

This is Authors' Accepted Manuscript (AAM) of:

Hussein, S. and Christensen, K. (In press) Migrant men in social care work: on male entry dynamics into women's work. *Journal of Ethnic and Migration Studies*

Migration, gender and low paid work: on migrant men's entry dynamics into the feminized social care work in the United Kingdom

Dr Shereen Hussein, BSc Statistics, MSc Medical Demography, PhD Demography

Principal Research Fellow (Chair)

The Policy Institute at King's

King's College London

Corresponding author Dr Shereen Hussein

email: shereen.hussein@kcl.ac.uk; Tel: 0207 848 1669; Address: King's College London Strand, London WC2R 2LS

Dr Karen Christensen

Professor of Sociology

The Department of Sociology

Bergen University, Norway

Karen.Christensen@uib.no

Authors Biographies:

Dr Shereen Hussein is a Principal Research Fellow (Chair) at King's College London. She is a demographer with interest in the sociology of family and work dynamics. She has worked with the United Nations, the Population Council, the World Bank, and the League of Arab States on research related to family formation, multiple roles of women, women labor-participation and decision making within the family. Over the past decade, she has worked extensively in the fields of ageing and formal long-term care (LTC) with a research focus on migration and its implications on both workforce supply/demands dynamics and policy. She is currently conducting international research with partners from Norway, New Zealand and Turkey focusing on migration and care.

Dr Karen Christensen is Professor of Sociology at the Department of Sociology, University of Bergen, Norway. She has been a visiting researcher at City University, London, and King's College London. Her research projects include: the modernisation of social care services for older people in Norway; care cultures in grouped homes for mentally disabled people in Norway; comparisons of cash-for-care schemes providing personal assistance for physically disabled people in Norway and the UK; and comparisons of the lives of migrant care workers in Norway and the UK. Her general expertise comprises welfare sociology, social policy, social care and qualitative methods. Among her recent publications is the book 'Migrant Care Workers Searching for New Horizons' co-written with Ingrid Guldvik, (Ashgate 2014).

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Shereen Hussein and Karen Christensen

Abstract

The literature on workers in gender atypical occupations has been dominated by a focus on women doing men's work. Much less attention has been paid to men in women's work, and even less to the impact of migration. Based on 28 in-depth interviews with migrant men having experiences of working in hands-on social care in England, this article is a contribution to the understanding of migrant men's entry dynamics into a female-dominated occupation. Focusing on migrant life experiences, it discusses how they actively engage in three entry dynamics: 1) facing barriers and negotiating them, 2) 'stumbling upon' women's work, then developing compensating strategies and 3) migratory/temporary settling into the sector. The article suggests a theory about lifelong 'travelling' when entering women's work: a continuing process of negotiating work options within a specific historical sector context, the intersection of gender and migration being part of this.

Introduction

Women's entry into the labour market represents one of the last century's most important changes in the western world, yet this change has not had a profound influence on the gender division of work. We still live in a world of women's work and men's work, with gender segregation being a significant characteristic of occupations and organizations (Acker, 1990). Even in the Nordic countries, where gender equality is high on the labour market agenda, labour segregation remains strong (see Christensen and Syltevik, 2013). Such dynamics call for further empirical based knowledge about gender incongruent work, with men/women in female-/male-dominated work respectively. This article is a contribution to the part of the literature on gender incongruent work which is the least developed, focusing on migrant men entering not only into women's occupations, here social care, but also performing female oriented tasks, here hands on care for older and disabled people.

The literature into men in women's work is relatively limited, especially when the interplay of migration is considered, with some exceptions. A central part of that literature focuses on theorizing men to gain advantages from their gender status in a female-dominated

occupation (e.g. Batnitzky, McDowell and Dyer, 2009; Cross and Bagihole, 2002; Simpson, 2004; Williams and Villemez, 1993). This is famously discussed using the metaphor of a 'glass escalator', implying that men joining female jobs experience upwards mobility *once* they enter such occupations (Evans, 1997; Williams, 1992). It represents a male parallel to the earlier theory of a female 'glass ceiling' (Freeman, 1990), where female workers joining male-dominated occupations face structured but 'invisible' barriers to their career progression. Another theme in the literature on men in women's work focuses on potential threats to men's gender identity and masculinity (Lupton, 2000, 2006). Finally, there is some theoretical development on the mechanisms leading men back to male-dominated work; in particular expressed in the theory of 'revolving doors' (Jacobs, 1989, 1993) where the discussion in this article starts. This theory implies that men will sooner or later return to men's work because of strong and continuing norms about gender roles, even if they move in and out of male dominated work over the course of their working lives (symbolized by a revolving door). It means that if men move into women's work, for example social care, this will be a temporary event because their socialization into men makes this an atypical and non-conforming act for them. On an aggregate level, these movements back to gender typical work will then maintain gender segregation in the labour market.

