After the Brexit referendum: an exploration into how EU migrant care workers for individuals with dementia make sense of their role and experiences

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Abbreviations

BPS	British Psychological Society
CoP	Counselling Psychology
CW	Care worker
EEA	European Economic Area
EU	European Union
EUM	European migrant
EUMCW	European migrant care worker
HCHC	House of Commons Health Committee
IPA	Interpretative phenomenological analysis
MCW	Migrant care worker
NICE	National Institute of Clinical Excellence
NHS	National Health Service
ONS	Office of National Statistics
SCR	Shape of Caring Review
SFC	Skills for Care
UK	United Kingdom

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Abstract

Background/Aim: The landmark referendum that occurred in the United Kingdom (UK) on 23rd June 2016 was poised to have considerable impact on the health and social care sector. The debate surrounding the referendum was dominated by the need to retain qualified healthcare professionals from the European Union (EU), and tended to overlook European migrants (EUMs) working in unqualified direct care roles. However, in the context of rapid population ageing and the increased prevalence of dementia, European migrant care workers (EUMCWs) have occupied a prominent role in meeting the long-standing recruitment and retention issues in social care sectors. This study sought to explore the impact of the referendum on EUMCWs' sense of identity and wellbeing post-referendum, with an underlying aim to give voice to them in a time when their future rights are uncertain, an aim that is relevant to the ethos of counselling psychology (CoP).

Method/Findings: Interpretative phenomenological analysis (IPA) was utilised to explore the semi-structured interviews conducted with seven female EUMCWs aged 25-54. The analysis of verbatim data drawn from the interviews revealed three interconnected superordinate themes '*being a EUMCW', 'the referendum',* and *'the future?',* with ten sub-themes.

Conclusion: Despite recruitment issues in the social care sector reassuring some participants that they would be able to remain in the UK, the outcome and political handling of the vote inherently created a certain degree of uncertainty for participants, which impacted their sense of agency and belonging. Participants' narratives were inconsistent, suggesting they drew on a number of strategies or combined strategies in an attempt to cope; therefore, the ways in which participants made sense of the referendum impacted their identities and wellbeing in various nuanced ways. These findings are discussed in relation to clinical implications for the field of CoP and beyond.

***Keywords*:** The referendum, Brexit, European migrants, dementia care, counselling psychology

Chapter One: Introduction

"*Population ageing is one of humanity's greatest* triumphs. *It is also one of our greatest challenges*" (World Health Organization, 2002, p. 6).

In a landmark referendum in the UK on 23rd June 2016, 51.9% of the British public voted to leave the EU (Goodwin & Heath, 2016). The referendum was preceded by an intense political campaign resulting in a sequence of events that are concurrently modifying the landscape of the EU and the UK (Polyzos et al., 2020). The referendum has been conceptualised as both a singular phenomenon and a manifestation of the British state and society's ongoing "organic crisis" (Jessop, 2016, p. 133), with a number of factors contributing to its occurrence. The 2008 economic recession and "the austerity-induced withdrawal of the welfare state" introduced in 2010 (Fetzer, 2019, p.3849) are reported to have heightened disparities between social classes and concerns related to the cost and benefit of preserving EU membership, particularly regarding economics and sovereignty (Dalle et al., 2020; Clarke et al., 2017; Hobolt, 2016). Moreover, a prominent issue in the lead-up to the referendum was the level of EU migration to the UK (Sumption, 2017), with the vote being identified as "primarily a vote on attitudes towards immigration" (Guma & Dafydd Jones, 2019, p.1). Consequently, at the time of completing this thesis (see 5.8 for an afterword on Brexit), the referendum had elevated the likelihood of a considerable shift in UK migration policy after Brexit (Britain exits the EU) (Sumption, 2017).

According to a House of Commons Library Briefing Paper (Apostolova & Hawkins, 2017), 3.5 million EU nationals are residing in the UK. Moreover, under current EU law, all EU citizens, as well as people from Iceland, Liechtenstein, Norway and

Switzerland have the right to freedom of movement within the European Economic Area (EEA) (Home Office, 2017). Free movement is a fundamental principle of EU citizenship which permits Europeans to relocate to other EU countries and receive the same treatment as the members of that country (Recchi, 2015). As a result, individuals born within the EEA have benefited from freedom of movement, giving them the right to work in the UK without a visa or British citizenship on a permanent basis (Independent Age, 2016).

The main reason for intra-EU migration to the UK before the referendum was work (Office of National Statistics [ONS], 2020; Sumption, 2017). Therefore, once Brexit was announced, labour migration policies were considered inevitable, among other UK policy modifications (Sumption, 2017). The ONS (2019b) estimates that 2.27 million EU nationals are currently in employment in the UK. A House of Commons Health Committee (HCHC, 2017) report entitled "Brexit and health and social care — people & process" stated that Brexit would impact many aspects of the health and social care sector, including the provision of its workforce. Therefore, Brexit had the potential to pose significant challenges to the social care sector, where recruitment and retention are a long-term endemic issue (Read & Fenge, 2019). The King's Fund identifies that currently, one in eleven care worker (CW) roles are unfilled, with international recruitment used in an attempt to address staffing shortages within the sector (Baird & Mckenna, 2019).

The social care sector's reliance on EUMCWs has risen significantly in the last decade (Independent Age, 2016), and over 80% of all migrant care workers (MCWs) in England who took on a social care role at the start of 2016 were from countries in the EU/EEA (Independent Age, 2016). Additionally, immigration rules have led to increased limits on non-EU workers immigrating to the UK (Christensen, 2017). As a result, EUMCWs play an essential role in addressing the social care sector's recruitment demands and in caring for older people in the UK.

In line with global trends, the UK faces demographic challenges due to rapid population ageing, which has greatly increased the need to provide social care for older adults (Cangiano & Shutes, 2010), with the proportion of older persons (aged 65 and over) expected to be one in every four people by 2038 (ONS, 2019c). According to the United Nations (2015), this ageing population comes with an increase in the prevalence of age-related illnesses, such as dementia. Dementia is an umbrella term used to describe a progressive deterioration of multiple higher cortical functions, including memory, difficulty with decision making, orientation, problem-solving and language (Alzheimer's Society, 2019b). "Dementia is not a simple disease, rather a syndrome (a set of signs and symptoms) with multiple interacting etiologies (causes and factors), which can be clearly distinguished from normal ageing" (Kenigsberg et al., 2016, p.12). There are several forms of dementia; the most common is Alzheimer's disease, which makes up 50-75% of all cases of dementia (Alzheimer's Society, 2019a). At this time 850,000 people in the UK are living with dementia (Alzheimer's Society, 2019a), costing the UK economy approximately £26.3 billion a year (Alzheimer's Society, 2014). Furthermore, dementia appropriate care is required by approximately 70% of service users in care homes, a percentage that is expected to continue to escalate as a consequence of increased life expectancy (Alzheimer's society, 2016).

At present, adhering to person-centred care principles when supporting service users with dementia is considered synonymous with best practice, and is a widely accepted guiding principle in social care (Manthorpe & Samsi, 2016). According to the National Institute of Clinical Excellence (NICE, 2018), person-centred care for service users with dementia consists of adopting a holistic, individualised approach to understanding, and supporting them and their responses to a dementia diagnosis. The NICE guidelines also highlight the importance of actively gaining service users' perspectives on their care, and also the importance of relationships with others as a route to promoting their wellbeing. Consequently, services are required to adopt a value-based approach to care, and move away from rigid uniformed services, which has expanded the role of CWs who are now required to have practical and social skills, as well as emotional intelligence (Manthorpe & Samsi, 2016; Schneider et al., 2019).

While writing this thesis, no official withdrawal had taken place; the government had recently announced the EU settlement scheme (Home Office, 2018), which enabled EU citizens living in the UK to apply to stay. However, prior to this, the government had issued no formal statement about the rights and entitlements of EU National Health Service [NHS] and social care sector staff and their families to remain in the UK (HCHC, 2017). Understandably, this led to reported uncertainty and low morale among staff working in the health and social care sector (HCHC, 2017). However, the debate surrounding Brexit was dominated by the need to recruit and retain qualified high-value health care professionals from the EU, and tended to overlook EUMs who work in direct care roles framed as “low-value” and “unskilled” (Independent Age, 2016).

Therefore, given the contemporary shifts and challenges occurring within the social care sector and within the UK due to the referendum, it was crucial to understand EUMCWs’ experiences, as their voices are often missing from such debates. Principally, this research aims to gain insight into their experiences of the referendum in order to ascertain the impact on their individual sense of identity and wellbeing, alongside their collective identities as CWs.

1.1 Theoretical framework

This section will identify the three key theoretical frameworks: feminism, social justice, and agency, which often interlace and inform the subsequent review of qualitative and quantitative literature and the following analysis of this study's findings. The frameworks that inform this research will be related to concepts and theories drawn from migration, health and social care literature, as well as emerging literature on the referendum.

1.1.1 Feminism

There is a weighty discourse relating to health and social care theory, policy and practice in developed welfare states (England, 2005; Rummery & Fine, 2012). The conceptualisation of "care" as both a labour of love and a commodified practice has continued to spark ethical debate; however, until feminist scholars in the 1980s began to study the care field, it was a comparatively under-researched phenomenon viewed as private and feminine (Rummery & Fine, 2012).

Feminism is a broad area with varying perspectives; however, at its core, feminist theory can be conceptualised as a belief in economic, political and social equality among genders. Over several decades, feminism has contributed to scholarly and public discourse and led to the emergence of several ideas and approaches for action (Gasztold, 2020). Prototypically, care has been conceptualised as "women's work" and devalued on this basis (Gray, 2009; Turnpenny et al., 2018). Feminist scholars have emphasised that care policies undervalue and feminise care, depending on predominantly female labour to provide care in both the family domain and in the "public patriarchy" of the waged health and social care sector (Rummery & Fine, 2012). Therefore, the way in which care is understood, especially in relation to care for older adults, is framed around dichotomies, including “love versus skill and labour love versus money” (Palmer & Eveline, 2012, p.259). There is precedent for drawing on feminist theory to consider gender inequalities that persist in the health and social care sector, particularly in relation to caring motivations and emotional labour (Folbre, 2012; Palmer & Eveline, 2012).

This study will draw on sociologist Hochschild’s (1983/2012) concept of “emotional labour”, an accepted core concept within health and social care literature (Bailey et al., 2015; Gray, 2009; Huynh et al., 2008). The premise of the theory is that engaging in emotional labour requires the coordination of mind and feelings in order to instil in others a sense of being “cared for in a convivial and safe place” (Hochschild, 1983/2012, p. 20). Previous research has identified that CWs are required to engage in emotional labour by regulating their feelings based on their organisation’s requirements (Bailey et al., 2015). Therefore, emotional labour is of relevance as it speaks to the psychological lens from which this study is positioned by considering affect, and provides insight into the commodification of the emotional facets of care that are increasingly shifted to MCWs (Bauer & Osterle, 2013), a large proportion of whom are women who migrate for several reasons.

The reasons for migration are theorised to be governed by a network of several interacting factors, including external structures and individual agency (Christensen et al., 2017). Research on female migrants identified gendering as a notable principle that correlates with experiences in the host country and the category of labour often occupied by women (Raghuram, 2008). Consequently, broader global processes – in this case, gender – are considered enmeshed with the individuals’ personal worlds, and this research seeks to situate the importance of Britain post-referendum into the understanding of female EUMCWs experiences (Lawthom & Kagan, 2016). Adopting a gendered perspective within this study recognises the part that gender plays for all members of society (Duda-Mikulin, 2020). This perspective is of particular relevance to the feminised sectors, such as social care work, within which migrant workers are viewed as an economic utility (Hussein et al., 2013). Migration and gender are bound to the ethos of social justice, “both involve processes of categorization that are deeply embedded in social science and policy, providing an important means by which we construct and apprehend the social world” (Stasiulis et al., 2020, p. 1).

1.1.2 Social justice

An overarching definition of social justice could be the “fair and equitable allocation of bargaining powers, resources, and obligations in society in consideration of people’s differential power, needs and abilities to express their wishes” (Prilleltensky, 2001, p. 754). While numerous disciplines draw on the concept of social justice, its underlying principles stress the importance of acknowledging systemic disparities that oppress or marginalise people. (Hage et al., 2020; Hore, 2013). Social justice and wellness in society is personal, collective, and relational, and goes beyond individual empowerment and compassion for disadvantaged people (Prilleltensky, 2020). Within psychological literature, a social justice approach includes adopting a macro-perspective on the role of power and context in generating marginalisation that affects individuals and groups and restricts their potential, for example based on gender, ethnicity, socioeconomic status, age, or disability (Hore, 2013; Kennedy & Arthur, 2014; Prilleltensky, 2020). Such a framework is considered fundamental, as the link between social and institutional obstacles and psychological wellbeing has been evidenced (Kennedy & Arthur, 2014).

Goodman et al. (2004) argued that social justice work should occur on the following levels: “the micro level, including individuals and families; the meso level, including communities and organisations; and the macro level, including social structures, ideologies, and policies” (p. 795). This study will draw on intersections of gender, migration, and care labour to contextualise and reflect on the ways in which care is gendered and structured (Amrith & Sahraoui, 2018; Rummery & Fine, 2012).

Given the influence of multicultural and feminist theories on CoP’s social justice perspective (Goodman et al., 2004), some of the central ideas of social justice and their relevance to this research intersect with the previous section of this chapter (see section 1.1.1). For example, as women overwhelmingly perform care work due to its association with femininity, this generates a gender-specific form of injustice where care is undervalued; feminist aims for recognition and redistribution of care necessitate a cultural shift focusing on revaluing care as essential skilled work that is appropriately paid (Fraser, 2007).

Marginalisation and unfavourable experiences in host countries can impact the wellbeing of migrants (Paloma et al., 2014). The specific predicament of EUMCWs is a social justice issue, as they may be navigating, developing, or adjusting to a new life abroad as inherent migrant experiences. Additionally, they have to manage the precarity of their work (e.g., poorly paid, insecure contracts) and referendum uncertainty (Duda-Mikulin, 2020; Guma & Dafydd Jones, 2019; Rzepnikowska, 2018). The impact of EUMCWs’ experiences provides a basis for considering their opportunities to exercise control over their lives and enact personal agency.

1.1.3 Agency

Agency refers to human action (Giddens, 1984). Central to agency theories is an individual’s ability to reflect on their position, make choices, and act according to their goals (Bakewell, 2010; Landes & Settersten, 2019). However, social scientists have long supposed that an individual’s capacity to exert their agency is not uniform and varies significantly in line with the structures that inform the world they inhabit (Sewell, 1992). This has generated a debate over the pre-eminence of structure or agency in informing and influencing human action (Yang & Liu, 2019). The relationship between agency and structure is not easily simplified: “Structure not only shapes social practice but is in turn, reproduced and possibly transformed by this practice” (Bakewell, 2010, p. 1695). Accordingly, established structural contexts predate and define the landscape for particular individuals, but individuals are self-aware, have reflexive capacity, can monitor situations and make rational choices (Bakewell, 2010; Luke & Bates, 2015).

The daily and structural settings within which EUMCWs exercise their agency may shift between being experienced as empowering or limiting. From this angle, agency takes the form of a dynamic continuum wherein agency and injustice are intertwined (Madhok et al., 2013). For EUMCWs, their agency within a host country may represent their responses to structure and shifts in their needs and attitudes. For example, the specific manifestation of gender roles within the cultural norms of the host country are part of the structural context that migrants navigate when they relocate (Duda-Mikulin, 2018). In this study EUMCWs’ agency will be considered and its many expressions in unfavourable circumstances within the context of changes in migration policy in the UK. The way any migrants navigate in a host country involves individual effort and depends on access to resources and institutional and structural factors that impact their lived experiences and ability to shape their futures (Tran & Vu, 2017).

This research explores female EUMCWs’ agency based on the experiences and meanings that they ascribe to working in dementia care; their potential challenges associated with working in the social care sector; and the ways in which they navigate individual and collective norms and practices (Amrith & Sahraoui, 2018). To provide a balanced perspective, this study will consider multiple aspects relevant to working in social care work as a migrant, including both favourable and unfavourable aspects of their work experiences. Existing literature has focused on different conceptualisations and measures of job satisfaction and fulfilment at work and highlighted altruistic motivations as a dominant theme linked to role rewards (Hebson et al., 2015; Lopez et al., 2014). On the other hand, working in social care has consistently been reported to be particularly emotionally and physically challenging (Talbot & Brewer, 2016), with the sector experiencing a high turnover rate (Skills for Care [SFC], 2019). Maslach and Jackson's (1986) concept of "burnout", predominately used within the social care sector, will be drawn upon in this study in order to understand the potential adverse consequences of working in dementia care (Duffy et al., 2009). Burnout is defined as a psychological syndrome characterised by three dimensions: "overwhelming exhaustion, feelings of cynicism and detachment from the job, and a sense of ineffectiveness and lack of accomplishment" (Maslach & Leiter, 2016, p.103). Research has emphasised that working with service users with dementia positions CWs at risk of burnout (Duffy et al., 2009), and hence the concept of burnout is relevant to EUMCWs working in the social care sector.

According to Duffy (2011), the care crisis and the complexity of paid care work requires an intersection of frameworks and is not easily simplified. Duffy further points out that "multiple layers of inequalities both reflected by and perpetuated in the structure of the paid care labour force will require sustained dialogue across all sorts of boundaries" (2011, p. 145). It is suggested here that EUMCWs' experiences in a post-referendum context are of significance to CoP practice, that social justice, feminist and agency theories undergird the profession generally, and that these experiences combined with recent literature on the referendum provide a basis for considering ways of better understanding EUMCWs' experiences of the referendum. This research will draw on these theories to ascertain, as outlined in the introduction, the impact of the referendum on their sense of identity and wellbeing, alongside their collective identities as CWs.

1.2 Reflective statement

One of the distinctive features of qualitative research is the use of reflexivity to situate the researcher's personal investments and contributions to the research process (Rawson, 2017), with researchers encouraged to critically discuss how their "own values, experiences, interests, beliefs, political commitments, wider aims in life and social identities have shaped the research" (Willig, 2008, p.10). Accordingly, this reflective statement aims to illustrate the position from which I wrote and approached this research. In the method chapter, I have also included a reflexivity section (see section 3.9.1), and in the final chapter, I have included a reflexive postface (see section 5.9), where I reflect on the personal impact of conducting this study. Furthermore, my adoption of a critical realist position, as discussed in a later chapter (see section 3.2), encompasses an acknowledgement that this study and its presented findings represent an interpretation of the phenomenon investigated, my own lived experiences, and the interactions that occurred during the process between the participants and myself.

I previously worked as a CW, a complex task which, in my experience, was arguably made more challenging by the added unpredictable and complex needs involved in working with individuals with dementia. When I commenced the doctoral training in CoP, I began working in dementia care because of its flexibility to fit around my studies. My lived experience of this role and witnessing the impact which working in care had the on wellbeing of CWs motivated my interest in this topic. Although I had worked in social care with other client groups, I experienced the discourse in an older adult environment as significantly different. For example, intimate contact, such as holding hands, was encouraged, which blurred the lines between the professional and the personal.

Furthermore, given my CoP training, I was struck by the number of times I heard colleagues say, “I’m just a carer”, and would find myself reflecting on the impact of such statements. I am conscious that when I worked as a CW and was asked what I did, I used the phrase myself, feeling ashamed or needing to justify a role that I believe to be important because of the perceptions of CWs. In other words, I relate this shared narrative amongst CWs, to what I perceive as the low value society places on care roles and the lack of insight people have regarding the inherent challenges, responsibilities, and complicated feelings that caring for vulnerable older people can produce. As such, when I began to explore relevant research for the literature review, it became increasingly important for me to consider this experience within the current socio-political context in order for my study to be meaningful. I was aware that I held strong beliefs around dementia CWs being overlooked and undervalued in the UK, and in an effort to challenge and counteract these views, and review the literature in a balanced manner, I purposely sought out literature that highlighted the positive elements of the role and attempted to present a balanced view.

At the time of beginning this process of writing the literature review, dementia awareness was at the forefront of political debate in the UK. On the one hand, this has been positive, as a necessary step, from my perspective, in order to increase standards for individuals with dementia and their caregivers, both of whom are understandably likely to experience psychological affect. On the other hand, it has seemed to generate a blame culture towards CWs, with media coverage placing the onus on CWs to improve their standards. It is true that I have come across both exceptional CWs and those whose provision of care falls below acceptable standards. I have questioned what would motivate them to raise their standard despite an ethical and moral obligation to do right. I wholeheartedly advocate whistleblowing, and believe inadequate care and misconduct are not acceptable, while reinforcing it is only a minority of staff who are responsible for this. However, with the care system not acknowledging CWs’ needs, combined with the impact of working in dementia care on CWs’ wellbeing (e.g., stress, fatigue, emotional strain), it is perhaps self-evident and understandable that this would have an inverse impact on caring behaviours.

Due to this increased focus on dementia CWs, and my personal experience, my initial motivations and research proposal focused on exploring the impact of the role on CWs’ wellbeing. The referendum created a new layer of significance that spoke to my interest in the relevance of the socio-political context on our lives and its influence on our wellbeing (Milton, 2010). Therefore, in response to the referendum, I adapted my topic to consider the referendum’s impact on the identity and wellbeing of EUMCWs. Politically, I believe in a society that prioritises human rights, justice, and the importance of equity. A pivotal draw to CoP, when considering further applied training in psychology, was the professions holistic lens from which human experience is perceived and its pluralistic stance on how people experience events, based on their political and social beliefs and life experiences. Therefore, although I believe all EUMCWs’ experiences of the referendum and their role are unique, I also consider it a reality that they would all respond in some way to the referendum and to their identity as a EUMCW.

As mentioned in the introduction, the referendum campaign was conceptualised primarily as a vote on attitudes towards immigration. News reports suggested that this led to reported low morale and uncertainty among EUMs. Social care was specifically highlighted due to the role migrants play in making up the staffing shortfalls in the sector. Indeed, my experience speaks to the diversity of care staff in the field. In line with my personal views of CWs being overlooked, it appeared that the focus was on the retention of qualified personnel, such as doctors and nurses and left “unqualified staff” relatively overlooked. Therefore, from a social justice standpoint, which is part of a CoP identity, I began to question the compounding effect of marginalisation on EUMCWs’ identity and wellbeing. My critical realist epistemology and status as a trainee CoP meant that I was particularly interested in their subjective experiences and their sense of agency.

Literature suggests that whether the researcher is an “insider” or “outsider” may well have a bearing on their research (D’Silva et al., 2016). Through my previous experience of working in care work, my insider perspective could be considered to have permitted access to the understanding and meaning that participants ascribe to their experience; nevertheless, if not managed and acknowledged, it could have led to selective insights. The inclusion of reflexivity in this study’s design enabled me to reflect on my positionality, which seems to fall somewhere in between insider and outsider. Hence, it was my view that while my shared lived experience of dementia care work gave me an insider’s perspective, specifically focusing on EUMCWs limited my preconceived notions, as an outsider to their experiences enabling me to be sufficiently stepped back. D’Silva et al. (2016), suggest that the consideration that the researcher places on understanding and reflecting on their insider or outsider status enables them to use their unique ideas, concepts, approaches, and interpretations, while also mobilising the questioning of hidden assumptions that may influence findings.

I noted early on in the process that continuous ongoing development was required. For example, while formulating the question and reviewing the literature, I recall trying to imagine how the literature review and question would turn out, rather than letting it unfold. I frequently asked myself what makes a “good” qualitative research question and study. Willig (2001) suggests that good qualitative research questions tend to be processoriented, typically asking how something happens instead of what happens. Therefore, I endeavoured to produce a research question that spoke to the gap in the literature, alongside being open enough not to be dictated by my investment and feelings about this topic.

According to Yardley's (2000) criteria for assessing qualitative research, transparency increases the validity of research. Therefore, this first reflective statement hopes to provide insight for the reader into my experiences of working in social care and my motivations for the topic chosen. According to Ahern (1999), it is essential to acknowledge our biases and assumptions so that we can minimise their impact. I no longer worked as a CW when I began to recruitment participants for this study; however, throughout the research process I was aware of the importance of bracketing my assumptions, in order to present a balanced and idiosyncratic interpretation of each participant's experiences.

1.3 Overview of thesis structure

This thesis will be structured as follows. Firstly, a literature review will examine the existing knowledge base in relation to EUMCWs' experiences of the UK and their work, and more generally, EUMs' experiences of the referendum, which will contextualise the basis for this study's ensuing research aim and question. Following this, the methodology and procedure will be presented along with a rationale for the use of IPA. Next, the findings and analysis will be displayed using verbatim interview extracts from this study's seven participants. Finally, the discussion chapter will sum up the findings of this study, drawing on relevant literature and then considering potential relevance to policy and practice more broadly and in CoP.

Chapter Two: Literature Review

2.1 Process of literature review

A literature review aims to provide an informative and useful discussion and synthesis of concepts, theories, and research on a particular topic (Bolderston, 2008). This review aims to collate literature drawn from many sources of information and bring together research examined while studying for the Professional Doctorate in Counselling Psychology. This chapter's presentation is arranged in a conceptually logical order, firstly exploring migration, as it provides an important context for why Europeans migrate to the UK, then social care to consider their employment circumstances. Finally, literature on the referendum will provide a basis for exploring EUMCWs' identity and wellbeing post-referendum. The review concludes by highlighting this current gap in the literature and proposes a rationale for this study. The information utilised has been gathered from databases, such as PsycInfo and Science Direct. Further evidence was drawn from policy briefs, books, and collating references from identified journal articles reference lists.

2.2 Migration

2.2.1 Reasons to migrate

The political, social and economic world is majorly influenced by the international movement of people (Stilwell et al., 2004). Literature has identified that migration dynamics are multifaceted (Thielemann & Schade, 2016). In the last decade, the estimated number of international migrants has increased by 122 million, to a current global total of 272 million (McAuliffe & Khadria, 2019). The reasons for international migration are centred on factors that "push" migrants out of their country of origin or "pull" them towards opportunities abroad (Thielemann & Schade, 2016). Furthermore, globalisation has amplified the movement of persons and information, creating opportunities for professions like nursing to migrate to international locations in order to achieve employment (Moyce et al., 2016). Freedom of movement reduces immigration barriers between EU member states due to their citizens' legal status as members of those states, hence differentiating European migration from other migratory patterns (Guma & Dafydd Jones, 2019). This system permits EU citizens the choice to live and work in any of the EU member states.

The principal push factor in intra-EU migration is regarded as the country of origin's economic circumstances, such as the working conditions and availability of work opportunities (Thielemann & Schade, 2016). Therefore, a link has been demonstrated between inequality and migration, a socio-economic phenomenon that is rife with emotional challenges (Ķešāne, 2019). The expansion of the EU in 2004 amplified access to what some term "lesser-skilled workers" in the UK and Ireland (Spencer et al., 2010, p. 26). Both countries have since received a considerable supply of frequently transitory labour from the new accession members of the EU (the A8[1]), primarily from Poland (Spencer et al., 2010), with figures from The Migration Observatory stating that between 2004 and 2011, 653,000 EUMs from the A8 migrated to the UK (Vargas-Silva, 2014). According to Cangiano and Shutes (2010), a significant proportion of these EUMs decided to take up roles in the social care sector.

