* 23(1), pp.72-78.

Lambert, J. Susan., Henly, R Julia., and Kim, Jaeseung. (2019). 'Precarious work schedules as a source of economic insecurity and institutional distrust', *RSF: The Russell Sage Foundation Journal of the Social Sciences*, 5(4), pp.218-257. https://doi.org/10.7758/rsf.2019.5.4.08

Landry, V., Semsar-Kazerooni, K., Tjong, J., Alj, A., Darnley, A., Lipp, R., and Guberman, G. I. (2021). 'The systemized exploitation of temporary migrant agricultural workers in Canada: Exacerbation of health vulnerabilities during the COVID-19 pandemic and recommendations for the future', *Journal of migration and health,* 3, p.100035. doi:https://doi.org/10.1016/j.jmh.2021.100035

Lee-Treweek, G. (1997). 'Women, resistance and care: An ethnographic study of nursing auxiliary work', *Work, Employment and Society,* 11(1), pp.47–63.

Legard, R., Keegan, J. and Ward, K. (2003). 'In-depth Interviews', in Richie, J. and Lewis, J., (Eds.) *Qualitative Research Practice*. London, Sage, pp.139-168.

Lewis, Sam. (2023). 'One in five care workers hit by low pay and insecure work', *Care Home Professional*, 4th August. Available at One in five care workers hit by low pay and insecure work (carehomeprofessional.com) (Accessed: 27 January 2024)

Lewis, Sophie. (2022). *Abolish the family: A manifesto for care and liberation*. London: Verso Books.

Liamputtong, P. (2011). *Researching the vulnerable: A guide to sensitive research methods*. London: SAGE.

Light, A. (2023). 'Precarity, affect, and the moving body', *Body, Movement and Dance in Psychotherapy,* 18(4), pp.246–260. https://doi.org/10.1080/17432979.2023.2251043

Likupe, G. (2015). 'Experiences of African nurses and the perception of their managers in the NHS', *Journal of Nursing Management*, 23(2), pp.231–241.

Lincoln, S. Yvonna, Lynham, A. Susan, Guba, G. Egon. (2018). 'Paradigmatic Controversies, Contradictions, and Emerging Confluences, Revisited', in Denzin, K. Norman, Lincoln, S. Yvonne (ed.), *The Sage Handbook of Qualitative Research*. Los Angeles, London, New Delhi, Singapore, Washington: DC, Melbourne: Sage, pp. 222-264.

Liu, H. (2018). 'Re-radicalising intersectionality in organisation studies', *Ephemera: Theory and Politics in Organisation,* 18(1), pp.81–101.

Lonergan, G. (2015). 'Migrant Women and Social Reproduction under Austerity', *Feminist Review,* 109, pp.124–145. http://www.jstor.org/stable/24571877

Lonergan, G. (2023). 'Reproduction and the Expanding Border: Pregnant Migrants as a 'Problem' in the 2014 Immigration Act', *Sociology*, 58(1), pp.140-157. https://doi.org/10.1177/00380385231157987

Lonergan, G. (2024). 'Pregnant racialised migrants and the ubiquitous border: The hostile environment as a technology of stratified reproduction', *Critical Social Policy*, 44(2), pp.222–241.

Lopes Heimer, R. D. V. (2023). 'Bodies as territories of exception: the coloniality and gendered necropolitics of state and intimate border violence against migrant women in England', *Ethnic and Racial Studies,* 46(7), pp. 1378-1406.

Lorde, Audre. (2018). *The master's tools will never dismantle the master's House*. UK: Penguin Classics.

Lorey, Isabell. (2015). *State of insecurity: Government of the precarious.* London: Verso

Lorey, Isabell. (2011). 'Governmental Precarization', *Transversal Journal*. Available at https://transversal.at/transversal/0811/lorey/en. (Accessed: 9th July 2022)

Loustaunau, Lola, Lina Stepick, Ellen Scott, Larissa Petrucci, and Miriam Henifin. (2021). No Choice but to Be Essential: Expanding Dimensions of Precarity During COVID-19. *Sociological Perspectives,* 64(5), pp.857–875. DOI:10.1177/07311214211005491.

Louvier, L., and Hough, K. (2024). 'From the Aliens Act to the 'hostile environment': The making of the British Border Control System', in Louvier, L., and Hough, K. (Ed.), *UK borderscapes: Sites of enforcement and resistance*. London: Routledge, pp 21-36.

Lovelock, K., and Martin, G. (2016). 'Eldercare work, migrant care workers, affective care and subjective proximity', *Ethnicity & Health*, 21(4), pp.379–396. https://doi.org/10.1080/13557858.2015.1045407

Luibheid, E. (2013). *Pregnant on Arrival: Making the "Illegal" Immigrant*. Minneapolis: University of Minnesota Press

Lukes, Sue, De Noronha, Nigel and Finney, Nissa. (2019). 'Slippery discrimination: a review of the drivers of migrant and minority housing disadvantage', *Journal of Ethnic and Migration Studies,* 45(17), pp.3188-3206, DOI: 10.1080/1369183X.2018.1480996

Lopez, Steven H. (2007). 'Efficiency and the fix revisited: Informal relations and mock routinization in a nonprofit nursing home', *Qualitative Sociology,* 30 (3), pp.225–47.

Luppi, M., Oomkens, R., and Gal, J. (2018) 'Precarious Migrant Care Workers in Italy, Israel and the UK', in Knijn, T. and Naldini, M. (eds) *Gender and Generational Division in EU Citizenship*. Cheltenham, UK: Edward Elgar Publishing, pp. 140-160. https://doi.org/10.4337/9781788113168.00014

Lupton, D. (1998). *The emotional self*. London: Sage.

Lutz, H., and Palenga-Mollenbeck, E. (2012). 'Care Workers, Care Drain, and Care Chains: Reflections on Care, Migration, and Citizenship. Social Politics', *International Studies in Gender, State & Society,* 19(1), pp.15–37. https://doi.org/10.1093/sp/jxr026

Lutz, H. (2022). 'Intersectionality', in Rebughini, P., and Colombo, E. (Eds.) *Framing Social Theory: Reassembling the Lexicon of Contemporary Social Sciences*. London: Routledge, pp.76-93. https://doi.org/10.4324/9781003203308

Luxton, M. (2018). 'The production of life itself: Gender, social reproduction and IPE', in Elias, Juanita and Roberts, Adrienne (ed.) *Handbook on the International Political Economy of Gender.* Manchester: The University of Manchester, pp. 37-49. doi:10.4337/9781783478842.00008

Macbeth, D. (2001) 'On "reflexivity" in qualitative research: two readings, and a third', *Qualitative Inquiry,* 7(1), pp. 35-68

Mahmood, Saba. (2006). 'Feminist Theory, Agency, and the Liberatory Subject: Some Reflections on the Islamic Revival in Egypt', Temenos - Nordic Journal for the Study of Religion, 42(1), pp.31-71. https://doi.org/10.33356/temenos.4633

Mahadeo, R. (2018). 'Why Is the Time Always Right for White and Wrong For Us? How Racialized Youth Make Sense of Whiteness and Temporal Inequality', *Sociology of Race and Ethnicity*, 5(2), pp.186–199. https://doi.org/10.1177/2332649218770469

Marino, S., and Keizer, A. (2023). 'Labour market regulation and the demand for migrant labour: a comparison of the adult social care sector in England and the Netherlands', *European Journal of Industrial Relations,* 29(2), pp.159-176.

Martin, J. (2003). 'Feminist theory and critical theory: unexplored synergies', in M. Alvesson and H. Willmott (eds) *Studying Management Critically*. London: Sage, pp. 66–91. doi:10.4135/9781446220030.n4

Masquelier, C. (2018). 'Bourdieu, Foucault and the politics of precarity', *Distinktion: Journal of Social Theory,* 20(2), pp.135–155. https://doi.org/10.1080/1600910x.2018.1549999

Mason, W. (2023). 'On staying: Extended temporalities, relationships and practices in community engaged scholarship', *Qualitative Research,* 23(3), pp.706-726. https://doi.org/10.1177/14687941211049318

Maury, O. (2020). 'Punctuated temporalities: Temporal borders in student-migrants' everyday lives', *Current Sociology,* 70(1), pp.100–117. https://doi.org/10.1177/0011392120936315

Maury, O. (2024). 'Social reproduction against administrative bordering: Struggles to reproduce legal legibility among temporary student-migrants in Finland', *Migration Studies,* p.mnae006. https://doi.org/10.1093/migration/mnae006

Mayblin, L., and Turner, J. B. (2021). *Migration studies and colonialism*. Cambridge UK: Polity Press.

