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*Published in:*  
Australian Journal of Social Issues

*DOI (link to publication from Publisher):*  
[10.1002/ajs4.207](https://doi.org/10.1002/ajs4.207)

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*Publication date:*  
2022

*Document Version*  
Publisher's PDF, also known as Version of record

[Link to publication from Aalborg University](#)

*Citation for published version (APA):*  
Overgaard, C., Withers, M., & Mcdermott, J. (2022). What do we know about the experiences of migrant care workers in Australia? A scoping study. *Australian Journal of Social Issues*, 57(3), 663-686.  
<https://doi.org/10.1002/ajs4.207>

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# What do we know about the experiences of migrant care workers in Australia? A scoping study

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## Abstract

Migrant workers comprise a significant and growing segment of Australia's non-professional frontline care workforce. In this article, we offer a scoping study of existing research to investigate what is known about the experiences of migrant workers employed in non-professional care occupations in Australia. Through a systematic approach, which includes six discrete stages (Arksey and O'Malley, 2005), we find a growing and substantial literature on migrants working in non-professional care occupations in Australia. However, we also find that only a small number of studies are concerned with the experiences of migrant workers themselves. This article thematically maps out existing knowledge about these workers—including pathways in and out of paid care work, (under)utilisation of skills, cultural meanings attached to paid care work, experiences at work such as racism and language barriers, and finally how care work is situated in relation to workers' private lives. We conclude by identifying major gaps in the literature and outlining important avenues for future research.

## KEY WORDS

aged care, Australia, care, migrant workers, scoping study

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## 1 | INTRODUCTION

Migrant workers comprise a significant and growing segment of Australia's non-professional frontline care workforce. Relative to their share in the Australian workforce, overseas-born workers are disproportionately concentrated in what are termed 'low-skilled'<sup>1</sup> non-professional care occupations, including child carers, personal care assistants, and aged and disability carers. In 2011, migrant workers constituted 31.2 per cent of employees within those three occupations, while representing 28 per cent of the total Australian workforce; by 2016, this had increased to a 37.1 per cent share of the care workforce compared to a 30.6 per cent share of employment in general (Eastman et al., 2018).

Despite overseas-born workers forming a significant share of the frontline care workforce—as well as increased sectoral scrutiny due to the *2018 Royal Commission into Aged Care Quality and Safety* and *2019 Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability*—to date there has been no comprehensive account of how these workers experience employment in non-professional care occupations. In part, this might be because migrants working in the formal sector are assumed to be better protected than those working in the informal sector, such as nannies and au pairs (Berg & Meagher, 2018), and in other industries, such as agriculture (Isherwood & King, 2017). While we are starting to secure a body of knowledge of how Australia experiences migrant workers (Adamson et al., 2017; Fine & Mitchell, 2007; Howe, 2009), we do not know much about how migrants experience their employment in Australia—as our scoping study demonstrates.

This article provides a detailed and critical scoping study (Arksey & O'Malley, 2005) that evidences the scarcity of peer-reviewed journal articles and research reports focussing on migrant workers' experiences of employment in non-professional frontline care work (hereafter 'migrant care worker' or 'migrant worker' are used to refer to this group of workers, unless otherwise specified for purposes of clarification). Carried out as an interpretive analysis of this literature, we follow six well-defined stages in the review set out in a framework developed by Arksey and O'Malley (2005) to outline dominant themes in the literature. By conducting the first critical scoping study of this literature, our article makes an important contribution in summarising what we do know about this large segment of the care workforce, while also identifying the need for future studies to address prominent gaps in this understanding.

## 2 | BACKGROUND

Migrant workers find employment in non-professional care occupations through a diverse array of visa pathways, with differing limitations on working rights and duration of stay (Howe et al., 2019). The restrictive and contingent nature of these pathways is reflective of a more fundamental shift in Australia's immigration regime, which has undergone a significant pivot over the past 30 years from an emphasis on permanent migration through family reunification visas and humanitarian intake, to a paradigm of employer-driven migration (Hugo, 2014). These reforms have been enacted along two interrelated axes: by restricting family reunification in preference for expanded pathways for skilled migration (Figure 1), and by creating new temporary work visa categories to address demand for low-wage labour in specific industries (Figure 2).

In effect, permanent migration was curtailed to attract 'high-skilled' migrants through an Australian Points Assessment Scheme that privileges affluent, English-speaking migrants with recognised qualifications (Hugo, 2014), while temporary labour migration schemes with various restrictions on length of stay, working rights and familial accompaniment proliferated to create a large and transient migrant workforce employed across low-wage industries. By 2001, the combined intake of temporary migrant workers on international student (subclasses 500 and 485), working holiday maker (subclasses 417 and 462) and temporary work (subclasses

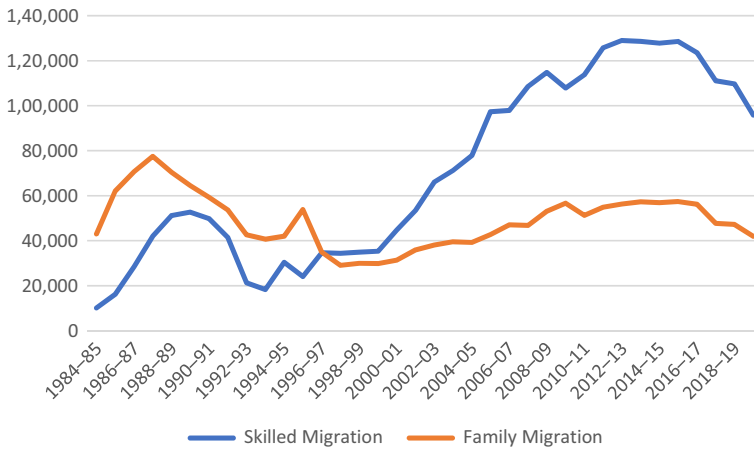


FIGURE 1 Permanent Skilled vs Family Migration to Australia 1984–2019. Source: Department of Home Affairs (2020)

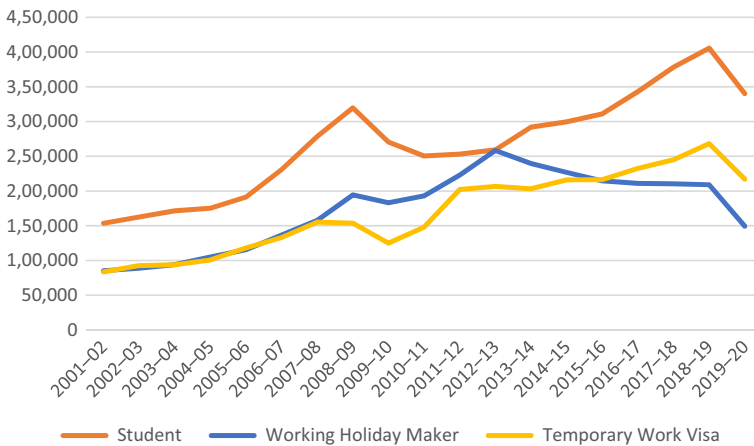


FIGURE 2 Temporary Labour Migration to Australia 2001–2020. Source: Department of Home Affairs (2020)

457 and 482) visas was more than three times the Australia's permanent migration intake; as of 2019, temporary migrant workers on these visas outnumbered permanent migrants more than five-to-one (Department of Home Affairs, 2020).