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[1] The A8 refers to the following counties: Czech Republic, Estonia, Hungary, Latvia, Lithuania, Poland, Slovakia, Slovenia, all of which joined the European union during its expansion in 2004.

Limited literature was sourced that focused on EUMCWs working in the UK in either care homes or the homecare sector, although academic research has examined those from overseas working in the UK's health and social care sector, which may provide a useful foundation for this study. Quantitative research by Majda et al. (2018) that focused on Polish nurses' migration to the UK, found that conditions of work, lack of nursing role opportunities, and low pay were the primary push factors for the Polish nurses in their study. Moreover, across literature that focuses on migrant nurses, push factors have been related to discontent with working conditions, burnout, and political and economic instability in their home country (Moyce et al., 2016).

Motivations for migration may arise for several reasons, shaped by migrants' choices and pull factors, which collectively may include, better pay; learning a new language; employment and educational opportunities (Moyce et al., 2016); and having a pre-existing support network aboard (Cuban, 2013). Moreover, the flexibility of working patterns, have been found to be particularly appealing to female nurses in a review of literature that included several host countries, including the UK (Moyce et al., 2016).

Therefore, key reasons for healthcare workers to migrate may be viewed as the disparities between salaries, working conditions and employment opportunities in their home country and the host destination (Moyce et al., 2016; Stilwell et al., 2004). These structural pull factors taken together may explain the history of the influx of EUMs to the UK. The UK's flexible English-speaking labour force, comparatively high pay, and relatively low unemployment levels have made it a popular destination for EUMs, particularly from the eastern and southern parts of the continent (Thielemann & Schade, 2016).

However, while push factors are considered an important contributory factor in deciding to leave one's home country, it is instead the pull factors that are considered the critical aspect of migrants' decision-making regarding the destination country (Thielemann & Schade, 2016). Additionally, research has highlighted the importance of acknowledging migrants' agency in the decision-making process, and emphasised the significance of migrants' subjective perspectives in actively making sense of and weighing up where they would like to relocate (Christensen et al., 2017). Therefore, the UK's pull factors' attractiveness may well shift following Brexit for those EUMs who choose to migrate (Christensen et al., 2017). Furthermore, the focus here on the aftermath of the referendum, which is a distinctive phenomenon, makes this research timely, given its political and socio-economic ramifications and its potential impact on EUMs who work in the social care sector, a large proportion of which are women.

2.2.2 Gender and migration

In 2019 52% of international migrants were male and 48% were female (McAuliffe & Khadria, 2019). Women globally choosing to relocate is on the rise (Duda-Mikulin, 2018), and the socio-cultural construction of gender roles shape expected behaviours (and discouraged behaviours), and the opportunities available for both men and women in society (Abbott, 2020), and can push and pull migrants to varying extents, thereby impacting their choices of where to reside (Bartram et al., 2014). The importance of applying a gendered lens to migrants' experiences in host countries and challenging simplistic perceptions of economic migrants has been highlighted in recent research by Duda-Mikulin (2020).

The gendered approach to migration acknowledges that all migrants constitute a notable area of study, and this research will focus on female EUMCWs. Prior to the 1960s, there was a lack of inquiry into women's migratory experience, as they were only touched upon when considering family migration, rather than individually (Castles et al., 2014). Conceptualisations of European migration have often adopted a linear progression model, consisting of men migrating initially for work and later being joined by their female partners (Bartram et al., 2014). While the awareness of the role female migrants play in labour migration has increased (Castles et al., 2014; Duda-Mikulin, 2020), a retrospective of migration literature has highlighted the presence of a male bias, and feminists have critiqued the absence of women and gender relations in major theories of international migration as neglecting the role of women as active agents (Bartram et al., 2014; Duda-Mikulin, 2020; Hondagneu-Sotelo & Cranford, 2006; Kofman, 2000). The role of agency for female EUMCWs will be considered in this research as even though female labour migrants are overrepresented in occupational sectors that are deemed undesirable (Castles et al., 2014), and women have occupied an integral role in meeting staffing shortfalls in feminised sectors, such as social care (SFC, 2019), there remains a tendency to fail to reference gender when depicting migrants generally (Duda-Mikulin, 2020). The literature which does examine female migrants' experiences makes it clear that gender roles play a crucial part in their opportunities and experiences in the labour market.

2.2.3 Migration and language acquisition

When transitioning to a new country, a common difficulty is navigating communication and language barriers, which can persist (Magnusdottir, 2005) and present significant obstacles for integration and employment. However, despite these difficulties, developing English language skills is an attractive prospect and is linked to onward or circular migration (Christensen, 2017), and is evidenced to be a factor in EUMs' decision-making process (Christensen et al., 2017).

Communication in a work environment, is essential to pass on information between team members and involves the use of “descriptive and evaluative task information, exchanged primarily for instrumental purposes” (Jackson, 1996, p.64). Furthermore, studies examining workplace communication have found that the demographic composition of teams (e.g., gender, age) dictates the degree to which individuals talk amongst each other and what they discuss (Jackson, 1996). The care industry requires clear and precise communication between its staff in order to maintain a high quality of care and service user safety (Newton et al., 2012).

A literature review by Moyce et al. (2016) which collated migration experience themes of foreign-educated nurses found that communication difficulties in the host country were a commonly cited difficulty. Of the six host countries utilised in their review the UK was the most frequent host, with a wide range of countries of origin documented, including nurses from the EU. Findings suggested that issues with telephone communication at work were the most recurrent difficulty. Additionally, a lack of confidence with regards to communication abilities and understanding other colleagues from diverse cultural backgrounds led to embarrassment, emotional stress and frustration at work. This is of further significance since issues related to language, and problems arising from differences in cultural expectations, have been shown to be associated with bullying and racism at work (Stevens et al., 2012). Despite these reported difficulties, the perception of migrants’ language abilities has been named as a factor in their continued employment in low paid sectors, such as social care (Cuban, 2013).

Communication skills and English language proficiency may help to establish peer bonds and friendships that support assimilation and integration (Newton et al., 2012). This is important, as research indicates that limited English language proficiency has a direct negative impact on psychological wellbeing (Searight & Searight, 2009), and that difficulties with adaptation can impact mental health and integration within host countries (Lindert et al., 2008) and reduce the probability of setting up permanent residence (Duda-Mikulin, 2018).

2.2.4 Migration and social networks

On a personal and professional level, migrating abroad can be challenging and stressful (du Plooy et al., 2019). It involves adjusting to a new host environment, and depending on pre-existing networks abroad, may result in the loss of familiar social support systems such as family, friends, and community are left behind (Kingma, 2007; Turnpenny & Hussein, 2020).

Although not all migrants experience adverse consequences from migration, social networks in the host country can mitigate any difficulties involved in adjusting to moving abroad, and facilitate establishing a new life (du Plooy et al., 2019). A sense of social connectedness has been associated with lower levels of loneliness and distress in migrants, and enhanced psychological wellbeing (Hashemi et al., 2019). A study by Ryan (2007) highlighted the significance of a social circle for migrant women, and the various ways in which these friendships are developed in host countries, including with others in their locality and with their colleagues at work.

The literature on nurses' migration experiences highlights the importance of support networks at work and in the community to mitigate isolation and other adversities (Moyce et al., 2016). For example, having a support network at work has been linked to reduced work strain for CWs (Hussein, 2018). Migrants may draw on their networks overseas when they relocate to help them secure employment and to understand how to navigate systems abroad, such as finding accommodation (Bartram, 2019). Therefore, without a support network, migrants must find their own way in a foreign country, which can be challenging (Duda-Mikulin, 2020), and changes in employment legislation post-referendum may make MCWs even more susceptible to facing labour exploitation (Turnpenny & Hussein, 2020). Female migrants tend to be overrepresented in sectors that offer irregular employment such as zero-hour contracts, a feature of the social care industry, and this, alongside gender and social networks, acts as a structure that can influence agency (Duda-Mikulin, 2020).

Given the high volume of women working in social care, this review will next consider the demographics of the social care industry.

2.3 Demographics of care workers

2.3.1 Who is employed in care?

SFC (2019) estimates that the social care sector comprises an estimated 1.49 million roles. The average age of all these workers is 44 years old. A notable feature of the social care sector is its gendered nature, with women accounting for 83% of the workforce. An additional feature is the proportion of CWs from Black, Asian, and minority ethnic groups estimated at 21%, more diverse than England's overall population (SFC, 2019). A further feature is the workforce's reliance on migrant workers, particularly in London, where the number of MCWs within the sector is more pronounced, being estimated at 59% (Independent Age, 2016).

In European countries, immigration rules have made it difficult for migrants from outside the EU to enter for work which has changed the landscape of care, as EUMs have increasingly occupied these roles (Independent Age, 2016; Spencer et al., 2010). Overall, current data illustrates a slightly greater reliance on non-EUMCWs than EUMCWs (SFC, 2019). However, according to a report by Independent Age (2016), EU/EEA migrants account for 80% of all new entrants into the social care workforce within the UK, altering the composition of MCWs. Current data highlights that the number of EUMCWs in the British workforce continues to increase, with the number of non-EU migrants decreasing (SFC, 2019).

Present figures approximate that 8% of the workforce is of EU nationality (SFC, 2019). Furthermore, 81% of EUMCWs work in the private sector rather than the public sector and are more likely to work full-time than British-born or non-EU/EEA migrants (Independent Age, 2016). Consequently, EUMCWs play an essential role in meeting staff shortfalls within the sector, which are projected to increase due to population ageing trends and the increased need for social care staff.

2.3.2 Staff recruitment and retention

The Royal College of Nursing (2010) highlights that insufficient staffing levels impact the quality of care and CWs' wellbeing; therefore, CW service user ratios should prioritise service users' needs over the guideline ratios. As outlined in the introduction, The King's Fund identifies that currently one in eleven CW roles are unfilled (Baird & McKenna, 2019), demonstrating the breadth of the challenge involved in meeting demand (Shape of Caring Review [SCR], 2015). A complex picture may lie behind factors that attract or detract people, from working in social care. The SFC (2019) identifies how factors, such as low pay, increase staff turnover, whilst the perception and consequences of zero-hours contracts are varied; they entice some workers through offering flexibility and deter others as a result of the financial insecurity they create, restricting CW's ability to make long-term financial plans.

For decades the UK has relied on immigration to resolve the issues of staff recruitment and retention in social care (Christensen et al., 2017). Specifically, the UK employed migrants directly from overseas and recruited migrants already residing in the UK (Hussein et al., 2013). The social care sector is deemed a “secondary labour market” as it offers little pay and status (Hussein et al., 2013 p. 102), making it a difficult sector to recruit for with high staff turnover rates being an ongoing challenge (Read & Fenge, 2019). The high number of CW vacancies in the UK, combined with the fact that the social care sector does not use a lack of care work qualifications as a barrier to entry, means that job roles are readily available (SFC, 2019), with nearly all migrants choosing to work, for example, in homecare already residing in the UK when they applied (Turnpenny & Hussein, 2020). The EUMCWs in Doyle’s and Timonen’s (2009) qualitative research believed care work to be their best option to secure immediate work with comparatively better pay than their other perceived options, catering and cleaning. Therefore, as migrants are reportedly more willing to accept the working conditions, of the role (e.g., low pay, zero-hour contracts), care roles in the UK are occupied by a large number of migrants, notably from Eastern Europe, facilitated by the private sector’s role in care delivery (Hussein, 2017).

With inevitable shifts in migration policy, questions arise about the referendum’s social and political ramifications and the future of recruitment and retention of EUMCWs post-Brexit. The number of documented poor-quality aspects of the role, including being one of the lowest-paying job roles in the UK (SFC, 2019), retention will likely continue to be a long-standing issue for the social care sector. Despite this, it should be acknowledged that research has stressed there are factors other than, for example pay influence the choice to work in care.

2.4 Domains of literature on care work

2.4.1 What is care work?

“Care is one of the original feminist concepts” (Daly, 2002, p.252). The need to be cared for is a shared and persistent state, which is not confined to the young or towards the end of life (Philip et al., 2013). This need for care highlights the centrality and interdependence of care to all lives and the requirement to acknowledge and value caring and caring relationships (Philip et al., 2013). According to Fisher and Tronto (1990), caring involves “caring about, taking care of, caregiving and care-receiving” (p.40); thus, there is an expectation that care merges both caring feelings and caring behaviours (Folbre & Nelson, 2000). How care work is understood is rooted in “gendered cultural schemas” associated with women’s traditional caregiving roles in their private lives (Palmer & Eveline, 2012, p. 257). This conceptualisation may consider the rearrangement of care from the household to the marketplace, with a “best-of-all-possible-worlds complacency” requiring no additional acknowledgement (Folbre & Nelson, 2000, p.130).

Research, in a dementia context, has identified two broad competency areas, namely practical skills and administrative skills, that CWs are required to have. The practical and administrative skills needed to perform tasks include administering medication, providing personal care, writing daily notes, and interpersonal skills to emotionally support and interact with dementia service users (Schneider et al., 2019). These competencies are often drawn on simultaneously or moment to moment by CWs who exercise their judgement, in line with person-centred care principles (Schneider et al., 2019). For example, when drawing on interpersonal and practical skills, to provide end of life care.

In contrast to the argument that care work is skilled, it is widely perceived to be "low-skilled women's work" (Turnpenny et al., 2018, p.2). It seems reasonable to deduce that this perception subsequently impacts the sector's public image as well as the identities of the individuals who occupy these roles. A combination of valuing women-associated work as low-skilled, and simultaneously not acknowledging some of the intangible and relational competencies that CWs engage in, which may not be as evident as other role requirements, such as personal care, enables care to continue to be undervalued financially and in the social status it is provided (Yeates, 2012). Implicit in much of the debate surrounding care work is the narrative that if CWs were paid more money, then the wrong people would apply for a job. Consequently, organistions are justified in keeping pay low to avoid people pursuing care work who do not have genuine caring motivations and regard for service users (England, 2005).

CWs are employed to work in health and social care services, and are essential to service users in hospitals, care homes and homecare settings (SFC, 2019). Levels of professional training can vary between different roles, for example, nurses and CWs (SCR, 2015). This literature review will draw on theory and research from varying roles and contexts in order to consider EUMCWs' experiences. Although the roles and settings within care work vary, the literature stresses that understanding all the facets of care is complex, particularly its indivisible link with "emotional labour" (Bailey et al., 2015; Funk et al., 2018).

2.4.2 Importance of emotional labour

The concept of emotional labour (as outlined in the theoretical framework) was first introduced by Hochschild (1983/2012) and has since become fundamental to how care is conceptualised (Bailey et al., 2015; Gray, 2009; Huynh et al., 2008). Hochschild

(1983, 2012) suggested that “feeling rules” are a guide to appropriate ways of outwardly displaying emotions within particular circumstances (Bailey et al., 2015). In this respect, CWs are supposed to match their feelings and emotions with their workplace’s feeling rules (e.g., a care home). Hochschild (1983/2012) went on to describe two forms of emotional labour: “surface acting” and “deep acting”. The former relates to altering emotional displays while suppressing felt emotions, whereas the latter relates to the modification of emotions so that they align with displayed emotions (Othman et al., 2008). This idea of emotional dissonance can lead to “conflict between experienced emotions and emotions expressed to conform to display rules” (Abraham, 1999, p. 441). This creates a predicament for employees that are required to engage in emotional labour and has been linked to low job satisfaction and staff leaving their roles (Abraham, 1999). Nevertheless, emotional labour may not always result in dissonance, and to assume so would remove agency from CWs who do form real relationships with service users and may be guided by genuine regard (Luff, 2008).

Psychoanalyst Menzies-Lyth’s (1988) seminal work on nurses’ “high level of tension, distress and anxiety” in a UK-based hospital adds an important dimension to Hochschild’s (1983, 2012) theory, as her work explored a range of defence mechanisms nurses employed to cope and manage with the multiple demands they encountered at work, many of which were performed unconsciously (p.45). Menzies-Lyth’s (1988) study highlights the emotional demands of working in health and social care; although this study was conducted over 30 years ago, many issues persist today, including emotional strain, high sickness rates and high staff turnover. Furthermore, while some CWs may be able to clearly articulate the use of emotion in their work, aspects of emotional labour may be unacknowledged or inaccessible.

A qualitative study by Gray (2009) in the UK, employing 16 semi-structured interviews with both nurses and nursing assistants (75% female), highlighted that emotional labour was perceived as an integral part of their role, sustaining the caring environment and creating reciprocal therapeutic value. The study reported that emotional labour generated reflexivity within the working environment, enhancing person-centred care. However, Gray's study suggests that emotional labour is "rife with gender divisions," which are evident in society and replicated in the health and social care system (p.174).

The socialisation and interactions of both men and women are majorly influenced by macro-level norms and government policies (Sullivan et al., 2018). Gender norms influence inequalities for women which persist across their lifespan and provide a gender normative explanation for assumptions made about women's innate qualities and their association with gender pay gaps and lower status work (Abbott, 2020). Though public opinion has moved in favour of greater equality, feminist research has continued to investigate the ongoing gender gap in familial care and paid care labour (Sullivan, 2018). Accordingly, this review will now consider the relationship between gender and emotional labour.

2.4.3 Gender and emotional labour

As identified, the link between gender, care and emotional labour in the delivery of social care has been established. While limited studies specifically focus on motivations to enter care work, it is largely recognised that gendered expectations are correlated with caring occupations (Atkinson & Lucas, 2013; Folbre, 2012; Palmer & Eveline, 2012). This is attributed to women being socialised from childhood to believe that being helpful and caring are fundamental aspects of who they are, the underlying expectation being that they are expected to engage in caring activities and not to expect anything for being helpful (Abbott, 2020). Therefore caring has been conceptualised as drawing on women’s natural ability and not a skill that can be equally mastered by any gender (Abbott, 2020; Folbre, 2012; Palmer & Eveline, 2012; Tronto, 2013). The result of these presumptions about women’s greater capacity to care is that domestic tasks, childcare and occupations with large caring components are disproportionately done by women (Tronto, 2013). Research by Gray (2009) supports this notion and identified that the nursing profession’s prototypical images were linked to gender biases that shaped the care field; therefore occupational necessities, such as emotional labour, were diminished to “invisible” and “natural” traits of women.

The representation of social care as women’s work, alongside both love and labour, has been acknowledged to be related to the devaluation of emotional labour in monetary, skill, and social terms (Atkinson & Lucas, 2013; Gray, 2009; Lyon, 2010; Palmer & Eveline, 2012). Therefore, the elements framed as love, the language of which signals virtue, and thus self-sacrifice rather than skill (Palmer & Eveline, 2012), increases the likelihood that care work will “spill over” to uncontracted hours (Lyon, 2010). While many other contextual factors may be relevant, portraying caring relationships characterised by altruistic attachments creates an overly optimistic image of caring which may minimise some of the role’s acknowledged poor elements (Hebson et al., 2015; Palmer & Eveline, 2012). Consequently, the idea that care is done for love, positions pay as an additional reward rather than, CWs’ rights and an organisation’s responsibility (Hebson et al., 2015). Care organisations have been reported to mobilise this discourse and highlight care work as a selfless act akin to familial care; both practical and emotional skills are valued, but this reframes what is work in the role and enables employers to maintain low wages and keep their labour costs to a minimum (Palmer & Eveline, 2012).

While both men and women engage in emotional labour, the scarce recognition of this skill in either the job descriptions or social care sector wage calculations leads to inequity in pay, which predominantly is encountered by women (Guy & Newman, 2004).

2.4.4 Gender, migration and emotional labour

The relationship between migrant women and care work has been emphasised in public and social policy by feminists who have, in the pursuit of gender justice, highlighted the significance of women delivering care on a global scale (Browne & Braun, 2008; Kofman & Raghuram, 2010). Specifically, women migrate from poorer countries to wealthier ones such as the UK, in response to an ageing population and staffing shortages, to deliver care on a global scale (Bauer & Osterle, 2013). As globalisation expands to a neoliberal agenda, as noted, people's lives become increasingly enmeshed in global processes (Lawthom & Kagan, 2016). Therefore, care "chains or networks" are developed when care gaps are not addressed, which predominantly impacts women and the provision of care responsibilities across borders (Lawthom & Kagan, 2016 p. 182). An implication of this is that it commodifies the practical competencies of the role and the complex emotional facets of care to the migrants occupying these roles (Bauer & Osterle, 2013).

The commodification of care labour, coupled with its reallocation to MCWs from the family, is the result of migration, social care sector policies and employment options (Bauer & Osterle, 2013). MCWs are portrayed as innately skilled at providing care, very motivated to gain employment in the social care sector, and depending on the country of origin, are considered to hold cultural beliefs about respecting older people (Browne & Braun, 2008; Torres & Lindblom, 2020). If care organisations identify MCWs "as not engaging in real work, this also sidesteps issues of social justice", this enables them to avoid acknowledging the “often dissonant reality of highly educated migrant women doing low paid and low-status work” and may be used to justify the lack of financial acknowledgement of emotional labour (Lyon, 2010, p. 175).

Hochschild’s (1983/2012) theory postulates that employees’ emotions are commodified in the workplace due to the obligation to perform and feel in ways that meet organisational expectations. The depiction of caring as a natural characteristic of women and migrants, that needs little extra effort, arguably allows organisations to maintain inconsistent practices, in which emotional labour is simultaneously erased and unacknowledged financially while still being commodified by virtue of being expected to uphold their image of providing quality care (Palmer & Eveline, 2012). Hochschild further highlighted that private emotions become an instrument to be used by organisations, therefore, the CWs “display is what is sold”, giving them “weaker rights to courtesy” than service users (p.68). England (2005) suggested, based on Hochschild’s (1983/2012) work, that one of the perils of commodification is the negative bearing it can have on workers psychological wellbeing when they are required to engage in intimate use of aspects of self. Therefore, given the inherent relational aspects of care work and the reciprocal benefit of this aspect of the role for service users and CWs, generally, there is a requirement for emotional labour to be made explicit in organisational policy and practices (Gray, 2009). This shift would facilitate the identification of emotional labour as an occupational skill and address the ambiguity of feeling rules identified in nursing and dementia care literature (Bailey et al., 2015; Gray, 2009). As Hochschild (1983/2012) identified, emotional labour itself is not the primary issue; rather, it is the personal cost of this type of work. For example, employing women and migrants to undertake dementia care, and the association of this work with lack of pay, status, and wellbeing renders it a social justice issue.

As has been evidenced in this section, it is imperative to include women who migrate to the UK and work as EUMCWs when researching the wellbeing of dementia CWs. The fact that this is imperative reflects broader societal and cultural discourse and expectations that fuel the demand for MCWs.

2.4.5 Emotional labour and dementia care work

Dementia service users' emotional needs are likely to vary from other populations' that require care provision. As dementia service users commonly experience memory issues, aggression, communication difficulties and depression, CWs may struggle to establish or maintain care relationships which are critical to providing quality care (Alzheimer's Society, 2019b; Walsh & Schutes, 2013). In some cases, due to a lack of mental capacity, they may be unable to make decisions in all instances of their own accord (Care Quality Commission, 2018). There is a requirement for CWs, in line with the recommended person-centred care framework (NICE, 2018), to provide appropriate support to dementia service users to support their independence and holistic needs. At the same time, they are balancing the responsibility of keeping service users safe, alongside, for example, in care homes the rights of other service users (Luff, 2008). Therefore, the context of dementia care adds to an already challenging role. CWs are tasked with regulating their emotions in complex situations, such as when concerned for dementia service users' wellbeing or responding to distress reactions.

In their ethnographic study observing the emotional labour of healthcare assistants over a year, Bailey et al. (2015) put forward a key reason that working in dementia care is so challenging. They stated that "the environment of the dementia ward offers its own distinct set of behaviours, relations and emotions, and a particularly ambiguous set of feeling rules" (p. 248). The authors found that the ambiguity of these rules meant that

CWs are often required to interpret their meaning and act accordingly, and therefore a shared understanding cannot be assumed. These variations in interpretation may have implications for how MCWs in general, in the UK interpret feeling rules, and in turn, how they respond to the unclear and often conflicting demands of dementia care (Bailey et al., 2015), which could affect the care provided and their own wellbeing.

Focusing on the emotional labour of MCWs from Eastern and Central Europe (2 male, 14 female) working in Austria, Bauer and Osterle (2013) identified that the unpredictability of dementia service users had a profound impact on EUMCWs, psychologically, emotionally and physically. Furthermore, the authors suggested that the informality of live-in care arrangements (the predominant care model in Austria) for EUMCWs was a "slippery slope" that put their wellbeing at risk. The risk stemmed from being required to meet service users' intimate needs (emotion work and personal care) in service users' homes, blurring familial dynamics and labour. Research has identified that balancing engagement and detachment is a significant challenge for those who work in dementia care but is essential to safeguard their own wellbeing (Bailey et al., 2015; Bauer & Osterle, 2013; Menzies-Lyth, 1988).

The complexity of working in dementia care and the role's potential impact on CWs, in general, has been highlighted in this section. In the UK, research has indicated that dementia CWs do not seek specific support when their wellbeing is impacted by their work, as the emotionality of the role is assumed (Law et al., 2019). Instead, CWs speak with their colleagues, indicating the importance of these relationships (Law et al., 2019), and as outlined in this literature review, these relationships are of critical importance to migrants' wellbeing (Moyce et al., 2016). Furthermore, the lack of training and adequate support EUMCWs receive compared to professional nurses who migrate post-qualification arguably makes the difficulties experienced in care work more profound, especially in the field of dementia care (Bauer & Osterle, 2013); therefore, the next section will go on to consider training offered and role experiences.

2.5 Domains of research about being a European migrant care worker

2.5.1 Training and development

This section will look at the training and development provided in care work and, in particular, dementia care work. While this training is the same for everyone regardless of migration status, it has been included to establish the training that EUMCWs receive in their roles.

Research has shown that dementia training is a constant need and requirement for both trained nurses and CWs. (Chang et al., 2005; SCR, 2015; SFC, 2019). For example, training is critical to prepare CWs to provide end-of-life care, a distinctive difficulty in older adult social care provision (McCarron et al., 2010). However, CWs, in comparison to other helping occupations, which are qualified to work with the complexities of various presentations, receive insufficient training with regards to the needs of dementia service users, including concerning their own self-care needs (Bauer & Osterle, 2013; Hughes et al., 2008).

A Care Certificate was introduced in the UK to raise standards, and it is being rolled out across social care to minimise variability in skills, with a large proportion of CWs having completed or partially completed this training (SCR; 2015; SFC, 2019). Training interventions have been demonstrated to positively impact CWs sense of competence and their sense of wellbeing (Chenworth et al., 2010; Hughes et al., 2008; Mackenzie & Peragine, 2003). Furthermore, the Cavendish Review (2013) emphasised the significance of CWs not only being competent in their care provision but also equipped to “act with compassion and respect” (p.33).