Mbembe, Achille. (2019). Necro Politics. Translated by Corcoran, Steven. Durham and London: Duke University Press.

McBride A, Hebson. G, and Holgate, J. (2015). 'Intersectionality: are we taking enough notice in the field of work and employment relations?', *Work, Employment and Society,* 29(2), pp.331–41.

McCormack, D., and Salmenniemi, S. (2016). 'The biopolitics of precarity and the self', *European Journal of Cultural Studies,* 19(1), pp.3–15. https://doi.org/10.1177/1367549415585559

McDowell L, Batnitzky, A and Dyer, S. (2009). 'Precarious work and economic migration: emerging immigrant divisions of labour in Greater London's service sector', *International Journal of Urban and Regional Research,* 33, pp.3–25.

McDowell, L. (2009). *Working Bodies: Interactive Service Employment and Workplace Identities*. Oxford: Wiley Blackwell

McDonald, J. (2013). 'Coming out in the field: A queer reflexive account of shifting researcher identity', *Management Learning, 44*(2), pp.127–143. https://doi.org/10.1177/1350507612473711

McGregor, J. (2007). 'Joining the BBC (British Bottom Cleaners)': Zimbabwean migrants and the UK care industry', *Journal of ethnic and migration studies,* 33(5), pp.801–824.

McHugh, C. Maureen. (2014). 'Feminist Qualitative Research: Toward Transformation of Science and Society', in Leavy, P. (ed.). *The Oxford Handbook of Qualitative Research (Oxford Handbooks).* Oxford: Oxford University Press, pp 137-164.

Mckinney, CJ., Meade, Lulu., Sturge, Georgina., Barton, Cassie. (2023). *UK immigration fees.* Available at UK immigration fees - House of Commons Library (parliament.uk) (Accessed: 16th Jan 2024)

Medien, K. (2023). 'No Pass Laws Here! Internal Border Controls and the Global 'Hostile Environment', *Sociology,* 57(4), pp. 940-956.

Menendez, Elisa. (2024). 'What are the new UK visa immigration rules coming into effect in weeks?', *ITV News,* 6th February. Available at What are the new UK visa immigration rules coming into effect in weeks? | ITV News (Accessed: 25th March, 2024)

Merla, L., Kilkey, M., and Baldassar, L. (2020). 'Introduction to the special issue "transnational care: Families confronting borders', *Journal of Family Research,* 32(3), pp.393–414. https://doi.org/10.20377/jfr-420

Mezzadra, S., and Neilson, B. (2012). 'Between inclusion and exclusion: On the topology of global space and borders', *Theory, Culture & Society,* 29(4-5), pp.58-75.

Mezzadra, S., and Neilson, B. (2013). *Border as method, or, the multiplication of Labor*. Durham, N.C: Duke University Press.

Mezzadri, A. (2022). 'Social reproduction and pandemic neoliberalism: Planetary crises and the reorganisation of life, work and death', *Organisation,* 29(3), pp.379-400.

Mies, Maria. (1982). *Lace Makers of Narsapur: Indian Housewives Produce for the World Market*. London: Zed Books

Mies, Maria. (2014 [1986]). *Patriarchy and accumulation on a world scale: Women in the international division of labour*. London: Bloomsbury Publishing.

Migration Advisory Committee (MAC). (2022). *Adult Social Care and Immigration: A Report from the Migration Advisory Committee.* Available at CP 665 – Adult Social Care and Immigration: A Report from the Migration Advisory Committee – April 2022 (publishing.service.gov.uk) (Accessed: 30th January, 2024)

Migration Advisory Committee. (2023). *MAC Annual Report*. Available at MAC Annual Report (publishing.service.gov.uk) (Accessed: 30th January, 2024)

Millar, K. M. (2017). 'Toward a critical politics of precarity', *Sociology Compass,* 11(6), pp.95–111. https://doi.org/10.1111/soc4.12483

Mills, C. (2014). 'White Time', *Du Bois Review: Social Science Research on Race*, 11(1), pp.27–42. https://doi.org/10.1017/s1742058x14000022

Mills, S., and Owens, B. (2021). 'Customer Abuse and Aggression as Labour Control Among LGBT Workers in Low-Wage Services', *Work, Employment and Society*, 37(3), pp.776-793. https://doi.org/10.1177/09500170211045843

Misra, J., (2003). 'Caring about care', *Feminist Studies,* 29, pp.387–401.

Misra, J. (2021). 'The Intersectionality of Precarity', *Contemporary Sociology*, 50(2), pp.104–108. https://doi.org/10.1177/0094306121991073a

Mitchell, K., Marston, S. A., and Katz, C. (2003). 'Introduction: Life's work: An introduction, review and Critique', *Antipode*, 35(3), pp.415–442. https://doi.org/10.1111/1467-8330.00333

Mitropoulos, A. (2005). *Precari-us? Transversal Text.* Available at http://www.metamute.org/en/Precari-us (Accessed on 25th May 2023),

Mohdin, Aamna and Aguilar García, Carmen. (2023). 'Black people in England and Wales three times as likely to live in social housing', *The Guardian*, 15th March. Available at Black people in England and Wales three times as likely to live in social housing | Housing | The Guardian (Accessed: 30th November 2023)

Molinari, N., and Pratt, G. (2021). 'Seniors' Long-Term Care in Canada: A Continuum of Soft to Brutal Privatisation', *Antipode,* 55(4), pp.1089-1109. https://doi.org/10.1111/anti.12711

Mong, S. N. , and Roscigno, V. J. (2010). 'African American men and the experience of employment discrimination', *Qualitative Sociology, 33(*1), pp.1–21.

Mooney, S. (2016). ‘‘nimble’ intersectionality in employment research: A way to resolve methodological dilemmas’, *Work, Employment and Society,* 30(4), pp.708–718. https://doi.org/10.1177/0950017015620768

Mooten, Nalinie. (2015). ‘Toward a Postcolonial Ethics of Care In what interest, to regulate what sort of relationships, is the globe evoked? Gayatri Spivak’. Available at https://ethicsofcare.org/author/nmooten/ (Accessed: 30th April 2021)

Morris, Lydia. (2020). ‘The topology of welfare-migration-asylum: Britain’s outsiders inside’, *Journal of Poverty and Social Justice,* 28 (2), pp. 245-264. DOI https://doi.org/10.1332/175982720X15845259771861

Morris, Lydia. (2021). *The moral economy of welfare and migration: Reconfiguring rights in austerity Britain*. Montreal: McGill-Queen’s University Press.

Moore, S. (2020). ‘Of myths and markets: how marketisation of the care home sector contributes to circumstances where abuse is more likely to occur and continue’, *The Journal of Adult Protection,* 22(5), pp.315-331.

Moss Philip, Tilly Chris. (2001). *Stories Employers Tell: Race, Skill, and Hiring in America*. New York: Russell Sage.

Mulinari, P., and Sager, M. (2022). ‘Waiting in the welfare lines. exploring everyday racism as waiting in the migration and unemployment complexes in England and Sweden’, *European Journal of Social Work,* 25(6), pp.1019–1029. https://doi.org/10.1080/13691457.2022.2063804

Müller, B. (2018). ‘Privatization and Marketization of Long-Term Residential Care in Germany: Effects on Care and Care Work’, *Politiche Sociali, Social Policies,* 1, pp.29-50, doi: 10.7389/89914

Müller, B. (2019). ‘The Careless Society—Dependency and Care Work in Capitalist Societies’, *Frontiers in Sociology,* 3, pp.1-10 doi: 10.3389/fsoc.2018.00044

Müller, M. (2019). ‘Escaping (into) the night…: Organisations and work at night’, *Organisation Studies,* 41(8), pp.1101–1122. https://doi.org/10.1177/0170840619830138

Näre, L. (2011). ‘The moral economy of domestic and care labour: Migrant workers in Naples, Italy’, *Sociology,* 45(3), pp.396-412. https://doi.org/10.1177/0038038511399626

Näre, L., and Maury, Olivia. (2024). ‘Multiple sources of precarity: Bureaucratic bordering of temporary migrants in a nordic welfare state’, *Journal of Ethnic and Migration Studies,* pp. 1–18. doi: 10.1080/1369183X.2023.2298543.

Nash, J. C. (2016). ‘Feminist originalism: Intersectionality and the politics of reading’, *Feminist Theory,* 17(1), pp.3-20.