This has occurred alongside the introduction of two guestworker schemes involving migrant workers from Pacific Island Countries (PICs), the short-duration Seasonal Worker Program (SWP) introduced in 2012 and the multi-year Pacific Labour Scheme (PLS) that commenced in 2018, which—though relatively small—have been framed as flagship development programmes for the region (Hill et al., 2018).

Despite the transition to an increasingly temporary and restrictive immigration regime designed to address labour market needs and pronounced employment shortages across the care sector (Brennan & Adamson, 2018; Brennan et al., 2017), there have been no explicit visa pathways into non-professional frontline care occupations (with the partial exception of the PLS). Australia's most prominent, broad-based temporary work visas—the employer-sponsored subclass 457 visa (1996–2017) and subclass 482 visa (2017–present)—are subject to annually revised minimum income thresholds and skill-level restrictions that

categorically exclude non-professional frontline care workers (Howe, 2009; Howe et al., 2019). Yet, as the number of overseas-born workers employed across the non-professional care sector implies (Eastman et al., 2018), there are a number of 'side' and 'back' doors—encompassing both temporary and permanent visa pathways—through which migrants are recruited into these occupations (Howe et al., 2019). 'Side doors' here entail regional and company-specific labour agreements, most notably the Northern Territory's 'Designated Area Migration Agreements' (DAMA) (Howe et al., 2019), a visa pathway that is only available in intentionally geographically limited areas where it is particularly difficult to find skilled workers (Department of Home Affairs, 2020a).

More significant, however, are the 'back doors' through which migrant labour is surreptitiously channelled into non-professional care (Howe et al., 2019). The best available data (the 2016 Characteristics of Recent Migrants Survey) indicate that 38 per cent of overseas-born non-professional care workers first entered Australia on an international student visa (ABS 2017). International student visas (subclass 500) allow the holder to work part-time (i.e. 40 h a fortnight) during the course of their studies and, after graduating, are eligible to apply for a temporary graduate visa (subclass 485) that permits up to 4 years of entitlement to live and work in Australia (Department of Home Affairs, 2021). Working Holiday (subclass 417) and Work and Holiday (subclass 462) visas are another ancillary form of labour supply for frontline care work (Howe et al., 2019), as are the unknown number of secondary visa holders within Australia's permanent migration programme that find work in non-professional care roles (O'Dwyer & Colic-Peisker, 2016). When 'back door' visa pathways are considered alongside the smaller number of PLS participants working in the aged care sector (Hill et al., 2018)—whose employment is tied to a single employer for the duration of their three-year visa—it becomes clear that Australia's non-professional migrant care workforce are employed under highly disparate circumstances determined by current visa conditions and future visa pathways. These conditions create additional sources of precarity for a group of workers who already face insecurity arising from casualisation and discrimination within the care sector (Charlesworth & Isherwood, 2020).

There have been several rich qualitative studies exploring the experiences of temporary migrant workers employed in construction, manufacturing, hospitality and IT (see, e.g. Velayutham (2013) on Indian workers employed on 457 visas; Boese et al. (2013) on professional nurses employed on 457 visas; Robertson (2014) on temporary graduate workers and working holiday makers; and Nyland et al. (2009) on international students). However, there have been few studies that explore the experiences of non-professional migrant care workers—both in general and across different visa categories—as this review demonstrates.

### 3 | SCOPING STUDY METHODOLOGY

Our study follows a scoping study methodology developed by Arksey and O'Malley (2005). This methodology is suitable for mapping out an area of interest that has not yet been mapped comprehensively (Arksey & O'Malley, 2005), here the experiences of migrant care workers.

#### 3.1 | Stage 1: Identifying the research question

To guide our search, we asked one overall research question (RQ) of the literature as we searched, read and coded:

- What is known from the existing literature about the experiences of migrant workers employed in formal, non-professional care occupations in Australia?

### 3.2 | Stage 2: Identifying relevant studies

The aim of this scoping study is to be as comprehensive as possible in identifying material suitable for answering the central research question (Arksey & O'Malley, 2005). The searches were filtered to broadly scope all items relevant to migrant care work published after 1996 as this was the year that relevant migration changes were introduced, that is, the first 457 visa, which paved a way for migration qua specific skills (Boucher & Davidson, 2019).

To ensure comprehensiveness, literature was sourced in a two-step process during the first half of 2021 by a team of two researchers engaged in different, but concurrent efforts. In February and March 2021, one researcher first aimed to identify the easy-to-find matches by searching for 'migrant care workers in Australia' in Google and Google Scholar, before engaging in a more structured approach. The structured approach entailed identifying works by well-known active researchers in the space of immigration and care. The works of key authors were found by a search through their affiliation (workplaces) webpages and Google Scholar. Other outputs from the totality of their co-authors were located using the same method. The same researcher then curated a list of 55 journals (see [Appendix 1](#)) by searching for journals that have migration, care work, ageing, disability and childcare as their focus, these journals were hand-searched.

During those same months, another researcher focussed on a comprehensive search of databases using relevant search terms regarding migrant care workers, specifically aiming to include aged care, disability care and childcare. With the aid of a research librarian specialising in the social sciences, the library's own search function (MultiSearch) and Academic Search Premier and Sociological Abstracts were identified as suitable for this task. A vocabulary sheet of search terms was created. For aged care we used the search terms *migra\** (migrant, migration), *Austral\** (Australia, Australian), *Care* (Care Work, Carer, Care Workers), *Nursing Home*, *Elder Care*, *Home Care*, *Aged Care*, *Wage Theft*, and *Nurse*. Search terms were similarly developed for the other two areas, disability care (*Disability*, *Disabled*, *Developmental care*, *Disability worker*, *Assistance*) and childcare (*Childcare*, *Early Childhood education*, *ECEC*, *Preschool*).

Following the advice of Arksey and O'Malley (2005), our research effort was then complemented by hand-searching the reference list of all identified articles. Finally, we also set out to investigate whether a work has been cited after its publication (forward citation searching) (see [Appendix 2](#) for a full list of the considered literature).

### 3.3 | Stage 3: Study selection

In stage 3, we decided post hoc on further inclusion and exclusion criteria. Importantly, we discussed and decided on whether 'experiences' continued to be a useful inclusion criterion. We decided in the affirmative that 'experiences' would allow us to include studies that were worker-centred, and which would include a totality of lived experiences surrounding migrant workers' employment (i.e. at work or at home). Therefore 'experiences' in this review was taken to include anything related to work from the perspective of the worker, even if not taking place at work, such as not being able to attend say a concert at child's school due to colliding work obligations. However, being worker-centred, we have not included studies that details the experiences of care receivers, family members, employers or managers of migrants (such as Ngocha-Chaderopa & Boon, 2016). We have also not included studies that report on Australia's experience of immigrants or migration (such as Howe, 2009) nor research which reports on findings where organisations speak on behalf of migrant, nor research purely concerned with policy (such as Adamson et al., 2017) rather than the direct experiences of workers.