Kadri et al. (2019) highlighted that despite significant differences in the training received between nurses and CWs, the challenges reported were similar. Interestingly, quantitative research by Mullan and Sullivan (2016) found that while being guided by person-centred dementia care strategies led to an increased sense of competence for CWs and allied staff, the training received did not predict a sense of competence. A range of mental health employees, including nurses and unqualified staff working with dementia service users in a qualitative study by Smythe et al. (2015) suggested that classroom-based learning was less valued than observing and learning from their colleagues, who were perceived to be naturally skilled, due to difficulties linking theory to practice. This collaborative active approach to learning has been supported in the dementia care literature (Marx et al., 2014; McCarron et al., 2010).

SFC (2019) has reported that the current agenda to upskill CWs has a number of benefits for the social care sector, including improving care quality, improving staff retention, and enhancing CWs sense of competence and value to the sector. From the EUMCWs’ perspective, less is known about their training requirements, including their thoughts on the training they receive and the training they think they need. Examining the issues raised in the literature review thus far, it seems that a more holistic interpretation of CWs training is needed, which accounts for the effect of the job on their wellbeing, particularly concerning the emotional aspects of their work. As Hochschild (1983/2012) acknowledged in her research, individuals learnt to intervene with their feelings through training, highlighting that emotional labour skills can be acquired. This acknowledgement subsequently appears to challenge this skill's alleged inherently gendered nature. Therefore, training that focuses on honing the emotional labour skills of CWs, alongside opportunities for emotional support, could improve their wellbeing, and the wellbeing of the service users for whom they provide care (Eyers, 2000).

2.5.2 Job satisfaction

As mentioned earlier, different conceptualisations and indicators of job satisfaction have been reviewed in the literature (Lopez et al., 2014). Quantitative and qualitative research has highlighted that CWs value autonomy (Stacey, 2005), alongside organisational support and a sense of community (Vassbø et al., 2019). In dementia care literature, CWs acknowledge the commitment to making a difference in service users' lives (Law et al., 2019). For example, research by Stacey (2005) identified that "dirty work" related to aspects of personal care led to a felt sense of dignity for CWs, alongside the relational aspects of the work that they felt distinguished CWs from other medical professionals. A salient source of job satisfaction in care work has consistently been linked to the benefits derived from caring for others (Hebson et al., 2015).

The importance of relationships developed with service users for CWs is an evident recurring theme in the literature (Hebson et al., 2015; Law et al., 2019; Talbot et al., 2016; Walsh & Schutes, 2013) and indicated as the principal reason CWs can navigate the challenges inherent in dementia care (Talbot et al., 2016). A sizeable mixed-method study that included 21 EUMCWs by Walsh and Schutes (2013) recognised that for MCWs, co-constructed care relationships, defined as those that entail "reciprocal, need orientated, or friendship and familial-like set of dynamics", might be viewed as a means of enhancing their wellbeing (p.22). The implications of increasing job satisfaction for CWs by focusing on relationship-centred care are notable; it could reduce turnover, improve the quality of dementia care, and increase the wellbeing of all concerned (Lopez et al., 2014; Talbot et al., 2016).

While there is a dearth of literature that considers the intragroup differences within MCWs, Doyle’s and Timonen’s (2009) qualitative study clearly presented their findings to depict the experiences of South Asian, African and EUMCWs (n=13). In doing so, they demonstrated that the country of origin of CWs impacted their experiences of care work and future intentions in the field. A shared finding among MCWs was that some of the role’s adverse aspects were balanced by the security of gaining employment, leading to favourable attitudes towards their work. However, disparities did emerge; for example, the reciprocal facet of the role was cited least by EUMCWs, which the authors suggested was due to a higher proportion of EUMCWs in their study working in structured institutional settings as compared to non-EU MCWs. This increased occurrence may have reduced opportunities for EUMCWs to spend time with service users because of the demands placed on workers, which may have left little time for co-constructed care relationships. Doyle & Timonen’s (2009) study indicates that demographic information, often presented homogeneously, is an important facet of experiences, even if it is often not accessible (CWs or MCWs) in published studies. Therefore, the generalisability of all studies should be scrutinised on this basis.

CWs may view role rewards as stemming from the moral aspects of care work that makes the role feel meaningful, despite the devalued and stigmatised position it occupies in society as women’s work (Gray, 2009; Stacey, 2005). However, in the context of continual poor pay, continual reports of high job satisfaction are more complicated than altruism (Hebson et al., 2015). As care work is a job that “embodies an exchange of effort”, there is a need to separate intrinsic factors from extrinsic aspects, such as employment contracts and pay (Rose, 2003, p. 506). Rose (2003) suggests that theoretically, individuals who work in low-paid roles and report high-level job satisfaction may do so to avoid questions highlighting their perceived shortcomings, such as why they settled or had not sought better-paid work. While it seems reasonable to apply Rose's logic to the social care sector and suggest that MCWs may falsely profess a deep calling for their work so that they can avoid questions of irrationality or stigma. It also seems important not to shift the onus solely to these individuals by ignoring some of the organisational and wider systemic issues that permeate the social care sector and lead to the commodification of migrants' emotional labour in the first place.

2.5.3 Burnout and job dissatisfaction

Working in dementia social care has been identified as both physically and mentally challenging internationally, highlighting the complexity of helping professions and the requirement of support for these workers globally (Duffy et al., 2009; Redfern et al., 2002; Zimmerman et al., 2005). Despite this, the bulk of UK research has focused on staff that hold positions requiring professional qualifications, neglecting the psychological wellbeing of CWs (Hussein, 2018).

As outlined in the theoretical framework, Maslach's and Jackson's (1986) conceptualisation of burnout which stemmed from concerns for the emotional and interpersonal impact of helping occupations, is widely acknowledged and frequently referenced in social care literature (Duffy et al., 2009; Maslach & Leiter, 2016). Three dimensions characterise the current conceptualisation of burnout: "overwhelming exhaustion, feelings of cynicism and detachment from the job, and a sense of ineffectiveness and lack of accomplishment" (Maslach & Leiter, 2016, p.103). Exhaustion refers to feeling overwhelmed and fatigued. Cynicism, previously referred to as depersonalisation, refers to a negative or indifferent attitude towards service users in order to cope with the demands of the role. The inefficacy dimension, previously identified as a decline in personal accomplishment, refers to a reduced sense of competence and low morale (Duffy et al., 2009; Maslach & Leiter, 2016).

Burnout has been employed in dementia literature to conceptualise the adverse outcomes for CWs, indicating that the role renders individuals particularly at risk of developing burnout traits (Duffy et al., 2009). Combined with the aforementioned progressive nature of dementia, which can lead to behavioural changes, cognitive deterioration or impairment, and emotional instability (Cerejeira et al., 2012), these challenges may be heightened. For example, the demands of dementia care can be overwhelming; staffing shortages can compound these difficulties by not allowing CWs adequate time to rest and restore balance, impacting their psychological wellbeing (Maslach & Leiter, 2016).

The link between individual wellbeing and organisational factors has been highlighted as a significant factor in the development of burnout (Maslach & Leiter, 2016). For instance, the ambiguity of the role and other characteristics of working in social care has been identified to be more salient with burnout than the personal characteristics of CWs, accounting for a significant proportion of burnout (Barber & Iwai, 1996). A reason for this may be attributed to CWs being perceived as "depersonalised instruments" in the sector, with little support from management which is also associated with developing dimensions of burnout (Kadri et al., 2018, p.14). Research by Kadri et al. (2018) importantly highlighted the incongruence between care organisations adopting person-centred principles into their policy and delivery of dementia care and the problematic lack of attention applied to adopting these same principles with CWs to improve their wellbeing.

Studies that implement a focus on burnout often use psychometric measures, the use of which means that access is only granted to the specific test answers, rather than the self-expressed subjective experience of CWs in relation to role challenges. Additionally, the lack of demographic information makes deducing the applicability to EUMCWs more tentative. However, qualitative studies have also shown that job dissatisfaction is commonly experienced within the health and social care profession across the board, regardless of migration status or country of origin (Banerjee et al., 2015; Doyle & Timonen, 2009; Eyers, 2000). For EUMCWs, frustration and discontent have been linked to a lack of recognition for their work, mainly in the private sector, alongside insufficient pay (Doyle & Timonen, 2009). Additionally, a reasonably extensive standardised survey, with 101 international social care workers, including those who had migrated to the UK from the EEA, found an increased need for mutual understanding of culture in the workplace. 49% of participants reported that they had, or currently were experiencing, mistreatment at work (Hussein et al., 2009). These negative experiences have significant wellbeing implications; however, the authors did not present all their findings by country of origin, so these findings are only indicators of experiences.

Although over a decade of research is referenced in this section, there is yet to be a holistic shift in the care environment's culture, something which would meaningfully improve CWs' wellbeing at work (Kadri et al., 2018) and permeate to other aspects of their lives. The challenges inherent in care work and the systemic devaluing of the profession (referenced numerous times in this literature review), coupled with the referendum, raises questions about how EUMCWs' identities may shift in the UK and their role.

2.6 The referendum

2.6.1 Impact of periods of uncertainty

History has demonstrated that periods of uncertainty can have an impact on a macro-level and a micro-level, affecting individual wellbeing (Greenglass et al., 2013; Tausig & Fenwick, 1999). The historical event of the global financial crisis in 2008, has been labelled as the worst recession to take place since the Great Depression (Lindström & Giordano, 2016). An examination of this period in the UK highlighted that those who were unemployed experienced overall lower levels of subjective wellbeing were more likely to be depressed and reported reduced levels of contentment which impacted those around them (Bell & David, 2010). These same findings were also suggested by Gonza & Burger (2017) to extend to the employed. Parallels of the above have been mirrored in an international context during this same period (Gonza & Burger, 2017; Modrek et al., 2015). Furthermore, research evidence indicates that the recession fuelled anxiety about one’s future due to the continual discourse surrounding economic stagnation combined with uncertainty concerning job security and financial futures, all of which can have a bearing on one’s psychological and physical health (Greenglass et al., 2013). The above may provide a basis for considering the experience of uncertainty stemming from the referendum for EUMCWs.

2.6.2 Impact of uncertainty on wellbeing

Wellbeing is defined as experiencing happiness and a sense of contentment, combined with reduced levels of distress and generally good mental and physical health (American Psychological Association, n.d.), all of which can be impacted by a variety of life events to varying degrees. Additionally, individuals’ interactions with their social worlds can affect their sense of wellbeing, an essential aspect of which is integration, acceptance, and a perception of belonging (Keyes, 1998). The referendum may have altered EUMCWs' subjective wellbeing, as previous research has linked uncertainty and the psychological effects of life events which are perceived as negative with lack of wellbeing (Suh et al., 1996).

Uncertainty can be challenging for some individuals to tolerate. The psychological concept of "intolerance of uncertainty" encapsulates this difficulty and has been associated with numerous emotional disorders (Rettie & Daniels, 2020). Recent research by Duda-Mikulin (2020) suggests that uncertainty stemming from the referendum will impact EUMs to differing degrees due to a lack of clarity about future arrangements for migrants. However, for females, because of their representation in fields, such as social care with "poverty-pay" and insecure contracts (Hussein, 2017) resulting in fewer contributions and rights, their lived experience of uncertainty may arguably be heightened (Duda-Mikulin, 2020).

Understanding female EUMCWs' experiences of the referendum, which may well be adverse, can shed light on the strategies they use to cope day to day and at work, and inform therapeutic practice for this population and add to the literature on the impact of uncertainty on identity and wellbeing.

2.6.3 The referendum, xenophobia and uncertainty

As per the introduction, the landmark referendum in 2016 sent shockwaves throughout the EU (Hobolt, 2016). This phenomenon has been conceptualised in the literature to highlight a divided nation where "immigration and the loss of a distinct national identity" were deemed important issues that distinguished "Leave" and "Remain" voters (Hobolt, 2016, p. 1273). According to Guma and Dafydd Jones (2019) this allegedly divided nation might be understood within the context of the referendum as a consequence of the othering of migrants residing in the UK, particularly affecting EUMs rights following Brexit. The literature proposes othering can be thought of as a way of labelling those who are perceived to be different from oneself, as well as a way for people to construct their own identities based on these perceived differences with others (Weis, 1995, as cited in Johnson et al., 2004, p. 254). Othering divides society into two distinct groups, one that embodies the norm and is valued on this basis, and another that is blamed, invalidated and vulnerable to marginalisation and discrimination (Staszak, 2020).

Research has highlighted that EUMs experienced hostile and violent encounters within the UK both before and after the vote to leave occurred (Guma & Dafydd Jones, 2019; Rzepnikowska, 2018). Following the referendum, a rise in hate crimes towards migrants was reported in varying proportions across the UK, creating anxieties and impacting migrants' feelings of belonging (Guma & Dafydd Jones, 2019). Rzepnikowska's (2018) qualitative study which utilised narrative interviews (n=21) and a focus group (n=5) with Polish women highlighted the impact of the vote to leave on their experiences of racism and xenophobia. Rzepnikowska (2018) found that markers of difference, such as using the Polish language, made differences audible and visible. According to Byrne (2006, as cited in Stevens et al., 2012), being English is a racialised identity, and thus individuals may face discrimination based on not being a member of that identity. All these things can be influenced by the "media, political discourses, class, race and the local context" and can shape relationships with others (Rzepnikowska, 2018, p.61).

The above literature has explained several difficulties that EUMs may have been facing following the referendum. Moreover, EUMs' legal and socioeconomic lives within the UK are shrouded in uncertainty (Duda-Mikulin, 2020), which for some may impact their psychological wellbeing. Given that the referendum has activated uncertainties for some EUMs, many of them may be weighing up if they will choose to leave or await the outcome of Brexit and assess if their future rights limit their choices. EUMs should not be viewed as only being temporarily in the UK since many have settled and established lives, such as having a family and gaining permanent employment (Guma & Dafydd Jones, 2019). These experiences may be exacerbated for women, for example those who work in the social care industry, because being an MCW, which is disproportionately a female role, is seen as a "double-edged sword": good because they are depicted as the solution for staffing shortages in ageing populations, bad because they are simultaneously othered for their identity as migrants (Torres & Lindblom, 2020, p. 81). For these reasons, EUMCWs at this time appear to be an important focal area, which this review will discuss next.

2.6.4 The referendum and health and social care

The referendum has increased challenges for the health and social care sector. A House of Commons Briefing Paper reported that the UK's eventual withdrawal from the EU would affect several facets of health and social care provision in the UK (HCHC, 2017). This paper's key focus was the impact of the referendum on the social care workforce, both in terms of the continued need to recruit EUMs to sustain services, and concerning the effects on staff morale due to unwanted uncertainty. Furthermore, concerns were suggested to extend to the potential hurdles of acquiring permanent residence within the UK, as well as to bureaucratic issues, such as the need for Comprehensive Sick Insurance (HCHC, 2017). The government paper acknowledged that the impact of the referendum was yet to be thoroughly researched, and noted the need to recognise the value and contribution that low-paid health and social care workers bring to the sector (HCHC, 2017). This briefing paper raised various fundamental issues, but the emphasis was positioned on the recruitment and retention of doctors and nurses. Consequently, it told us little about the experience of EUMCWs.

A report released by the ONS (2019a) states that long-term migration from the EU to the UK is at its lowest since 2013, fallen since 2016 when the referendum occurred. Statistics advocate that since the vote to leave the UK, there has been a significant reduction in the number of nurses applying to join the midwifery council, with figures in 2018 showing an 87% reduction (Nursing & Midwifery Council, 2018). These statistics highlight the potential impact of the referendum on the health and social care sectors, as these workers may choose to consider employment options in alternate locations within the EU (Burdett & Fenge, 2018).

Applicable research by Read and Fenge (2019) evaluated the impact of the referendum on future workforce sustainability in the social care sector. This mixed-methods study utilised in-depth interviews (n=5) and questionnaire-based surveys (12 using a 5-point Likert scale) via purposive sampling with domiciliary and residential care managers. They stated that they focused their investigation in and around the conurbation of Bournemouth in the south-west of England, where the social care sector is reported to have a significant reliance on the recruitment of EUMCWs (17% of the social care workforce). The findings suggested that managers perceived that Brexit would likely exacerbate recruitment and retention issues already a long-term issue within the sector, with nurses and CWs subjected to insecure contracts and low-level pay. While Read and Fenge's (2019) study usefully served to amplify the managers' voices on the ongoing debate about the potential impact of Brexit, it raises the question of whether their concerns are reflected by EUMCWs who were not included in their research. Given this, it is argued here that it is pertinent and timely to gain the perspectives of EUMCWs (Burdett and Fenge, 2018) as even post-referendum their voices have yet to be the focal point in academic research.

The first qualitative study to explore the post-referendum views of EU doctors working in the NHS was conducted by Chick and Exworthy (2018). Their study utilised Braun’s and Clarke's thematic analysis to systematically examine 17 semi-structured interviews with doctors (female = 11/male = 6) in two NHS England Trusts who had citizenship from the EEA or received their qualifications from there. Key themes that emerged suggested that most of the doctors felt that their working conditions and right to remain in the UK would not be significantly affected by the UK’s eventual withdrawal from the EU. Nevertheless, the government’s handling of the referendum had still had an unwanted impact on the doctors, creating a sense of uncertainty about their future and leaving them feeling undervalued.

Chick’s and Exworthy’s study made a valuable contribution to a developing area of research; however, some shortcomings apply when considering the chosen sample. Firstly, the length of time that the EUM doctors resided in the UK was not specified. Participants had worked within the NHS for time periods ranging from less than a year to 22 years; this may have resulted in a considerable variation in experiences and feelings of belonging. Secondly, as the study focused on EUM doctors, the majority of whom occupied consultant positions, this may account for the minimal concern expressed about their positions in the UK. EUMCWs employed in frontline positions perhaps face further vulnerabilities. As evident in this literature review, these frontline positions tend to be more insecure and offer lower pay and status than positions for doctors, and are often un-unionised (Stevens et al., 2012). Therefore the needs of EUMCWs and their reliance on the treatment of employers may be more pronounced, arguably reducing their comparative sense of security.

The Sustainable Care: Connecting People and Systems Programme (Turnpenny & Hussein, 2020) recently published relevant preliminary findings on MCWs post-referendum, highlighting several challenges for the social care workforce. Besides difficulties posed by being a migrant in a transnational setting working in homecare, further obstacles identified by EUMCWs included not having a fixed address in the UK and being granted “pre-settled” as opposed to “settled” status even after living and working in the UK for several years. The authors identified the potential danger to EUMCWs who may fail to get settled status, and subsequently become “undocumented” exposing them to possible exploitation (Turnpenny & Hussein, 2020), especially as some social care roles are not regulated and may be cash-in-hand (Duda-Mikulin, 2020).

This section of the literature review has begun shedding light on the impact of the referendum by collating relevant research. Clinicians and social care researchers need to build on knowledge currently in its early stages in order to move beyond hypothesising experiences and instead inform policy and practice. The next section of this review will conclude with a rationale for exploring female EUMCWs’ experiences of the referendum, to consider the impact on their work, identity and wellbeing.

2.7 Conclusion and counselling psychology relevance

This review aimed to synthesise literature on migration, CWs, and the referendum, highlighting the relevance of exploring and contextualising the experience of being a female EUMCWS in a time of political and socioeconomic uncertainty in the UK.

Research and discourse surrounding the social care sector have understandably tended to focus on the needs of individuals with dementia, extending to CWs, particularly in regard to enhancing care standards. This review has shown that CWs are tasked with emotional labour to meet dementia service user’ emotional and social needs (Bailey et al., 2015; Gray, 2009; Huynh et al., 2008), a task that is linked to role rewards and challenges at work (Bailey et al., 2015; Walsh & Schutes, 2013). When experienced as challenging this emotional labour can have a profoundly negative impact on CWs wellbeing and lead to burnout (Duffy et al., 2009) and dissatisfaction at work (Banerjee et al., 2015; Doyle & Timonen, 2009). Given CWs' insights, what is remarkable is that person-centred principles prevalent in dementia care literature and policy do not appear to be extended in practice to CWs (Kadri, 2018), and relatively few studies have focused specifically on CWs' psychological and emotional wellbeing (Hussein, 2018).

In the context of the referendum, the issues of recruitment and retention in the social care sector has once again been brought to the fore, with the focus yet again positioned on qualified professionals (HCHC, 2017). It is suggested here that EUMCWs' needs appear to be relatively overlooked. Therefore, the recognition of EUMCWs' wellbeing was deemed an important facet of this investigation in the aftermath of the referendum, given the potential psychological implications of being part of an intense public debate on both their identities as CWs and their identities as migrants.

The significance of adopting a feminist lens and focusing on women was derived from the literature for several reasons. Firstly, migration experiences and labour opportunities are shaped by gender roles that can impact choices to relocate and challenges associated with being a migrant in a host country (Bartram et al., 2014; Duda-Mikulin, 2020). Secondly, the social care field is highly gendered, with female migration occupying an integral role in meeting the shortfall of staff in the sector (Lawthom & Kagan, 2016; Lyon, 2010; SFC, 2019). Lastly, the referendum was found to have exacerbated difficulties for EUMs, who were cited to be experiencing increased discrimination and uncertain futures, impacting their sense of belonging in the UK (Guma & Dafydd Jones, 2019; Rzepnikowska, 2018). However, the portrayal and devaluation of care means that job roles can offer little security, which may compound this uncertainty, as EUMs' rights and entitlements post-Brexit at the time of conducting participants' interviews were yet to be clarified.

No studies were sourced that explicitly looked at the experiences, identity, and wellbeing of female EUMCWs for individuals with dementia in a post-referendum context. Recognising individuals' subjectivity is at the core of CoP principles, according to the British Psychological Society's (BPS) "Professional Practice Guidelines" for CoP (2005). Therefore, this research aims to address this gap in knowledge by drawing on this ethos and qualitatively exploring experiences. In addition, within the Health and Care Professions Council's guidelines entitled "Standards of Proficiency for Practitioner Psychologists" (2015), and the BPS (2005) CoP guidelines, the importance of research is emphasised to guide and inform professional and ethical practice that is rooted in the value base of CoP. However, little attention has been paid to CWs in psychological literature, which considers their needs from a counselling perspective. Therefore, this research is considered necessary to inform the practice of CoP as well as other practitioner psychologists working with this client group. Additionally, recognising EUMCWs' experiences, including obstacles and barriers, is an important phase required in order to develop and build upon policy and interventions to support EUMCWs within the UK. This is especially pertinent given the population demographics, prevalence of dementia, and the increasing reliance on EUMCWs in the health and social care professions.

The literature review highlighted that the referendum subjected EUMs to political and socioeconomic forces beyond their making. Therefore, the ensuing aim is to give voice to a group of female EUMCWs in a time of political uncertainty, which is key to CoP social justice enquiry (Goodman et al., 2004). Furthermore, CoP's history and core values are consistent with and position the profession to take an active role in social justice-orientated work, aligning the profession with aspects of community psychology. Per community psychology, mental health practices can benefit from shifting the lens from individuals and their issues and difficulties to examining behaviour-in-context of individuals' lives and within wider sources of inequality that permeate UK society and give rise to individuals' capabilities (Kagan, 2015). Thus, by aiming to highlight psychological matters generated by the referendum's unique political and socioeconomic context and the impact of this on EUMCWs' agency, this research may well be of relevance to a range of disciplines, including within the broader context of psychology. Indeed, Goodman et al. (2004) note that, given CoP's roots in feminism and multicultural counselling theories (as identified in the framework), the "personal is rendered political" (p.804). Therefore, individual struggles may be considered to be created or heightened by systemic factors, which can have a bearing on psychological wellbeing, community cohesion and sense of belonging (Duff et al., 2016). In line with this, CoP aims to "recognise social contexts and discrimination and to work always in ways that empower rather than control, and also demonstrate the high standards of anti-discriminatory practice appropriate to the pluralistic nature of society today" (BPS, 2005, p.2).

This research aims to add to the psychological literature and future debates in the social care profession and the provision of dementia care. It is hoped that by informing therapeutic work and beyond (e.g., nurses, doctors, care home managers) with a greater awareness of the EUMCWs' perspectives, this might also play a role in challenging the narrative that prevails in our society that care work is unskilled. Notably, it may elicit further discussions about the central role that the social and political context can play in all aspects of an individual's identity and wellbeing (Goodman et al., 2004). Finally, it is theorised that CoP could assume a unique role in promoting therapeutic input, such as leaving tools key to its unique identity, for example supportive/reflexive supervision and self-care strategies, as one emphasis of CoP is working beyond the therapy room and into the community (Rafalin, 2010).

2.8 Research aim and research question

This proposed study aims to gain insight into the experience of being a female EUMCW for individuals with dementia in the UK post-referendum. More specifically, as identified, it will seek to gain insight into their experience of the referendum, and to ascertain the impact of this phenomenon on their individual identity and wellbeing, alongside their collective identities as CWs. The study's findings will then be discussed in relation to clinical implications for the field of CoP and beyond to support EUMCWs.

The guiding research question will be:

How do female EUMCWs for individuals with dementia make sense of their role and experiences post-referendum?

This will encompass:

Exploring the experience of living in the UK for EUMCWs post-referendum.

Exploring the ways in which EUMCWs make sense of their role from a psychological perspective, including in the context of broader socio-political issues.

Experiences of their work, exploring potential rewards and challenges.

Chapter Three: Method

3.Overview

This chapter aims to provide an account and rationale for the chosen methodology, method, procedures undertaken and analytic strategy. In addition, it includes a consideration of ethics and validity.

3.1 Qualitative methodology

Quantitative methods have been widely used in social care research to explore variables such as burnout and job satisfaction in CWs (Duffy et al., 2009; Mullan & Sullivan, 2016; Redfern et al., 2002). Despite the valuable contributions of these studies, quantitative measures work with “variables” predetermined by the researcher (Willig, 2013), and tend to be primarily concerned with the identification of cause-and-effect relationships (McLeod, 2011). Conversely, this study aimed to explore the meaning that EUMCWs ascribe to working in dementia care post-referendum, from their perspectives. Using predetermined “variables” might have led to the imposition of the researcher’s own meaning-making on the participant’s responses, which would have precluded the identification of their ways of making sense of their role and experiences (Willig, 2013). Therefore, in line with this study’s aim, a qualitative methodology was chosen because it is primarily concerned with the in-depth understanding and description of human experience (Willig, 2013). The researcher hoped that a qualitative methodology would lead to a richer and more holistic insight into the phenomena under investigation.

Furthermore, the referendum and the socio-political context within which EUMCWs experience their role was considered relevant to this study. Therefore, understanding the individuals’ experience in context was considered necessary. It would be difficult to account for such a backdrop using a quantitative method. Finally, qualitative research shares much of its value base with CoP, such as an interest in giving voice to participants (McLeod, 2011).

3.2 Epistemology

This study assumed a critical realist epistemological position. Critical realism posits that realities exist independently of the researchers' conceptualisation of them (Fade, 2004) and that divergences in the meanings that individuals may have attributed to their experiences are to be expected, as realities can be understood and experienced in numerous ways (Fade, 2004).