Nasol, K., and Francisco-Menchavez, V. (2021). 'Filipino Home Care Workers: Invisible Frontline Workers in the COVID-19 Crisis in the United States', *American Behavioral Scientist*, 65(10), pp. 1365-1383. https://doi.org/10.1177/00027642211000410

Nazareno, J., Cranford, C., Lledo, L., Damasco, V., and Roach, P. (2022). 'Between Women of Color: The New Social Organisation of Reproductive Labor', *Gender & Society*, 36(3), pp. 342–367. https://doi.org/10.1177/08912432221089630

Neilsen, B., and Rossiter, N. (2008). 'Precarity as a political concept, or, Fordism as exception', *Theory, Culture & Society*. 25(7–8): pp.51–72. DOI: 10.1177/0263276408097796

Nelson, J. L., and Vallas, S. P. (2021). 'Race and inequality at work: An occupational perspective', *Sociology Compass*, 15(10), e12926. https://doi.org/10.1111/soc4.12926

Ngo, H. (2019). 'Get Over it"? Racialised temporalities and bodily orientations in time', *Journal of Intercultural Studies*, 40(2), pp. 239–253. doi:10.1080/07256868.2019.1577231.

Niraula, A., Ratti, N., Colley, M., Rosenberg, M., Ghassemi, E., and Wilson, K. (2023). 'Negotiating precarity: Recent immigrants' perceptions of waiting for public healthcare in Ontario, Canada', *Health Policy*, 133, pp.104843. https://doi.org/10.1016/j.healthpol.2023.104843

Nixon, R. (2013). *Slow violence and the environmentalism of the poor*. Cambridge. MA: Harvard University Press.

Nkomo, S. M. (2019). 'The emperor has no clothes: Rewriting "race in organisations"', in Calás, M.B., and Smircich, L. (eds.) Postmodern Management Theory. London: Routledge, pp. 463-489. https://doi.org/10.4324/9780429431678

Nkomo, S. M. (2021). 'Reflections on the continuing denial of the centrality of "race" in management and organisation studies', *Equality, Diversity and Inclusion: An International Journal*, 40(2), pp.212-224.

Nobil Ahmad, A. (2008). 'Dead men working: time and space in London's (`illegal') migrant economy', *Work, Employment and Society*, 22(2), pp.301-318. https://doi.org/10.1177/0950017008089106

Nunley, J. M. , Pugh, A. , Romero, N., and Seals, R. A. (2015). 'Racial discrimination in a labor market for recent college graduates: Evidence from a field experiment', *The B.E. Journal of Economic Analysis & Policy*, 15(3), pp.1093–1125.

Office for National Statistics (2020). *Coronavirus (COVID-19) Related Deaths by Occupation, England and Wales*. Available at https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/causesofdeath/bulletins/coronavirusCOVID19relateddeathsbyoccupationenglandandwales/ (Accessed: 30th July, 2021)

O'Hagan, C. (2018). 'Broadening the intersectional path: Revealing organisational practices through 'working mothers' narratives about time', *Gender, Work & Organisation,* 25(5), pp.443-458.

Olasunkanmi-Alimi, T., Natalier, K., and Mulholland, M. (2023). 'African migrant women in the aged care sector: Conceptualising experiences of racism, micro-aggressions and Otherness', *Journal of Sociology,* 59(1), pp.87–103. https://doi.org/10.1177/14407833211023979

Olesen, Virginia. (2018). 'Feminist Qualitative Research in the Millennium' s First Decade: Developments, Challenges, Prospects1', in Denzin, K. Norman, Lincoln, S. Yvonne (ed.), *The Sage Handbook of Qualitative Research*. London: Sage, pp. 265-316.

Orupabo, J. (2021). 'Enacting efficient care within a context of rationalisation', *The Sociological Review, 70(*1), 57–73.

Owusu, Prince., Braedley, Susan., Storm, Palle. (2023). 'Equity and diversity in nursing home care: lessons from Canada and Sweden', in Armstrong, Pat and Braedley, Susan (ed.) *Care Homes in a Turbulent Era Do They Have a Future?* Cheltenham, UK: Edward Elgar Publishing, pp 117-136.

Ozturk, M. B., and Berber, A. (2022). 'Racialised professionals' experiences of selective incivility in organisations: A multi-level analysis of subtle racism', *Human Relations,* 75, pp.213–239.

Pager, D., Western, B., and Bonikowski, B. (2009). 'Discrimination in a low-wage labor market: A field experiment', *American Sociological Review,* 74(5), pp. 777-799. https://doi.org/10.1177/000312240907400505

Pajnik, M. (2016). 'Wasted Precariat': Migrant work in European societies', *Progress in Development Studies,* 16(2), pp 159–172. https://doi.org/10.1177/1464993415623130

Pamben, Deven. (2021). 'Safanad increases its ownership in HC-One to take majority control', *Laing Buisson*, 28th April. Available at Safanad increases its ownership in HC-One to take majority control - LaingBuisson News (Accessed: 19th October 2022)

Parekh, Bhikhu. (2009). "Logic of Humiliation", in Guru, Gopal (ed.) *Humiliation: Claims and Contexts*. Oxford: Oxford University Press, pp.23–40.

Parker, Brenda. (2015). 'Reproduction… Amplified Life's Work for African American Women in Milwaukee', In Meehan, K., and Strauss, K. (Ed.). Precarious worlds: Contested geographies of social reproduction. The University of Georgia Press, pp.118-138.

Parmar A. (2019). 'Arresting (non)citizenship: The policing migration nexus of nationality, race and criminalization', *Theoretical Criminology*, 24(1), pp. 28-49. https://doi.org/10.1177/1362480619850800

Parreñas, Rhacel. (2000). 'Migrant Filipina Domestic Workers and the International Division of Reproductive Labor', *Gender & Society,* 14(4), pp.560–580.

Parreñas, Rhacel. (2001). *Servants of Globalization: Women, Migration and Domestic Work.* Stanford: Stanford University Press.

Parreñas, Rhacel. (2012). 'The reproductive labour of migrant workers', *Global Networks*, 12(2), pp.269-275. doi:10.1111/j.1471-0374.2012.00351.x

Pearson, R. (2019). 'A feminist analysis of neoliberalism and austerity policies in the UK', *Soundings*, 71(71), pp.28–39. https://doi.org/10.3898/soun.71.02.2019

Pemberton, S., Phillimore, J. and Robinson, D. (2014). *Causes and experiences of poverty among economic migrants in the UK*. IRIS Working Paper Series, Birmingham: University of Birmingham.

Philipson Isaac, S. (2024). 'Unpacking State Production of Temporal Dispossession: The Intersections of Labour, Asylum and Informalization in Sweden', *Critical Sociology*, 0(0), pp. 1-17. https://doi.org/10.1177/08969205241242098

Piper, N. (2011). 'Toward a gendered political economy of migration', in N. Phillips (ed) *Migration in the global political economy*, Boulder, CO: Lynne Rienner Publishers, pp 61–81.

Pollock, T. G., and Bono, J. E. (2013). 'Being Scheherazade: The Importance of Storytelling in Academic Writing', *Academy of Management Journal*, 56(3), pp.629–634. https://doi.org/10.5465/amj.2013.4003

Povinelli, E.A. (2008). 'The child in the broom closet: States of killing and letting die', *South Atlantic Quarterly*, 107(3), pp.509-530.

Power, A., and Hall, E. (2017). 'Placing care in times of austerity', *Social & Cultural Geography*, 19(3), pp.303-313. doi:10.1080/14649365.2017.1327612

Puar, J. (2012). 'Precarity talk: A virtual roundtable with Lauren Berlant, Judith Butler, Bojana Cvejić, Isabell Lorey, Jasbir Puar, and Ana Vujanović', *TDR: The Drama Review*, 56(4), pp.163–177.

Public Health England (2020). *Disparities in the Risks and Outcomes of COVID-19. London: Public Health England.* Available at Disparities in the risk and outcomes of COVID-19 (publishing.service.gov.uk) (accessed: 10th October, 2021)

Pujol, F. E., Hancock, R., Hviid, M., Morciano, M., and Pudney, S. (2021). 'Market concentration, supply, quality and prices paid by local authorities in the English care home market*', Health Economics*, 30(8), pp.1886-1909. doi:10.1002/hec.4286

Pullen, A. and Rhodes, C. (2008) 'Dirty writing', *Culture and Organisation*, 14(3), pp. 241–259. doi:10.1080/14759550802270684.