Guiding our review, we used the terminology ‘migrants’. While some of the literature use that same terminology (Adebayo et al., 2020; Charlesworth & Isherwood, 2020), others do not. Hence, we have also included studies that use the terms ‘overseas-born participants’ (Gao et al., 2015) and ‘culturally and linguistically diverse’ (Gillham et al., 2018). The key criteria for inclusion are employees born outside Australia, regardless of the terminology. We omitted studies where migrant workers were studied alongside locally born care workers in cases where it was impossible to distinguish findings related to each group (such as Dhakal et al., 2020). We also omitted studies where it was impossible to identify migrants working in care occupations from migrant workers in other occupations (such as Kosny et al., 2017).

We also needed to consider ‘care workers’ in terms of inclusion. Here, we take care workers to include the three main sectors—childcare, aged care and disability care—and to include such titles as childcare workers, early childhood educators, aged care workers, personal care workers (PCW) and disability workers irrespective of whether they are employed to work in an institutional setting or in a private home. However, au pairs (see Berg & Meagher, 2018) are omitted from this review. Informal carers, such as grandparents, are similarly omitted from this review.

To implement our inclusion and exclusion criteria across nursing jobs, we were required to distinguish between professional and non-professional forms of nursing. In Australia, there are different occupations with ‘nurse’ in the title, such as ‘registered nurses’, ‘enrolled nurses’ and ‘assistant in nursing’ (AIN)—the latter being a common job title for PCW in residential aged care. After some discussion among the research team, we decided we should omit all nursing titles from our inclusion criteria, except AINs, which are not considered to be professionals (Gao et al., 2015). As a result, we decided to omit studies of ‘nurses’ where further occupational detail was not given, even though some of these studies include some non-professional nursing categories too (e.g. Boese et al., 2013). However, we have included a study in which a majority (77 per cent) were employed in non-professional caring roles (Nichols et al., 2015), a report (King et al., 2012) in which approximately 61 per cent of all interviewees were non-professionals. Another study (reported in three different articles) which investigated the experiences of PCW alongside nurses has also been included even though the researchers do not systematically differentiate between titles or whether respondents are born overseas (Gillham et al., 2018; Willis et al., 2018; Xiao et al., 2018) (see Tables 1 and 2). We have included this research because of the overall scarcity of studies into non-professional migrant care workers in Australia.

### 3.4 | Stage 4: Charting the data

When reviewing the findings, we coded (Saldaña, 2009) for pre-determined themes: forms of labour, job titles, immigration scheme, nature of visa, sector information, organisational context, types of organisations, employer-tied labour, location, migrant countries, methods, political context, recruitment, retention, employment characteristics, training, skills, obstacles, racism, (poor) treatment, gender and race. In addition, we coded for emerging themes (Bazeley & Jackson, 2013).

### 3.5 | Stage 5: Collating, summarising and reporting the data

The next stage involved a collaborative process of thematically analysing the coded material to group codes into categories (Nowell et al., 2017). Categories developed iteratively and were refined through constant discussion between the researchers.

TABLE 1 Various properties of included literature, listed alphabetically

Screening	Methods		Visa Type		Industry			Labour Type			Location		Format		Workers			
	Australia Formal	1996–2021 exp.	Migrants <sup>1</sup>	Quantitative	Qualitative	Perm. Visa	Temp. Visa	Aged Care	ECEC	Disability Care	PCAs/Carer	HCWs	Regional	Urban	Article	Report	Non-migrant incl.	Prof. incl.
Adebayo et al. (2020) <sup>b</sup>	✓	✓	✓	✓	?	?	✓	✓	✓	✓	✓	?	?	✓	✓	✓	✓	✓
Charlesworth and Isherwood (2020)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Delaney et al. (2018)	✓	✓	✓	✓	?	?	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Gao et al. (2015)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Gillham et al. (2018) <sup>a</sup>	✓	✓	✓	✓	?	?	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Goel and Penman (2015)	✓	✓	✓	✓	?	?	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Golebiowska and Boyle (2014)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Hamilton et al. (2021)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Isherwood and King (2017)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
King et al. (2012)	✓	✓	✓	✓	?	?	✓	✓	✓	✓	✓	?	?	✓	✓	✓	✓	✓
Nichols et al. (2015) <sup>b</sup>	✓	✓	✓	✓	?	?	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Olasunkanmi-Alimi et al. (2021) <sup>c</sup>	✓	✓	✓	✓	?	?	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Olasunkanmi-Alimi (2021) <sup>c</sup>	✓	✓	✓	✓	?	?	✓	✓	✓	✓	✓	✓	✓	✓	T	✓	✓	✓
Scarino et al. (2015)	✓	✓	✓	✓	?	?	✓	✓	✓	✓	✓	?	?	✓	✓	✓	✓	✓
Willis et al. (2018) <sup>a</sup>	✓	✓	✓	✓	?	?	✓	✓	✓	✓	✓	?	?	✓	✓	✓	✓	✓
Xiao et al. (2018) <sup>a</sup>	✓	✓	✓	✓	?	?	✓	✓	✓	✓	✓	?	?	✓	✓	✓	✓	✓

<sup>a</sup>Different outputs (Gillham et al., 2018; Willis et al., 2018; Xiao et al., 2018) from same study.

<sup>b</sup>Different outputs (Adebayo et al., 2020a; Nichols et al., 2015) from the same study.

<sup>c</sup>Different outputs (Olasunkanmi-Alimi, 2021; Olasunkanmi-Alimi et al., 2021). The study by King et al. (2012) is a major study that has been repeated in 2016 (Mavromaras et al., 2017). However, the 2012 version of the study had a focus on migrants, while the later report from 2016 did not. The letter ‘T’ signifies a thesis, not a report.