IPA is theoretically embedded in a critical realist epistemology (Bhaskar, 1978, as cited in, Fade, 2004). Therefore, IPA was considered to suit the aims of the study as it adopts an interpretive stance and seeks to make sense of an individual's experiences and realities (Eatough & Smith, 2017). This perspective is consonant with the professional identity of CoP, whose core values promote the humanistic valuing of individual differences, meaning-making and phenomenology (Donati, 2016). The role of the researcher is to take a probing and interpretative approach to the data in an attempt to facilitate a deeper understanding of the underlying structures that generate the phenomenon under investigation (Willig, 2013). Subsequently, there needs to be an acknowledgement that the extent to which these interpretations are "real" is debatable and subjective (Willig, 2013).

When considering what can be known and what there is to know, IPA was deemed to be compatible with the researcher's perspective and the research objectives. Accordingly, this study attempted to access an "insider" perspective of EUMCWs' experiences of the post-referendum UK, which was reflected upon to be a reality that objectively exists but is constructed through various subjective realities (Jeong &

Othman, 2016). The role of hermeneutics, and thus that of the researcher, were recognised. The findings are acknowledged to represent an interpretation of the phenomenon, the researcher's worldview and the interaction that occurred during the process between the participant and researcher (Willig, 2013; Smith et al., 2009).

3.3 Interpretative phenomenological analysis

IPA (Smith et al., 2009) is a qualitative approach to research, which is fundamentally rooted in the exploration of how individuals make sense of their significant life experiences. The decision to use it was based on the research aims, alongside its suitability for a critical realist orientation. IPA made a mark in the mid-1990s as an approach to "qualitative, experiential and psychological research" (Smith et al., 2009, p. 11) and has since continued to shape its theoretical orientations, and methods of collecting and analysing data (Jeong & Othman, 2016). IPA draws on a wide range of philosophical ideas; nevertheless, it is considered to encompass three central philosophical foundations: phenomenology, hermeneutics and ideography.

At its core, IPA is a phenomenological approach that draws on the phenomenological philosophy of notable field figures: Husserl, Heidegger, Merleau-Ponty and Sartre. The work of Husserl (1913/18, as cited in Giorgi, 2008) primarily focused on the eminence of individuals' experiences and perceptions. Heidegger, Merleau-Ponty and Sartre built on Husserl's work, contributing (from each of their viewpoints) that individuals are submerged in a world of relationships with others, concerns, objects, culture and language (Smith et al., 2009). Therefore, a "worldly" and interpretative perspective to "understanding the perspectival directedness of our involvements in the lived world" is a prerequisite, as experiences are born from engagement in the social world (Smith et al., 2009, p. 21). IPA is firstly, therefore, phenomenological, as it is concerned with an individual's personal accounts of their lived experience, notably from the perspective of the participants' engagement with it (Smith & Osborn, 2008). Secondly, the hermeneutic root stemming from Heidegger's body of work acknowledges that phenomenological analysis is essentially an interpretative process. The researcher is thus seen to take an active role in interpreting how individuals make sense of their personal and social world. The concept of the hermeneutic circle reflects the iterative, non-linear and dynamic element of IPA analysis. The researcher aims to move back and forth, reflecting on the data, attempting to consider it in a multiplicity of ways (Smith et al., 2009). Thirdly, IPA's idiographic principle gives pre-eminence to the participants' perspective on reality. This is accomplished by meticulously engaging in the detailed analysis of a small number of participants' narratives, which increases the richness of the findings (Smith & Osborn, 2008).

The ensuing research attempted to provide an in-depth phenomenological understanding of EUMCWs' experiences of caring for individuals with dementia, within the socio-political context of post-referendum UK. This aligns with IPA because of the phenomenological requirement to understand and give voice to the concerns of the participant, and the interpretative element to contextualise and make sense of their experiences in relation to the broader social and cultural context (Larkin et al., 2006). Specifically, IPA acknowledges that experiences do not happen in isolation (Larkin et al., 2006). Furthermore, the idiographic principle gives pre-eminence to the individual's perspective on their worldview (Smith et al., 2009). This allows for the exploration of complex, under-researched experiences, and gives voice to participants when there is a social need to hear from a particular group. IPA was considered consonant with CoP because of its relational and humanistic value base, which prioritises understanding an individual's subjective worldview. Finally, like IPA, CoP distinguishes its identity from other applied psychologies, through its evident use of phenomenological and hermeneutic enquiry, which enriches engagement in research (BPS, 2020).

3.3.1 Other qualitative methods which were considered

Grounded theory (GT) and discourse analysis (DA) were considered as possible alternative qualitative methods.

GT is frequently considered the primary alternative method to research studies employing IPA (Smith et al., 2009). GT was founded by Glaser and Strauss (1967), offering researchers a systematic guide to qualitative analysis with a transdisciplinary identity and several available formats (Smith et al., 2009). Of these available options, constructivist GT (Charmaz, 2006) is the most commonly employed in psychological research to produce a theoretical-level account of a phenomenon under investigation, often using large sample sizes relative to IPA (Smith et al., 2009). While inquiry in both IPA and GT takes an inductivist approach, GT aims to generate a theoretical claim, while IPA highlights the micro-analysis of individual participant experiences, with details and nuances arising from the exploration of human life in small samples. This is in line with this study's epistemology and research aim to gain insight into the experience of being a EUMCW for individuals with dementia in the UK post-referendum, exploring convergence and divergence between participant accounts.

The other alternative method, DA, is concerned with how participants make use of "discursive resources" (Willig, 2013). Much like IPA, it considers the context of language and acknowledges that talk can be action-orientated (Eatough & Smith, 2008). However, DA focuses on language-in-use and is concerned with how individuals of a given sample accomplish social, political and personal endeavours through their uses of language (Starks & Trinidad, 2007). IPA was chosen over DA as this study aimed to gain a rich in-depth phenomenological understanding of the EUMCWs' experiences, in the context of the referendum, and therefore choosing DA would shift the relative focus, and potentially fail to capture the psychologically rich aspects of these individuals' experiences (Eatough & Smith, 2008).

Chiefly, GT and DA were not utilised as they were perceived to detract from this study's primary focus and aim.

3.4 Materials

Semi-structured, in-depth, one-on-one interviews, according to Pietkiewicz and Smith (2014), are the most popular method to elicit rich, detailed first-person accounts of experience, as such this method of data collection was chosen. The advantages of in-depth semi-structured interviews over other techniques, such as focus groups, include the ability to facilitate rapport and empathy whilst also having the flexibility to explore unexpected areas of interest not previously considered by the researcher. (Smith & Osborn, 2008).

A semi-structured interview schedule was developed, based on the research aims of this study, and was piloted following approval from the ethics board at London Metropolitan University. The pilot interview was used to check that the interview schedule language was clear and to alert the researcher to any omissions or concerns with questions or question arrangements so that necessary revisions could be made before the commencement of the study (Willig, 2013). According to Willig (2013), a pilot interview should be conducted on individuals with similar interests or experiences and was, therefore, undertaken with a previous CW colleague of the researcher (the pilot was not included in the analysis). The schedule was based on relevant literature on CWs, information on the referendum and published guidelines on conducting qualitative research using IPA (Smith et al., 2009). Guidance was also sought through discussions with the research supervisor. Following the pilot interview, the order of the questions was amended and the number of questions asked was reduced; the final schedule (Appendix A) was used to guide but not dictate the interview process (Willig, 2013). The flexibility of using semi-structured interviews allowed for dialogue to flow between the researcher and the participant during the interviews (Willig, 2013).

Other materials that were used within this study included a digital voice recorder, a password-protected laptop, an informed consent form, a demographic questionnaire, a debrief sheet, and a notepad and pen to record thoughts and reflections after the interviews.

3.5 Recruitment

The first method of recruitment involved contacting large dementia care providers via email within the UK and enquiring whether they were willing to disseminate this study's recruitment poster (Appendix B), to their various care homes or home care staff. As outlined on the recruitment poster, EUMCWs interested in taking part in the research were asked to contact the researcher directly; this was designed for participants' anonymity from their organisation. The second mode of recruitment involved placing the research poster on social media sites, such as Facebook groups and other online forums aimed at professional health and social care workers. When recruitment commenced, the researcher was no longer working as a dementia CW.

3.5.1 Participants

The participants were seven female EUMCWs living and working in the UK at the time that the interviews took place in 2018. This is in line with the guidelines set out by IPA (Smith et al., 2009), where small sample sizes are selected for their expertise in the phenomenon that is being explored (Smith & Osborn, 2008). Therefore, the individuals interviewed were homogeneous to the extent that they shared the experience of working as a EUMCW for individuals with dementia in the UK post-referendum (Smith & Osborn, 2008). Participants had a mean age of 38, and they had resided in the UK for a mean length of 6 years (range 2.5 -11 years). The participants care experience also varied between 6 months and 28 years (mean = 8). Demographic information was collated to situate the participant sample with relevance to the research aims (Gibbs et al., 2007) and is presented in Table 1.

Table 1:

Participants assigned pseudonyms and demographic information

Participant pseudonyms	Nationality	Age range	Length of time residing in the UK	Employment setting	Employment role	Length of time working in care
Fernanda	Portuguese	45-54	3 years	Homecare	Carer	7.5 years
Natalia	Polish	25-34	11 years	Homecare	Carer	8 years
Nina	Polish	35-44	4 years	Care home	Senior healthcare assistant	2 years
Anna	Greek	45-54	6 years	Care home	Care assistant	28 years
Elina	Greek	25-34	7 years	Care home	Healthcare assistant	5.5 years
Laura	Latvian	45-54	7 years	Care home	Care assistant	5 years
Iva	Bulgarian	25-34	2.5 years	Care home	Care assistant	6 months

3.6 Procedure

Once prospective participants had made contact, the research aims were outlined along with the requirements for participation (Appendix C). For participants who continued to express an interest in participating, a copy of the information sheet was sent to them via email (Appendix D). Once participants had agreed to partake in an interview, a convenient time and location for them were arranged, with interviews taking place in participants' residences and the community.

Interviews lasted a mean length of 57 minutes (33-115 minutes). Prior to commencement, it was requested that participants completed both a GAD-7 (Spritzer et al., 2006, see Appendix E) and a PHQ-9 (Kroenke et al., 2001, see Appendix F). This was in line with London Metropolitan University policy, at the time of completing this research, to ensure participants were not experiencing any severe psychological difficulties or suicidal ideations. As all participants scored under the clinical threshold on these measures, none was excluded on this basis (National Collaborating Centre for Mental Health, 2019). Respondents were again given an information sheet before their interviews, informing them of the aim and purpose of the study; what taking part would involve; who would have access to their data; and how it would be stored. Additionally, it was made clear on the information sheet and preceding the interviews that participation was entirely voluntary. Participants had the right to stop the interview at any time, and the right to not answer questions without giving a reason. Written consent was gained for participation in the study (see Appendix G, for consent form); recording and transcribing of interviews; and publishing. Finally, participants were asked to complete a demographic questionnaire (Appendix H) intended to provide contextual information about them and their place of work. The interviews commenced after the briefing stage explained above.

3.7 Analysis

The interview transcripts were transcribed and analysed following the guidelines of IPA outlined by Smith et al. (2009). The process was iterative and drew upon the following steps. Firstly, each transcript was read and re-read with the intention to enter the participants' worldview (Smith et al., 2009) and become familiar with the data through a phase of active engagement with their accounts. This was facilitated by listening to the audio recording in the initial stages to ensure that participants remained the focal point of the analytic process.

Margins were positioned on either side of the text for commentary. The transcripts were re-read, and the "initial noting" phase began, and each transcript was independently subjected to line-by-line analysis, in keeping with the idiographic principle of IPA (Smith et al., 2009). Commentary produced at this stage was composed of an open form of annotation (Willig, 2013) consisting of descriptive comments, linguistic comments and conceptual comments that were recorded in the left-hand margin, staying as close to the participants' words as possible (Smith et al., 2009).

The next stage of the analytics process involved returning to the transcript to reconstruct the initial notes and ideas recorded into emerging themes or concepts. The emergent themes were recorded in the right-hand margin. These themes were developed through a combination of reading the initial notes and the transcript and mapping the interrelationships and patterns (Smith et al., 2009) to capture the essence of the emerging analysis (Smith & Osborn, 2008). Emergent themes were intended to produce a higher level of abstraction within cases while at the same time, endeavouring to stay grounded and connected to participants' accounts (Smith & Osborn, 2008). This stage was in part a demonstration of the hermeneutic circle, as while aiming to remain participant-centred it also demonstrated the researcher’s attempt to make sense of this study’s participants’ experiences through interpretations of their narratives (Smith & Osborn, 2008).

Next, emergent themes were re-examined and clustered together according to their conceptual similarities, in an attempt to introduce structure to the analysis (Willig, 2013). These were first provisionally organised, by looking at how they were interrelated, and then looked at in more detail. Clusters were then classified and given superordinate themes (the overarching label of the clusters), and information was periodically rechecked against transcripts to safeguard the connection with the participant’s text (Smith et al., 2009). A table was produced with superordinate themes and annotated with the participant’s verbatim quotes and line numbers. This outlined process was then repeated with the other six participants. The researcher aimed to honour the idiographic nature of IPA by bracketing the previous themes as far as possible by trying to focus on each subsequent transcript as separate (Smith et al., 2009). Moreover, in line with the iterative element inherent in IPA, the analysis was a cyclical process that involved returning to transcripts in light of new emergences, checking the connection with participants’ words remained. This was further facilitated by the keeping of a reflective diary and discussions with the researcher's lead supervisor during the process of analysis.

During the final stage, patterns across participants’ cases, represented in tables, were examined and integrated, considering prevalence across cases and interpreted importance within accounts (Smith et al., 2009). Results of all participants’ transcripts were collated into the final table of themes (see Chapter 4).

3.8 Ethical considerations

This research was conducted based on the BPS Code of Human Research Ethics (2014), Health and Care Professions Council (2015), and Data Protection Act (2018)[2]. Prior to commencement, full approval was gained from the ethics board at London Metropolitan University. Consonant with conducting ethical qualitative research, the researcher was aware and adhered to the notion that the data collection and analysis required regular review and reflection (Smith et al., 2009).

The respect and dignity of the participants were prioritised at all times, and interviews were conducted as sensitively as possible, with the aim of causing no harm. While interviews were not expected to cause participants distress, the researcher was aware that the topic being discussed might have been sensitive to some. Therefore, a distress protocol was devised (Appendix I), to manage any distress in accordance with London Metropolitan University's distress protocol guidelines. The researcher, as a trainee counselling psychologist, also had training and experience in identifying and managing risk with clinical populations. Although the researcher's clinical experience may have helped to identify and manage risk, they strictly operated and identified throughout as a researcher, rather than a clinician.

Interviews were followed by a debriefing session, in which the researcher checked in with the participant to understand their experience of the process. Participants had the chance to ask questions, and thanks were expressed for their participation. Additionally, a debriefing sheet (Appendix J) was offered to participants. No distress was reported or exhibited by the participants, and therefore the distress protocol was not utilised.

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[2] The General Data Protection Regulation was adhered to, which is implemented in the UK as part of the Data Protection Act 2018

Moreover, participants were able to contact the researcher and withdraw their data for up to one-month post-interview.

To maintain confidentiality, participants' details were anonymised, and all identifiable data was removed and replaced with gender-appropriate pseudonyms. All the interviews were recorded digitally and then transferred to a password-protected personal computer kept in the researcher's home. Furthermore, signed consent forms were kept in the researcher's home and separate from the transcripts at all times. All information will be retained for assessment and publication purposes but will not exceed guidelines delineated by the Data Protection Act (2018).

3.9 Quality and validity

Yardley (2000) sets out four characteristics for assessing qualitative research: (1) sensitivity to context (2) commitment and rigour, (3) transparency and coherence, and finally (4) impact and importance. Yardley's criteria have been employed, as Smith et al. (2009) recommends their use and application to IPA research.

A commitment to quality and validity was acknowledged throughout the research process. For example, it is hoped that sensitivity to context was expressed through an awareness of relevant literature. Additionally, through a demonstration of empathy and recognition of interactional difficulties, the researcher aimed to acknowledge the power dynamics that can occur during interviews with participants and conduct interviews as sensitively as possible. Moreover, the aim was to communicate the centrality of the participant's voice by close engagement with the data and with the use of verbatim extracts in the write-up of this study (Smith et al., 2009). Commitment and rigour in research refer to the thoroughness of data collection, analysis and write-up (Yardley, 2000). Smith et al. (2009) posit that the researcher's display of commitment to conducting

IPA can overlap and be synonymous with the sensitivity to context criterion. As a novice researcher, rigour was attended to by drawing on training, supervision and peer feedback in an attempt to complete a thorough piece of research.

A reflective statement has been included in this thesis to attempt to satisfy the third criterion (Yardley, 2000). Components of the analysis have also been included to meet the qualitative requirement of transparency (Appendix K), while according to Smith et al. (2009), the coherence of IPA research is assessed by the reader through an evident fit between the write-up and the underlying principles of the research method. Finally, to satisfy the last criterion, the implications of this study for policy, clinical practice in CoP and beyond are considered in the discussion section.

3.9.1 Methodological reflexivity

Qualitative research encompasses two forms of reflexivity: personal and epistemological. I have included a personal reflective statement (see section 1.2) in order to acknowledge how aspects of my worldview may well have shaped this study's findings. I have also included a section on my epistemological stance (see section 3.2).

Epistemological reflexivity focuses on the researcher's assumptions about the world and knowledge and involves reflecting on the implications of these on the research process (Willig, 2001). Accordingly, it consists of the researcher reflecting on their chosen method of analysis, and seeking to understand how the research process factored in understanding the phenomenon under investigation (Willig, 2001). In line with this, IPA's hermeneutic element presupposes that knowledge produced is dependent on the researcher's viewpoint, and therefore the researcher needs to be accountable for their reflective stance (Willig, 2013). Therefore, I recognise that, as the researcher, I am enmeshed in the research process. I wish to make evident to the reader the steps I have taken to acknowledge and reflect upon my position and biases.

Firstly, IPA fits with my epistemological position, therapeutic practice and the research question being investigated. As IPA synthesised well with my own world view, I acknowledged when setting up the study that this could have led me to prioritise this choice over other methods. While another method may have led to different findings, by owning my position, I strove to select both a method and methodology that was most applicable to exploring this study's research question instead of being guided solely by my predilections.

Another critical area acknowledged was my shared identity with participants as a CW when this research first commenced. However, even before conducting the interviews, I was no longer working in dementia care; I felt this created some space between myself and an element of the phenomenon under investigation. Therefore, I felt congruent in identifying myself in the interviews as a CoP; this is in line with Giorgi (1997), who suggests that researchers should engage in bracketing prior knowledge by rendering themselves "non-influential" so that they can be fully present with participants during the interviews. I decided before commencing the interviews that if participants enquired about my interest in the topic, I would mention my previous experience of care with them to offset any power dynamics and facilitate an atmosphere of openness. Nonetheless, when reflecting on power dynamics, I now question the impact of my initial struggle to gain participants and my anxiety about my ability to achieve the required sample size outlined for doctoral-level research, which often meant that I was extremely thankful to participants who were willing to give their time.

I recall my confusion during interviews about participants being very open about discussing their experiences of dementia care work, but appearing to circumvent discussing the referendum, despite being aware that this was what they were being invited to discuss. I battled with a sense of "stuckness" between data collection and respecting participants' level of readiness to discuss their experiences. I later reflected on it in supervision and reconsidered it to be a portion of their accounts, and therefore part of their experience and valid, which I explore more in the discussion section (see section 5.2). I am also aware that in the early interviews I often focused more on questions related to care, which highlights my ongoing need to monitor and manage my previous experiences and attend to reflexivity.

Throughout, I sought to recognise and address how my own socio-cultural background might have a bearing on interviews and my interpretations during the analysis stage (D'Silva et al., 2016), by reflecting on how my thoughts, attitudes and values might influence my preconceptions and the research process. This helped facilitate my awareness about aspects of myself that may have an impact on the research, enabling me to examine them, reflect on them and actively attempt to bracket them (Smith et al., 2009).

Ongoing use of a reflective diary helped facilitate the reflections expressed in this section; this practice, according to Chan et al. (2013), is recommended in qualitative investigations in order to note thoughts, affect and observations and bring them to consciousness. I kept a reflective diary to facilitate my own awakening to my preconceptions. I believe that this, along with the iterative process inherent in IPA, aided the bracketing and dynamic re-evaluation of my stance.

In the subsequent section, I will present my findings, which are grounded in participants' narratives.

Chapter Four: Analysis

4. Overview

This chapter will explore the superordinate themes and constituent sub-themes. The analysis of the seven transcripts using IPA yielded three superordinate themes that will be discussed: "*being a EUMCW*", *"the referendum"* and *"the future?"* and ten sub-themes displayed in figure one (see Appendix L, for a table of superordinate themes and key quotes).

This chapter will aim to explore the data on a macro and micro level, considering the convergence and divergence between the participants' accounts. Verbatim extracts will be presented to illuminate each of the sub-themes with the researcher's interpretations.

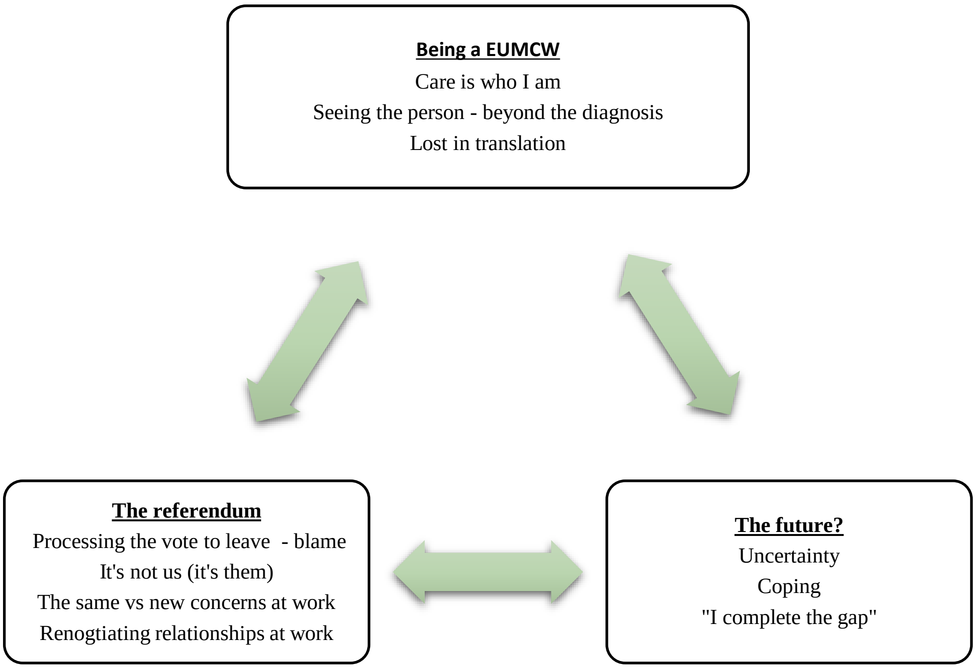

Figure 1: Overview of the superordinate themes and constituent sub-themes (changed to cycle)

Table 2:

Overview of transcription notations used in the analysis

Transcription key	Description
[]	Information omitted from the extract
…..	Pauses with each representing a second
()	Explanatory information added
{}	Non-verbal communication

4.1 Being a EUMCW

All participants described their role as EUMCWs for service users with dementia as multi-layered and complex. On the one hand, working with people, attachments formed, and personal developments of "self" were reflected upon cohesively as rewards of the role. On the other hand, interwoven within their descriptions were the challenges of working with this service users group as EUMCWs.

4.1.1 Care is who I am

From the participants' accounts, it seemed clear that the role held importance, with the notion put forth that the ability to care is an innate skill. Anna captured this idea in the below quote:

> *You do things from your heart [] it is very important to have this (ability to care) in your personality because I can't see how other people would have behave and how they work [] you can't pretend (Anna, 583-591)*

Anna suggested that the ability to care is a "personality" trait. Theoretically, this insinuated that she believed that the qualities of a good CW are based on an unspecified internal set of standards that come from the "heart". She presented care as an act of love as opposed to skills that can be acquired through training alone. Moreover, her use of the phrase "you can't pretend" points to the importance of CWs, in general, being congruent in their practice with dementia service users.

Elina appeared to agree with Anna's view and discussed the role of compassion in care work:

> *I know I get paid to do my job; everyone does. But erm it's not only that I like what I am doing it has to do with erm I think I am a caring person so if you are not a caring person then this role is not the job for you. Because if you don't have compassion inside you, it will not start because you are not on that role at the moment. So, I don't think that everyone working in healthcare, people with dementia that they are caring, all of them. I think if you don't have it, it won't start. (Elina, 277- 286)*

Like Anna, Elina appeared to view caring as an integral part of self, with effective dementia care requiring CWs to be both present-minded and compassionate in their practice. Given this, she also stated that not all individuals who work in social care possess the qualities required to be good enough CWs, which other participants also noted. Elina's view of self as a "caring person" could be why she appeared to find working in social care intrinsically satisfying (Hebson et al. 2015). She further stated that "I like what I am doing", and appeared to position financial reward as a secondary gain rather than her primary motivator to work as a CW. However, with the exception of Laura, who noted the improved standard of living and increased quality of life that care work had afforded her, most participants discussed their financial grievances as a reason why they would potentially work in another field.

Fernanda talked about working in dementia care as a calling:

> *That's what you exist for, it's kind of, you want special for someone (service user with dementia), and it gives you a sense of life (the role), a sense of your own life (Fernanda, 514-516)*

For Fernanda, it appeared that the role was meaningful and thus provided her with a sense of identity and purpose. She appeared to take a spiritual perspective, positioning the role of caring as fulfilling a higher purpose. Her reciprocal view of her profession may be beneficial to her psychological wellbeing by potentially enhancing her self-concept and reducing the stress that, for example, Natalia reported experiencing within this profession because of her core way of being:

> *Good carers I have met, I am emotional, usually quite anxious as well. Because if you, I find in a bit of an unhealthy way but if you worry sometimes you care more, and then you give people more and it is very….for the carer unhealthy way of being, but it actually benefits the client a lot [] you really care about the work, so when something happens that you feel you can't help them in a sense, that is really difficult (Natalia, 442-453)*

It seemed that from Natalia's perspective, her identity as a EUMCW was influenced by the strong attachments she had formed with dementia service users, which she cited as pivotal to “good” care. However, her narrative suggests that she sacrificed her own needs to fulfil and care for the needs of her “client”. Her account points to an inherent conflict within the role between a need for self-care and factors that seem to enhance the quality of care for dementia service users. Interestingly, all participants discussed caring beyond the bounds of their roles. For example, participants reported caring for service users in their own time which seems to reflect both the bonds formed but also their commitments to service users’ wellbeing.

Anna stated that EUMCWs, from her experience, had migrated to the UK for work:

> *From my experience here. I can see, I can see them coming for work. If they are hard workers as well, then most of them I can’t tell you all of them, the majority they are good workers (Anna, 381-384)*

From her perspective, most EUMCWs appeared to display a commitment to hard work. It could be deduced from her account that the value and importance that EUMCWs placed on their role appeared to be instrumental in their ability to be a “good worker”. This work ethic seemed to be reflective of Anna’s view of self, which differed from her perception of her English colleagues:

> *You know people they don’t like to work, believe me. And those other groups I have noticed it’s not it is not about that I am racist all, English people they are educated already, they know very well their rights, but not their responsibilities. You can’t see how quick, me I don’t call sick if you see me [] They go sick they call, “I am not coming today, I am this, I have my nose” (Anna, 1061-1071)*

Similarly, Laura stated:

> *You know they go sick (Laura, 273)*

English CWs were viewed as having a casual attitude towards work, which appeared to be supported by knowing their rights within the UK. Conversely, EUMCWs' commitment to the role might involve intrinsic values and attachments formed with service users as well as a sense of compulsory responsibility due to staffing issues.