Pullen, A. (2018). 'Writing as Labiaplasty', *Organisation*, 25(1), 123-130. https://doi.org/10.1177/1350508417735537

Puwar, N. (2004). *Space Invaders: Race, Gender and Bodies out of Place*. Oxford and New York: Berg.

Rabaka, R. (2023). 'Embryonic intersectionality: W.E.B. Du Bois and the inauguration of intersectional sociology', *Journal of Classical Sociology*, 23(4), pp.536-560. https://doi.org/10.1177/1468795X231160169

Radhakrishnan, R. (1996). *Diasporic Mediations Between Home and Location*. Minneapolis: University of Minnesota Press.

Raghuram, P. (2021). 'Race and feminist care ethics: intersectionality as method', in Mahmoudi, Houda., Brysk, Alison and Seaman, Kate (Ed.). *The Changing Ethos of Human Rights*. Cheltenham, UK: Edward Elgar Publishing, pp.66-92. doi:10.4337/9781839108433.00009

Rai, S. M., Hoskyns, C., and Thomas, D. (2014). 'Depletion: The cost of social reproduction', *International Feminist Journal of Politics*, 16(1), pp.86-105.

Rankin, K. N. (2001). 'Governing development: Neoliberalism, microcredit, and rational economic woman', *Economy and Society*, 30 (1), pp.18–37. doi: 10. 1080/03085140020019070.

Ray, V. (2019). 'A Theory of Racialized Organisations', *American Sociological Review*, 84(1), pp. 26–53. https://doi.org/10.1177/0003122418822335

Razaq, Abdul, Dominic Harrison, Sakthi Karunanit, Ben Barr, Miqdad Asaria, Ash Routen, and Kamlesh Khunti. (2020). 'BAME COVID-19 Deaths - What do we know? Rapid Data and Evidence Review' Hidden in Plain Sight'. Available at BAME-COVID-Rapid-Data-Evidence-Review-Final-Hidden-in-Plain-Sight-compressed.pdf (cebm.net) (Accessed: 30th January, 2022)

Razavi, Shahrashoub. (2015). 'Care and Social Reproduction: Some Reflections on Concepts, Policies and Politics from a Development Perspective', in Baksh, Rawwida and Harcourt, Wendy (eds), *The Oxford Handbook of Transnational Feminist Movements*. Online, Oxford Academic, pp. 422-445. Available at https://doi.org/10.1093/oxfordhb/9780199943494.013.031 (Accessed:14 June. 2023).

Rehman, Abdul. Adil and Alharthi, Khalid. (2016). 'An Introduction to Research Paradigms', *International Journal of Educational Investigations*, 3(8), pp.51-59.

Reilly, N., Bjørnholt, M., Tastsoglou, E. (2022). 'Vulnerability, Precarity and Intersectionality: A Critical Review of Three Key Concepts for Understanding Gender-Based Violence in Migration Contexts, in Freedman, J., Sahraoui, N., Tastsoglou, E. (eds) *Gender-Based Violence in Migration*. New York: Palgrave Macmillan, Cham, pp. 29-56. https://doi.org/10.1007/978-3-031-07929-0_2

Resolution Foundation. (2017). *Public and Family Finances Squeezes Extended Well into the 2020s by Grim Budget Forecas*t. Available at http://www.resolutionfoundation.org/media/press-releases/public- and-family-finances-

squeezes-e[tended-well-into-the-2020s-by-grim-budget-forecasts/ (Accessed: 22nd October, 2022)

Reuter M, Wahrendorf M, Di Tecco C, Probst TM, Ruhle S, Ghezzi V, et al. (2019). 'Do temporary workers more often decide to work while sick? Evidence for the link between employment contract and presenteeism in Europe', *International Journal of Environmental and Public Research,* 16(10), pp.1868.

Reynolds, T., Erel, U. and O'Neill, Maggie. (2024). 'Editorial introduction: Racialised migrants navigating the UK's hostile environment policies', *Critical Social Policy,* 44(2), pp.165-177.

Rice, Carla, Harrison, Elisabeth and Friedman, May. (2019). 'Doing Justice to Intersectionality in Research', *Cultural Studies Critical Methodologies,* 19(6), pp.409–20. doi:10.1177/1532708619829779

Richards, Tania. (2021). 'Senior care workers added to the shortage occupation list', *Mills & Reeve,* 16th March. Available at Senior care workers added to the shortage occupation list - Mills & Reeve (mills-reeve.com) (Accessed: 28th October, 2022).

Rioux, S. (2015). 'Embodied contradictions: Capitalism, social reproduction and Body Formation', *Women's Studies International Forum,* 48, pp.194–202. https://doi.org/10.1016/j.wsif.2014.03.008

Robbins, Paul, and Marks, Brian. (2010). 'Assemblage Geographies', in Susan J. Smith, Rachel Pain, Sallie A. Marston, and John Paul Jones III (ed.) *The Sage Handbook of Social Geographies*. Thousand Oaks, Calif: Sage, pp.176–194.

Roberts, D. E. (2008). 'Is race-based medicine good for us? African American approaches to race, biomedicine, and Equality', *Journal of Law, Medicine & Ethics,* 36(3), pp.537–545. https://doi.org/10.1111/j.1748-720x.2008.302.x

Robertson, S., and Runganaikaloo, A. (2013). Lives in limbo: Migration experiences in Australia's education–migration nexus. *Ethnicities,* 14(2), pp.208–226. https://doi.org/10.1177/1468796813504552

Robertson S. (2014). 'Time and temporary migration: The case of temporary graduate workers and working holiday makers in Australia', *Journal of Ethnic and Migration Studies,* 40(12), pp.1915– 1933.

Rodgers, Garry. (1989). 'Precarious work in Western Europe: The state of the debate', in Rodgers, G., and Rodgers, J. (ed.) *Precarious jobs in labour market regulation: The growth of atypical employment in Western Europe*. Geneva: International Institute for Labour Studies, pp.1-16.

Rodriguez, J. K., Holvino, E., Fletcher, J. K., and Nkomo, S. M. (2016). 'The Theory and Praxis of Intersectionality in Work and Organisations: Where Do We Go From Here?', *Gender, Work and Organisation,* 23, pp.201– 222. doi: 10.1111/gwao.12131.

Rodriguez, J. K., and Ridgway, M. (2023). 'Intersectional reflexivity: Fieldwork experiences of ethnic minority women researchers', *Gender, Work and Organisation,* 30, pp. 1273–1295.

Roitenberg, N. (2020). 'Ethno-national boundaries in the construction of "dirty-work" occupational identity: The case of nursing care workers in diversified workplaces', *International Journal of Intercultural Relations,* 76, pp.1–12. https://doi.org/10.1016/j.ijintrel.2020.02.005

Rosen, R. (2019). 'Care as Ethic, Care as Labor, in Langford, Rachel (ed.) *Theorizing Feminist Ethics of Care in Early Childhood Practice,* London: Bloomsbury, pp. 79-96.

Ross, L. E. (2017). 'An account from the inside: Examining the emotional impact of qualitative research through the lens of "insider" research', *Qualitative Psychology*, 4(3), pp.326–337. https://doi.org/10.1037/qup0000064

Royal College of Nursing. (2017). *RCN policy position on language testing and response to the NMC's new guidance*. Available at https://www.rcn.org.uk/ professional-development/publications/pub-006508 (Accessed: 10th June, 2022)

Royal College of Nursing. (2022). *Black and Asian nurses overlooked for promotion due to structural racism, RCN research reveals*. Available at Black and Asian nurses overlooked for promotion due to structural racism, RCN research reveals | News | Royal College of Nursing (Accessed: 10th June, 2023)

Ruhs, M., and Anderson, B. (2010). *Who needs migrant workers?: Labour shortages, immigration, and public policy*. Oxford: Oxford University Press.

Ruiz, M. V. (2002). 'Border Narratives, HIV/AIDS, and Latina/o Health in the United States: A Cultural Analysis', *Feminist Media Studies,* 2(1), 37–62. https://doi.org/10.1080/14680770220122864

Ruiz-Castro, M. (2021), 'Intersectional Reflexivity: Using intersectional reflexivity as a means to strengthen critical autoethnography', in V. Stead, C. Elliott and S. Mavin (eds), *Handbook of Research Methods on Gender and Management*, Cheltenham, UK: Edward Elgar Publishing, pp.214-230.

Runnymede Trust. (2016). *Black and Asian Women Pay the Highest Price for Austerity*. Available at http://www.runnymedetrust.org/blog/black-asian-women-pay-highest-price-forausterity. (Accessed: 15th November, 2021)

Rushdie, Salman. (1982). 'The new empire within Britain', *New Society*, 9(1), pp.417-421.