Aims and structure of the article

The current article attempts to understand why and how migrant men enter women's world of work, here the low status social care work, and which entry dynamics are involved. We first explore the specific concepts within the current literature to which the analysis intends to contribute. We then examine the social care sector in the United Kingdom (UK) in terms of relevant policy developments and how these may relate to and influence the role and experience of migrant men in the sector. Data and methods of our research for this article is then presented followed by the empirical findings, which are then discussed and situated within the current literature.

Beyond 'revolving doors'

A central set of concepts relevant to men's entry into women's work suggest differentiating men's entry profiles into 'finders' - those who do not seek this work but just find it; and 'seekers' - those who actively seek such work (Williams and Villemez, 1993). This was later developed further by Simpson (2005), identifying another group of men she called 'settlers' - those who decide for different reasons to remain in gender atypical

occupations. Another entry dynamic concept relevant to the discussion is what is known as the 'trapdoor', also suggested by Williams and Villemez (1993) and related to the finders' group. It suggests that when men look for this work they may be blocked from entering (women's) work because of their gender. Thus, some men attempting to enter women's work may not be able to easily find and cross this 'hidden' or obscured door.. Moreover, after succeeding in finding ways to enter through this door, some may end up 'trapped' inside due to various reasons including the lack of alternative options. This concept of 'trapdoor', therefore adds to the concept of the revolving door in understanding what may enable or hinder some men to come back to men's work.

These later concepts of entry dynamics are used and discussed in this article with a focus on the intersection of migration and gender (Crenshaw, 1991) when entering gender incongruent work while applying an agency-structure perspective. In this perspective individuals are seen as not only steered by norms, but also by the structural conditions and characteristics of the social care sector, migration policy developments and individuals' cultural factors and norms as contexts for subjective decisions.

The theory of revolving doors was first developed in relation to women's entry into men's work by Jacobs (1989), then explored further by Jacobs in relation to men's experiences (1993). Jacobs concludes that men, similar to women, retain a lifelong social control that puts social pressure on them to conform to gender-appropriate social norms. Thus, after moving into women's work, they are likely to return again to men's work. However, he emphasizes that while such control is lifelong, it does not grow stronger, or as expressed by Jacobs (1993: 52): it has 'noncumulative results.' He thereby distinguishes this from a theory of disadvantages, which grow larger over time, and suggests instead the theory of revolving doors, implying much movement in and out of occupations. His theory has later been criticized for implying too much mobility between occupations when Jacob's own data show only a small percentage of actual change (William and Villemez, 1993: 66). The same authors also criticize the basic concept of social control as an individual level explanation and add the influence of structural niches in labour markets as well as aspirations among men in female work. It is within this framework of discussion that Williams and Villemez suggest different entry profiles to atypical gendered occupations including both finders and seekers (Williams and Villemez, 1993), then a further group of settlers introduced by Simpson (2005).

The main finding from this literature is that the majority of men entering female-dominated occupations are not actively seekers but finders because it is rarely the case that female-dominated work is what they are looking for. Simpson (2005: 375) therefore characterizes this as ‘passive choices’. This assessment of passivity can also include the description of the case when men face a trapdoor, whereby they are prevented from gaining access to women’s work. Williams and Villemez (1993) suggest that some men can ‘fall’ through this trapdoor, which may imply some lack of active choice. In the conceptual framework utilised for the analysis in this article, we intentionally pay attention to the active decisions and processes migrant men apply when entering women’s work, even when a trapdoor is evident. We conceptualise such active process in two ways: first by focusing on how they find and negotiate access through this (hidden) trapdoor, and secondly by focusing on how some migrants after successfully gaining entry may end up trapped inside. For the latter group, we explore the active choices and strategies they make in order to improve their experiences of working in the sector or to secure further opportunities within the wider parameter of their life trajectories and employment options. We intentionally use the term ‘migrant’, instead of ‘immigrant’ to capture the differentiated set of this group’s mobility, with some men choosing to stay in the host country (here the UK), others going back to their home country, and some even circulating between the host, other countries and home country (Parreñas, 2010).

The case of social care and migrant men in the UK

Social care work involves providing support with daily activities and personal care to older people or adults with long-term illness or disabilities, whether taking place in their homes or in institutions. In most European countries, including the UK, social care was developed after World War II (WWII) as a welfare state occupation that took over some of the responsibilities traditionally placed on families, mainly women. While this is an historical root, this work has never in reality moved away from this position. Social care is now on the border between unpaid women’s work in the family and public low-paid work and continues to be characterized as primarily women’s work, low-status, and low-paid (see England, 2005; Land and Himmelweit, 2010; Palmer and Eveline, 2012).

Within these historically developed structural conditions, the social care sector is not an attractive employment option for many British women and the majority of British men. Yet the growth in the sector associated with an ageing population and changing family structures

provides new employment opportunities, especially for migrants of both genders (Hussein, Stevens and Manthorpe, 2013; Bettio and Vershchagina, 2008; Solano and Rafferty, 2006). Among a range of factors influencing the recruitment of migrants to this sector two are of particular relevance. One concerns the UK immigration policies that have facilitated economic migrants' entry, in particular after 2004 due to the expansion of the European Union (EU). The same policy developments then restricted the entrance of those from outside the EU, particularly since 2008 with the help of a strict points-based entry system (Hussein, 2011a; Dobson and Salt, 2009), followed by the introduction of a non-EU immigration cap in 2012. The other factor is the qualifications' threshold required to gain social care employment, which is minimal with the main training offered after employment, thus providing a work option that is easy to access (Simonazzi, 2009).