When asked during the interview if there was anything else of relevance, Nina added that her identity as a EUMCW had not impacted her progression at work:

> *I never uhm met things like someone paid me less because I am Polish, no. Something like that never happened. That was what I like because I heard that as well. I heard from many people that you won't be promoted because you are Polish, and you are working with English people, it's never happened to me, and I think it is good (Nina, 1013-1019).*

Nina's account suggested she feared being treated differently because of her identity as a European. However, she appeared to feel valued equally to her English colleagues, bringing her a sense of contentment.

4.1.2 Seeing the person – beyond the diagnosis

Participants did not explicitly discuss dementia in relation to their identity as an EUMCW; nevertheless, it was clear within their accounts that the emotionality of the work and the requirement to see the person behind the mask of dementia was central to their experience. Participants expressed genuine regard and empathy towards service users; however, working in this field seemed to be considered emotionally and particularly mentally challenging. Therefore, the role was perceived to affect their wellbeing. Participants Natalia and Elina emphasised this in their accounts:

> *Be patient every time not show irritation or frustration that this is the 100th time that you are answering the same question [] I remind myself that the person is not doing it on purpose to piss me off and it is the illness that has done this to them (Natalia, 314-320)*

> *We talk about very rapid change. Rapid in two years, I could say. From being able to see someone, walking, eating, drinking remembering every family member but just confused which room they will go. To the point of them not be able to hold a glass, not being able to know how to hold a spoon and at the end not remembering how to swallow. So, for me, it is important that when you look after peoples dementia, you remember that there is someone behind that (Elina, 237-246)*

Both participants alluded to the importance of perspective-taking within their role caring for service users. It appeared that a perspective change (seeing the person) was essential to help them navigate and cope with the “very rapid change” witnessed in the service users and associated challenges of the “illness” of dementia. Moreover, the process appeared complex. Participants may have to deny their frustrations, while simultaneously separating the reality of the illness from the person.

> *I think it is mentally more difficult (Nina, 588)*

As an illustration of all participants' accounts, Nina described working with individuals with dementia as "mentally" demanding. In line with this, Fernanda pointed out the need to be "mentally alert, every second (exaggerated speech)". Consequently, it appeared that the participants perceived a need to be on guard at all times to fulfil their duties of keeping dementia service users safe, resulting in increased psychological fatigue.

"Responsibility" was a recurrent theme in the participants' accounts. Responsibilities were described as involving emotional containment, managing distress reactions and safeguarding. Iva stated that dementia care is a "very, very responsible job". While participants appeared to show genuine positive regard towards those they cared for, this at times seemed to be to the detriment of their emotional and physical wellbeing. Laura discussed how she views physical attacks from dementia service users:

> *Of course, sometimes you have bruises some bruises and scratches but, it is not because you know it not because they want to do (dementia service users), they just have problems understanding'. (Laura, 220-223)*

Laura's use of "of course" suggests she dismisses the seriousness of "bruises" and "scratches" at work, perceiving it as a part of her role and a consequence of the illness. On the contrary, Natalia pointed to the loss of one's self within the role:

> *Very easy to lose your identity you basically become someone's assistant, as a second human [] it is so service user focused that the carer is completely gets pushed out with the idea of carer needs (Natalia, 1078-1087).*

It seemed that in Natalia's attempt to be person-centred within her role with service users with dementia, she became engulfed by their needs, to her own detriment. The impression she portrayed is that "carers needs" and voices are readily dismissed, leaving her feeling undervalued and like a "second human".

4.1.3 Lost in translation

Difficulties with communication were presented as a recurrent theme in participants' accounts that held relevance both at work and beyond, and thus appeared to concurrently play a key part in their experiences as Europeans and as EUMCWs within the UK. Moreover, experiences of prejudice and discrimination seemed to impact some participants' adjustment and experiences in the UK.

Below, Anna disclosed difficulties communicating with a doctor when a dementia service user was unwell:

> *I had to speak with the doctor as they asked me. I didn't understand I mean poor doctor. I don't know why it was but then come ambulance, so I left, but it was really hard because I couldn't express, explain, what I want to tell them (Anna, 169-170)*

For her, difficulties with English language proficiency compromised her ability to pass on information to the doctor and communicate a service user's needs at a critical moment. Her recollection of the event gives the impression that she felt guilt over the situation, ("I mean poor doctor") and perhaps slightly prioritised the doctor's difficulties understanding her message over her struggles conveying her concerns. Nonetheless, she alluded to how "hard" she has found her difficulties with communication, particularly in the early stages following her arrival in the UK. Specifically, she discussed the effect it had on her work with service users, for example, "her eyes were like large because I was so bad with my English". Furthermore, she highlighted how difficulties with communication extended to communicating and building bonds with her work colleagues:

> *I understand it is not easy when someone doesn't speak, but it was not my choice, I try my you know, and you know they don't speak all clear, few of them they speak with their way as well. It is hard, yeah, but for now, I am actually smiling, I survive (Anna, 301-305)*

Her account highlights the importance of reciprocity of communication, as she not only alluded to the impact of her communication difficulties but also appeared to illuminate the importance of her colleagues' communication styles, as they "speak with their way". Her strong use of "I survive" suggests the extent to which Anna felt unsafe in her work environment and the potential impact of her struggles on her sense of self.

Similarly, Nina alluded to the presences of xenophobic attitudes at work and expressed how communication difficulties seemed to extend beyond language proficiency to include issues around national accents, depicted in the quote below:

> *My boss, she was always talking about my accent. And you know, first time it is funny, second time okay, third time okay but after ten times, I am sorry, but I am not laughing [] So ahh she didn't like it really, but I said to her "How many languages do you know?" "English" I said, "I know Polish, English and German, can we speak more" and for me it is, if someone wants to teach, if someone wants to learn, if someone wants to know something, you know what you are worth, and you know what you can, so yeah you can laugh, you can ask me ten times if I understand, that is your problem, not mine. (Nina, 143-151)*

For Nina, self-efficacy appeared to be a protective factor when it came to managing the implied xenophobic attitudes of her boss within her workplace. However, her use of "not laughing" highlighted the frustration that pointing out her differences and the ridicule she experienced had on her. The need for language support for CWs who are foreign nationals and may have difficulties communicating at work was cited as important:

> *I have met a lot of carers, with very poor English for example that have the most the kindest, most caring personalities and can look after people in an amazing way and if someone at some point thought to give them the language support, it would be ten times better. But it doesn't even enter the idea, considering how many foreign people work in the industry, on the frontline level, more should be done in terms of language barrier basically (Natalia, 805-813)*

Natalia advocated for the idea of a "language support" programme. She suggested that the important skills that migrant workers bring to the social care sector are not being fully utilised and ascribes this to the language “barrier”. It is plausible to conclude from the participants’ accounts that difficulties with language proficiency not only hinders their ability to communicate but also seems to influence their identity and play a role in defining their social inclusion within the workplace.

4.2 The referendum

This central superordinate theme aimed to capture the participants’ psychological and emotional worlds following the referendum and, in turn, how this impacted their roles as EUMCWs, an important element of their views of self within the context of the UK.

4.2.1 Processing the vote to leave – blame

Participants appeared to place the onus on varying parties when making sense of the vote to leave. For example, some participants seemed to perceive that British voters were to blame, while other participants suggested that the burden of responsibility should be placed on the media or the government for the messages that had been conveyed to the public.

> *I think that uhm people which take part in the referendum they wasn’t totally aware of what does it mean. And uhm I am not saying that someone is stupid that they made the wrong choice or something, no because it is your choice, you done it (Nina, 917-925)*

> *It is quite scary that people can very easily be manipulated by some very factually unsupported by such strong slogans, and it is very scary that this is the society*

> *where people a lot of people who vote, how people don't actually do enough research to know… it is terrifying that people voted on nothing (Natalia, 818-823)*

As clearly shown in the above two interview extracts, participants appeared to take an adverse view of the vote. Their displays of strong affect when discussing their reactions to the referendum seemed indicative of their shock at the vote's outcome. They appeared to question the voters' decision-making by querying their intellects and implying that there had been a disregard of due diligence.

Fernanda believed that the older generation played a "big" part in the vote:

> *So, this country is the same as many countries in Europe is getting older, and most of the very very big persons of people are elderly, so they did live that war times, but they know nothing about the world going forwards they didn't accompany it so they just kind of got stuck in the past. Because they could vote many of them, they just stayed in that time reporting to that time, and they didn't look forward, and I think that was a big big weight also and they voted to leave, unfortunately (Fernanda, 152-161)*

From Fernanda's viewpoint, the "elderly" in society had not adjusted to modern-day Britain. Furthermore, she pointed to the concern expressed by her English friends (Remainers?) following the reveal of the referendum results:

> *We knew the results, they were calling me saying sorry (Fernanda, 62-63)*

From this example, immediate concern and guilt appeared to be expressed by her friends following the vote, parallels to which were offered by other participants. However, while some offered narratives that suggested an appreciation of the expressed concerns, other participants gave the impression they wanted to eschew the difficulties of acknowledging or making sense of the vote's outcome.

4.2.2 It's not us (it's them)

Participants pointed to a goodness of fit with the UK, suggesting migration was "a very positive choice".

> *We are normal living. I didn't come to England to, I don't know for a year, two years. I decided to come and click, and I am doing that, and I feel here I am in my place and I feel good here (Nina, 781-785)*

Despite this, it seemed post-referendum Britain had fostered a growing resentment from some participants towards the British system and society. Iva suggested that the government had mishandled the vote:

> *I think the government at the moment is messy, is messy, they don't seem like they know what they are doing (Iva, 344-354)*

While Fernanda discussed her feelings towards the UK below:

> *It was horrid [] I am helping the country because at the moment I pay all my taxes in this country so I am helping the economy, so why should I be treated in a different way and that is the feeling I have got (Fernanda, 87-93)*

It appeared underneath the disbelief and anger about being treated in a “different way” (rejection) post-referendum, there seemed to be grief at her loss of place and perhaps the identity she held within the UK (“I am helping”). This view was echoed by Natalia:

> *Angry, I have been here 11 years, I have paid more than my fair share of taxes and always had more than a full time job, so to be made to feel like I am not wanted, like I am taking advantage of anything err, at the end of the day, it is still that for most jobs that there was registered standard foreign candidate, a British standard candidate would probably get the job, with the benefit system being as it, it is very easy for a lot of British people not to try, it is not our fault that we are coming in and we are willing to do the job for whatever money (Natalia, 848-858)*

Natalia discussed her “anger” at feeling rejected and excluded (“not wanted”) from British society. She alluded to the unjust nature of the referendum, saying she had not taken “advantage”, seemingly placing herself as a valuable member of society but lower in the hierarchy than her British counterparts. Participants highlighted that an immigration discourse had shaped the referendum; however, they appeared to take an “it is not us, it is them” stance, suggesting that non-EU migrants were responsible for creating the problems that resulted in the referendum.

The account below illuminates the media’s role in the portrayal of immigration from Fernanda’s perspective:

> *(The media) showed a little part of a bad thing which was giving the idea that the immigrants were coming over and were taking this country on their hands, and they were talking about immigrants and not from Europe, and this was an issue that should have been safeguarded [] we came here to work and pay our taxes, and we have skills, many many if they came from Europe (Fernanda, 133-141)*

The media was suggested to have misused its power by misrepresenting what it means to be a European by classifying "immigrants" as one. Fernanda appeared protective over her European identity and wanted to "safeguard" and distinguish it from other non-EU migrants. Her use of "their hands" conjured up an image of the others (non-EU migrants) grabbing what they can from society, while Europeans are portrayed as skilled migrants contributing to the British system and society. This idea of the "good" (EU) vs "bad" (non-EU) migrant seemed to be paralleled by other participants:

> *They have targets; they have intentions to go to specific countries like Switzerland, like Denmark, like England, for some specific reasons. This is why it makes me a bit upset. I say don't say lies [] everything free because they are used to living with a few things, so they don't care (Anna, 363-373)*

> *So many Pakistan, Indian people who are not working and not speaking English at all. And they live on benefits and have children and everything, but we are from Europe, I think people come for work, they do this simple jobs but not doing us, no English peoples, for example, care jobs, cleaning jobs, not office no (Laura, 451-466)*

The "bad" migrants are suggested to take advantage of the British system by not contributing – "they live on benefits" "everything free" – while the good Europeans are positioned as economic migrants doing work undesirable to the British workforce. It could be deduced that participants felt scapegoated and were revealing a wish to be differentiated: "we are from Europe".

In a divergence, Anna and Natalia talked about additional visas being given to non-EU migrants:

> *After the Brexit, if we are less staffed, maybe they would find a way to work as well. Someone told me that would bring from China for a few years, right to work here and then send them back (Anna, 1054-1058)*

> *I think anger was the most thing was just the referendum had finished and then there were, they went to India or something about discussing additional Visa's for people from there and I am thinking, in my head it makes more sense, in terms of corporate information to invite people from cultures that are more similar like Europe for example, that integrated better into societies in terms of cultures, laws and expectations. Erm, for them to tell you are not good enough but go much further out and say…it just depends, I just don't understand. We are going to stop immigration from the EU, but we are going to try and get it from every part and corner of {laugh} [] standards of care will be more similar in the EU (Natalia, 865-877)*

Anna gave her views on how the social care system may continue to function post-Brexit with increased recruitment from outside of Europe; however, Natalia expressed some concerns if this were to take place. Firstly, Natalia reported her “anger” at receiving the message that she was “not good enough”. Furthermore, Natalia discussed her views on the significance of the assimilation of “cultures, laws and expectations”. By doing so, she appeared to dissociate herself from non-EU migrants, perhaps suggesting that they do not easily fit into British society. Moreover, she seemed to be confounded by the offering of visas to migrants who may not share the core values of the UK and alluded to the idea that doing so may result in a drop in care standards.

4.2.3 The same vs new concerns at work

Participants referred to many organisational factors predating the referendum that had impacted their role. Staff shortages, multiple conflicting responsibilities (paperwork vs. care), and limited time to complete tasks were cited as contributory factors to the experience of feeling pressured and stressed at work. In post-referendum Britain, participants appeared to view previous concerns as heightened. Additionally, the participants seemed to suggest that an additional subset of concerns had emerged. Interestingly, the organisation appeared to be positioned as a fixed entity that the participants were powerless to change despite the presence of various surprisingly cohesive frustrations.

Nina discusses the influence of staff shortages on her experience of work:

> *We were for quite a long time short staffed, and one day, it didn’t happen once it happened a few times, my manager she came to me and she said that she doesn’t want to take agency because we have to pay them more and we don’t know, we don’t want that (Nina, 656-661)*

Elina notes the impact of the referendum on staffing:

> *Agencies (staff) coming to work for you and it costs almost double the money than your own employee. Because they (the care organisation) are trying to save money because of the unknown at the moment (referendum), they don't allow easily to get agency staff which means less staff members to be at work, and things are very difficult (Elina, 789-795)*

Her account suggests that staff shortages are a result of cutbacks at work because of the referendum, and management putting contingencies in place, increasing role challenges. While staffing issues were mentioned by most of the participants as a prominent issue at work, it appeared that post-referendum uncertainties had exacerbated this issue, potentially impacting CWs individual caseload and putting service users at risk. It could be inferred from Elina's concerns above that going forward, this barrier to adequate care may become more significant.

Anna pointed out that both staff and management had discussed the potential difficulties that could occur in the future:

> *So yeah sometimes they say at work but not like you know like fear, concerns a little bit (staff) we know but we can see [] management as well. They expecting a hard time you know after, not easy but we will see, let's see (Anna, 535-537)*

Elina spoke about the impact of the referendum on staff training:

> *When I go for training a lot of times, they say, "this is what counts at the moment, this is what you know at the moment, this is what we are going to follow at the moment but be aware that things might change, so it depends on what is going to happen". (Elina, 735-740)*

Her response indicates that the communication and language used in training highlighted the presence of the referendum within the social care sectors discourse. However, she later suggested that there is a potential opportunity to develop approaches to dementia care:

> *I think that if they base their rules and regulations, everything on the EU laws. So, if things are to change and they have to make a new start and a new beginning, I think that they should do a more advanced to work around dementia (Elina, 877-889)*

While Elina pointed to the opportunity available to Britain after they are no longer governed by EU rules and regulations, Natalia worried about the loss of access to opportunities following Brexit, including the loss of funded courses:

> *Well from March next year officially in the EU we won't have access to funded level to courses [] whole chunk of very useful courses, well nobody is going to replace the funding you know all this money that we are getting back from the EU I don't know where it is going to go, but it is not going into care, so that is a big thing (Natalia, 921-930)*

She believed the loss of these courses would greatly impact the future of the social care sector. Although, as mentioned earlier, the innate ability to care was seen as primary, the participants did acknowledge the need to improve training.

4.2.4 Renegotiating relationships at work

This sub-theme aims to encapsulate shifts in relationships at work that some participants alluded to post-referendum both implicitly and explicitly. For Fernanda, the referendum appeared to be at the forefront of her mind. At work, it seemed she sensed the need to make a conscious choice and effort not to engage in conversations about the referendum with service users and their families:

I really try not to engage in that kind of conversations with them (Fernanda, 300-302)

She further states:

> *When they get to know me they kind of personalise the things like they say, "everyone else can leave but not you" {Laugh} kind of thing attitude [] is nice of them to say that because obviously it is the kind of showing the care they have for me also and the attachment they get to me, but it is completely different isn't it. When you know someone, it changes everything and generally speaking, that is not what they feel. But also, they wouldn't tell me openly "no everyone is wrong, I really wish this country would be just for us" and so on and so on (Fernanda, 307-325)*

Fernanda’s quote provided a complex view of how she made sense of this shift in her relationships with service users and their families. On the one hand, her apparent acknowledgement of their attachment to her, which she believed enabled them to distinguish her from “everyone”, appeared to allow her to hold on to her identity as the “good carer” — seemingly permitting her to feel unique and valued. On the other hand, there seemed to be a protective element to what she said. Her account appeared to enable her to separate the potential distressing impact of their masked truth, enabling her to continue her role. Consequently, she appeared to be struggling between two views of self, the professional CW and her identity as an EUM.

Relationships with colleagues provided essential role support for some of the participants; for example, Nina stated that she worked in “a great team”. However, for Laura, the need to renegotiate and make sense of her relationships with colleagues at work post-referendum was clear:

> *We have stress because you know last year, we had some English people who were working in our place and they became quite I don’t know, they started to speak like about what they think. I don’t like European people, maybe because European people try to work more hard then and this like push English people work hard as well you know, and they don’t like it. (Laura, 473-483)*

She seemed to indicate that her co-workers had revealed their true feelings towards EUMCWs post-referendum. It could be deduced from the above quote that her English co-workers perhaps felt legitimised within the current climate to reveal their true feelings. Consequently, the “hard worker” earlier suggested as a key part of EUMCWs’ identity appeared to be an area of friction between English and European colleagues. This seemed to be mirrored by Elina:

> *A lot of times err you can see from people erm that was my only problem always in the working environment that people from England would be together, people from Philippines would be together and .. you know it goes like that. I don't think it's only now, it has always been my main problem, why people just cannot be together. Or not make easily friends at work because I don't like these relationships, I don't want to be part of that (Elina, 855-867)*

For Elina, it seemed that not forming close bonds with her colleagues was a conscious protective decision. Additionally, rather than being a consequence of the referendum, Elina stated that she had always witnessed divides at work.

For Iva, relationships at work had not shifted. Notably however, there is a sense of hesitation in her quote below about whether changes in relationships at work would occur in the future:

> *Not yet and hopefully not at all never, but no (Iva, 370)*

4.3 The future

The analysed interviews revealed the importance of the future to the participants. It appeared that within the context of the referendum, a focus on the future had become part of their lived experiences. Most participants felt that they would be able to stay in the UK post-Brexit, although their narratives pointed to the impact of the referendum on their lives, sense of identity and wellbeing. Participants seemed to have created strong attachments to the UK, and saw themselves remaining within the UK in their immediate futures; thus, the future and the uncertainty surrounding the referendum presented as a significant theme within their accounts.

4.3.1 Uncertainty

Although variations emerged between individual accounts, all participants described their experience of living in a climate of uncertainty as a result of the referendum, which appeared to disrupt their sense of control. They described anticipating a future characterised by worry related to the unknown and how they would negotiate and make sense of it. Iva describes the lack of control she experiences over her future:

> *I can't see what is going on in future for the European Citizens living and working here. In that kind of a sense, it is a bit stressful because you don't know what is behind the corner you know (Iva, 327-333)*

She further stated:

> *I don't feel safe here (Iva, 357)*

The above quotes illuminate the disempowering nature of Iva's recent experiences in the UK. The interpreted vulnerability reflected in "I don't feel safe here", coupled with her expressed lack of control, highlight the impact of the referendum uncertainty on her wellbeing. She added that it was "stressful" not being able to make plans for her future as a European citizen. The difficulty of uncertainty seemed to be mirrored by Elina:

> *It is a worry that, of the unknown, you don't know again what is happening again in your life. I am not afraid of leaving, I am not afraid of that, for sending me out of the country but it is the unknown of what's going to happen, like about financially. Of having to buy a house, I don't know if the prices will go up or down. I don't know how my salary will be affected. I don't know if all the assessment and the rules completed by the EU or my job role will change, it is just the unknown isn't it (Elina, 624-634)*

The above quote highlights the loss of autonomy Elina seemed to be feeling. Her repetition of "unknown" creates a picture of how lack of agency, worry and anxiety have become attached to her many concerns about the future. The unknown had led her to question many aspects of her life as a European living in the UK, including her financial stability, both in terms of her ability to create a stable base within the UK and professionally within her role as a EUMCW.

Similarly, Laura discussed her concerns for her son:

> *One just came last year, and we don't know what happened, what is going to happen after this referendum if he has to go back, I think it is going to be quite difficult I don't know (Laura, 556-560)*

For Laura, it looked as if uncertainty about the future extended to concerns about her son. As mentioned earlier, he had recently migrated to the UK for work post-referendum. She expressed helplessness about her ability to help him in an uncertain time. Participants described the ways in which their lives had been put "on standby" because of the uncertainty they were experiencing as a direct result of the referendum, which had impacted their current lived experiences and ability to predict and plan their futures, including, in the cases of some participants, their family's future. Fernanda stated the following:

> *Very, very, very complicated position. I have already been asked if you are going to live here forever and I can't answer that. Now I can't answer that yet (Fernanda, 191-193)*

She went on to say*:*

> *For me, it was my life at the moment I feel as though it is a standby. So yeah, I am really really looking forward to seeing what the future holds especially, as I think my time is coming to decide which way I should go. So, this is important, and I will now wait to see the outcome (Fernanda, 223-228)*

Government conditions for Europeans post-Brexit were cited by Fernanda and other participants as significantly impacting their future choices. Fernanda's repetition of "very" three times in a row emphasised how uncertainty appeared to be in the foreground of her lived experiences, impacting her interactions with others. Furthermore, her use of the word "standby" suggested she feels stuck and powerless to change her situation. Decisions about what her "future holds" are paused and viewed by her as beyond her current control. What comes across is the sense of frustration she feels about being restricted by her inability to advance her life as a result of plausibly becoming a passive victim to the domineering force of the referendum.

For Elina, the referendum was having a significant effect on her life, placing her family plans on hold:

> *We are planning to have a baby as we have been together since 2011 and living together since 2012, so we have spent many years together. We have been married a year and a half now, but we want to have a baby. But for me having a baby before I get my own house is not the plan. So, all this things does actually affect the rest of my life because erm if they said, I don't know "will I be able to get a mortgage as a European" you don't know (Elina, 747-755)*

Elina appeared to reflect on the impact that the referendum is having on her life choices, with the use of "rest of her life", highlighting the potentially lasting effects that Brexit may have on her and her husband's future. Living in a current state of limbo, like Fernanda, she portrayed an image of being restricted and victimised by the referendum, leaving her unclear on what her options will be, delaying her and her husband's wish to advance their personal life by creating a stable base and starting a family.

4.3.2 Coping

The participants alluded to using various coping techniques post-referendum, which appeared to aid them in managing their experiences of uncertainty. Interestingly, all participants used the phrase "we will see", suggesting that they were putting off making any definite decisions. Laura voiced a need for more definiteness:

> *I just think of it as we will see {laugh} like this we will see. No need to do big panic I think we need to calm down and then we will see, and everything will be sorted out like this (Laura, 582-585)*

Her view gives the impression that knowledge and time are required to contemplate her potential options and what the right choice would be for her future. She alluded to being perplexed by others' hastiness to panic or make decisions when the government had not outlined their post-Brexit immigration plans. Similarly, Nina also discussed confusion over others' need to act based on fear:

> *At the beginning of the first year, I think there was like uhm; people started to be most afraid what would happen and uhm you know with everything if someone is afraid of something, they are going nuts and we can go too far, and I think that sometimes it is like this, over thinking. Just stop at some point and wait. There will be a solution, they will tell you what to do, and they will tell you what you should do, so wait for them, don't go too far (Nina, 812-821)*

For her, it seemed as if ruminating over the outcome was futile. Her coping style seemed to be more indicative of an individual with an internal locus of control (Folkman, 1984) as she pointed to the need to focus internally to survive the uncertainty. Nevertheless, the referendum in her account still seemed to be positioned as an external force appearing to leave her with no choice or agency until she is told what she "should do".

While participants pointed to coping by waiting, many noted employing avoidance strategies during this time:

> *When we have friends or having a conversation with my husband, erm these are the times that I get upset with people stressing me, because they are like, "this thing is happening" (Elina, 640-643)*

Elina later said:

> *I do try not to listen, even if I listen, it goes out through the other ear because I don't want to get stressed because I have been through that already. There is nothing I can do to change it (Elina, 677-681)*

The participants, as outlined above, seemed to display disempowerment, supposedly outwardly feeling powerless to impact change. For Elina, who alluded to previous difficulties in Greece before migrating to the UK ("been through that"), it seems clear that she uses avoidance to manage and protect herself from external stresses post-referendum. It appeared that acknowledging the loss (previous reality) of what once was, and accepting the current traumatic reality, conceivably could not be tolerated by some participants. Therefore, avoidance and limiting exposure seemed to serve as an important protective factor to relieve stress within the current climate.

However, in contrast to other participants, for Fernanda the referendum and her foreignness appeared to be at the forefront of her mind:

> *I was so upset, I was so upset (emphasis), I was furious, I was furious, and obviously there has been some time gone now, and everything is on the table at*

> *the moment, but I still feel that I shouldn't…that is the feeling I have got it shouldn't have happened (Fernanda, 366-370)*

She appeared to be unable to disconnect from the sense of shock and the enmeshed emotional response despite the passage of time. Given the ongoing rhetoric "on the table", it seemed that she may have been unable to heal the wounds (vote to leave) and move past the anger, which might have enabled her to assimilate.