Ryosho, N. (2011). 'Experiences of Racism by Female Minority and Immigrant Nursing Assistants', *Affilia,* 26(1), pp.59–71. https://doi.org/10.1177/0886109910392519

Sachs, C., Allen, P., Terman, A.R., Hayden, J., and Hatcher, C. (2014). 'Front and back of the house: Socio-spatial inequalities in food work', *Agriculture and Human Values,* 31(1), pp.3–17.

Sager, M., and Öberg, K. (2017). 'Articulations of deportability. Changing migration policies in Sweden 2015/2016', *Refugee Review*, 3(1), pp.2–14.

Saha, Manjira. (2020). *Labour Train.* Translated by Banerjee, Purna. Kolkata: Frontpage Publication.

Sahraoui, Nina. (2019). *Racialised Workers and European Older Age Care, From Care Labour to Care Ethics.* Switzerland: Palgrave Macmillan.

Said, E. (1993). *Culture and Imperialism*. London: Vintage Books.

Sampaio, D. (2020). 'Caring by silence: How (un) documented Brazilian migrants enact silence as a care practice for aging parents', *Journal of Intergenerational Relationships, 18*(3), pp.281-300.

Sandelowski, M. (2002). 'Reembodying qualitative inquiry', *Qualitative Health Research*, 12, pp.104-115.

Sandset, Tony. (2021). 'The necropolitics of COVID-19: Race, class and slow death in an ongoing pandemic', *Global Public Health,* 16 (8-9), pp.1411-1423. DOI: 10.1080/17441692.2021.1906927

Sang, Kate. (2017). 'Dr. Kate Sang: Tears on my podium: researching close to home', *BSAPG Forum*, 30th March. Available at Dr. Kate Sang: Tears on my podium: researching close to home – BSA Postgraduate Forum (wordpress.com) (Accessed: 20th April 2022)

Sarvasy, Wendy and Patrizia Longo. (2004). 'The globalization of care', *International Feminist Journal of Politics,* 6(3), pp.392-415.

Sasse, Tom., Guerin, Benoit., Nickson, Sarah., O'Brian, Mark., Pope, Thomas., Davies, Nick. (2019). *Government outsourcing, what has worked, and what needs reform?* London: Institute for Government. Available at Government outsourcing | Institute for Government (Accessed: 15th January, 2022)

Sassen, S. (2001). 'The Excesses of Globalisation and the Feminisation of Survival', *Parallax,* 7(1), pp. 100–110. doi: 10.1080/13534640010015980.

Schwiter, K., Berndt, C., and Truong, J. (2015). 'Neoliberal austerity and the marketisation of elderly care', *Social & Cultural Geography,* 19(3), pp.379-399. doi:10.1080/14649365.2015.105947 Rodrígue

Shankley, William and Finney, Nissa. (2020). 'Ethnic minorities and housing in Britain', in Byrne, Bridget. Alexander, Claire. Khan, Omar. Nazroo, James and Shankley, William (ed.) *Ethnicity, Race and Inequality in the UK State of the Nation*. Bristol: Bristol University Press, pp.149-166.

Sharma, S., Reimer-Kirkham, S., and Cochrane, M. (2009). 'Practicing the Awareness of Embodiment in Qualitative Health Research: Methodological Reflections', *Qualitative Health Research,* 19(11), pp.1642–1650. https://doi.org/10.1177/1049732309350684

Sharma, S. (2014). *In the meantime: Temporality and cultural politics*. Durham, N.C:Duke University Press.

Sharma, Nandita. (2020). 'The "People Out of Place": State Limits on Free Mobility and the Making of Im(migrants)', in Horton, Sarah and Heyman, Josiah (Ed.), Paper Trails: Migrants, Documents, and Legal Insecurity. Durham: Duke University Press, pp. 53–73.

Shildrick, T., MacDonald R, Webster, C. and Garthwaite, K. (2012). *Poverty and Insecurity: Life in Low-pay, No-pay Britain.* Bristol: Bristol Policy Press.

Shire, W. (2022). *Bless the Daughter Raised by a Voice in Her Head*. London: Random House.

Shree, Geetanjali. (2021). *Tomb of Sand*. Translated by Rockwell, Daisy. New York: HarperCollins.

Shutes, I. (2011). 'The Employment of Migrant Workers in Long-Term Care: Dynamics of Choice and Control', *Journal of Social Policy*, 41(1), pp.231-231. doi:10.1017/s0047279411000791

Shutes, I., and Walsh, K. (2012). 'Negotiating user preferences, discrimination, and demand for migrant labour in long-term care', *Social Politics,* 19(1), pp.78–104.

Shutes, I. (2013). 'Long-term care and migrant labour in the UK', in Jurado, E. and Brochmann, G. (eds.), *Europe's Immigration Challenge: Reconciling Work, Welfare and Mobility*. London: IB Tauris, pp.125–42.

Simonsen, Anja. (2018). 'Migrating For A Better Future: Lost Time And Its Social Consequence Among Young Somali Migrants', in Barber Gardiner, Pauline and Lem Winnie (Ed.). *Migration, temporality, and capitalism, entangled mobilities across global spaces.* Switzerland: Palgrave Mcmillan, pp.103-122.

Skeggs, B. (2004). *Class, Self, Culture*. London: Routledge.

Skeggs, B. (2021). 'Necroeconomics: How Necro Legacies Help Us Understand the Value of Death and the Protection of Life During the COVID-19 Pandemic', *Historical Social Research,* 46(4), pp.123-142. https://doi.org/10.12759/ hsr.46.2021.4.123-142

Skills for Care. (2022). *The State of the Social Adult Care Sector and Workforce in England*. Available at The state of the adult social care sector and workforce 2022 (skillsforcare.org.uk) (Accessed: 30th January 2023)

Skills for Care. (2023). *The State of the Social Adult Care Sector and Workforce in England*. Available at The State of the Adult Social Care Sector and Workforce 2023 (skillsforcare.org.uk) (Accessed: 10th January 2024)

Smith, Evan. (2024). From the Aliens Act to the 'hostile environment': The making of the British Border Control System. In Louvier, L., and Hough, K. (Ed.), *UK borderscapes: Sites of enforcement and resistance*. London: Routledge, pp.21-36.

Smith, Helena. (2023). ‘Greece to legalise papers for thousands of migrants to counter labour shortage’, *The Guardian*, 19th December. Available at Greece to legalise papers for thousands of migrants to counter labour shortage | Greece | The Guardian (Accessed: 25th Jan 2024)

Spencer, Renee., Pryce, M. Julia., and Walsh, Jill. (2014). ‘Philosophical Approaches to Qualitative Research’, in Leavy, P. (eds.) *The Oxford Handbook of Qualitative Research (Oxford Handbooks).* New York: Oxford University Press, pp 81-99.

Spiliopoulos, G., and Timmons, S. (2023). ‘Migrant NHS nurses as ‘tolerated’ citizens in post-Brexit Britain’, *The Sociological Review*, 71(1), pp.183–200. https://doi.org/10.1177/00380261221092199

Spivak, Gayatri Chakravorty. (1985). ‘Scattered Speculations on the Question of Value’, *Diacritics,* 15(4), pp.73-93

St. Pierre, E. A. (1997). ‘Methodology in the fold and the irruption of Transgressive Data’, *International Journal of Qualitative Studies in Education*, 10(2), pp.175–189. https://doi.org/10.1080/095183997237278

Standing, G. (2011). *The Precariat: the New Dangerous Class*. London: Bloomsbury Academic.

Stevens, Catriona. (2019). ‘Temporary work, permanent visas and circular dreams: Temporal disjunctures and precarity among Chinese migrants to Australia’, *Current Sociology Monograph,* 67(2), pp.294-314.

Stevens, M., Hussein, S., and 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), pp.259–280.

Storm, P. (2023). ‘Managers’ perceptions of masculinity and racialisation in Swedish nursing homes’, *Gender, Work and Organisation,* 30(6), pp. 2175–2187. doi:10.1111/gwao.13063.

Strauss, Kendra Susan. (2013). ‘Unfree Again: Social Reproduction, Flexible Labour Markets, and the Resurgence of Gang Labour in the UK’, *Antipode*, 45(1), pp.180-97

Strauss, Kendra Susan., and Meehan, Katie. (2015). *Precarious worlds: Contested geographies of social reproduction.* Athens, GA: The University of Georgia Press.