Two further relevant current social care policy developments should be highlighted. One is promoted by the catchphrase 'choice and control'; channeled through the personalization agenda whereby people in need of care are provided cash to purchase services if they are deemed eligible to receive government funded support (Glendinning, 2008). Thus an increasing number of service users become employers of their care workers, having more power, at least in theory, in selecting and deciding who would be suitable for the job. The second one is the progressive marketization of social care with consequences of increased outsourcing of services by government and a trend of for-profit care providers recruiting foreign workers (Hussein, Stevens and Manthorpe, 2013; Cangiano et al., 2009). Marketization of care is a contentious issue where care users are constructed as consumers and care as a commodity. Marketization has evidentially increased the role of the private market sector – through outsourcing of services as well as financing users to use/buy such services. Furthermore, for-profit care providers operate in competitive markets with cost reduction clear a business incentive contributing to maintaining wages at or below the national minimum wage (Gardiner and Hussein, 2015) with further implications on quality of training. This process is strengthened by reduced funding from central government in many European countries, following the financial crises in 2008. While England was the first European country to marketize the social care sector through progressive outsourcing programs and personalization policies (Pavolini and Ranci, 2008), most Nordic countries have followed this development, although on a much smaller scale, but with significant implications in terms of inequalities in the provision of care services as well as difficult working conditions (Brennan et al., 2012). On one hand, these policies create structural niches

for migrant men; for example when an increased number of disabled men are looking for workers of the same gender or ethnicity to employ using their personal budgets or cash-for-care money (Christensen & Guldvik, 2014). On the other hand, these policies also emphasize the importance of profit making and cost cutting which in turn can be used to exploit migrant workers; for example when the wage differences between destination and origin country represent a relevant incentive for migrants, who remit a consistent part of their earnings to their families left behind (Bettin and Lucchetti 2012). In sum, the policies create opportunities for migrant workers, but simultaneously pose several challenges, including underpayment, irregular work, weak employment conditions, with potential impact on the health and wellbeing of migrants (FRA, 2011).

Data and Methods

To investigate the contribution of migrant men to the English social care sector and to understand which jobs this group are able to access, we analyzed the National Minimum Data Set for Social Care (NMDS-SC), February 2016. The NMDS-SC is recognised as the main source of workforce information for the adult social care sector in England. There is no sampling frame for the data, rather there is an attempt to collect information from all care providers, completion being encouraged by incentives in training funds offered to care providers; it is assumed the sample is random for the most part. The dataset provided details of 544,146 social care workers' records with valid information on gender and nationality. The data were specific to England only and there were no similar workforce data available for the other UK countries. We mainly used the data to describe the contribution of migrant men to this workforce, distinguishing their prevalence in different parts of this sector such as the private sector, and if they worked more with certain groups of users. We have compared such profile to that of British men as well as migrant women. Statistical analysis was completed on R-Unix statistical environment.

The core analysis and findings for the study were based on interview data, originally belonging to two different studies. The first dataset comprised 20 semi-structured in-depth interviews with migrant men working in the English care sector, collected as part of wider research on international recruitment in the sector in 2007-2010 (which received ethical permission from King's College London Research Ethics Committee, Hussein, Stevens and Manthorpe, 2010). Participants were recruited from six diverse geographical areas to provide maximum variation. The participants were mainly recruited through place of work including

both residential and home care workers, through posting flyers and email invitations to participate in the study. Others were recruited through job fairs and local newsagents. The interviews took place on one-to-one basis at convenient public places and lasted on average between an hour and an hour and a half. All interviews were conducted in English except for one. The interviews explored in detail participants' motivations for migration and reasons for choosing the UK and joining the social care sector; their experiences of social care work and relationships with colleagues and service users and their future employment and migration plans. The interviews included reflections on their national and gender identity as well as support from peers and families, their skills and work background.

The other data source consisted of life story interviews carried out in 2011-2013 with eight migrant men working in the English social care sector. These data belonged to a cross-national British/Norwegian case study of how migrant care workers shape their working lives and life projects in the context of unfriendly non-EU immigration policies and the personalization agenda (ethical approval was received from Norwegian Social Science Data Services (NSD), Christensen & Guldvik, 2014). The interviewees were recruited through organizations, websites and snowballing. The interviews lasted between one and a half and two and a half hours, all conducted in English. These interviews comprised in-depth data on their stories starting with their childhood and class background in their home country, the situation in their home country explaining their decisions to travel, their work and educational history in the home country and in the UK, with a particular focus on care work experiences, including relationships with clients.