4.3.3 "I complete the gap."

Despite the participants' uncertainty about the future and concerns about their lives being on hold, for some of them being a EUMCW was viewed as protective, providing a degree of safety in the wake of the referendum. Laura pointed to the security that her role provides:

> *I hope yeah, I hope I hope. I don't know what I am going to do when I retire, but at the moment I hope, because as I say I feel safe. I have a job, and I feel stable, and I think my job is quite good (Laura, 552-555)*

Similarly, Nina proposed that her role made her feel "more safe" because of the demographics of care and the reliance on MCWs to fill the staff shortages within the sector.

> *I would say that err people which are all working in care, they are safe actually. More safe, yeah to be honest yeah, I think so. I see what is happening. I have seen what is happening in our work. Uhm, in about the last six months, when we*

> *were looking at carers to work, there was like ten people but six of them they were not English people. So, I am sorry, and I know that a lot of English people they won't go to care, I know. So, I feel that if you are working in care, then you can feel more safe (Nina, 894-904)*

The perceived lack of desirability of the role to "English people" meant that for Nina, foreign nationals would still be required post-Brexit to make up the shortfall of CWs to look after individuals with dementia. This view may have provided a protective shield for her in post-referendum Britain that potentially may not have been experienced by other EUMs working in different fields. This shortfall in staff was echoed by Anna:

> *I came here for work. And they did, always were short staffed, every place I am going they are struggling for carers. So, I don't take the job from another person, I complete the gap, as you say the hole (Anna,* 346-341*)*

However, not all participants pointed to the safety their role provided. While Iva felt there was no special protection offered for working in the social care sector, as it is the same as "any other field", for Fernanda it seemed that she feared the loss of her role in dementia care and the associated acknowledgements of her "good work":

> *It makes me upset with the Brexit because if I see myself forcing to chose to leaving my country and going through lots of problems, and I know I won't have this placement I have, and I always take such good references and appreciation. I wish that because it is personal. Obviously, it fulfils you; it gives you a sense of life (Fernanda, 864-852)*

For her, the lack of agency she seemed to experience post-referendum was placing her in an uncomfortable position, “forcing” her not only to conceivably rupture her attachment to the UK but also to possibly lose her role as a EUMCW and the “good references and appreciation”, which seemed to be relevant to her need for fulfilment and sense of self.

Chapter Five: Discussion

5. Overview

This exploratory study employed an interpretative phenomenological approach and attempted to gain insight into the experience of being a female EUMCW for individuals with dementia in post-referendum Britain. The primary aim was to ascertain the impact on their identity and wellbeing. The results yielded three interconnected superordinate themes "*being a EUMCW", "the referendum",* and *"the future?"* with ten sub-themes, that will be discussed in turn (under each superordinate theme) in relation to this study's theoretical framework, psychological concepts and existing literature. This chapter will then go on to discuss the limitations of the study, potential areas for future research, and implications for policy and clinical practice. This section will conclude with a brief reflection on conducting this research.

5.1 Being a EUMCW

All participants commented on an intrinsic motive to care and the importance of their role. It appeared that participants' identity and sense of purpose were strongly tied to their occupation; this is in keeping with the existing literature, which suggests that roles subjectively perceived as "meaningful" provide a more profound sense of value and purpose (Hu & Hirsh, 2017). Despite the fact that the role inhabits an undervalued position within society, the participant's may have felt empowered by recognising and valuing their role as occupying a moral position (Moré, 2018).

Social constructs of gender, and the resulting differential socialisation of genders, have long been held responsible for the differing predilections for care work between men and women, observable in both unpaid (e.g., family) and paid contexts of care (Folbre, 2012; Kaine, 2011). While traditional concepts of masculinity have encouraged self-interest and ambition, traditional concepts of femininity have encouraged traits such as nurture and empathy, the implication being that women possess inherently caring natures (Folbre, 2012; Kaine, 2011). As this study was primarily concerned with the meaning that female EUMCWs ascribed to their experiences, the participants were not asked if their gender identity influenced their choice to work in care; however, they spoke of caring as a natural ability, identifying their roles as more than a job, citing not only a calling to care but also viewing caring as an integral part of self. These responses arguably reflect what feminist literature stresses are the social conditioning of preferences, which means caring preferences do not occur in isolation, but those very preferences are shaped and internalised social values and gender norms which can limit choices (Folbre, 2012).

The choice to work in care is likely situated within a broader set of conditions and is characterised by practical and personal circumstances; therefore, it cannot merely be reduced to making an occupational decision to work for love or money (Kaine, 2011). The intrinsic narrative put forward by these participants suggests that, on the one hand, their active choice to work in social care went beyond economic necessity, while on the other hand, nearly all of them mentioned that insufficient payment had made them question the long-term viability of working in care. Research suggests that the satisfaction derived from care work can compensate for some of its less favourable aspects (Hebson et al., 2015; Hussein, 2018). However, over an extended period, the exploitation of CWs emotions in general, may reduce their empathy and lead them to choose other types of work that are better paid (Folbre, 2012).

The societal values and policies that surround care labour disadvantage the women and migrants that the sector relies on. This particularly manifests through the low pay which care work receives, and ultimately may constrain CWs access to means of selfdetermination (Goodman et al., 2004). Notably, the devaluation of work associated with women proves more powerful than the conventional logic of economic theory, since even though demand for CWs outweighs the number of individuals applying for a role, and recruitment and retention issues persist, the pay remains low (Huang et al., 2012). Therefore, a shift is required in the devaluation discourse that associates care as easy work for the bodies of women and migrants, in order to elevate care work's value, and reduce the social stigma that frames it as "dirty work" (Huang et al., 2012). In addition, the findings of this research suggest that pay modifications are required at a policy level, to ensure that those who work in the social care sector are equitably compensated for their labour (Hussein, 2017). While intrinsic motivations may be a baseline for recruiting the right individuals, the lack of financial compensation can lead to ambivalence for CWs, which can have notable implications for the continuity of care.

As reported in the analysis, the participants in this study did not explicitly discuss their experiences of caring for service users with dementia in relation to their identity as EUMCWs. Nevertheless, it was clear within their accounts that the responsibility and emotionality of caring for someone with dementia were significant elements of their experiences, and thus acknowledging these experiences were considered important.

Dementia care was perceived as multifaceted and complex, with all participants highlighting the amount of "responsibility" they held for service users' safety and emotional containment. It also appeared evident that the physical and mental challenges inherent in dementia care required them to adjust their organic reactions to align with the organisational expectations of person-centred care, and perform emotional labour (Sahraoui, 2018). These findings support the existing literature, specifically regarding the attachments that CWs form with service users with dementia, and the subsequent effect that this can have on them and their psychological wellbeing, both of which appeared to lead to traits consistent with burnout, and result in emotional detachment from the caring process (Law et al., 2019; Talbot & Brewer, 2016). This has implications for practice as the CW and care recipient relationship is considered to have high levels of reciprocity and can be experienced as mutually rewarding (Doyle & Timonen, 2009).

All participants displayed genuine positive regard for and implied person-centred attitudes towards the dementia service users in their care. These findings are supported by Walsh and Shutes (2013) research, which found that recognising service users as a person and aiming to safeguard their personhood was perceived by MCWs to be fundamental to care. For the participants in this study, it would seem that difficulties experienced with these individuals were seen as part of the syndrome of dementia, with only one participant in divergence, suggesting that age did not equate to positive personality traits. This illuminated a process which appeared to require a perspective change (seeing the person) when working with dementia service users, in order to make sense of and cope with the associated challenges, for example, distress reactions, such as repetitive questioning and aggression (Talbot & Brewer, 2016).

The challenges stemming from distress reactions that dementia service users displayed were normalised by participants, even though such behaviours have the potential to adversely impact their wellbeing, for example, being scratched. Everyone has the right to work in an environment free from harm; as such, these findings highlight an ethical contradiction between the need for service users to receive individualised care and the rights of social care employees to have the principles of person-centred care extended to them, such as acknowledging and hearing their needs (Baines & Cunningham, 2011; Kadri et al., 2018). In the absence of adequate staff support, a culture of tolerance arguably places CWs at risk, both physically and psychologically, particularly those who may be required to lone work in homecare services.

The participants' narratives portrayed them as active agents who were dedicated to caring for dementia service users and using their emotions at work. Their expressions of genuine care and congruence were presented as a notable disparity between themselves and some of their colleagues. Furthermore, participants' accounts revealed that institutional and managerial approaches to care also did not align with the workers' priorities. An example of this in action was the participants' accounts of sacrificing their own sense of wellbeing to prioritise providing good enough (dementia) care, frequently caring beyond the bounds of their role. While this may reflect bonds formed between the CWs and service users, theoretically, these participants used their agency to go beyond some of the structural constraints of the organisations they worked for, for example caring for dementia service users in their own time to ensure these service users' needs were appropriately met (Moré, 2018). This personal commitment to care arguably extends caring labour into these participants' private lives, making the role rewards more personal, as well as role stressors and blurring boundaries (Husso & Hirvonen, 2012).

Participants did not dismiss the need for enhanced training to support them with the challenges of working in dementia care. However, the skills of a "good carer" were perceived by the participants as an indefinable core way of being, based on inherent skills and standards. Therefore, these findings would appear to be partially contrary to previous research that recommends a focus on training to upskill CWs, to enhance person-centred dementia care provision (SCR, 2015). This study's findings suggest an applied approach to training that reflects dementia care in situ, instils the use of self, and prioritises the relational aspects of care (Talbot & Brewer, 2016; Walsh & Shutes, 2013), yet also places the onus on management and the recruitment process to find the right type of staff, that is, those who possess this core way of being.

This study illuminated that language and communication issues impacted the participants' experiences inside and outside the work environment. These findings reflect those of Stevens et al. (2012), which found that MCWs (including EUMCWs) experience a complex relationship between "language, cultural misunderstanding, and uncertainty in terms of immigration status", which was suggested to coincide with experiencing racism and other types of bullying (p. 274). To illustrate, one of the participant's, in the face of xenophobic attitudes from her manager about her language proficiency, employed responses such as "how many languages do you know?", and used laughter as a diffusion technique, which may have served to halt comments and enable her to operate at work. Although these responses are not directly confrontative, Abrams (1999), who adopts a feminist perspective on self-direction, advocates that woman draw on such strategies to diffuse and gain control of situations, and that such strategies should, as they often are not, be recognised as manifestations of agency and resistance. Nevertheless, such experiences, especially in employment, can lead to increased anxiety and self-doubt, which may stall progression at work (Westwood & Ishiyama, 1991).

The participants alluded to the impact of communication and English language proficiency on their ability to carry out their role duties, including managing service users' safety. For EUMCWs who speak English as a second language, cognitive load and emotional labour are more pronounced, because alongside navigating the role they are additionally required to develop language competencies (Luff, 2008). A further finding from this study suggests that reciprocity of language between participants and their colleagues was also significant. The participants reported the need for other staff to take a more empathetic approach and consider their communication style, reflecting evidence from the literature that host country members can have unfavourable responses, like impatience with communication dysfluency and accents (Westwood & Ishiyama, 1991).

The participants who cited the need for reciprocity of language signified that communication difficulties were a challenging aspect of their role adjustment, and one which appeared to influence their experience of social inclusion, ultimately playing a role in their sense of identity. It would seem that consideration of language difficulties would allow all involved in the care process to maximise on the skills that EUMCWs bring to the sector, as one of the participants highlighted. Therefore, these findings raise important questions about the effects of a lack of adequate language and wellbeing support offered to overseas staff.

5.2 The referendum

Initially, there was a low response rate to this study's research poster, which was used to recruit participants for an interview. The advert was placed in several high traffic locations online, as well as sent to various dementia care providers. It was notable that all the participants who chose to take part appeared open in their recounting of their role experiences. In contrast, when discussing the referendum, participants varied widely in their readiness to discuss their thoughts and feelings on and about it and its impact (if any) on their role. At first, this reluctance was perceived as avoidance by the researcher, however, it was later reconsidered to be a portion of the participants' accounts and therefore part of their experiences', and valid. One possible explanation for avoidance may be the fact that interviews commenced two years post-referendum, and that the daily political discourse surrounding the referendum had resulted in what the media termed "Brexit Fatigue" (Ross, 2018), the constant exhaustion related to the ongoing rhetoric; the participants may have simply been exhausted by the topic, their avoidance merely a symptom of this fatigue. Another possible consideration is that these individuals' lived experience was directly (in a way that may have been acknowledged or not) impacted by the referendum, given that their rights and freedoms within the UK are in a state of uncertainty (Guma & Dafydd Jones, 2019), and that when faced with the reality of being asked questions about it in an interview, this led them to be less forthcoming. However, in contrast to the avoidant reactions, a couple of the participants appeared preoccupied with “anger” and seemed to want to offload within the interviews. One would wonder what effect it might have had on this study’s findings if the interviews had taken place at a different point in time, for example, immediately after the vote to leave. It seems pertinent to note that participants who took part in the interview process at an earlier point in time appeared to show more affect when discussing the referendum than those interviewed after the announcement of the EU settlement scheme (Home Office, 2018), which may have provided some reassurance for those later participants.

Prior to the referendum, migration to the UK appeared to be perceived by participants as a good move, with a sense of belonging and attachment present in participants accounts. Therefore, making sense of and processing the vote to leave appeared a multifaceted and complex experience, indicated by the contrasting atmosphere of the participants post-vote interviews. Several participants disclosed their shock and anger at the unjust nature of the vote, viewing themselves as valuable members of British society who contributed. Accordingly, these findings suggest that the vote shattered these participants’ sense of self, which seemed to be attached to their connectedness to British society. This finding is consistent with Guma and Dafydd Jones’ (2019) research, which found that EUMs’ sense of belonging and affective connections in the UK had been meaningfully impacted by the referendum irrespective of the outcomes of Brexit withdrawal negotiations and the future rights these negotiations may yield.

A significant finding was that participants projected the onus of the outcome of the vote onto various agencies, including the British public, media, non-EU migrants and the government. Participants discussed the numerous ways in which they felt that non-EU migrants were to blame for the climate of hostility that initiated the vote, and concerns were expressed about how the media had handled discussions on immigration. Indeed, immigration played a significant role in these participants' accounts, and was a salient topic in the 2016 EU referendum campaigns (Clarke et al., 2017). This is notable, as media representations shape perceptions of migrants and migration, and can have a significant bearing on discourses related to them and the propagation of prejudice, stigma, and injustice (Torres & Lindblom, 2020). In line with this, while some participants appeared to feel they had been misrepresented in the media, they also appeared to have a stigmatised view of migrants from non-EU countries, suggesting that they were exploiting the British system, for example its benefits system.

As noted in the literature review, othering splits humanity into distinct groups, one that embodies the norm and the other which does not (Staszak, 2020). Within the context of the referendum, as previously mentioned, Brexit has been proposed as a consequence of ongoing othering and also unsettling of some of the EUMs who live in the UK (Guma & Dafydd Jones, 2019). Interestingly, participants did not consider their identities to be easily encapsulated by such a dichotomy (norm vs other) and spoke about their position in British society as more nuanced. Power appeared to shape how the participants positioned themselves, and therefore, how they positioned themselves shifted (Tanyas, 2016). As such, some of the participants appeared to discuss being a target of othering and simultaneously a base from which non-EU migrants were marginalised (Tanyas, 2016). Correspondingly, these findings suggest that some of the participants may theoretically be engaging in a process of othering (a base from which they marginalise non-EU migrants) by distinguishing themselves as economic migrants (a perceived contrast with non-EU migrants) who contribute to the British system and society as opposed to being reliant on it. This creates an opposition discourse in which non-EU migrants' identities were situated at a lower level in the social hierarchy of economics and belonging than those of EU migrants. These participants did not attempt to challenge the stigmatisation of attitudes and behaviours they assumed were associated with non-EU migrants; instead, they seemed to make efforts to secure and justify their self-identities and social position as valuable by renegotiating who should be othered or marginalised (Tanyas, 2016). In a context where they have no direct control over the outcome of Brexit, actively separating themselves from other migrants conceptually may have served as a protective function. This may have enabled these participants to reflect on and reframe their position in British society and, for example, make choices, such as continuing to go to work following the referendum (Bakewell, 2010), at a time when they felt othered by British society (Guma & Dafydd Jones, 2019). According to Prilleltensky (2020), "members of a marginalized group feel that their dignity is regained when they feel superior to another group" (p. 13). This creates a vicious cycle as it perpetuates divides; a salient issue in the lead-up to the referendum (Sumption, 2017). This is a significant finding in the participants' interviews, as othering ultimately leads to division, and absence of compassion can lead to a culture of generalising and attributing blame to individuals and communities, rather than positioning injustice and disempowerment within larger systems of social power (Kagan et al., 2010; Mallinckrodt et al., 2014). Therefore, the findings of this study signify attempts will likely need to focus on re-establishing connectedness in a "polarised society" (Guma & Dafydd Jones, 2019). The negative impact of social inequality on wellbeing has been clinically well-documented (Mallinckrodt et al., 2014), and so the implications of these findings for migrants born outside of the EU necessitate further exploration.

Participants recounted receiving concern from friends following the vote; however, surprisingly, drawing on their social networks for support was not a central theme in their narratives. This differs from pre-existing dominant discourses on the importance of migrants being able to draw on networks for emotional and instrumental support (du Plooy et al., 2019; Hashemi et al., 2019). Instead, participants talked about avoiding discussing the referendum at work and with friends. Since political opinions can be diverse, participants in this study may have sought to circumvent additional stressors and protect their relationships by not talking about Brexit, whether strategically or more subconsciously (Peacock, 2019). Additionally, conversations with friends about other topics may have enabled participants to avoid the subject, the stress caused by the referendum, and furthermore to protect their relationships with those who may hold different views. Peacock’s (2019) research found that reasons for avoiding topics and barriers to speaking openly included, conflict aversion, not perceiving conversations as useful, and worry about expressing a minority opinion. Such approaches can reduce opportunities to use social support as a coping strategy, potentially adding to the collective difficulties experienced. EUMCWs (and migrants generally) may choose to protect their wellbeing by not engaging in these types of open discussions, particularly at work which may incur additional emotional labour. Although this should not be the primary way tolerance is increased in society, the literature suggests that talking about opinions and personal experiences can increase tolerance and understanding, all of which may serve to reduce othering by expanding perspectives beyond self-interest (Peacock, 2019).

A key finding in this study is a shift in cohesiveness in staff relationships post-referendum. Literature has shown that difference and diversity have noteworthy consequences for a work environment and team dynamics, influencing communication patterns and the ways team members feel about themselves and others (Jackson, 1996). This is significant, especially as dementia care is considered to be particularly emotionally and physically demanding for CWs, and effective teamwork is required to establish a safe work environment for all involved in the caring process (Oppert et al., 2018). Previous research has found that teamwork assists person-centred dementia care by improving “instrumental” and “relationship” resources (Oppert et al., 2018). These are an essential source of role support that can mitigate psychological strain and stress experienced by CWs (Hussein, 2017; Law et al., 2019). While findings from this study suggested that some participants had a “great team”, for others, the concept of othering post-referendum may have extended to their experiences at work. Additionally, participants expressed concerns about the potential of staff being sourced from outside of the EU as a result of the referendum, which brought up questions of cultural assimilation between non-EU migrants, Europeans, and British culture.

Furthermore, existing research postulates that stereotypes can influence the ways in which members of a team think and feel not only about themselves but also about members of their team (Jackson, 1996). An interesting emergence from the findings was that some participants viewed being a hard worker as an integral part of self, while for their colleagues, this appeared to be an area of contention. However, rather than this solely being a result of the post-referendum climate, it was perceived as their English co-workers revealing their true selves, plausibly feeling legitimised to do so. Therefore, the importance of raising awareness and developing strategies to support EUMCWs (and MCWs generally) is proposed by this study's findings (Stevens et al., 2012), given the added uncertainty to their role experiences because of the shifts to some of the team dynamics.

Other findings in this study highlighted the shifts participants noted in the organisational discourse after the referendum vote. This included receiving messages about the referendum's impact, through either the uncertainty present in training or worsened staffing shortages. Concerns for staffing shortages were mirrored in participants' descriptions of work. Yet, the management responses reported by some participants seemed to prioritise budget management over and above the wellbeing of staff and service users. Qualitative research by Read and Fenge (2019, see section 2.6.4 for further detail), found that although domiciliary and residential care managers did express concern about staffing problems, recruitment and retention issues were considered primarily rooted in the value placed on CWs by the social care system, and not a causal effect of the referendum. Meanwhile, Baird and McKenna (2019) state that the referendum had potentially added pressure to an already complicated and challenging situation, as the social care sector is believed to be facing a deficit of one million CWs in the next 20 years (Independent Age, 2016). Crucially, focusing only on budgeting management is dangerous in care work, as it undermines the importance of service user/staffing ratios, putting everyone in the care environment at risk. Furthermore, oppressive organisational structures, symptomatic of current for-profit practices, may undermine the satisfaction that CWs, in general, derive from their work by increasing staff workloads, constraining the scope for them to exercise agency which may, as a result, reduce opportunities for them to derive dignity from their work (Kadri et al., 2018).

5.3 The future?

The findings from this study illustrate that the future presented a significant theme for the participants, in line with recent qualitative studies on EU citizens post-referendum (Chick & Exworthy, 2018). According to Grupe and Nitschke (2013), perceived possible threats to one's future leads to uncertainty, and disrupts an individual's ability to mitigate this uncertainty's negative impact, resulting in anxiety. Indeed, all participants commented on the uncertainty they were experiencing that appeared to disturb their sense of control. The participants alluded to the ways in which worry had become a part of their lived experience and attached to their numerous potential concerns about the future, including concerns about their family members, financial stability and ability to create a stable base within the UK. Therefore, with their futures contingent on the outcomes of Brexit at the time the interviews took place, it seemed that a degree of worry may have been unavoidable. Status inconsistency (individual), marginalisation (collective), and injustice (societal) are multilevel risk factors for migrants' wellbeing (Prilleltensky, 2008). From a clinical perspective this is of particular importance as this arguably exposes EUMCWs to increased risk of mental health difficulties, particularly if they find uncertainty challenging, since intolerance of uncertainty operates as a significant transdiagnostic facet of depression and anxiety disorders (Carleton et al., 2012).

The findings indicate that EUMCWs used various coping strategies to manage their experience of uncertainty. Interestingly, all the participants stated "we will see" when discussing their futures, suggesting that with the unpredictability posed by Brexit and the potential changes to freedom of movement legislation, ongoing assessments may persist until the uncertainty experienced is resolved (Grupe & Nitschke, 2013). According to Chick & Exworthy (2018), this perspective was shared by NHS doctors, reporting they too felt "unwanted, undervalued and uncertain about their future" (p.23, see section 2.6.4 for further details).

A key finding was that some participants appeared to take the perspective that their role served as a protective factor against the backdrop of uncertainty which they experienced in varying degrees. They perceived their position to be a reason they would potentially be permitted to stay following the UK’s eventual withdrawal from the EU. One of the reasons given for this was the devaluation of the role and therefore the perceived lack of desirability of this career path for individuals born in the UK. Findings also suggested that the participants who held this view appeared to cope better with the referendum, as it perhaps created a sense of safety. On the other hand, for other participants, their reduced sense of agency increased the degree to which uncertainty affected their lives.

Research by Rotter (1966, as cited in Folkman, 1984) found that a lack of environmental clarity, and ambiguous situations, require more inference by an individual. Subsequently, when individuals consider their control over their lives to be minimal, more inference is need, guided by their general experiences, and personality characteristics. The experience of uncertainty stemming from the referendum may have affected the participants differently based on if they had an external or internal locus of control (Folkman, 1984). The participants with an internal locus of control may have been more likely to appraise the situation as controllable to some degree. In contrast, those with an external locus of control would be expected to judge the situation as beyond their control (Folkman, 1984).

Coping has always been a topic of interest in psychological literature (Folkman, 1984), and the findings of this study illuminate the coping strategies employed by this group of participants in a time of political uncertainty. Participants’ narratives were inconsistent, suggesting the use of a number of strategies or combined strategies in an attempt to cope with the uncertainty of the referendum. While some appeared to take a “wait and see” approach, others reported the use of avoidance behaviours, such as avoiding both official and unofficial news about the referendum. For the participants who had previously reported experiences of uncertainty in their countries of birth, avoidance seemed to be perceived as particularly useful. This is in keeping with previous research, which has found that emotional suppression and avoidance behaviours are commonly reported ways of coping with distress after a traumatic event (Charlton & Thompson, 1996). Distancing and denial have been found to be powerful techniques to control psychological stress by potentially allowing individuals to appraise situations as less threatening (Lazarus, 1993). However, this may have been a challenging strategy to adopt given the continuous media coverage on the referendum. Furthermore, while this coping style may initially seem adaptive to some of the participants, research suggests that for those same participants, this may prove maladaptive in the long-term, preventing them from dealing with the cause of their distress (Nolen-Hoeksema et al., 2008).

The findings of this study show that the degree to which participants ruminated about the shock differed. Those participants who ruminated about the shock to the greatest degree were those who had been interviewed earlier on in the research process. These participants displayed more wishful thinking, which shares similarities with rumination (Nolen-Hoeksema et al., 2008), implied by statements such as “it should not have happened” and discussions of their anger over the outcome. From a psychological perspective, avoidance of emotion and wishful thinking is frequently linked with negative psychological consequences (Nolen-Hoeksema et al., 2008). Given the reported growing reliance on EUMCWs in the social care workforce, and taking into consideration their wellbeing, the research findings suggest the importance of highlighting their worth to the social care sector by securing their rights within the UK going forward (Chick and Exworthy, 2018). With the long-term effects of Brexit and its potential ripple effects on the participants in this study and others yet to be known, many questions arise about the impact of how to safeguard their wellbeing in the aftermath of Brexit. Consequently, the uncertainty which emerges from these findings mirrors the uncertainty which will likely be faced by services (e.g., government, therapeutic) and the research community alike going forward.

In summary, this study's findings highlight the ongoing challenges that female EUMCWs have had to negotiate in the UK post-referendum. These include the impact of their occupational role on their sense of self, their ability to cope with and make sense of the referendum, and the ways in which this transcends other areas of their lives. To address these issues mentioned above, practical recommendations are discussed in section 5.4.

5.4 Implications for policy and practice

This research sought to gain an understanding of female EUMCWs' experiences in a post-referendum context, and illuminated several areas that may be relevant to policy and practice within the UK.

Firstly, participants reported the emotionality of the work, as well as high levels of responsibility for the welfare of service users, which appeared to impact on participants' wellbeing. This underscores the importance of putting structures and support in place for CWs working in dementia contexts, in order to minimize adverse role experiences.