Strauss, Kendra Susan and Meehan, Katie. (2015). ‘Introduction: New Frontiers in Life’s Work’, in Meehan, Katie., and Strauss, Kendra. (ed.) *Precarious worlds: Contested geographies of social reproduction*. Athens, GA: The University of Georgia Press, pp.1-22.

Suckert, L. (2021). ‘The coronavirus and the temporal order of capitalism: Sociological observations and the wisdom of a children’s book’, *The Sociological Review,* 69(6), pp. 1162-1178.

Suehn M, Kassan A, Russell-Mayhew, Shelly., Callaghan, Tonya., and Cohen, Julie. (2023). 'Feminist Standpoint Theory – A Lens for Counseling Psychology Research and Practice', in Erasga S. Dennis and Eduard L. Labayandoy Michael (ed.) *Feminism - Corporeality, Materialism, and Beyond*. IntechOpen. Available at: http://dx.doi.org/10.5772/intechopen.110554.

Sumption, Madeleine and Brindle, Ben. (2023). *How will new salary thresholds affect UK migration?* Available at How will new salary thresholds affect UK migration? - Migration Observatory - The Migration Observatory (ox.ac.uk) (Accessed: 10th Jan 2024)

Syed, I., Daly, T., Armstrong, P., Lowndes, R., Chadoin, M., Naidoo, V. (2016). 'How Do Work Hierarchies and Strict Divisions of Labour Impact Care Workers' Experiences of Occupational Health and Safety? Case Studies of Long Term Care in Toronto', *Journal of Nursing Home Research Sciences,* 2, pp.41-49. http://dx.doi.org/10.14283/jnhrs.2016.6

Syed, I. U. (2019). *Theorizing Precarization And Racialisation As Social Determinants Of Health: A Case Study Investigating Work In Long-Term Residential Care.* PhD Thesis. York University. Available at yorkspace.library.yorku.ca/server/api/core/bitstreams/2ddec979-3d3b-4a88-8d56-e9b1d38e5905/content (Accessed: 1st Feb 2021)

Syed, I. U. (2021). 'Feminist Political Economy of Health: Current Perspectives and Future Directions', *Healthcare,* 9(2), pp. 233. doi:10.3390/healthcare9020233

Syed, I. U., and Ahmad, F. (2021). 'COVID-19 and healthcare workers' struggles in Long Term Care Homes', *Journal of Concurrent Disorders,* 3(1). https://doi.org/10.54127/ppeu5097

Tapper, James. (2023). 'Fury grows over Tory visa rules where 'only the rich' dare fall in love', *The Guardian*, 10th December. Available at Fury grows over Tory visa rules where 'only the rich' dare fall in love | Immigration and asylum | The Guardian (Accessed: 5th January 2024)

Tarrabain, C., and Thomas, R. (2022). 'The Dynamics of Control of Migrant Agency Workers: Over-Recruitment, 'The Bitchlist' and the Enterprising-Self', *Work, Employment and Society*, 38(1), pp.27-43. https://doi.org/10.1177/09500170221100934

Teeple Hopkins, C. (2017). 'Mostly work, little pay: social reproduction, migration and paid domestic work in Montreal', in T. Bhattacharya (ed.) Social Reproduction Theory: Remapping Class, Recentering Oppression, London: Pluto Press, pp 131–47.

Thatcher, S. M., Hymer, C. B., and Arwine, R. P. (2023). 'Pushing back against power: Using a multilevel power lens to understand intersectionality in the workplace', *Academy of Management Annals*, 17(2), pp.710–750. https://doi.org/10.5465/annals.2021.0210

The Freedom United. (2022). *Modern slavery on the rise in U.K. care sector*. Available at Modern slavery on the rise in U.K. care sector (freedomunited.org) (Accessed: 30th October, 2023)

The Migration Observatory. (2022). *Where do migrants live in the UK?* Available at Where do migrants live in the UK? - Migration Observatory - The Migration Observatory (ox.ac.uk) (Accessed: 10th December, 2023)

The Migration Observatory. (2023a). *Migration and the health and care workforce*. Available at Migration and the health and care workforce - Migration Observatory - The Migration Observatory (ox.ac.uk) (Accessed: 9th March, 2024)

The Migration Observatory. (2023b). *Work visas and migrant workers in the UK*. Available at Work visas and migrant workers in the UK - Migration Observatory - The Migration Observatory (ox.ac.uk) (Accessed: 5th February 2024)

The Migration Observatory. (2024). *Overseas Graduate Heading into Care Work.* Available at Overseas graduates heading into care work - Migration Observatory - The Migration Observatory (ox.ac.uk) (Accessed: 30th March, 2024)

Theobald, H. (2017). 'Care workers with migration backgrounds in formal care services in Germany: a multi-level intersectional analysis*', International Journal of Care and Caring*, 1(2), pp.209–226. https://doi.org/10.1332/239788217x14944099147786

Thompson, J. (2022). 'A Guide to Abductive Thematic Analysis', *The Qualitative Report*, 27(5), pp.1410-1421. https://doi.org/10.46743/2160-3715/2022.5340

Ticktin, Miriam. (2024). 'Care as political revolution?', *Focaal*, 2024(98), pp.64-70.

Tilly, C. (1998). *Durable inequality*. Berkeley, CA: University of California Press.

Tilley, L., and Shilliam, R. (2018). 'Raced markets: An introduction', *New political economy*, 23(5), pp.534-543.

Todirica, Diana. (2024). *Care Workers added to the UK Shortage Occupation List*. Available at Care Workers added to the UK Shortage Occupation List In 2024 (ayjsolicitors.com) (Accessed: 20th April, 2024)

Toynbee, P. (2007). 'Rethinking Humanity in Care Work extract from Hard Work in Low Paid Britain', in Bolton, Sharon, and Houlihan, Maeve (ed.), *Searching for the Human in Human Resource Management*. New York: Palgrave Mcmillan.

Triandafyllidou, Anna. (2022). 'Temporary migration: category of analysis or category of practice?', *Journal of Ethnic and Migration Studies*, 48(16), pp. 3847-3859, DOI: 10.1080/1369183X.2022.2028350

Tudor, A. (2018). 'Cross-fadings of racialisation and migratisation: The postcolonial turn in western european gender and migration studies', *Gender, Place & Culture*, 25(7), pp. 1057–1072. https://doi.org/10.1080/0966369x.2018.1441141

Tudor, A. (2023). ‘Ascriptions of Migration: Racism, Migratism and Brexit’, *European Journal of Cultural Studies*, 26(2), pp. 230-248. https://doi.org/10.1177/13675494221101642

Turner, B. S. (2008). ‘Citizenship, Reproduction and the State: International Marriage and Human Rights’, *Citizenship Studies,* 12 (1), pp.45–54.

Turner, J. (2020). *Bordering intimacy: Postcolonial governance and the policing of family*. Manchester: Manchester University Press.

Turnpenny, A., Hussein, S. (2022). ‘Migrant Home Care Workers in the UK: a Scoping Review of Outcomes and Sustainability and Implications in the Context of Brexit’, *Int. Migration & Integration,* 23, pp.23–42. https://doi.org/10.1007/s12134-021-00807-3

Twigg, J. (2000). ‘Carework as a Form of Bodywork’, *Ageing and Society*, 20, pp.389–411.

Twigg, J., Wolkowitz, C., Cohen, R. L., and Nettleton, S. (2011). ‘Conceptualising body work in health and Social Care’, *Sociology of Health & Illness,* 33(2), pp.171–188. https://doi.org/10.1111/j.1467-9566.2010.01323.x

Tyler, I. (2010). ‘Designed to fail: A biopolitics of British citizenship’, *Citizenship Studies,* 14(1), pp.61–74.