TABLE 2 Details of methods and sample sizes, studies listed according to relationship to each other

Relationship between publications	Publication	Short description of data collection	Sample Size Non-prof. Migrants	
			Quantitative	Qualitative
Two separate outputs from a large mixed-methods study	Adebayo et al. (2020) Nichols et al. (2015)	Cross-sectional national survey conducted among migrant aged care workers (n = 272) across five Australian states. Semi-structured questionnaires collected data from 58 participants across six aged care facilities: staff who provide direct care to residents; managers; and family members from six residential care facilities in Perth, Western Australia.	272	35 <sup>a</sup>
One output, a journal article reports from the other, a PhD thesis.	Olasunkanmi-Alimi et al. (2021) Olasunkanmi-Alimi (2021)	Interviews with 30 African migrant women workers, employed in aged care in Adelaide. Three workers held nursing degrees.		27 27
Each output relates to a larger research project titled 'Developing the multicultural workforce to improve the quality of care for residents'	Gillham et al. (2018) Willis et al. (2018) Xiao et al. (2018)	56 care workers from four residential aged care facilities participated in either focus groups or interviews. One aged care facility was in a rural area, two were located in the inner suburbs of an Australian city and the remaining facility was in an outer city suburb. Participants included personal care attendants, registered and clinical nurses, managers, hospitality staff and allied health professionals.		16 16 16
These outputs relate to the 2012 and 2016 National Aged Care Workforce Census. At the time of writing, no separate analysis of migrants in the 2020 dataset had been published.	Isherwood and King (2017) Charlesworth and Isherwood (2020)	Data from the 2012 National Aged Care Workforce Census and Survey relating to direct care workers in residential care (N = 7458) were used in the analyses. Data that linked employee and facility information were also drawn from the census of residential care facilities (N = 1925). The study does not state how many of these are migrants. Data from the 2016 National Aged Care Workforce Census and Survey. Responses: 8885 frontline workers in residential facilities and 7024 workers in community outlets. This included 2759 PCAs and 4355 HCWs. The study does not state how many of these are migrants.	? <sup>b</sup>	? <sup>b</sup>

TABLE 2 (Continued)

Relationship between publications	Publication	Short description of data collection	Sample Size Non-prof. Migrants	
			Quantitative	Qualitative
	King et al. (2012)	Following the 2012 workforce survey, direct care workers were provided with an opportunity to nominate themselves to take part in a deeper discussion about their experience of work in the aged care sector. A randomised sample of these employees was generated, and semi-structured telephone interviews were conducted with 101 people. These included 13 RNs, 6 ENs, 56 CCWs/PCAs, 4 AHP, 19 AHA, 1 ancillary care worker and 2 care coordinator/team leaders.		48 <sup>a</sup>
	Gao et al. (2015)	Study of direct care workers in residential aged care (i.e. nurses and nursing assistants) recruited from a residential aged care facility located in an urban area of Queensland, Australia.		10
	Goel and Penman (2015)	Focus group interviews with seven immigrant workers (five personal carers, one home support worker and one allied health assistant).		6
	Golebiewska and Boyle (2014)	27 interviews with migrants employed in long day childcare centres in Darwin.		27
	Hamilton et al. (2021)	33 semi-structured interviews with workers in ECEC and aged care in Sydney, Melbourne and Darwin. Participants were split evenly across the ECEC and aged care sectors.		33
	Scarino et al. (2015)	Interviews with 21 workers for whom English is a second language (including nurses and care workers)		21 <sup>a</sup>

*Note:* In studies where non-professionals are studied alongside professionals, only methods relevant to our review of migrant experiences are described. Some studies, notably the reports, include data collection steps not relevant to the review.

<sup>a</sup>In these studies, non-professionals are listed alongside professional, and it is not known how many of the respondents are non-professional.

<sup>b</sup>In these studies, the number of migrants is not revealed, yet analysed separately to non-migrants.

### 3.6 | Stage 6: Consultation

An important component of Arksey and O'Malley (2005) scoping study methodology—and what sets it apart from other review methodologies—is consultation with key experts within the field. We purposively selected and invited three experts of (a) 'care work' and/or (b) 'Australian migration' to read and offer feedback on a draft of this article. We asked them to respond to the following questions about the article, borrowed from Ramsay and Baker (2019): (i) Do you agree with our interpretations?; (ii) Are there any parts you disagreed with?; (iii) Can you see any obvious omissions in the literature we have included?; (iv) Were you able to follow our methodology?; and (v) Are there any areas of future research that we have not included/ thought of?

These responses were then collated and assessed via a simple coding matrix, allowing us to establish broad agreement between the expert consultants with regard to (i) the validity of our interpretations and (ii) coherency of our methodology, as well as gathering additional suggestions pertaining to (iii) areas of disagreement, (iv) omitted literature and (v) areas of future research. These suggestions were then cross-referenced (revealing no significant overlap in feedback from individual consultants), subjected to our inclusion and exclusion criteria to determine applicability within the scope of the review, and where relevant incorporated into the draft. Following the consultation, we considered a limited number of suggested additional studies (see [Appendix 2](#)).

## 4 | WHO IS WRITING ABOUT MIGRANT CARE WORKERS IN Australia, WHEN, IN WHICH PUBLICATIONS AND USING WHAT METHODS?

After scoping the literature in stage 2, it became clear that a few key authors are responsible for the majority of publications: Sara Charlesworth (with five); Lily Dongxia Xiao (with four) and associates David Gillham and Eileen Willis; and Elizabeth Hill, Deborah Brennan, Loretta Baldassar, Elizabeth Adamson and Graeme Hugo, each with three publications (see [Table A1](#) in [Appendix 3](#)). The most utilised publications are *Asian and Pacific Migration Journal*; *Population, Space and Place*; *Journal of Ethnic and Migration Studies*, and *International Migration*, each with four publications (see [Table A2](#) in [Appendix 3](#)).

As [Figure 3](#) indicates, it also became clear during stage 2 that the majority of publications were published in the decade beginning 2010. In particular, there is a sudden spike of publications in 2015 that begins to see the topic covered more frequently.

Following the stage 3 post hoc study selection, it became apparent that migrants' *experiences* has had little attention overall—and only recently, with the first data collected in 2012, and notably then across three different studies (Golebiowska & Boyle, 2014; King et al., 2012; Scarino et al., 2015).

[Table 1](#) shows that the attention is unevenly distributed across the 16 included articles. Not surprisingly given that permanent visa holders have been the largest group of migrants care workers (Howe et al., 2019), these workers have been the subject of more attention than temporary visa holders. Most research concerns residential aged care. Only two articles concern ECEC and one concerns both aged care and ECEC. Disability workers, in opposition, have not been the subject of even one study. Regional experiences receive little attention with only two articles examining the experience of rural migrant care workers, with another two covering it through the use of national-level data.

[Table 2](#) shows that qualitative, small-scale studies dominate this field of study, with sample sizes ranging between six and 46 for non-professional migrant care workers (with some uncertainty as described above).