While the datasets belonged to different projects, they comprised information on similar topics, particularly why and how participants joined the social care sector. They also both included a focus on migrant men with experiences of working in the social care sector. We applied a life story analytical approach for the two sets of interviews, inspired by the idea of the sociological imagination (Mills, 1959). This approach considers the stories told as representing connections between individual biographies and a historical time and place, understanding lives as integrated in social relationships with the family and others (Elder, 1994). The rationale behind the choice of this analysis approach was twofold. Firstly, to enable an understanding of migrant men's current experiences of moving into care work as part of their wider life stories. Secondly, to strengthen the analytical understanding of the 'human agency' part of individual experiences and choices over the life course when confronted with

concrete and changing social circumstances (see Elder, 1994, referring to the classic life story work by Thomas and Znaniecky).

Interview participants’ profile

Table 1 provides a summary of the participants’ characteristics: five were from the Philippines, nine from new EU countries, nine from ex-commonwealth African countries and five from other countries including those with historical links to the UK such as India. Just below a third of the interviewees were from the EEA (EU countries plus Iceland, Liechtenstein and Norway), which is consistent with the overall picture within the workforce, where around 27 per cent of the migrant workforce was from the EEA in 2011 (Hussein, 2011b). The majority of participants were well qualified in their home countries (20 out of 28 had bachelor or master’s degrees from universities) and worked in direct care jobs, as care workers, support workers or personal assistants, with a couple working as nurses within residential care settings. Participants had a mean age of 35.2 years and the majority worked in the independent sector (private and voluntary) providing care both in residential homes and in service users’ own homes.

Table 1 Characteristics of study participants

Characteristics	1st group	2nd group
Nationality		
The Philippines	5	
Poland	4	1
Nigeria	3	
Zimbabwe	2	
Bulgaria		1
Romania		1
Slovakia		1
Congo	1	
India	1	
Ghana	1	
Malaysia	1	
New Zealand	1	
South Africa	1	2

Sri Lanka		1
Uganda		1
Mean age (s.d.)	35.17 (1.86)	41.13
Mean number of years in the UK (s.d.)	4.14 (0.53)	8.86
Marital status		
Single	4	2
Married/cohabiting	15	5
Divorced/separated	1	1
Total number of interviews	20	8

s.d.: Standard Deviation

Findings

We first provide an analysis of the prevalence and profile of migrant men working in the English social care sector including which jobs they were able to access based on a large national workforce data. We then provide an in-depth analysis of entry and settling dynamics of migrant men into care work based on findings related to the qualitative analysis of life story interviews with migrant men.

Migrant men's representation in the social care sector

The NMDS-SC indicated that 17.5 per cent of 544,146 workers were men. Overall, a higher percentage of migrants were men when compared to British workers (25% compared to 16%). Among this large sample, a total of 21,420 men were migrants, representing 22.5 per cent of all men and 4 per cent of all workers. Table 2 presents a comparison of the profile of migrant and British men as well as migrant women. Migrant men were significantly younger than British men, on average 3 years. They were also more concentrated in direct care job roles and less represented among managerial and supervisory roles than British men ($\chi^2=1290, p<0.001$). Additionally, when compared to British men, similar to migrant women they were over-represented in the private sector, where pay and working conditions are usually poorer compared to the public and voluntary sectors (Hussein, 2011c).

Table 2, Characteristics of migrant and British men working in the social care sector in England, NMDS-SC, February 2016

Characteristics	British		Migrants	
	Male	Female	Male	Female
Mean age	43.5	43.1	41.3	41.7
Standard deviation s.d.	13.9	13.7	11.1	11.5
Sector				
Statutory local authority	14.4%	12.4%	10.3%	11.7%
Private sector	58.5%	66.5%	67.8%	67.2%
Voluntary or third sector	23.7%	17.7%	17.8%	17.2%
Other	3.3%	3.3%	4.1%	4.0%
Valid (N)	73,645	382,854	21,420	66,227
Main Job role				
Direct Care	62.5%	71.5%	71.2%	74.6%
Manager/Supervisor	10.6%	8.0%	5.2%	4.5%
Professional	4.7%	5.2%	7.7%	10.8%
Other	22.1%	15.2%	15.9%	10.0%
Valid (N)	73,645	382,854	21,420	66,227
% With level 4 qualifications or above	12.5%	12.1%	13.5%	16.8%
Service users' groups†				
Older people receiving end of life care	1.6%	11.7%	2.7%	10.1%
Adults detained under the MHA	0.9%	3.7%	2.1%	5.4%
Adults with dementia	2.9%	17.6%	5.3%	17.3%
Older people with physical disabilities	4.5%	29.5%	8.8%	30.4%
Older people with dementia	6.9%	50.1%	12.7%	45.8%

† % of those working with each group of users out of all workers in that category.