Tyldum, G. (2014). ‘Motherhood, agency and sacrifice in narratives on female migration for care work’, *Sociology*, 49(1), 56–71. https://doi.org/10.1177/0038038514555427

Ugarte, S. (2023). ‘Caring for a Responsible Self: Migrant Motherhood and the Politics of Reproduction’, *Signs,* 48(4), pp.969–990. https://doi.org/10.1086/724243

Ugiagbe, I. M., Liu, L. Q., Markowski, M., and Allan, H. (2022). ‘A critical race analysis of structural and institutional racism: Rethinking overseas registered nurses' recruitment to and working conditions in the United Kingdom’, *Nursing Inquiry*, 30(1), pp.1-10. https://doi.org/10.1111/nin.12512

Unison. (2022). *Absence of Sick Pays for Care Workers Show System Needs Reform*. Available at Absence of sick pay for care workers shows system needs reform | News, Press release | News | UNISON National (Accessed: 3rd May 2023)

Unison. (2023a). *The Health Surcharge.* Available at The health surcharge | The hostile environment and the NHS | UNISON National (Accessed: 25th June 2023)

Unison. (2023b). *Unison demands action on migrant worker health surcharge.* Available at UNISON demands action on migrant worker health surcharge | Article, News | News | UNISON National (Accessed: 22nd July 2023)

Valiavicharska, Z. (2020). ‘Social reproduction in the making: Recentering the margins, expanding the directions’, *CLCWeb: Comparative Literature and Culture,* 22(2), pp.1-15. https://doi.org/10.7771/1481-4374.3837

Van Houtum, H. (2005). 'The Geopolitics of Borders and Boundaries', *Geopolitics,* 10(4), pp.672-679. doi:10.1080/14650040500318522

Van Laer, K., and Zanoni P. (2020). 'Ethnicity, Race, and National Identity in Management and Organisation Studies', in J. Stone, D. Rutledge, P. Rizova and X. Hou (eds.). *The Wiley Blackwell Companion to Race, Ethnicity, and Nationalism*. Oxford: Wiley Blackwell, pp. 487-506.

Van Laer, K., Verbruggen, M., and Janssens, M. (2021). 'Understanding and addressing unequal career opportunities in the 'new career' era: an analysis of the role of structural career boundaries and organisational career management', *The International Journal of Human Resource Management,* 32(16), pp.3547-3567.

Vergès, F. (2022). *A feminist theory of violence: A decolonial perspective*. London: Pluto Press.

Vickers, T. (2019). *Borders, Migration and Class in an Age of Crisis: Producing Workers and Immigrants*. Bristol: Bristol University Press.

Vivyan, S. (2021). 'Bridges and doorways: using interviews to build relationships', *Voluntary Sector Review, 12*(2), pp.289-294.

Vosko, Leah F. (2000). *Temporary Work: The Gendered Rise of a Precarious Employment Relationship.* Tronto: University of Toronto Press. https://doi.org/10.3138/9781442680432.

Wainwright, S. P., and Turner, B. S. (2003). 'Reflections on Embodiment and vulnerability', *Medical Humanities,* 29(1), pp. 4–7. https://doi.org/10.1136/mh.29.1.4

Walker Morris. (2022). *Health and Care Worker Visa to Be Extended to Key Care Workers for 12 months.* Available at Health and Care Worker Visa to Be Extended - Walker Morris (Accessed: 15th November, 2023)

Walker, Christine. (2021). 'Care homes: why investment firms can be bad owners', *The Conversation,* 12th April. Available at Care homes: why investment firms can be bad owners (theconversation.com) (Accessed: 15th of October, 2021).

Walsh, K., and Shutes, I. (2013). 'Care relationships, quality of care and migrant workers caring for older people', *Ageing & Society,* 33(3), pp.393–420.

Ward, L., Ray, M., and Tanner, D. (2020). 'Understanding the Social Care Crisis in England Through Older People's Lived Experiences', in Urban, P., and Ward, L. (eds.) *Care Ethics, Democratic Citizenship and the State. International Political Theory.* Cham: Palgrave Macmillan, pp. 219-239. doi:10.1007/978-3-030-41437-5_11

Warnock, R., Taylor, F. M., and Horton, A. (2022). 'Should we pay research participants? Feminist Political Economy for Ethical Practices in Precarious Times', *Area,* 54(2), pp.195–202. https://doi.org/10.1111/area.12790

Watson, A. (2020). 'Methods Braiding: A Technique for Arts-Based and Mixed-Methods Research', *Sociological Research Online,* 25(1), pp.66-83. https://doi.org/10.1177/1360780419849437

Wiesner, Adam. (2021). 'The Dialogic Process, Relational Approach, and Transformative Aspect of Interviewing', *The Oral History Review,* 48(1), pp.100-115, DOI: 10.1080/00940798.2021.1894076

Williams, F. (2011). 'Markets and migrants in the care economy', *Soundings,* 47, pp.22-33. DOI: 10.3898/136266211795427576

Williams F. (2012). 'Converging variations in migrant care work in Europe', *Journal of European Social Policy,* 22, pp.363–375.

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

Williams, F. (2021). 'Extraction, exploitation, expropriation and expulsion in the domestic colonial relations of the British welfare state in the twentieth and twenty-first centuries', *The British Journal of Sociology,* 73(1), pp.23–34. doi:https://doi.org/10.1111/1468-4446.12905.

Wingfield A. H. (2010). 'Are some emotions marked "Whites only"? Racialised feeling rules in predominantly White workplaces', *Social Problems,* 57, pp.251-268.

Wingfield, A. H., and Alston, R. S. (2014). 'Maintaining Hierarchies in Predominantly White Organisations: A Theory of Racial Tasks', *American Behavioral Scientist, 58*(2), pp.274-287. https://doi.org/10.1177/0002764213503329

Wolkowitz, C. (2002). 'The social relations of bodywork', *Work Employment and Society,* 16, pp.497–510.

Wolkowitz, C. (2006). *Bodies at Work*. London: Sage.

Women's Budget Group. (2020). *Crises Collide: Women and COVID-19*. Available at FINAL.pdf (wbg.org.uk) (Accessed: 17th June, 2021)

Woodly, D., Brown, RH., Marin M., Threadcraft, Shatema., Harris, Christopher. Syedullah, Jasmine., Ticktin, Miriam. (2021). 'The politics of care', *Contemporary Political Theory,* 20(4), pp.890–925

Xiang, B. (2012) 'Labor transplant: "Point-to-point" transnational labor migration in East Asia', *South Atlantic Quarterly,* 111(4), pp.721–41.

Xiang, B. (2021). 'Introduction: Suspension: Seeking Agency for Change in the Hypermobile World', *Pacific Affairs,* 94 (2), pp.233–250.

Yea, S. (2023). 'Like every other day': Writing temporalities of banal exploitation among precarious migrant workers', *Area,* 00, pp.1–8. Available from: https://doi.org/10.1111/area.12891

Yeates N. (2009). *Globalizing Care Economies and Migrant Workers: Explorations in Global Care Chains.* New York: Palgrave MacMillan.

Yeo, C. (2019). 'Briefing: what is the 'right of abode' in UK immigration and nationality law?', *Free Movement*, 18th September. Available at https://www.freemovement.org.uk/what-is-the-right-of-abodein-uk-immigrationlaw/#:~:text=The%20%E2%80%9Cright%20of%20abode%E2%80%9D%20is,for%20current% 20UK%20immigration%20law (Accessed: 12th August 2021)

Yeo, C. (2020). *Welcome to Britain: Fixing our Broken Immigration System*. London: Biteback publishing.

Yeo, Colin. (2023). What are the 10 and 20 year rules on long residence? *Free Movement.* Available at What are the 10 and 20 year rules on long residence? - Free Movement (Accessed: 26th March 2024)

Yeoh, B.S., Lam, T., Somaiah, B.C. and Acedera, K.A.F. (2023). 'The critical temporalities of serial migration and family social reproduction in Southeast Asia', *Time & Society*, 32(4), pp.411-433.

York, S. (2018). 'The hostile environment', *JIANL*, 32(4), pp.363–384.

Young, I.M. (1990). *Justice and the Politics of Difference.* Princeton: Princeton University Press

Yuval-Davis, N. (2006). 'Belonging and the politics of belonging', *Patterns of Prejudice*, 40(3), pp.197–214. https://doi.org/10.1080/00313220600769331

Yuval-Davis, N. (2011). 'Beyond the Recognition and Re-distribution Dichotomy: Intersectionality and Stratification', in Lutz, H., Herrera Vivar, M. T. and Supik, L. (Eds.) *Framing Intersectionality: Debates on a Multi-Faceted Concept in Gender Studies.* Farnham: Ashgate, pp.155-69.

Yuval-Davis, N. (2013). *A Situated Intersectional Everyday Approach to the Study of Bordering*. Euroborderscapes Working Paper No. 2. Available at http://www.euborderscapes.eu/fileadmin/user_upload/Working_Papers/EUBORDERSCAPES_Working_Paper_2_Yuval-Davis.pdf (Accessed: 5th June 2022)

Yuval-Davis, N. (2015). 'Situated Intersectionality and Social Inequality', *Raisons politiques*, 58, pp.91-100. https://doi.org/10.3917/rai.058.0091

Yuval-Davis, N., Wemyss, G., and Cassidy, K. (2018). 'Everyday Bordering, Belonging and the Reorientation of British Immigration Legislation', *Sociology*, 52(2), pp.228-244. doi:10.1177/0038038517702599

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

Zaiceva, A. and Zimmermann, K. F. (2014) 'Children, kitchen, church: Does ethnicity matter?', *Review of Economics of the Household*, 12(1), pp.83–103.