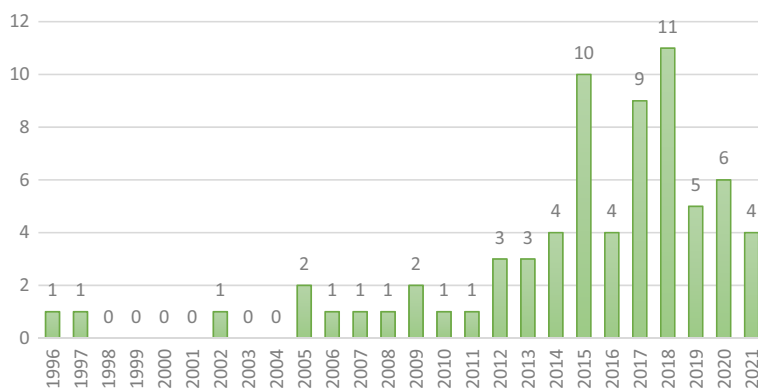


FIGURE 3 Stage 2 publications by year of publication

## 5 | WHAT WE ALREADY KNOW ABOUT THE EXPERIENCES OF MIGRANT CARE WORKERS

The findings from the scoping review have been organised according to themes identified in our analysis of the 16 included outputs (see [Table 1](#)). Deciding to focus on themes, rather than presenting the data as an annotated bibliography, means that we pay little attention to the context of the findings. We therefore remind the reader of [Table 2](#) which details methods and sample sizes. Notably, we remind the reader that existing literature overwhelmingly focusses on the experiences of aged care workers. Therefore, findings relate to aged care unless specified otherwise. Also, we remind the reader that only two of the reviewed works rely on large quantitative datasets (Charlesworth & Isherwood, 2020; Isherwood & King, 2017) and we therefore report on small-scale qualitative projects, unless otherwise stated.

### 5.1 | Pathways into and out of care work

Migrants' experiences in their pathways into care work emerge as a dominant theme in the existing literature, including their motivations to go into paid care work. Some give personal reasons for going into care such as a desire to help people, have meaningful employment or develop a new career (Goel & Penman, 2015). At the same time, many migrant workers enter the care sector because it is pragmatic choice, made when there were no other jobs available to them (Goel & Penman, 2015; King et al., 2012). In fact, in one study (Nichols et al., 2015), ease of access was the most cited reason for entering into aged care.

Some migrant care workers envision how non-professional care work will be a stepping-stone into a more skilled job. In this pathway, aged care offers entry-level employment that is readily available and provides training, exposure to the Australian workforce and work experiences (King et al., 2012). Non-professional care work thus becomes a holding place while workers pursue a nursing qualification, other health degrees (Isherwood & King, 2017; Nichols et al., 2015) or other skilled employment or Australian qualifications (Hamilton et al., 2021; King et al., 2012).

At the same time, it would be incorrect to assume that care work is only something migrants do until they have better option, as a large quantitative study demonstrates (Isherwood & King, 2017), and many plan to stay in their current jobs (King et al., 2012). As reasons to

stay in care work, workers emphasise the flexibility of the job, the location and the facility having a multiculturalism policy (Gao et al., 2015), but not pay. Isherwood and King (2017), reporting on data from the 2012 National Aged Care Workforce Census and Survey, found that migrant care workers are overwhelmingly likely to intend to stay in aged care in the short term (12 months) and that a majority expressed intention to stay in the industry for the long term (3 years). Therefore, perceptions of care work as purely transitional are not substantiated by the research.

## 5.2 | Underutilisation of skills and gaining new skills

The underutilisation of skills is one of the most common themes to emerge from the review. In fact, migrants working in care are far more likely to hold post-high school qualifications than their locally born co-workers, though these qualifications are rarely recognised (Charlesworth & Isherwood, 2020; Golebiowska et al., 2018; Hamilton et al., 2021; Nichols et al., 2015). This is important because the lack of opportunities associated with not being able to gain skilled employment shape the experiences of migrants. Speaking to the experiences of migrant care workers in the ECEC sector, Golebiowska and Boyle (2014) note that many workers have qualifications that they are not utilising, such as degrees in biology or pharmacy (Golebiowska & Boyle, 2014). Similarly, in aged care, Isherwood and King (2017), drawing on data from the 2012 National Aged Care Workforce Census, report that about 33 per cent of Asian-born personal care assistants (PCAs) hold a bachelor's degree compared to only 2 per cent of Australian-born PCAs. Because of the lack of recognition of their overseas qualifications, some migrants are forced to look for job opportunities in other industries, such as care work. At the same time, some care workers report using skills they already had before coming to Australia, even if these are not formally recognised, for example healthcare degrees. However, it appears only a small minority are employed in care work as a continuation of their previous career trajectories. For example, only a small minority of the 27 ECEC workers interviewed in the only study of migrant ECEC workers included for analysis had worked in the ECEC sector overseas, and the vast majority of them had no other related experiences, such as teaching or nursing (Golebiowska & Boyle, 2014).

Interestingly, some migrant care workers perceive care work to be skilled, even if not categorised as such according to ANZCO classifications. Respondents in one study positioned care work in opposition to 'unskilled' forms of employment, such as factory work, and described how they move away from those jobs because those jobs are menial, unfulfilling, lack autonomy and are not valued (Hamilton et al., 2021). When talking about skills in this manner, respondents placed importance on developing a new, skilled career trajectory, where care work could enhance their professional and personal career development (Gao et al., 2015; Hamilton et al., 2021). These observations reaffirm scholarly arguments that work predominantly performed by women are socially constructed as less skilled (Steinberg, 1990), that care work is a particularly devalued form of labour (England et al., 2002; Armstrong, 2013) and that migration regimes codify and reinforce these forms of discrimination (Boucher & Davidson, 2019; Liu-Farrer et al., 2021).

## 5.3 | Everyday experiences of work: pay, understaffing, racism, language problems and relationships

Migrant care workers—as with non-professional frontline care workers in general—are paid poorly (Goel & Penman, 2015). It is therefore not surprising that many care workers point to their pay as an undesirable aspect of their working conditions (Delaney et al., 2018; Gao et al.,

2015; Scarino et al., 2015). Importantly, though, at least one study (Gao et al., 2015) found that the low pay was not related to care workers intentions to stay or leave the job. Furthermore, Isherwood and King (2017), from analysing data from the 2012 National Aged Care Workforce Census, report that PCAs from all Asian countries were considerably more satisfied with their pay than Australian-born workers, but also reported that these migrant workers were 'significantly more likely' to be working more than one job compared to Australian workers (Isherwood & King, 2017).

The discontent with low pay is exacerbated by the disproportionate difficulty of the work relative to remuneration (Gao et al., 2015; Goel & Penman, 2015). Casual workers, in particular, express frustration and dissatisfaction over poor staffing levels and absenteeism leading to short notice for shifts which in turn compromises performance (Goel & Penman, 2015). Also, shift work and working at unwanted hours lead to difficulties, including having less time with family, and also disrupt sleep patterns (Gao et al., 2015). Others, however, point to the flexibility that is allowed by working in an in-demand job in a casualised environment, allowing workers to manage their families (Gao et al., 2015).