Contrary to all other groups, British men were over represented in the voluntary sector where care is regarded as a vocational activity and as a contribution to the wider ethos of social responsibility and good citizenship. The analysis indicated a higher concentration of migrant men in residential care ($\chi^2=1395, p<0.001$) and they seemed to work with more ‘challenging’ service user groups when compared to British men, migrant women were also overrepresented with some of these users’ groups. For example, 12.7% of migrant men worked with older people with dementia compared to only 6.9% of British men and 2.1% worked with adults detained or being cared for under the Mental Health Act (2007) compared to less than one percent of British men ($\chi^2=1395, p<0.001$). Significantly more migrant men than migrant women worked in ‘other’ jobs such as gardeners, drivers and cooks. However, all migrants regardless of gender were more concentrated in the private sector when compared to British workers. In terms of qualifications, the national data also revealed that proportionally more migrant men and women held level 4 qualifications or higher (equivalent to University degrees) when compared to British workers. This is despite the fact that many migrants’ qualifications were under-recognised by the British system indicating a higher true difference.

Entry and settling dynamics of migrant men into care work

Employing the life story analytical approach we identified three main entry and settlement dynamics for migrant men to access the feminized social care sector. These are organised under three main themes: 1) facing and negotiating a trapdoor; 2) stumbling upon care work and developing compensating strategies; and 3) migratory settling into care work.

1) Facing and negotiating a trapdoor

While a trapdoor can operate at the initial stage of locating and attempting to access a gender atypical job, it can also operate at a later stage when attempting to gain promotion for example. The experience of an initial (hidden) trapdoor was not shared by the majority of participants in our sample. However, most of them faced barriers to access promotions in the workplace. The latter had been highlighted by other research where migrant men and particularly those from Black and minority ethnic groups faced barriers to access managerial and supervisory roles in the social care sector (Hussein, Ismail and Manthorpe, 2016). We provide two illustrative stories of Patrick and Marcin respectively to present each of the initial and later stage of the trapdoor, exploring the narrative of negotiating and crossing these barriers.

Patrick, was 41 years old at the time of the interview, grew up in South Africa in a white minority family. However, it was only when his father gained permanent work that the family gained good living conditions. Patrick then had the option of going to the university and at some point finished a bachelor degree in psychology. Experiencing this as a turning point in his life, he went to the UK, seeking new life experiences. Patrick highlighted a trapdoor in his narrative. As is common among care workers, and in particular migrant care workers he used a care agency to access work in this sector (Hussein, Stevens and Manthorpe, 2013; Cangiano et al., 2009). However, when he initially contacted care agencies looking specifically for work in the English social care sector he faced a trapdoor, being informed that most people wanted female care workers:

I started looking on the Internet, and spoke to a couple of agencies but they were a bit negative. One guy pretty much told me, you know, I have to be honest with you, I have loads of guys on my book but still you know most people seem to go for women. (Patrick, 41, South Africa)

Patrick then figured out a specific social care area where it was no disadvantage to be a male care worker. He found live-in work (living in the client's home) for men with spinal injuries who used cash-for-care money (direct payments) to employ their own workers. These direct payment users would often prefer to have a male carer due to their personal care needs and in some cases an interest in same gender companionship (Christensen & Guldvik, 2014).

Another participant, Marcin, who was 59 years old at the time of the interview and from Poland, grew up in a lower middle-class family. During WWII his father was sent to the UK as a soldier. While his father returned to Poland when the war ended, several relatives stayed in Scotland, which gave Marcin an early relationship with the UK. Marcin grew up in the Polish communist society, achieved a Master's in agriculture and became an expert in gardening, teaching at several institutions. However, while teaching he was accused of anti-communist behaviour and realized in his early 50s that he could no longer provide a regular income for his family in Poland due to these accusations. When a relative from Scotland offered to help him into a gardening job there, Marcin realized that he could earn money in the UK. He contacted the employer, an agency, and was offered a gardening job. However, on arrival to the UK he was sent to London to provide care work in a residential care institution.

He continued working in this position but managed to arrange some private gardening work later. This private gardening work was hindered by the financial crisis in 2008, and because there were only 'salmon, fish and care homes' as Marcin expressed it, he then actively searched for another care job. Thus, while he was definitely not looking for care work when he originally came to the UK, being in this sense, and as different from Patrick, a finder (Williams and Villemez, 1993) – in a specific way related to his migratory story – he had become what Williams and Villemez call a seeker, using his care work experiences to facilitate this. It was at this later stage, when he applied for work (as care assistant) at a nursing home, he faced some form of the trapdoor, explaining it this way:

It was difficult because this care assistant job is a feminine job, that is 99 per cent of these care workers are women. That makes it difficult; it means men are discriminated against. (Marcin, 59, Poland)

When he had worked at the nursing home for some time he completed National Vocational Qualifications (NVQs) level 3 and applied for a senior care assistant position, requiring only NVQ2. He was rejected:

It is not open discrimination but still it is discrimination, because they are thinking that women and English people are much better than foreigners. Maybe they think that my English isn't good enough for answering phone calls [expressed satirically]. (Marcin, 59, Poland)

Both Patrick and Marcin developed resilience (Datta et al., 2009) based on earlier experiences in their migrant lives and used these experiences to overcome the initial and later barriers. In Patrick's situation, by locating a relevant sector niche fitting his interests and gender he found and crossed the hidden door. Through Marcin's acquired knowledge of his employer's needs for higher qualifications and his perseverance he managed to acquire a better position. While he did not gain the full-time senior care assistant position, he negotiated with the employer a new position including 50 per cent of his time as a senior care assistant. In both cases the active role employed by these migrant men connected back to their life stories and wider life projects.