Zhang, H., Nardon, L. and Sears, G. J. (2022). 'Migrant workers in precarious employment', *Equality, Diversity and Inclusion: An International Journal*, 41(2), pp. 254-272.

Zhu, Z., Xu, S., Wang, H., Liu, Z., Wu, J., Li, G., Miao, J., Zhang, C., Yang, Y., Sun, W., Zhu, S., Fan, Y., Chen, Y., Hu, J., Liu, J. and Wang, W. (2020). 'COVID-19 in Wuhan: Sociodemographic characteristics and hospital support measures associated with the immediate psychological impact on healthcare workers', *eClinicalMedicine*, 24, pp.100443. https://doi.org/10.1016/j.eclinm.2020.100443

Zwysen, W., and N. Demireva. (2020). 'Ethnic and Migrant Penalties in Job Quality in the UK: The Role of Residential Concentration and Occupational Clustering', *Journal of Ethnic and Migration Studies,* 46 (1), pp.200–221. doi:10.1080/1369183X.2018.1498777

Appendices

Appendix 1: Interview Schedule

Interview Guidelines

Interviewee (Unique Identifier):

This interview guide is semi-structured, and it includes interview protocols and probes which will be used to elicit responses from the participants. This is a tentative list of questions which can be asked during interviews along with questions. The information which will be provided will be strictly confidential.

Background Questions

1. Please tell me more about you (demographics) and your family background. Where did you grow up? What jobs and qualifications you got before you move to the UK? How did you happen to migrate to the UK and found care work?

Current Job-related Questions

1. What is your job title? Are you part-time or full-time? Are you an agency worker or a permanent employee? Are you on a zero-hour contract and shift worker or not?
2. How long you have worked in this sector and how long you have lived in the UK? (These questions will give me an understanding of the reasons why people end up in the care sector i.e.., either they chose this work out of choice or the ease of entering this job market as compared to others? Do their skill sets match this job or are recognized by the care organisations and macro political context they work in?)
3. What do you enjoy the most in your job? Do you have good relationship with your colleagues and line managers? how is your relationship with your line manager?
4. Do you think your work is well-paid as compared to the level of work you do?
5. Are you happy with the way your work is organized for you by your company/manager?
6. Do you think sometimes the kind of job you get or tasks you are assigned depend on your ethnicity/gender and nationality?
7. Is your workplace culturally diverse? Have you ever experienced any discrimination based on gender, ethnicity, nationality and class in your work, directly or indirectly? Have you ever faced racism at your workplace? Do you think you are treated equally in your workplace?

8. Do you think your organization was supportive of you during COVID-19? Were you given PPE and masks to remain safe? Have working conditions such as staffing levels, work stress and other conditions got better or worsened?
9. Do you think your company gives different levels of support to people based on their ethnicity and/or gender?

Changes in Care Work during and after Covid-19

10. How has your work changed during the pandemic? What were the differences in your work before and after COVID?
11. Care work has been given a lot of attention in recent times during Covid-19. A lot of people were clapping for their roles. Do you think such acknowledgement brought any change in your professional or personal life? Explain briefly.
12. Care work is often very demanding physically or emotionally or both. Do you think such aspects were changed during COVID-19? How do you deal with work-related stress? Can you share with me a time you experienced significant challenges at work during Covid-19? Do you get sick pay? Have you been sick during the pandemic? How pandemic has changed your experience of care work? Do you feel any change in the ways you care about residents and your colleagues as compared to before the pandemic?
13. Do you think workloads have changed because of the pandemic and how such a change has affected you? Do you think organization has made or taken steps to address the issue of workload for the employees? How do you see the role of unions during the Pandemic? Do you think they have helped migrant workers and in what ways?
14. How has your experience of working during Covid-19 changed? Do you think as a migrant, working in a pandemic is different from other people? If yes how?
15. Were you happy with your job assignment during the pandemic? Many people complained that people of colour were more involved in dangerous work as compared to natives. Have you felt anything like this in your own workplace?
16. Do you think you have given enough recognition for your work during the peak of pandemic? Do you think such recognition has any material outcomes for your life or not?
17. Do you think your earnings have changed during the pandemic and after it? Did you receive or wish to receive government support to improve or maintain the pay for care work during COVID-19?

receive government support to improve or maintain the pay for care work during COVID-19?

Private World

18. Do you have any unpaid caring responsibilities at home, and do you think such care responsibilities increased during COVID-19?
19. Did you receive any support such as child-care, housing or medical assistance from the government during these times?
20. How do you manage your work outside and inside your house?
21. Do you have any family outside of the UK?

22. Did COVID-19 have any impact on you in terms of meeting family responsibilities who live outside of the UK?
23. What do you do in your free time?
24. Have you faced any financial difficulties during your job and how have such difficulties had an impact on your and your household wellbeing?

Thank you for taking part in these interviews. You are welcome to ask me any questions if you have. Furthermore, please remember that you can withdraw from these interviews until sept, 2022. Please feel free to contact me if you have any questions.

Appendix 2: Ethical Clearance

Amna.Sarwer

From:	Research-REC-Review
Sent:	24 February 2022 08:17
To:	Amna.Sarwer; Research-REC-Review
Cc:	Charles.Barthold; Cinzia.Priola
Subject:	FW: HREC/4188/Sarwer: HREC Favourable Opinion

Dear Amna

This message confirms that the research protocol for the following project, has been given a favourable opinion on behalf of The Open University Human Research Ethics Committee.

Project title: For-Profit Care, Migrant Women Care Workers and Covid-19: A Crisis within a Crisis

HREC approval date: 08/02/2022

As part of your favourable opinion, it is essential that you are aware of and comply with the following:

1. **You are reminded of your commitment within the OU Health and Safety procedures, that if there are any changes to the project and/or if relevant government guidance changes, a revised Covid-19 Health and Safety Risk Assessment should be undertaken and referred to the Unit/Faculty Recovery Group for approval. Amendments involving changes to project protocols must also be referred to the Human Research Ethics Committee for review.**

2. You are responsible for notifying the HREC immediately of any information received by you, or of which you become aware which would cast doubt on, or alter, information in your original application, in order to ensure your continued safety and the good conduct of the research.

3. It is essential that you contact the HREC with any proposed amendments to your research, for example - a change in location or participants. HREC agreement needs to be in place before any changes are implemented, except only in cases of emergency when the welfare of the participant or researcher is or may be affected. If you need to amend your project, please complete the 'amendment to research project summary form' which can be found on the Human Research Ethics

Appendix 3: Interview Excerpt

Interviewee: Yes, I have worked during the day time.

Interviewer: So what kind of differences you find between night and day times?

Interviewee: In the night, the issue is about your sleep and throughout the night you have to keep working, but in the day, you also have to keep working. In the day, whoever needs washing, you have to take them and then make them eat. Some of them needs showering, and then this is how the day goes.

Interviewer: Yes and xxxx I mean, this job is very difficult, and we all know this, but which aspect of this job which you find the most challenging?

Interviewee: I find it really difficult when residents don't listen. Then we have to lift them up. And if the resident is heavy then it becomes so difficult. Then to make them understand. And when we have to make them eat, it gets more difficult. When we have to make them eat, then they don't listen.

Interviewer: And then what do you do in that situation?

Interviewee: Then we have to make them understand through love and affection, we have to use different methods to make them eat. For their health, we need to do it.

Interviewer: And what do you enjoy the most?

Interviewee: What would you enjoy there? There is nothing to enjoy there. You literally go crazy there then how you can enjoy anything? Sometimes the only enjoyment you can get is if you have nice colleagues, then you will enjoy your work, if you have good manager and colleagues then you can enjoy, Otherwise, there is no enjoyment, you just have to work work and work.

Interviewer: Yes and then you are saying that lifting the residents is a huge task, like if they are heavy.

Interviewee: Yes, meaning that you have machines like hoist and you can use these machines to lift them up but if someone falls or something like that then it becomes a big issue.

Interviewer: So have you ever faced any physical injury due to this work?

Interviewee: So many times.

Appendix 4: Coding in NVivo