Many report suffering discrimination based on their race or migration status (Goel & Penman, 2015; Xiao et al., 2018), such as managers giving preference to local workers in the allocation of shifts or assigning of more 'undesirable' tasks to migrant workers (Goel & Penman, 2015). Also, aged care workers report experiencing negative behaviour from residents, such as being called a 'chocolate drop', a 'negro', or being refused as the carer for specific residents (Gillham et al., 2018; Nichols et al., 2015; Xiao et al., 2018). One study in particular, reported across a thesis (Olasunkanmi-Alimi et al., 2021) and a journal article (Olasunkanmi-Alimi, 2021), found that black carers from Africa were outright rejected as carers not only by care recipients, but also by family members who would either dismiss them or avoid communicating with them. When comparing the findings from this group of carers (Olasunkanmi-Alimi, 2021; Olasunkanmi-Alimi et al., 2021) to migrants from other continents, it is difficult to not conclude that black carers face harsher acts of racism than other ethnic groups. This same study also reports on how black carers are assumed poor and therefore thieves and scammers (Olasunkanmi-Alimi, 2021). Black carers report that discrimination and racism become normalised, reporting that 'there is nothing I can do' (Olasunkanmi-Alimi, 2021), which suggests that these carers have little other choice but to put up with their mistreatment.

Language problems is one of the primary barriers and constraint on migrants' labour market success (Hamilton et al., 2021). Also, language problems create tension in the interaction with both fellow staff and care receivers (Gao et al., 2015; Nichols et al., 2015). In fact, all of the participants in one study (Gao et al., 2015) identified that English communication was the most challenging part of their job. One study (Nichols et al., 2015) found that tension arose with locally born workers when languages other than English were spoken at work. Yet, one study focussing on Occupational Health and Safety (Scarino et al., 2015) found that language problems were less of a problem than imagined by the authors. While respondents acknowledged that language issues—due to different accents—do exist, respondents also insisted that such problems were easily overcome.

Language is also a strength that can be applied to everyday tasks (Hamilton et al., 2021; King et al., 2012). Some migrants benefit from their linguistic diversity by using their language skills and cultural knowledge in their employment. From survey data, we know that about one third of residential aged care and two thirds of community direct care workers speak a language other than English in their jobs (King et al., 2012). Furthermore, interview data show that workers viewed speaking another language than English as a significant contribution to the quality of care for older Australians (King et al., 2012). In fact, some migrants claim to have an advantage over Australian workers when working with

clients who either never spoke English or those who have reverted to their native language due to dementia.

Relationships are a recurrent theme in the literature. For the most part, migrants report having good experiences in their relationships with locally born staff (Willis et al., 2018). For example, in one study (Nichols et al., 2015), many participants provided examples of positive and supportive relationships but the researchers also reported examples of disharmony motivated by the lack of Australian-born workers' tolerance and also trust in migrants' abilities (Nichols et al., 2015). Home-based childcare worker, who lack relationships with other workers, report feeling isolated and disconnected from the broader community (Delaney et al., 2018). Relationships with residents are also an aspect of worker experiences. Speaking of aged care workers, Gao et al. (2015) reports that attachment to residents carried more importance for overseas-born workers than Australian-born workers, especially for those who do not have their own families in Australia. The authors (Gao et al., 2015) further report that having long-term relations with residents motivate migrant residential care workers to stay in the job and that employees gain a sense of family through their caring work.

#### 5.4 | Meaning, cultural norms and diversity

Despite reporting on the negative aspects of care work, many migrants experience care work as meaningful and worthwhile (Gao et al., 2015). Nearly half of the migrant aged care workers in a study by King et al. (2012) had made a conscious decision to seek employment in aged care because they were interested in working with the elderly people. Similarly, in a study of ECEC workers, staff report on their love of children, how work is fun, enjoyable and satisfactory (Golebiowska & Boyle, 2014). Aged care workers emphasise reciprocity; when care workers themselves grow old, younger people will care for them (Gao et al., 2015). Thus, worker satisfaction is linked to migrants' cultural background (Hamilton et al., 2021), with the literature pointing to how migrant communities value children and older people (Hamilton et al., 2021). Migrants explain that it is part of their natural attributes to have a caring nature (Hamilton et al., 2021) and contrast their own caring nature to local workers' lack of emotional investment in their work (Goel & Penman, 2015).

Being part of a multicultural workforce is beneficial to the experiences of migrants and care receivers too. For example, the cultural awareness of a culturally diverse workforce enables better care because migrant workers understand the experiences of residents (Gillham et al., 2018). Other examples include respect for the elderly people, particular ways of talking to elderly people and knowing residents by name (Gillham et al., 2018). For migrant workers, a diverse workforce provides opportunities to share cultures (Gao et al., 2015; Golebiowska et al., 2018). Despite some migrants claiming to have some advantages due to their cultural background, other care workers reported how they had suffered from 'culture shock' when they first entered the non-professional care workforce, and describing themselves as being 'fish out of water' (Nichols et al., 2015). Also, one study reports on adverse experiences for some immigrants who were accustomed to more gender segregation and not caring for those of the opposite gender (Willis et al., 2018). Similarly, cultural norms might result in being perceiving as incompetent. For example, one study (Scarino et al., 2015) details the experiences of a Filipino carer who has not realised that showering residents could include a hair wash, because such practices were uncommon in his home country. He experienced being perceived as incompetent due to this cultural difference.

## 5.5 | Organisations matter to the experiences of workers

The structure of the Australian care sector means that most migrant caregivers work in a formal care setting (Hamilton et al., 2021). Therefore, organisations shape the experiences of daily experiences. For example, they can make an impact by fostering good relations (Goel & Penman, 2015), by providing language support (Gao et al., 2015; Goel & Penman, 2015; King et al., 2012) and by focussing on cultural diversity or improving cultural awareness (Gao et al., 2015; Nichols et al., 2015). Notably, home-based child care workers report feeling particularly unsupported by their organisations (Delaney et al., 2018). Black aged care workers, similarly feel that organisations are not supporting them and ignoring racism, with a study of black carers concluding that ‘in neither account is there a strong indication that supervisors and managers actively sought changes in client behaviour or demanded that African migrant care workers be respected’ (Olasunkanmi-Alimi et al., 2021).

## 5.6 | Family, work-life

Workers’ responsibilities outside their employment receive little attention in the studies we reviewed. When reporting on workers’ family lives, some studies report that migrants move into paid care work motivated by family responsibilities and a quest for better work/life balance afforded by the flexibility of shift work, the availability of part-time work and shorter travel times (Gao et al., 2015; Hamilton et al., 2021; King et al., 2012). Shift work arrangements are reported as especially helpful for women with children as it helps them meet family responsibilities (Gao et al., 2015). Yet, even with the flexibility of hours provided by employment in care work, migrant care workers find it difficult to balance their commitments at work and at home, particularly if they are also trying to study at the same time (Goel & Penman, 2015).

## 6 | CONCLUSION: GAPS IN EXISTING LITERATURE

From our reading of the limited number of studies and published material on the experiences of non-professional migrant care workers, we are able to identify some areas that are well covered in the literature, notably the use and non-use of skills (Charlesworth & Isherwood, 2020; Golebiowska et al., 2018; Hamilton et al., 2021; King et al., 2012; Nichols et al., 2015) and workers’ pathways in and out of paid care work (Gao et al., 2015; Goel & Penman, 2015; Hamilton et al., 2021; Isherwood & King, 2017; King et al., 2012; Nichols et al., 2015). Language problems have also been covered extensively (Gao et al., 2015; Hamilton et al., 2021; King et al., 2012), which is not surprising given that several of the reviewed outputs report on studies which set out to investigate how communication can be strengthened (Gillham et al., 2018; Nichols et al., 2015; Xiao et al., 2018). Discrimination has also been extensively documented (Adebayo et al., 2020; Gillham et al., 2018; Goel & Penman, 2015; King et al., 2012; Nichols et al., 2015; Olasunkanmi-Alimi, 2021; Olasunkanmi-Alimi et al., 2021; Xiao et al., 2018).