2) Stumbling upon care work – and developing compensating perspectives

Some migrant men ended up working in the care sector because of lack of other opportunities or because of pure chance; these men could be classified as finders (Williams and Villemez, 1993). We found that these men actively developed some compensating strategies in an attempt to negotiate and reverse a subordinated position. Such subordinated position resulted from both gender and skill mismatch (Datta et al., 2009). These strategies are used either to accept a de facto situation of a job that occurred due to necessity rather than choice or as a means to build stock and experience that might facilitate a better work experience or enable moving out of the trapdoor.

Prince was 26 years old at the time of the interview, he was the son of a Dutch father and a South African mother. The family, a working-class family, belonged to the white minority population in South Africa and Prince grew up with both English and Afrikaans languages. While he wanted to go to university, his parents (as different from Patrick's) could not afford this. He was able to borrow some money and managed to gain a bachelor degree in information technology, traditionally regarded as a male-dominated subject in his country. After completing his degree, he decided to travel and see the world, like Patrick, but with a more 'male-work-orientation'. At that time he had a brother living temporarily in Manchester. Prince decided to go to the UK after applying for and securing a dual South African-Dutch citizenship. As this happened just after the economic recession had started in 2008 it was difficult for him to find work relevant to his studies. He, therefore, started doing several low-paid jobs but not gender atypical, and with no specific interest in care work. At this stage he met a girl by coincident who was working as a live-in personal assistant for disabled people through a care agency. She told him about an available job and explained what kind of job this was, here he showed some interest in this opportunity. Her knowledge about this specific care work made him able to answer all the recruitment agency interview questions adequately and secure a new position. Prince was comfortable about staying for two years in this job, working as a male live-in personal assistant for 12 to 15 different disabled people.

Several other migrant men in the study also 'stumbled' into care work, for example Taiwo, a Nigerian, 34 years old with a Master's in finance. When he could not secure suitable work, he started working in a charity providing care for young offenders. He then intentionally sought paid work in the care sector using his voluntary work experience he managed to secure a job with adults with learning disabilities and mental health problems.

The common characteristic of cases such as those of Taiwo and Prince was the clear indication that they would never have considered working in the (female-dominated) care sector if they had not been migrants or if they could have obtained work relevant to their educational background.. Prince, for example, expressed his feelings about how he had to be used to carrying out intimate care work tasks:

After the first few weeks ... you get so used to it you know... about four or five, maybe six months in, nothing is new to you, nothing shocks you... you find yourself doing things you never thought you would do on a personal level with your clients or in crazy situations ... (Prince, 26, South Africa)

Lebona, was 28 year old and from South Africa, studied Aircraft Engineering in his home country and then worked as a personal assistant for a gentleman with brain injury in the UK. He was introduced to the job by a female friend who was working for a social care agency and recommended him because of his 'calm attitude' and ability to help in certain situations including managing 'difficult behaviour'. He explained his interaction with this particular gentlemen and how this had positively impacted his own experience:

I enjoyed looking after him. It was, to me, I didn't just see him as a person who had an injury and a person who has difficulty sometimes and he might get angry and sometimes throw things. The whole interaction, it was ... I say, the first day, I was kind of nervous and how am I going to deal with him and stuff. After that, it was ... he was just like another person, like every other person, so that's what I think was, when he left, I felt like I couldn't really carry on. I enjoyed so much time that I spent with him.... I'm very satisfied (Lebona, 28, South Africa)

For some, the unexpected entrance into care work explained why a pragmatic approach to care work could easily be developed. When care work represented no primary interest it could lead to a focus on positive perspectives of that work. One such perspective typically identified by the migrant men in our sample related to the uniquely flexible organization of home-based care work as personal assistants to self-funder users (paying for care out of own pocket) or those on direct payments.. The case of Vladislav offered insight into this experience.

Vladislav was a 30-year-old single man from Slovakia with higher education in physiotherapy and experience of working for male sport players, which he did not utilize after he arrived in England. After stumbling into care work, he pragmatically chose to do live-in care work mostly for older men, because this offered him better opportunity to do other things that he liked. He had spare time during the working day in which he could pursue his sporting interests in golf, swimming and jogging. The flexibly organized care work also gave him time to raise extra money by buying and selling over the Internet. In his time off work – after a few weeks of live-in work he could take one or two weeks off – he could realize his passion of travelling to places he thought he would never see. This travelling passion was important in his life story and in relation to becoming a migrant in the first place. When he still lived in Slovakia, his income was too low for anything extra and he decided not to tolerate this any more and therefore became an economic/work migrant. In his narrative about this he also proudly revealed that through doing this work he could bring his mother to places of which she had only previously dreamed.