Burnout research in dementia care proposes that access to supervision and other support methods can be beneficial in supporting CWs to acknowledge and address the impact of their work (Kokkonen et al., 2014). As participants' sense of self and purpose appeared to be enmeshed with their role, the promotion and use of self-care strategies, supervision, and reflective practice may benefit EUMCWs working in a dementia context, as well as CWs more generally. Social care providers, alongside counselling psychologists (and other mental health professionals) and CWs, would benefit from implementing a proactive approach to offering staff wellbeing support. By addressing and incorporating strategies that support CWs with the emotional elements of the role into policy and practice, organisations can go some way towards addressing the incumbent emotional labour required. Furthermore, in keeping with recommendations by Eyers (2000), training that focuses on honing the emotional labour skills of CWs could improve the experience of every person that constitutes a care environment. While all the above recommendations would provide support for staff in their current circumstances, systematic staffing issues and other organisation factors should also be addressed in order to reduce the occurrence of those circumstances. This would reduce the need for EUMCWs to overwork due to staff shortages, something which may continue to worsen during the withdrawal process and after Brexit has occurred.

This study highlights that language acquisition and communication difficulties impacted EUMCWs' adjustments at work and within the UK. CWs working cohesively as a team may improve staff turnover and morale. Therefore, the use of language support and cultural awareness training for all staff may be a step in facilitating EUMCWs' adjustments, and may also serve as a catalyst in improving interactions and communications between all involved in the care environment.

At the time of completing this section, uncertainty remains on Brexit negotiations' outcome, with more significant recruitment restrictions of EU/EEA nationals in the UK being expected (Read & Fenge, 2019). As mentioned, while the EUMCWs in this study had not made immediate plans to leave the UK, they were waiting to find out the outcome of the Brexit negotiations and its impact on their futures within the UK. The British government's EU settlement scheme (Home Office, 2018) presently enables EU citizens living in the UK to apply to stay, which may provide some reassurance (Baird & McKenna, 2019). However, findings indicate that the government should clearly outline the legal rights and conditions of EU/EEA nationals within the UK post-Brexit, and put a framework in place for how the social care sector will function following the UK's withdrawal from the EU.

5.5 Implications for counselling psychology practice

5.5.1 Therapy interventions

This study reveals implications for clinical practice with EUMCWs, which is relevant to counselling psychologists and other mental health professionals. It highlights the complexity of working in dementia care, where a high level of responsibility for service users' welfare appears to lead to emotional exhaustion and traits consistent with burnout. Therefore, the findings indicate the need to develop appropriate support for EUMCWs which appropriately acknowledges their role and its impact on their sense of self and emotional wellbeing. Robertson (2015) states that a considerable divide exists between therapeutic and vocational counselling within the UK, with a striking lack of recognition in CoP literature. Moreover, research has found that in practice, counselling psychologists prioritise working therapeutically with issues related to clients' personal lives over issues related to their careers (Spengler et al., 1990). Real world and life circumstances shape career paths, and clear links have been demonstrated in the literature between mental health, wellbeing and job satisfaction (Arthur, 2005; Dawson et al., 2017; Johnson et al., 2005; Robertson, 2015). Individuals who have migrated to the UK for work may particularly consider therapy exploring work issues as important. Therefore, this study contributes to CoP literature on the value of recognising the importance of work concerns presented by clients, which therapists should view as an imperative route to promoting wellbeing and a healthy lifestyle.

Moreover, this study highlights that the referendum encroached on the EUMCWs' experiences of work and the UK to varying degrees, with participants utilising different coping techniques to help manage the uncertainty present. EUMCWs may need emotional support going forward, as may other EU nationals, since uncertainty about their futures may put them at risk of mental health difficulties (Sime et al., 2017), and wishful thinking and avoidance of emotions can have negative psychological consequences (Nolen-Hoeksema et al., 2008). Nevertheless, UK research points out that EUMs experiencing psychological distress only reach out to mental health services (e.g., CoP) as a final resort (Chtereva et al., 2017). Therefore, mental health professionals such as counselling psychologists may need to tailor their services and equip themselves with a greater awareness of factors that may be specific to EUMCWs, and provide a range of tailored and more accessible services for them (Chtereva et al., 2017). While clients should be assessed on a case-by-case basis, insight from the findings indicates that counselling psychologists and other mental health professionals working with clients affected by the referendum should consider interventions that promote the tolerance of uncertainty, adjusting to change, and working towards a more internal locus of control (Folkman, 1984).

Additionally, the pluralistic nature of CoP means that a variety of interventions can be drawn on rather than exclusively employing the dominant model of cognitive behavioural therapy offered by the NHS, which places emphasis on personal change. In clinical practice, presentations, such as low mood and anxiety, may understandably be manifestations of othering or injustice (Mallinckrodt et al., 2014). The findings support that practitioners should adopt a holistic view of human experiences and avoid a symptom-only approach when working with individuals. For example, for clients who present with persistent concerns about their bills due to low-paid work, or who are affected by Brexit, focusing on tolerating uncertainty alone while overlooking the sociopolitical context can maintain inequity (Mallinckrodt et al., 2014). It is hoped that recognition of social justice, diversity and equality in therapeutic work with EUMCWs would acknowledge the impact of the referendum as a political and psychological issue, and amplify the importance of therapy in attending to an individual's sense of agency and an ethical obligation to work towards structural changes.

5.5.2 Wider applications

CoP is interested in a holistic view of human experience, taking into account the fact that lives are embedded in a social, political and economic context. Therefore, CoP is well-positioned to offer more than individual and group psychological therapy, as CoPs knowledge base is equipped to engage with research and issues concerning social policy and understanding the impact of marginalisation (Milton, 2010).

This research suggests that CoP training programmes (and those of other mental health disciplines) would benefit from developing or strengthening frameworks to support psychologists in gaining experience in system-level advocacy to challenge structural inequities and power dynamics (Hage et al., 2020). Inattention to social justice activities generates ethical contradictions with the BPS “Professional Practice Guidelines”, which state that counselling psychologists should “consider at all times their responsibilities to the wider world” (BPS, 2005, p.7).

According to Prilleltensky, migrants “well-being is not a matter of chance or charity, but a matter of justice” (2008, p. 363). Prilleltensky further points out that “the political struggle for a just and equitable distribution of mattering takes place in social movements and the policy arena” (2020, p.10). Counselling psychologists ought to be concerned about increasing their involvement in outreach, advocacy and participating on government boards, as well as working with organisations to ensure that wellbeing and mental health is a prioritised agenda. Such an agenda would involve raising awareness and being a part of strategies concerned with alleviating societal issues that contribute to distress (Kagan et al., 2010). The examples outlined in this section, illustrates how counselling psychologists can contribute to and recognise the importance of moving beyond individual interventions by engaging with the wider world and social justice activities that impact individual’s day to day lives (Cutts, 2013).

Due to the unprecedented uncertainty which EU nationals face over their future uncertainty which has disrupted their affective connectedness and perceptions of belonging (Guma & Dafydd Jones, 2019; Tyrell et al., 2019) within the UK, there is a necessity to continue action-oriented research on their experiences with the UK generally, and specifically the impact of Britain’s withdrawal from the EU on those experiences. EU and non-EU migrants’ voices should be consulted for the purposes of informing future policy and practice, in order to promote and empower change.

5.6 Limitations and suggestions for future research

It is pertinent to note that there are some limitations to this study. The small sample size used (n=7), a characteristic of IPA, means that there is an inherent lack of generalisability of this study’s findings. IPA’s ideographic approach points to the importance of small, purposively selected samples to allow for a richer, in-depth analysis of the phenomenon under investigation (Charlick et al., 2016). Accordingly, this study’s purpose was to give voice to a group of EUMCWs in a particular period of social and political uncertainty, looking at divergence and convergence of viewpoints. Nevertheless, the limited perspective gained through qualitative analysis has been recognised as a limitation in previous research.

All participants were female EUMCWs which is in line with the demographics of those who work in dementia care (SFC, 2019). However, it is also important to explore men's experiences of the referendum and of being a EUMCW, which may differ from those of women. To the researcher's knowledge, no studies have explored the experience of being a male EUMCW in post-referendum Britain, which would be an important area to investigate.

Despite this study's aim to obtain a reasonably homogenous sample through purposive sampling (Smith et al., 2009), it could be argued that there was nevertheless variation among the participants, for example their length of time in the UK, their relationship status and whether they worked in homecare or in a care home, all of which, among other variations, could have had a bearing on their perspectives. Future research may wish to account for this and, for example, investigate if relationship status or perceived social support impacted EUMCWs' experiences post-referendum.

IPA's interpretative facet is an essential feature of the method. According to Smith (2004), qualitative research is fundamentally linguistic and depends on the representational validity of language (Noon, 2017). Consequently, a supposition of this method is the necessity of language in providing the tools to enable participants to capture their experiences and to enable researchers to access these participants' experiential worlds (Noon, 2017). For some participants in this study, English was their second language, and despite their English language proficiency, it did transpire during the interview process that difficulties of expression or issues of clarity were noted in two participants interviews. This may potentially have affected the data analysis process, leading to potential loss of meaning between the researcher and these participants. Moreover, the double hermeneutic element of the analytic process means that it is conceivable that an alternate researcher may produce an alternate interpretation of this study’s findings. Therefore, the findings presented reflect the meaning-making of the participants and the researcher (Smith et al., 2009).

The assumption that EUMCWs would be struggling to cope with their experiences in the wake of the referendum is of potential significance. While participants who chose to take part in this study appeared to be coping reasonably well, it is plausible that individuals who were having more considerable difficulties coping with the current climate may have opted not to take part, meaning that rich data which may have differed was not included. Finally, the relevance of the time period in which interviews took place means that interviews need to be viewed through the lens of being circumstantially and temporally situated. Therefore, it is recommended that future research investigates the potential long-term effects of the referendum and Brexit on the experiences of EUMCWs and beyond.

5.7 Conclusions

Overall, the findings illuminate, in a preliminary way, the interpersonal, psychological and emotional adaptations female EUMCWs were required to process in the aftermath of the referendum, which impacted their identity, wellbeing and coping styles in various nuanced ways. The findings of this study, along with previous and emerging research, are suggested to provide a base from which further quantitative and qualitative research can be conducted, particularly regarding the ongoing requirement for a culture shift in the social care sector. This study constitutes the first IPA exploration into the idiosyncratic psychological experiences of female EUMCWs for dementia service users in a post-referendum context to the best of the researcher’s knowledge. Moreover, the findings have clinical implications in the field of CoP and beyond to continue to support EUMCWs' experiences going forth in the UK, specifically because of the ongoing changes that are likely to occur due to Brexit.

5.8 Brexit

After completing this write-up, the UK officially ended free movement with the EU on 31st December 2020. With the exception of Ireland, the UK will now adopt a point-based immigration scheme for both EU and non-EU citizens effective from January 2021 (Home Office, 2020). For working individuals from the EU/EEA and Switzerland, the EU settlement scheme remains open until 30th June 2021 (Home Office, 2020), and guarantees rights to individuals to continue working indefinitely in the UK (Holmes, 2021). This scheme may provide a certain level of comfort for individuals who have set up lives in the UK.

The government has established a fast-track visa called the Health and Care Worker Visa to maintain the UK's attractiveness for qualified health and social care workers and to assist with staffing shortages (Holmes, 2021). However, this will not apply to MCWs, which will compound existing recruitment challenges. According to Holmes (2021), based on advice provided to the government by the Migration Advisory Committee, extending this visa will not improve recruitment and retention of MCWs, as staffing issues are due to market forces in social care, such as minimal pay. With no immediate agreed funding for the sector, the recommendations outlined in this study are strengthened; institutional and systemic change is required.

5.9 Reflective postface

To sum up my personal reflexivity, I will consider how I have been impacted by the process of conducting this research (Willig, 2013). The process felt rife with ongoing uncertainty, including throughout the recruitment, interviews, and data analysis processes. Mainly, I was continually mindful about reflecting on whether the interpretations I was making remained close enough to participants’ narratives, especially as this is in line with my CoP identity and consonant with this study’s primary goal of giving voice to the participants’ subjective experiences. However, while there were challenges, it was equally a decidedly interesting and worthwhile process. I believe that this study will help increase my understanding of clients presenting with concerns related to their social and political worlds, including at work and beyond, considering the impact that these can have on their identity and wellbeing. From my perspective, what stands out is the variable coping styles employed by the EUMCWs in this study. Consequently, this reinforces my belief in CoP’s pluralistic framework, within which it is possible to utilise concepts, tools, and specific interventions, from a range of therapeutic orientations in order to build a therapy based on the uniqueness of our clients’ subjective worlds. I will aim to hold and reflect upon this framework, especially when working clinically in single modality environments. I hope that conducting this research and gaining increased exposure to the theoretical and practical understandings of being a reflective-scientific-practitioner will move my therapeutic practice forward.

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7. Appendixes

Appendix A: Interview Schedule

1. Could you tell me about your decision to move to the UK?
2. Could you tell me what lead you to become a care worker?
3. Could you tell me about how you view your role?
    - How do others view your care role?
4. Could you tell me what you enjoy about your role, if anything?
5. Could you tell me about aspects of your role that you find challenging, if anything?
    - What obstacles do you face, if any?
6. Could you tell me about your relationship with your colleagues?
    - What support do you receive?
    - What do you find helpful/unhelpful?
7. Are there any experiences that stand out for you?
8. Could you tell me your thoughts about the referendum?
9. What has your experience been like since the referendum?
10. What effect has your thoughts/experiences of Brexit had on your role as a care worker, if any?
    - Physically, emotionally, mentally?
    - Do you think much about the future?
11. Is there anything else I have not asked that you feel might be important to share?
12. What has doing this interview been like for you?

NB. Bullet points represent prompts that may be used during the interview to explore answers further.

Appendix B: Recruitment Poster

PARTICIPANTS NEEDED FOR RESEARCH ON THE EXPERIENCE OF WORKING IN DEMENTIA CARE.

Are you an EU national living in the UK?

Do you provide direct care to individuals with dementia as part of your job role?

Do you have a minimum of 6 months experience working in a care home with individuals with dementia?

I am looking for EU nationals living in the UK who are interested in sharing their experiences. If you are interested, you will be asked to participate in a one-to-one interview that will last approximately 60 minutes. In this interview you will be invited to talk about your experience of working as a dementia care worker in the UK since the referendum.

For more information about this study, or to take part,

Please contact:
Lauren Bishop: lah0378@my.londonmet.ac.uk

This study has been reviewed by and received ethics clearance through the Psychology Research Ethics Committee, London Metropolitan University

Appendix C: Inclusion and Exclusion Criteria for Participants

Inclusion criteria

- EU nationals that have migrated to the UK (Austria, Belgium, Bulgaria, Croatia, Republic of Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, Netherlands, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden).
- Female
- Working age (18-65)
- Minimum of 6 months of experience working in social care with individuals with dementia
- Must provide direct care to individuals with dementia as a part of their job role
- Not currently experiencing severe psychological difficulties or suicidal ideation

Exclusion criteria

- Participants who require a translator to partake in the research process
- Individuals with current suicidal ideations (assessed via PHQ-9)

Appendix D: Information Sheet

Project title: After the Brexit referendum: the experience of EU Migrant care workers for individuals with dementia

Dear potential participant,

My name is Lauren Bishop; I am a trainee counselling psychologist at London Metropolitan University. I am currently carrying out doctoral research into the role and experience of being an EU migrant care worker for individuals with dementia in the UK since the referendum. You are being invited to take part in this research project and share your experiences.

Very little is known about the experience of working in a care home with individuals with dementia after the Brexit referendum. Over the years, research has tended to focus on the experiences of nurses, family caregivers, and individuals with dementia. It is my belief that understanding the working lives of care workers is an essential component of care research in order to inform policy and practice.

For this study, I am looking for females who:

- Are EU nationals living in the UK

- Have a minimum of 6 months of experience working with individuals with dementia.

- Provide direct care to individuals with dementia currently as part of their job role

If you choose to participate, you will be required to attend an audio-recorded interview that will last approximately an hour, with a further half an hour for questions and answers. In this interview, we will discuss your experiences and your role in depth.

Participation in this study is entirely voluntary, and if you do choose to take part, you will be asked to sign a consent form. Before deciding to take part, it is important to be aware that discussing experiences in-depth can sometimes bring up difficult feelings. However, there are no right or wrong answers, and you have the right to stop the interview and to not answer particular questions without giving a reason. You will have the right to stop or withdraw from the interview at any point. You will also be able to withdraw your data for one month after the interview (this date will be entered on your debriefing sheet). All the data and information gathered from you will be stored securely and kept strictly confidential from any person or organisation with the exception of the researcher’s research supervisor – with whom the researcher will share information on a strictly anonymous basis. Your name and any other identifying information will be carefully anonymised (e.g., your works name, colleagues, service users). All data will be destroyed once a doctoral award has been obtained and any publications produced. You will be offered the opportunity to review the initial findings if you would like to.

The ethics department at London Metropolitan University has approved this research. This research will be conducted according to the British Psychological Societies Ethical

Guidelines (2014). The research data will not be shared with your organisation or any other care provider, and this research has no affiliations or sources of funding.

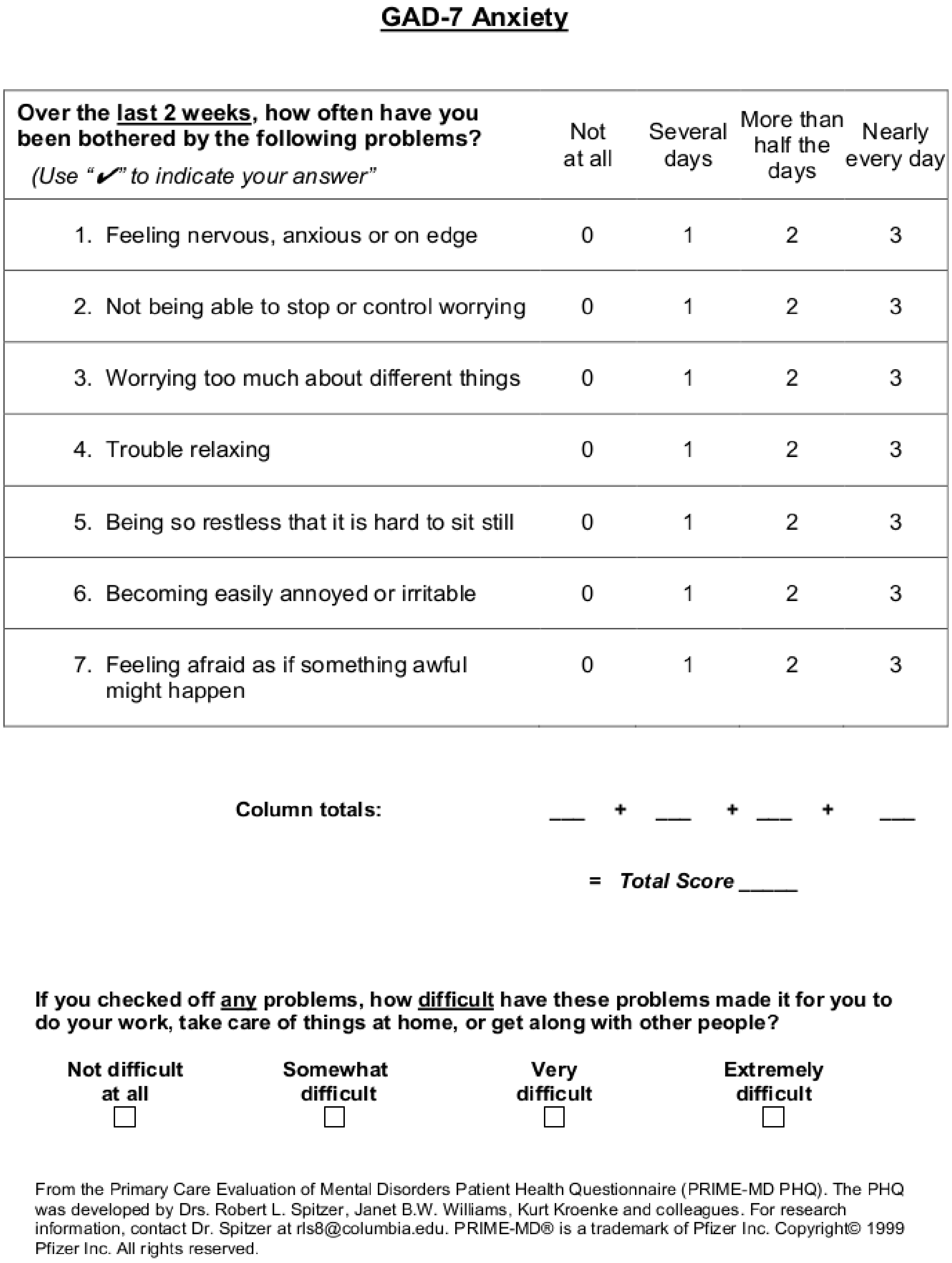
If you are interested in taking part or would like to discuss this study further, you can contact me at lah0378@londonmet.ac.uk. Alternatively, you can contact my research supervisor on A.Loulopoulou @londonmet.ac.uk

Thank you for taking the time to read this.

Kind Regards,

Lauren Bishop

Appendix E: GAD-7 Anxiety Scale



GAD-7 Anxiety

Over the last 2 weeks, how often have you been bothered by the following problems? *(Use "✓" to indicate your answer")*	Not at all	Several days	More than half the days	Nearly every day
1. Feeling nervous, anxious or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it is hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid as if something awful might happen	0	1	2	3

Column totals: ___ + ___ + ___ + ___

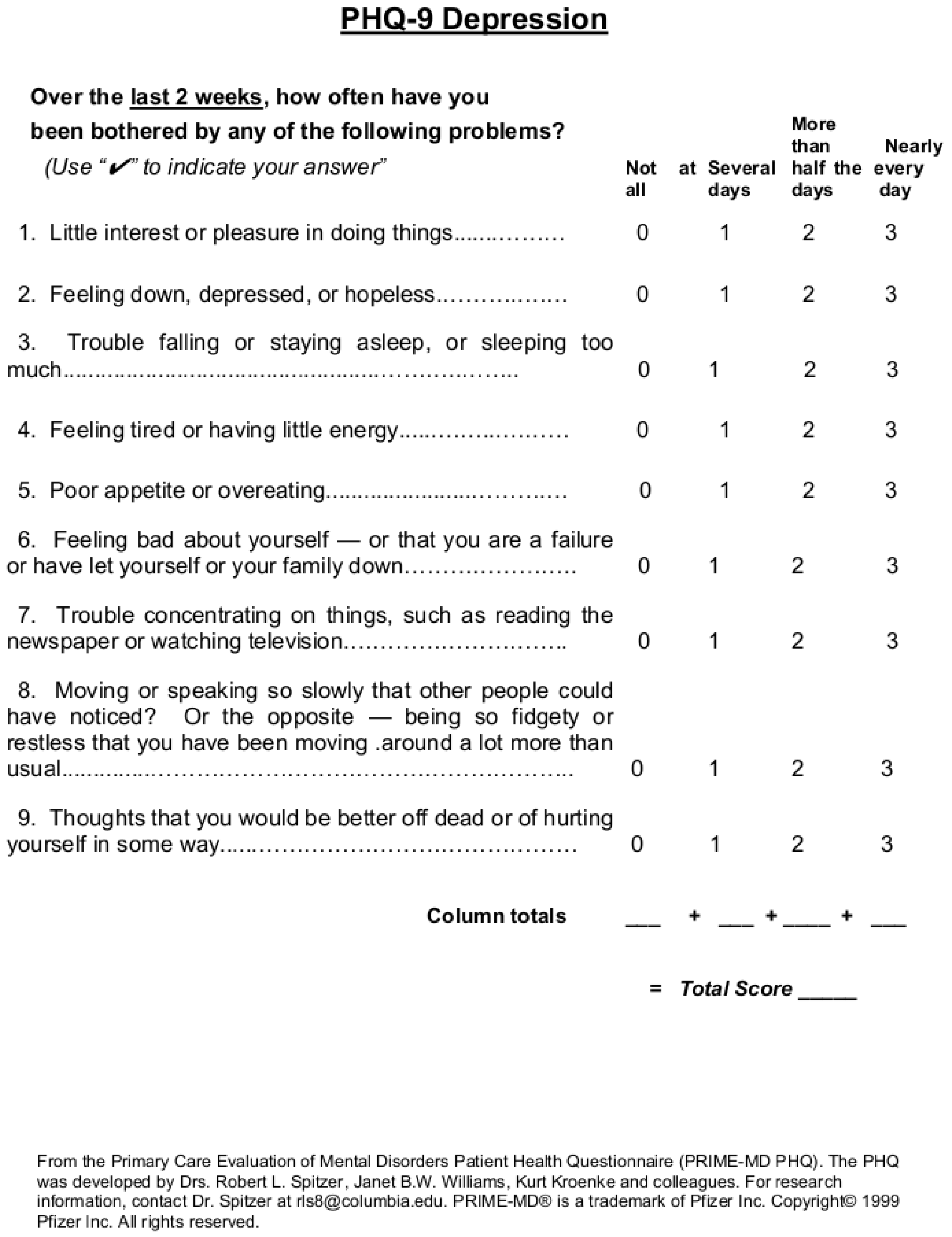
= ***Total Score*** _____

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all	**Somewhat difficult**	**Very difficult**	**Extremely difficult**
☐	☐	☐	☐

From the Primary Care Evaluation of Mental Disorders Patient Health Questionnaire (PRIME-MD PHQ). The PHQ was developed by Drs. Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke and colleagues. For research information, contact Dr. Spitzer at rls8@columbia.edu. PRIME-MD® is a trademark of Pfizer Inc. Copyright© 1999 Pfizer Inc. All rights reserved.

Appendix F: PHQ-9 Depression Scale



PHQ-9 Depression

Over the last 2 weeks, how often have you been bothered by any of the following problems?
(Use "✓" to indicate your answer")

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things................	0	1	2	3
2. Feeling down, depressed, or hopeless.................	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much..	0	1	2	3
4. Feeling tired or having little energy........................	0	1	2	3
5. Poor appetite or overeating.....................................	0	1	2	3
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down.......................	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television............................	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving .around a lot more than usual..	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way...	0	1	2	3
Column totals	___ +	___ +	____ +	___

= ***Total Score*** _____

Appendix G : Informed Consent Form

Project title: After the Brexit referendum: the experience of EU Migrant care workers for individuals with Dementia

Description of Procedure: The procedure will be a voice-recorded interview lasting approximately one hour. If you chose to partake in this research, you would be asked a number of questions related to your role/experiences of being an EU migrant care worker for individuals with dementia since the referendum.

☐ I confirm that I understand that this research is being conducted as part of a counselling psychology doctoral project.

☐ I confirm I have read and understood the information sheet.

☐ I confirm I understand the procedure that will be used and consent to my interview being audio-recorded and transcribed.

☐ I confirm that I understand that I have the right not to answer particular questions without giving a reason and to stop the interview at any point.

☐ I confirm that I understand that I have the right to withdraw my data from this study without giving a reason and without consequence to myself. If I wish to withdraw, I will need to let the researcher know within one month (the final date I can withdraw will be entered on my debrief sheet).

☐ I confirm that I understand that my participation in this study will be anonymous and that my data will be assigned a pseudonym.

☐ I confirm that I understand that all identifiable information I might mention, such as places and names, will be removed or assigned a pseudonym - so that no member of staff, resident or care home is identifiable.

☐ I confirm I understand the limits of confidentiality. I am aware that if it is believed that I am at risk or other people are, then confidentiality will be breached.