However, we set out to find out what is already known about the experiences of migrants employed in non-professional frontline care, and it is important to state that the answer to that question is ‘not much’. What we found is that there is an absolute paucity of research. In fact, there are more gaps than there is literature. Given Australia's reliance on a migrant workforce and immigration as a strategy to close the ‘care gap’, it is notable that only few studies have investigated the experiences of this workforce. We conclude by summarising, briefly, where five gaps exist with regard to: (i) the precarisation of employment for migrant care workers;



(ii) migrant care workers' lives outside the employment; (iii) the experiences of differentiated groups of migrant care workers; (iv) research methodologies; and (v) the context of organisations and visa pathways.

The first gap, as identified by Charlesworth and Isherwood (2020), is that we have little information about how increasingly precarious work conditions, including the rise in the gig economy, inform the experiences of migrant care workers in Australia. This is despite us knowing that temporary migrants are particularly vulnerable to precarious labour market conditions in Europe and North America (Lewis et al., 2014), and also knowing that migrant and immigrant workers have borne the brunt of the COVID-19 pandemic as essential workers (Reid et al., 2021). More attention has been directed at the more obvious exploitative labour practices in other sectors (Charlesworth & Isherwood, 2020), such as horticulture (Campbell, 2020), or more obviously exploitable groups such as international students and temporary migrant workers (Morris et al., 2020; Velayutham, 2013), while permanent migrants working in non-professional care industries are assumed to be better protected.

A second gap is a lack of attention to migrants' lives outside Australia. While existing studies include some information about experiences beyond the workplace, we have not found even a single study that reports on how family responsibilities outside Australia influence pathways into paid care work, such as workers' commitments to support family overseas, whether financially or through distanced caring.

Third, we identify a lack of research into the experiences of specific groups of migrant workers within the frontline care workforce. We know nothing about migrants employed in disability care and very little about those in the ECEC sector. Likewise, there is a pressing need to conduct more research into the experiences of migrant care workers in rural and regional Australia (Charlesworth & Isherwood, 2020; Gillham et al., 2018; Goel & Penman, 2015; Isherwood & King, 2017)—where demand for non-professional care work is most pronounced, but support for Culturally and linguistically diverse (CALD) workforces limited (Brennan et al., 2017). Research comparing the experiences of workers from different countries of origin is similarly absent (Charlesworth & Isherwood, 2020). Perhaps most strikingly is the lack of attention to how varyingly precarious working restrictions imposed by different visa categories intersect with experiences of employment across the sector (Hamilton et al., 2021). In the context of Pacific Labour Scheme (Hill et al., 2018), we also require studies that investigate the effects of employer-tied labour in the sector, noting that the tied-employment of migrant workers has elsewhere been identified as a cornerstone to exploitative labour practices (Sarkar, 2017).

A fourth gap relates to the application of suitable research methodologies which is not surprising given the absolute lack of *all* forms of research. Our review of the research points, in particular, to the need for longitudinal studies and comparative studies. For example, we do not know if migrants ever fully gain the employment opportunities, they would have had in their own countries we do not know much about how experiences differ between groups of migrants, sectors or across organisational contexts.

Finally, we observe a lack of attention to how experiences are affected by organisational context. For example, we need to know more about the differences in experiences by migrants working in government-run facilities, as opposed to for-profit organisations or labour hire companies, as organisational differences are associated with differentiated quality of care (Baldwin et al., 2015) and what difference career development initiatives make to the experiences of migrants (see O'Dwyer & Colic-Peisker, 2016).

Taken together, these gaps suggest that critical questions pertaining to the experience of migrant workers employed in non-professional care occupations remain unaddressed. These are important avenues for future research if, amid an escalating age dependency ratio, Australia is invested in valuing the care sector and the workforce that sustains it.

## ACKNOWLEDGEMENTS

Open access publishing facilitated by Macquarie University, as part of the Wiley - Macquarie University agreement via the Council of Australian University Librarians

## AUTHOR CONTRIBUTION

Charlotte Overgaard: design, determining inclusion criteria, literature search, thematic analysis and charting data, writing up, manuscript editing. Matt Withers: design, background sections, determining inclusion criteria, theoretical framing, writing up, manuscript editing. Jakob Mcdermott: determining inclusion criteria, literature search, thematic analysis and charting data, design of tables and figures, writing up.

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## ENDNOTE

- <sup>1</sup> We note that 'skills' are socially constructed and that there is a large and established literature addressing the devaluation of care occupations (see Armstrong, 2013); 'low-skilled' here refers only to the ANZCO classification of non-professional care roles.

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**Charlotte Overgaard** is currently working at the Centre for Labour Market Research at Aalborg University, Denmark. Much of Charlotte's research focuses on the meeting points between paid and unpaid work pertaining to volunteers in Denmark, the United States and Australia. Another strand of research has focused on migrants in Australia, including migrant care workers and international students. Her current project at the Centre for Labour Market Research investigates the occupational health and safety of migrant workers in the Danish construction industry with the purpose to improve the working conditions for both Danish and migrant workers.

**Matt Withers** is a Research Fellow in Sociology at Macquarie University. His research addresses the social and economic implications of temporary labour migration throughout the Indo-Pacific region, with an emphasis on South Asia and Pacific Island Countries. His current project examines how migration interfaces with the work and care arrangements of transnational migrant households, using the concepts of 'decent wages' and 'decent care' to frame the need for improved labour governance and gender-equitable policymaking in support of sustainable development outcomes.

**Jakob Mcdermott** is an Early Career Social Policy Researcher. He is interested in the broader social and community impacts of trade union membership, with an emphasis on migrant workers and their relationship to trade unions. His latest work concerns the examination of working conditions of workers in the health industry and the effect of these conditions and trade union membership on employee retention, looking at both their desire to stay in a particular workplace and the industry as a whole.