Another type of compensating perspectives related to the satisfaction that can be gained from learning from older people and the fulfillment derived from being important for someone else. Emil was a 31-years-old Polish man with a bachelor degree in theology was studying for a Master's in languages in England while working in the care sector explained:

It's the people I meet; they are 80 or 90 and over 90. Their perspective of what is happening is totally different. For example, I got to a gentleman who is 96 years old and his memory is still very vivid and very fresh about the past and he talks about his town, how it looked before and people from here, and it's just living history. Fascinating. (Emil, 31, Poland)

While Emil provided intimate personal care for older people in their own homes, he did not see this as his career; his studies were his career and were simultaneously the catalyst of change to getting out of the trapdoor of care work. He portrayed care work as an adventure that was temporary and secondary to his main goal in life, but was flexible enough to enable him to pursue this specific goal. Other low paying jobs might not have offered him either that flexibility nor the same level of satisfaction. He had actively increased the value gained from his care job to more than just the earnings. He used this opportunity to improve his

understanding of the British culture and way of life through older people's narratives. This separation in his mind between a career and what he had to do to achieve such a goal meant that his professional career goal and identity were uncompromised to him. The choice of care work was supported by his social network, friends and family, who encouraged him to 'try it out' in the first place.

3) Migratory settling into care work

Some migrant men decided for pragmatic or other reasons to remain within the care sector. A negotiation strategy developed by some of these migrant men was to utilize their cultural values from their home countries in a way that made them respect their new role in female work. They created a position that was supported by their social and cultural values and beliefs and did not contradict with their gender identity. These migrant men – unlike those stumbling upon care work – viewed this work as their new 'profession' in the host country. They regarded their work in this new context as important. In their perception, the UK needed people like them with cultural values that respected and cared for older people. In a wider sense these migrant men contributed to crossing, transnational as well as gendered, cultural values.

Isaac was 37 years old at the time of the interview. He grew up in Uganda in a Muslim polygamist family, having 'between 30 and 40 brothers'. Isaac went into higher education, and became a strong supporter of the democratic social movements in Uganda. Because of his politicized background, he gained access to the UK as a refugee. Although holding a bachelor degree in political science and sociology he soon became realistic about his employment and career chances in England and became an active seeker of care work, a sector that he learned could provide a job for him as a migrant man. His parents back home had an inadequate income and also expected him to support them through remittances. Isaac felt that working in the English care sector for older people was stressful because he saw so many vulnerable people left alone when needing care. This perception magnified the role he felt he could play in addressing such an 'unacceptable' cultural norm of not caring for older people. He directly identified the great need for (more) care workers in England and felt positive about making his contribution to such a cause, this being supported by his own cultural values of caring for older relatives and other vulnerable people.

It's important that it's done [caring for older people] and done very well. For me, it was interesting, because in my country we have young population; many people live in traditional family that is 3 generations. Young people are looking after grandparents. (Isaac, 37, Uganda)

Anatole was 28 years old from Congo and arrived to the UK initially as a refugee explained how he drew on his cultural values and previous experiences from his home country in seeking work in the care sector:

What made me decide to work in social care in the UK first it is because I did this kind of job when I was back home, not only my own family but I used to care for people who were vulnerable. That's I did most of that work in the refugee camp where we help vulnerable people which included blind, disabled, or deaf, all sorts of disability. And when I came here because moving to a new country is not easy so I decided to go first for care work because it is where I have got experience and also having a start point, here, yes that is why I decided and because I have the skills of caring for people that is why. (Anatole, 28, Congo)

Anatole planned to continue working in the care sector but intended to improve his earnings by acquiring further relevant qualifications:

What I see myself doing in three years time is continuing with my study, with hope to get a degree qualification, or a Diploma qualification [in nursing], which will improve my earning. (Anatole, 28, Congo)

Manila was a 39 years old man from the Philippines, was encouraged by his family, particularly his brother who was already working in the National Health Service (NHS) as a nurse to seek work in the English care sector after completing his degree in commerce in the Philippines. Aware of the shortages in the UK care sector and having the cultural acceptance of his family he sought this type of work: 'My parents when I was studying they wanted me to do nursing.' (Manila, 39, the Philippines). In this quote Manila summarized his settling dynamic into care work:

I think in terms of this kind of work, I find it interesting in doing health care especially with the elders. Though, back home it's not really my job. Basically, in my county, I'm doing a managerial aspect in the restaurant. I'm a bachelor degree graduate and then I

worked for seven years in a managerial position ... this is a change of career. For me, it's really a stepping stone and it's a basic step for me in health and social care Basically, what brought me about to go here is the passion of dealing with people ... As far as I can tell, my relationship with the residents are fairly intense in terms of caring, some of the residents like me and when they see me they are cheerful enough to see me, because they know that when they need something I can give it them wholeheartedly without a doubt and without questions. (Manila, 39, the Philippines)

Discussion

The majority of the literature on gender incongruent occupations focuses on the experience of females moving (upwards) into male-dominated work due to the theoretical point of departure that states: 'whatever work is done by women tends to be devalued' (Bradley, 1993: 12). In other words, when men move into a female-dominated sector, they will, potentially, go through a downward labour mobility process in relation to both working conditions and social prestige. It also explains why crossing the gender border as a social phenomenon is mainly female focused. This article contributes to the relatively small body of literature focusing on the experience of men examining the intersection between gender and migration trajectories when discussing migrant men's entry dynamics and negotiation strategies in a female-dominated sector performing female-oriented tasks. Within this framework, the importance of the role of (active human) agents acting within the wider structure of the social care sector is explored.

Various social care policy developments, in particular personalization (encouraging direct employment) and marketization, create new opportunities, including the development of niche markets, that could be particularly relevant to the experience of migrants. The article emphasizes the importance of the specific characteristics of the social care sector context in relation to accessibility and opportunities migrant men can expect to gain within these new structural conditions.

Analysis of national workforce data shows a clear contribution of migrant men to the English care sector, and highlights their distinct profile when compared to British men and migrant women working in this sector. Both Migrant men and women are more qualified and younger than their British counterparts. However, they gain significantly less access to managerial roles, they are more concentrated in the private sector and are more likely to work

with ‘challenging’ service users. This suggests that migrant men as a group access the lowest part of the social care sector hierarchy in relation to working conditions and pay.

A life story perspective brings new dimensions to understanding this aggregated picture of migrant men in the social care sector and of migrant men’s entry dynamics into women’s work. This analysis highlights the active role migrant men take when considering and negotiating their position in this occupation. The analysis reveals a number of dynamics related to how some migrant men encounter difficulties in entering the care sector and how they actively negotiate such barriers and find their way across it. Many migrant men have ‘stumbled on’ care work, not seeking to work in such an occupation but ‘finding’ it, yet they remain actively involved in enhancing their work experience and keeping their main goals in mind. We find that this group corresponds to ‘finders’ as identified by Williams and Villemez (1993). However, we would place a stronger emphasis on their active and dynamic actions to negotiate their working lives as part of their migration journey. For some, securing work in social care is one step in their wider life projects including a conscious and active plan to gain more relevant work in the UK. The temporality of care work observed in the lives of some migrant men may explain findings from other research including the high level of precarious work arrangements observed among migrant men working in the long term care sector in Sweden (Jönson and Giertz, 2013). In this study, we find that while this gender atypical work is temporary for some, it is not a revolving door (in Jacob’s terms) that transposed migrant men, such as for example Prince, back to men’s work when they returned to their home countries. The concept revolving door implies that men are thrown back in men’s work because of social normative ideas about men’s behaviour, but we find other influencing factors. Migrant men like Prince’s case make conscious consideration about the kind of career the care work could and could not offer them. While they might enjoy their work experience they also realise the process of ‘de-skilling’ associated with care work (Datta et al. 2009). In the case of Prince, he actively crossed the trapdoor out of women’s work and into men’s work but at the same time created an ‘open door’ back to social care work in England through the network of relationships to disabled people in England he had developed if the need arises. Other migrants who had no plans for a care work career use compensating perspectives as a strategy to reverse the perception of a subordinated position associated with the downward mobility to women’s work, including under utilization of their qualifications. They actively transfer their work into more enjoyable and positive experiences that can make a difference to their further considerations about the next steps in their lives.

The concept of settlers from the literature is important when investigating why men choose to stay in female work. We find temporary settlers – implying a lifelong ‘travelling’ – in our sample of migrant men. More importantly the analysis shows that there are more dimensions in migrant men settling in women’s work than minimizing a conflict with their masculine identity. Migrant men actively negotiate transnational cultural values and thereby develop a positive male care worker role.

Conclusion

Current policy developments in the UK immigration and social care policies create opportunities for both migrant men and women to access many of the jobs available in the social care sector. Personalisation and marketization in particular create niche markets for migrant men where new roles that embrace gender diversity are created. Despite these circumstances, care work remains women’s work and some migrant men who want to access this sector are faced by several challenges. Many migrant men are not only faced by issues related to working in a gender atypical employment but also faced by prospects of de-skilling and under utilisation of their qualifications; these migrants may develop certain strategies to emphasise the positive aspects of working in the care sector. Based on case studies of migrant men in social care work, this article is a contribution to the discussion of men in women’s work. While concepts from the existing literature in this field, like the revolving door, the trapdoor, and the set of concepts comprising finders, seekers and settlers are all in different ways still important, they potentially neglect the active and positive ways in which men may negotiate their entry dynamics into and experience of women’s work. Migrant men may find barriers to entry, but may also be able to actively cross such barriers. They may consider care work as secondary in their lives but may be able to develop compensating perspectives to manage this process positively. And some may finally choose to develop a career in care work as part of a continuing ‘travelling’ transnational and cross-gendered life project.

Acknowledgement and disclaimer:

We are grateful the funders of the original studies the Department of Health in England [grant number [NIHR-CCF 056/0013] and the Meltzer Foundation, Norway [grant number 805376] and acknowledge the contribution of our colleagues Jill Manthorpe, Martin Stevens and Ingrid Guldvik to the original studies while noting that they are not responsible for the arguments in this paper. We are most thankful to the participants in our studies and in particular the migrant men. The views expressed in this articles are of the authors alone and do not necessarily represent the views of the funders.

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