**How to cite this article:** Overgaard, C., Withers, M., & Mcdermott, J. (2022). What do we know about the experiences of migrant care workers in Australia? A scoping study. *Australian Journal of Social Issues*, 57, 663–686. Available from: <https://doi.org/10.1002/ajs4.207>

## APPENDIX 1

## HAND-SEARCHED JOURNALS, SEARCHED DURING FEBRUARY AND MARCH 2021

1. Ageing and Society
2. *Asian and Pacific Migration Journal*
3. *Asian Ethnicity*
4. *Asian Population Studies*
5. *Australian Journal of Anthropology*
6. *Australasian Journal on Ageing*
7. *Australasian Journal of Early Childhood (AJEC)*
8. *Chinese Southern Diaspora Studies*
9. *Citizenship Studies*
10. *Comparative Migration Studies*
11. *Child Care in Practice*
12. *Crossings: Journal of Migration & Culture*
13. *Cultural Sociology*
14. *Diaspora: A Journal of Transnational Studies*
15. *Diaspora Studies*
16. *Disability and Health Journal*
17. *Disability & Society*
18. *Early Childhood Education Journal*
19. *Early Childhood Research Quarterly*
20. *Ethnicities*
21. *European Journal of Transnational Studies*
22. *Forced Migration Review*
23. *Geoforum*
24. *The Gerontologist*
25. *Global networks*
26. *Health & Social Care in the Community*
27. *Identities: Global Studies in Culture and Power*
28. *International Migration*
29. *International Migration Review*
30. *International Journal of Care and Caring*
31. *International Journal of Child Care and Education Policy*
32. *International Journal of Migration and Residential Mobility*
33. *International Journal of Migration and Border Studies*
34. *International Journal of Migration, Health and Social Care*
35. *Journal of Aging Studies*
36. *Journal of cross-cultural gerontology*
37. *Journal of International Migration and Integration (JIMI)*
38. *Journal of Immigrant & Refugee Studies*
39. *Journal of Sociology*
40. *Journal of Ethnic and Migration Studies*
41. *Journal of Identity and Migration Studies*
42. *Journal of Immigration, Asylum & Nationality Law*
43. *Journal of Intellectual Disabilities*
44. *Journal of Intellectual & Developmental Disability. Formerly known as: Australia and New Zealand Journal of Developmental Disabilities, Australian Journal of Developmental Disabilities, Australian Journal of Mental Retardation*

45. *Journal of Intercultural Studies*
46. *Journal of Race, Ethnicity and Politics*
47. *Journal of Research in Childhood Education*
48. *Migration and Development*
49. *Migration Studies*
50. *Mobilities*
51. *Population, Space and Place*
52. *South Asian Diaspora*
53. *The Economic and Labour Relations Review*
54. *The Journal of Migration and Refugee Issues*
55. *Transfers: Interdisciplinary Journal of Mobility Studies*

## APPENDIX 2

### ALL LITERATURE CONSIDERED FOR REVIEW

**Publications scoped in stage 2, but excluded in stage 3:** (Adamson et al., 2017; Adebayo et al., 2020b; Argent & Tonts, 2015; Askola et al., 2021; Baldassar, 2017; Baldassar et al., 2017; Boese et al., 2013; Brandhorst et al., 2021; Brennan & Adamson, 2018; Brennan et al., 2017; Brickenstein, 2015; Burgess et al., 2018; Clibborn & Wright, 2018; Colic-Peisker, 2011; Department of Home Affairs, 2019; Dhakal et al., 2020; Eastman et al., 2018; Feist et al., 2015; Fine & Mitchell, 2007; Gillham et al., 2018; Golebiowska et al., 2018; Griffin & Testi, 1997; Hawthorne, 1996; Hill et al., 2018; Ho, 2006; Ho & Chiang, 2015; Hodgkin et al., 2017; Howe, 2009; Howe et al., 2019; Howe & Reilly, 2015; Hugo, 2008, 2009, 2014; Iredale, 2010; Islam & Parasnis, 2016; Kosny et al., 2017; Lai et al., 2020; Li & Whitworth, 2016; Lu et al., 2013; Mapedzahama et al., 2012; Mavromaras et al., 2017; Mee, 2015; Morrison-Dayana, 2019; Murray & Skull, 2005; Negin et al., 2016; Omeri & Atkins, 2002; Piper, 2005; Rajendran et al., 2020; Robertson, 2014; Tan & Lester, 2012; Velayutham, 2013; Weller, 2017; Xiao et al., 2015)

**Publications scoped in stage 2 which also met 3 inclusion criteria:** (Adebayo et al., 2020a; Charlesworth & Isherwood, 2020; Gao et al., 2015; Gillham et al., 2018; Goel & Penman, 2015; Golebiowska & Boyle, 2014; Hamilton et al., 2021; Isherwood & King, 2017; King et al., 2012; Nichols et al., 2015; Willis et al., 2018; Xiao et al., 2018)

**Publications considered following stage 6 and the blinded review process facilitated by the Journal:** (Berg & Meagher, 2018; Delaney et al., 2018; Lovelock & Martin, 2016; McDonald, 2019; Ngocha-Chaderopa & Boon, 2016; O'Dwyer & Colic-Peisker, 2016; Olasunkanmi-Alimi, 2021; Olasunkanmi-Alimi et al., 2021; Reid et al., 2021; Scarino et al., 2015; Tsapanou et al., 2021)



## APPENDIX 3

## TOP-PUBLISHING SCHOLARS AND MOST UTILISED PUBLICATION VEHICLES

TABLE A1 Top-publishing scholars

Name	Number of published articles	References
Sara Charlesworth	5	Charlesworth and Isherwood (2020), Howe et al. (2019), Adamson et al. (2017), Eastman et al. (2018), Brennan et al. (2017)
Lily Dongxia Xiao	4	Gillham et al. (2018), Willis et al. (2018), Xiao et al. (2015), Xiao et al. (2018)
David Gillham and Eileen Willis (co-publish)	3	Gillham et al. (2018), Willis et al. (2018), Xiao et al. (2018)
Elizabeth Hill	3	Hamilton et al. (2021), Eastman et al. (2018), Hill et al. (2018)
Deborah Brennan	3	Adamson et al. (2017), Brennan et al. (2017), Howe et al. (2019)
Loretta Baldassar	3	Brandhorst et al. (2021), Baldassar (2017), Baldassar et al. (2017)
Elizabeth Adamson	3	Adamson et al. (2017), Brennan et al. (2017), Hamilton et al. (2021)
Graeme Hugo	3	Hugo (2014), Hugo (2009), Hugo (2008)

TABLE A2 Most utilised publication vehicles

Journal	Number of published articles	References
<i>Asian and Pacific Migration Journal</i> :	4	Hugo (2014), Iredale (2010), Chiou (2017), Hawthorne (2010)
<i>Population, Space and Place</i>	4	Tan and Lester (2012), Argent and Tonts (2015), Hugo (2009), Weller (2017)
<i>Journal of Ethnic and Migration Studies</i>	4	Brandhorst et al. (2021), Hamilton et al. (2021), Ho (2006), Mee (2015)
<i>International Migration</i>	4	Rajendran et al. (2020), Li and Whitworth (2016), Islam and Parasnis (2016), Hawthorne (1997)
<i>Journal of Intercultural Studies</i>	3	Colic-Peisker (2011), Griffin and Testi (1997), Hawthorne (1996)
<i>Economic and Labour Relations Review</i>	3	Clibborn and Wright (2018), Boese et al. (2013), Wright and Clibborn (2020)