☐ I confirm that I understand that the excerpts of my interview may be used in the final study, minus any identifiable information. I also understand that the final study may be accessible to others and published in an academic journal. I am aware that by ticking this box, I am giving permission for this to occur.

☐ I confirm that I understand that the interview may bring up experiences I find distressing. I understand that I have the right to stop the interview at any point. Should I wish to continue, I will be given an opportunity to discuss these feelings after the interview, and I will also be given a debriefing sheet with further support details.

☐ I confirm that I understand that I have a right to review the initial findings of this study; information on how to do this will be given on the debriefing sheet.

☐ I confirm that I understand that all data will be destroyed once a doctoral award has been obtained and any publications produced.

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Name of participant	Date	Signature

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Name of Researcher	Date	Signature

Appendix H : Demographic Questionnaire

Questions about you

Age at last birthday: ………………………………………..

Marital status (please check one):

☐ Married ☐ Divorced ☐ Separated ☐ Cohabitating ☐ Single

Nationality: …………………………………………………

Ethnicity: ……………………………………………………..

Length of time in the UK:…………………………………..

Highest level of education completed (Choose one):

☐ Secondary School ☐ Sixth Form/College

☐ Bachelor's Degree ☐ Master's Degree ☐ PhD

☐ Professional Doctorate

If other, please state…………………………………………..

Employment status:

☐ Full-time ☐ Part-time ☐ Bank ☐ Student

Employment Role: ……………………………………………………………………..

Employment sector before moving to the UK: ……………………………………….

How long have you worked at your current workplace: ....

How many years care experience do you have: ………………………………………

Appendix I: Distress Protocol

The distress protocol that follows has been devised by Chris Cocking (a grade 5 qualified Mental Health Nurse registered with the Nursing and Midwifery Council, with experience in managing situations where distress occurs) (London Metropolitan University, 2015) and is to be followed in the event that a participant becomes agitated or distressed during the research process. This protocol was specifically devised to be used with PTSD research. The protocol has since been amended very slightly by Lauren Bishop (trainee counselling psychologist) for the purpose of this research to deal with the possibility that some participants may become distressed when discussing their experiences' of care work.

Below is a three-step protocol detailing signs of distress that the researcher will look out for, as well as action to take at each stage. It is not expected that extreme distress will occur, nor that the relevant action will become necessary. However, it is included in the protocol in case of emergencies.

Mild distress:

Signs to look out for:

1) Tearfulness
2) Voice becomes choked with emotion/ difficulty speaking
3) Participant becomes distracted/ restless

Action to take:

1) Ask participant if they are happy to continue
2) Offer them time to pause and compose themselves
3) Remind them they can stop at any time they wish if they become too distressed

Severe distress:

Signs to look out for:

1) Uncontrolled crying/ wailing, inability to talk coherently
2) Panic attack- e.g., hyperventilation, shaking, fear of impending heart attack
3) Intrusive thoughts of the traumatic event- e.g., flashbacks

Action to take:

1) The researcher will intervene to terminate the interview/experiment.

2) The debrief will begin immediately

3) Relaxation techniques will be suggested to regulate breathing/ reduce agitation

4) The researcher will recognise participants' distress and reassure them that their experiences are normal reactions to distressing events.

5) If any unresolved issues arise during the interview, accept and validate their distress, but suggest that they discuss with mental health professionals and remind participants that this is not designed as a therapeutic interaction

6) Details of counselling/therapeutic services available will be offered to participants

Extreme distress:

Signs to look out for:

1) Severe agitation and possible verbal or physical aggression

2) In very extreme cases- possible psychotic breakdown where the participant relives the traumatic incident and begins to lose touch with reality

Action to take:

1) Maintain safety of participant and researcher

2) If the researcher has concerns for the participant's or others' safety, she will inform them that he has a duty to inform any existing contacts they have with mental health services, such as a Community Psychiatric Nurse (CPN) or their GP.

3) If the researcher believes that either the participant or someone else is in immediate danger, then she will suggest that they present themselves to the local A&E department and ask for the on-call psychiatric liaison team.

4) If the participant is unwilling to seek immediate help and becomes violent, then the Police will be called and asked to use their powers under the Mental Health Act to detain someone and take them to a place of safety pending a psychiatric assessment. (This last option would only be used in an extreme emergency)

Appendix J: Debriefing Sheet

Dear Participant,

Thank you for taking part in this study; your time has been appreciated.

If you are interested in obtaining the results of this study, please contact the researcher via email:

(Researcher's email)

Additionally, if you wish to discuss anything to do with this study or wish to withdraw your data, please also contact the above email.

Reminder: You can only withdraw your data up until ----- (date to be entered here) --------- (One-month following the interview)

Should you wish to contact the supervisor of this research project to make any comments or complaints, they are happy to be contacted via email A.Loulopoulou@londonmet.ac.uk

If participating in this study has raised any issues you may wish to discuss further, I have listed two helplines below that you can contact for confidential support.

Samaritans a 24hr support line to get confidential advice and support. They can be contacted on 08457 90 90 90 and accessed via http://www.samaritans.org/jo@samaritans.org

Support Line provides a confidential telephone helpline offering emotional support to any individual on any issue. They can be contacted on 01708 765200 and accessed via http://www.supportline.org.uk/info@supportline.org.uk

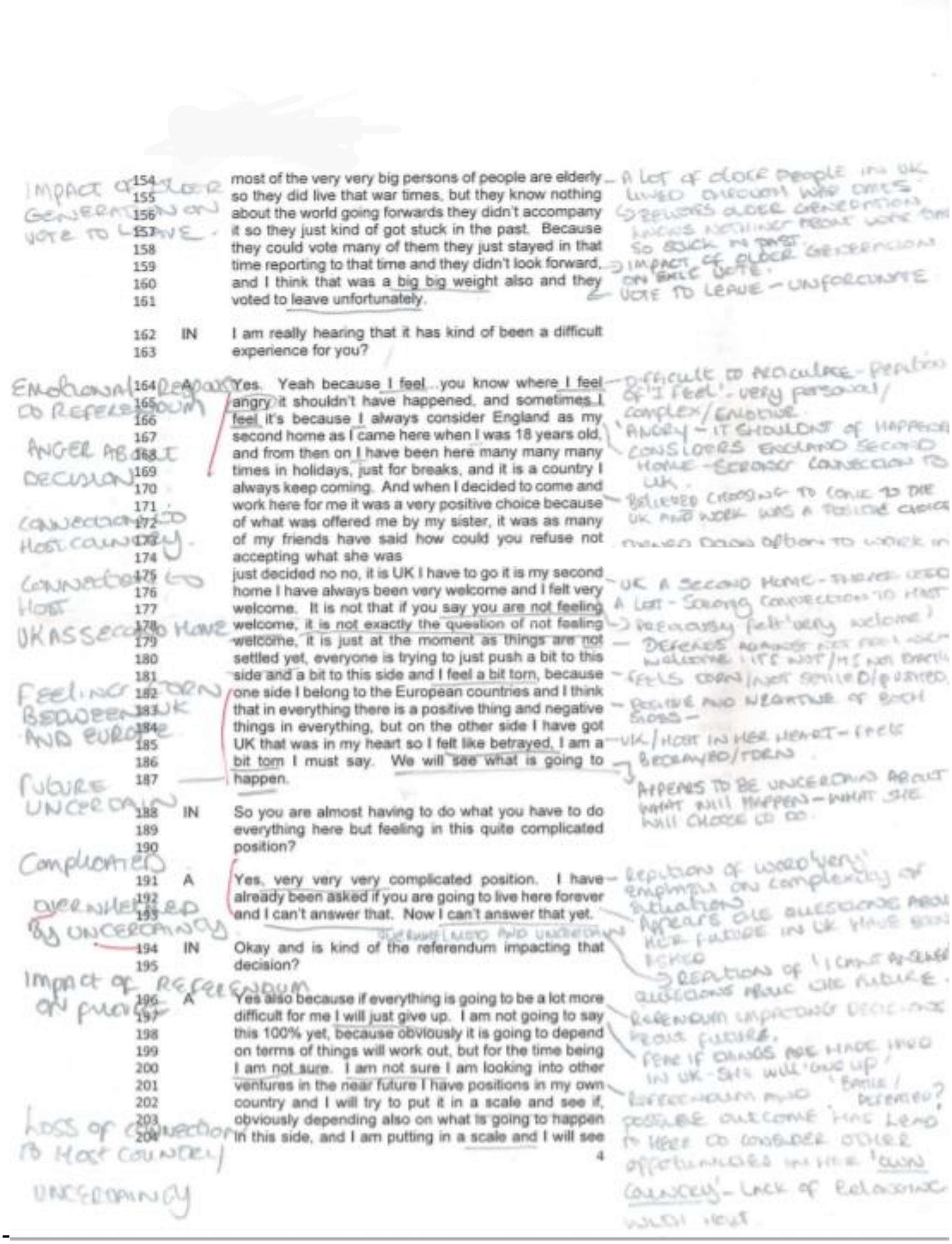
Thanks again for taking part.

Kind Regards,

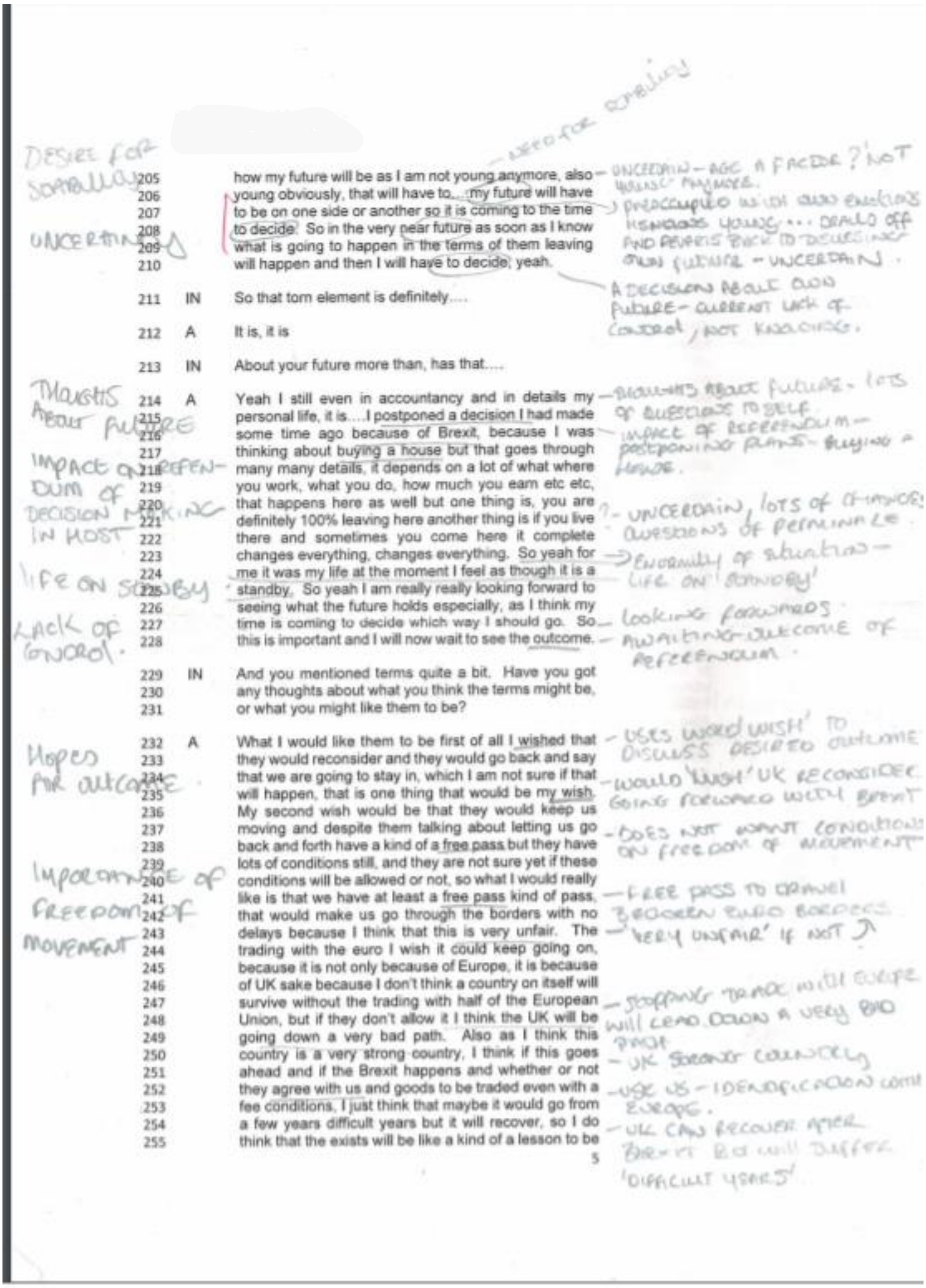
Lauren Bishop

Appendix K: Sample Transcript with Analysis

Transcript with emergent themes on the left and initial exploratory comments on the right



IMPACT OF OLDER GENERATION ON VOTE TO LEAVE.		most of the very very big persons of people are elderly so they did live that war times, but they know nothing about the world going forwards they didn't accompany it so they just kind of got stuck in the past. Because they could vote many of them they just stayed in that time reporting to that time and they didn't look forward, and I think that was a big big weight also and they voted to leave unfortunately.	A LOT OF OLDER PEOPLE IN UK LIVED THROUGH WAR TIMES. BELIEVES OLDER GENERATION KNOWS NOTHING ABOUT WORLD [illegible] SO STUCK IN PAST. IMPACT OF OLDER GENERATION ON BREXIT VOTE. VOTE TO LEAVE – UNFORTUNATE.
	IN	I am really hearing that it has kind of been a difficult experience for you?	
EMOTIONAL RESPONSE TO REFERENDUM ANGER ABOUT DECISION	A	Yes. Yeah because I feel…you know where I feel angry it shouldn't have happened, and sometimes I feel it's because I always consider England as my second home as I came here when I was 18 years old, and from then on I have been here many many many times in holidays, just for breaks, and it is a country I always keep coming.	DIFFICULT TO ARTICULATE – REPETITION OF 'I FEEL' – VERY PERSONAL/ COMPLEX/ EMOTIVE. 'ANGRY' – IT SHOULDN'T OF HAPPENED. CONSIDERS ENGLAND SECOND HOME – STRONG CONNECTION TO UK.
CONNECTION TO HOST COUNTRY.		And when I decided to come and work here for me it was a very positive choice because of what was offered me by my sister, it was as many of my friends have said how could you refuse not accepting what she was just decided no no, it is UK I have to go it is my second home	BELIEVED CHOOSING TO COME TO THE UK AND WORK WAS A POSITIVE CHOICE TURNED DOWN OPTION TO WORK IN UK A SECOND HOME – THERE [illegible] A LOT – STRONG CONNECTION TO HOST
CONNECTION TO HOST UK AS SECOND HOME		I have always been very welcome and I felt very welcome. It is not that if you say you are not feeling welcome, it is not exactly the question of not feeling welcome, it is just at the moment as things are not settled yet, everyone is trying to just push a bit to this side and a bit to this side and I feel a bit torn,	PREVIOUSLY felt 'very welcome' DEFENDS AGAINST NOT FEELING WELCOME – IT'S NOT/ IT'S NOT EXACTLY FEELS TORN/ NOT SETTLED/ PUSHED.
FEELING TORN BETWEEN UK AND EUROPE		because one side I belong to the European countries and I think that in everything there is a positive thing and negative things in everything, but on the other side I have got UK that was in my heart so I felt like betrayed, I am a bit torn I must say.	POSITIVE AND NEGATIVE OF BOTH SIDES – UK/ HOST IN HER HEART – FEELS BETRAYED/ TORN
FUTURE UNCERTAIN		We will see what is going to happen.	APPEARS TO BE UNCERTAIN ABOUT WHAT WILL HAPPEN – WHAT SHE WILL CHOOSE TO DO.
	IN	So you are almost having to do what you have to do everything here but feeling in this quite complicated position?	
Complicated OVERWHELMED BY UNCERTAINTY	A	Yes, very very very complicated position. I have already been asked if you are going to live here forever and I can't answer that. Now I can't answer that yet. OVERWHELMED AND UNCERTAIN	Repetition of word 'very' emphasis on complexity of situations Appears the questions about her future in UK have been asked REPETITION OF 'I CAN'T ANSWER' QUESTIONS ABOUT THE FUTURE.
	IN	Okay and is kind of the referendum impacting that decision?	
Impact of REFERENDUM ON FUTURE LOSS OF CONNECTION TO HOST COUNTRY/ UNCERTAINTY	A	Yes also because if everything is going to be a lot more difficult for me I will just give up. I am not going to say this 100% yet, because obviously it is going to depend on terms of things will work out, but for the time being I am not sure. I am not sure I am looking into other ventures in the near future I have positions in my own country and I will try to put it in a scale and see if, obviously depending also on what is going to happen in this side, and I am putting in a scale and I will see	REFERENDUM IMPACTING DECISIONS ABOUT FUTURE. FEAR IF THINGS ARE MADE HARD IN UK – SHE WILL 'GIVE UP' / 'BATTLE/ DEFEATED?' REFERENDUM AND POSSIBLE OUTCOME HAS LEAD HER TO CONSIDER OTHER OPPORTUNITIES IN HER 'OWN COUNTRY' – LACK OF BELONGING WITH HOST.



[redacted]

NEED FOR STABILITY

DESIRE FOR STABILITY

UNCERTAINTY

A how my future will be as I am not young anymore, also young obviously, that will have to… my future will have to be on one side or another so it is coming to the time to decide. So in the very near future as soon as I know what is going to happen in the terms of them leaving will happen and then I will have to decide, yeah.

- UNCERTAIN – AGE A FACTOR? NOT YOUNG ANYMORE.
- PREOCCUPIED WITH OWN EMOTIONS – NOT YOUNG … TRAILS OFF AND REVERTS BACK TO DISCUSSING OWN FUTURE – UNCERTAIN.
- A DECISION ABOUT OWN FUTURE – CURRENT LACK OF CONTROL, NOT KNOWING.

IN So that torn element is definitely….

A It is, it is

IN About your future more than, has that….

THOUGHTS ABOUT FUTURE

IMPACT OF REFERENDUM OF DECISION MAKING IN HOST

LIFE ON STANDBY

LACK OF CONTROL.

A Yeah I still even in accountancy and in details my personal life, it is….I postponed a decision I had made some time ago because of Brexit, because I was thinking about buying a house but that goes through many many details, it depends on a lot of what where you work, what you do, how much you earn etc etc, that happens here as well but one thing is, you are definitely 100% leaving here another thing is if you live there and sometimes you come here it complete changes everything, changes everything. So yeah for me it was my life at the moment I feel as though it is a standby. So yeah I am really really looking forward to seeing what the future holds especially, as I think my time is coming to decide which way I should go. So this is important and I will now wait to see the outcome.

- THOUGHTS ABOUT FUTURE – LOTS OF QUESTIONS TO SELF
- IMPACT OF REFERENDUM – POSTPONING PLANS – BUYING A HOUSE.
- ? – UNCERTAIN, lots of CHANGES QUESTIONS OF PERMANENCE.
- ENORMITY OF situation – LIFE ON 'STANDBY'
- looking forwards.
- AWAITING OUTCOME OF REFERENDUM.

IN And you mentioned terms quite a bit. Have you got any thoughts about what you think the terms might be, or what you might like them to be?

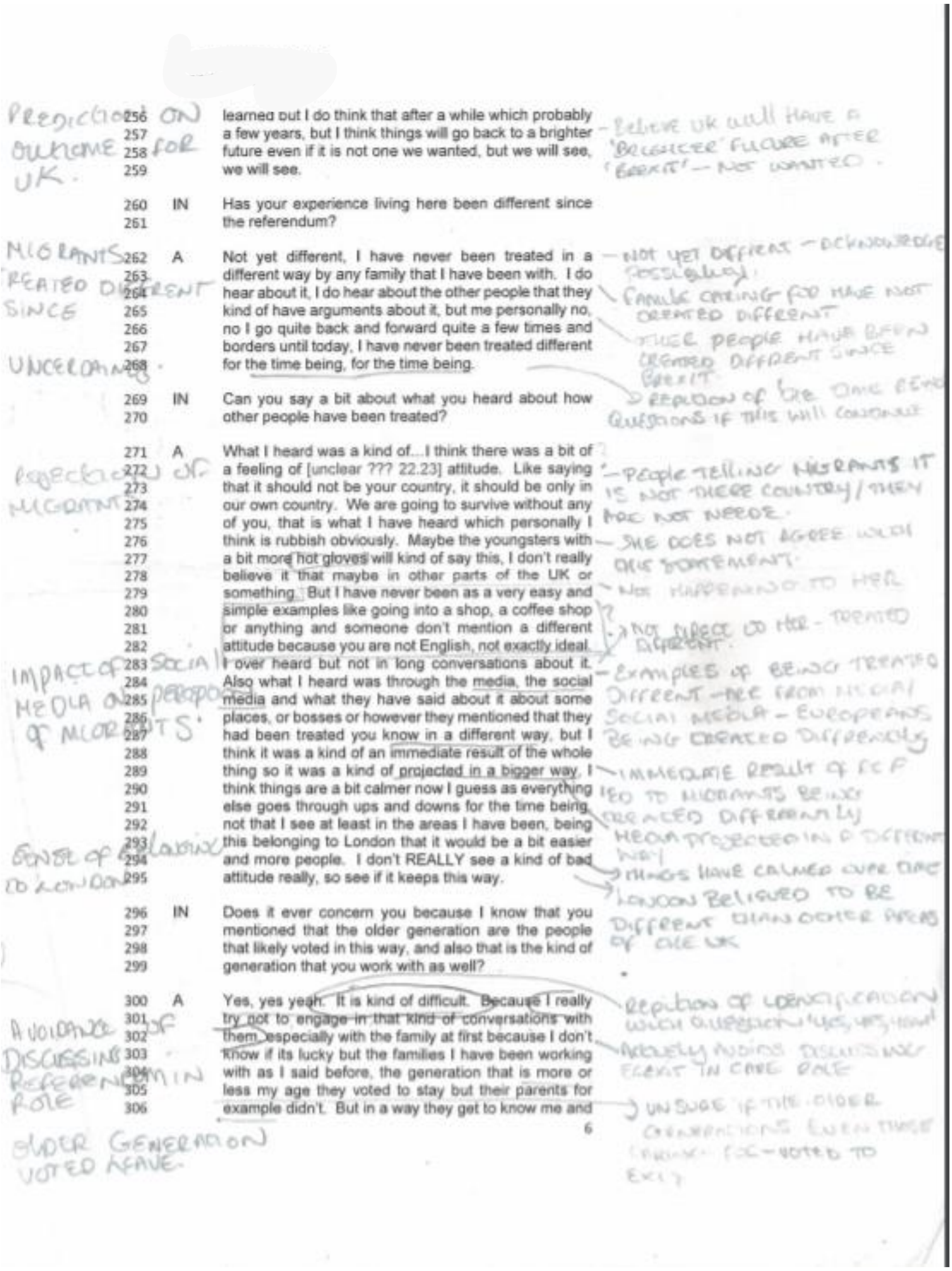
HOPES FOR OUTCOME.

IMPORTANCE OF FREEDOM OF MOVEMENT

A What I would like them to be first of all I wished that they would reconsider and they would go back and say that we are going to stay in, which I am not sure if that will happen, that is one thing that would be my wish. My second wish would be that they would keep us moving and despite them talking about letting us go back and forth have a kind of a free pass but they have lots of conditions still, and they are not sure yet if these conditions will be allowed or not, so what I would really like is that we have at least a free pass kind of pass, that would make us go through the borders with no delays because I think that this is very unfair. The trading with the euro I wish it could keep going on, because it is not only because of Europe, it is because of UK sake because I don't think a country on itself will survive without the trading with half of the European Union, but if they don't allow it I think the UK will be going down a very bad path. Also as I think this country is a very strong country, I think if this goes ahead and if the Brexit happens and whether or not they agree with us and goods to be traded even with a fee conditions, I just think that maybe it would go from a few years difficult years but it will recover, so I do think that the exists will be like a kind of a lesson to be

- USES WORD 'WISH' TO DISCUSS DESIRED OUTCOME
- WOULD 'WISH' UK RECONSIDER GOING FORWARD WITH BREXIT
- DOES NOT WANT CONDITIONS ON FREEDOM OF MOVEMENT
- FREE PASS TO TRAVEL BETWEEN EURO BORDERS
- 'VERY UNFAIR' IF NOT ↗
- STOPPING TRADE WITH EUROPE WILL LEAD DOWN A VERY BAD PATH
- UK STRONG COUNTRY
- USE US – IDENTIFICATION WITH EUROPE.
- UK CAN RECOVER AFTER BREXIT BUT WILL SUFFER 'DIFFICULT YEARS'

5



[redacted]

PREDICTION ON OUTCOME FOR UK.

learned but I do think that after a while which probably a few years, but I think things will go back to a brighter future even if it is not one we wanted, but we will see, we will see.

- Believe UK will have a 'brighter' future after 'Brexit' — not wanted.

IN Has your experience living here been different since the referendum?

MIGRANTS TREATED DIFFERENT SINCE

UNCERTAINTY.

A Not yet different, I have never been treated in a different way by any family that I have been with. I do hear about it, I do hear about the other people that they kind of have arguments about it, but me personally no, no I go quite back and forward quite a few times and borders until today, I have never been treated different for the time being, for the time being.

— Not yet different — acknowledge possibility.
Family caring for have not treated different
Other people have been treated different since Brexit
Repetition of the time being questions if this will continue

IN Can you say a bit about what you heard about how other people have been treated?

PROJECTION OF MIGRANTS

A What I heard was a kind of....I think there was a bit of a feeling of [unclear ??? 22.23] attitude. Like saying that it should not be your country, it should be only in our own country. We are going to survive without any of you, that is what I have heard which personally I think is rubbish obviously. Maybe the youngsters with a bit more hot gloves will kind of say this, I don't really believe it that maybe in other parts of the UK or something. But I have never been as a very easy and simple examples like going into a shop, a coffee shop or anything and someone don't mention a different attitude because you are not English, not exactly ideal. I over heard but not in long conversations about it. Also what I heard was through the media, the social media and what they have said about it about some places, or bosses or however they mentioned that they had been treated you know in a different way, but I think it was a kind of an immediate result of the whole thing so it was a kind of projected in a bigger way. I think things are a bit calmer now I guess as everything else goes through ups and downs for the time being, not that I see at least in the areas I have been, being this belonging to London that it would be a bit easier and more people. I don't REALLY see a kind of bad attitude really, so see if it keeps this way.

— People telling migrants it is not there country / they are not needed.
— She does not agree with the statement.
— Not happening to her
?
Not direct to her - treated different.
— Examples of being treated different — are from media / social media — Europeans being treated differently
— Immediate result of ref led to migrants being treated differently
Media projected in a different way
Things have calmed over time
London believed to be different than other areas of the UK

IMPACT OF SOCIAL MEDIA ON PERCEPTIONS OF MIGRANTS.

SENSE OF BELONGING TO LONDON

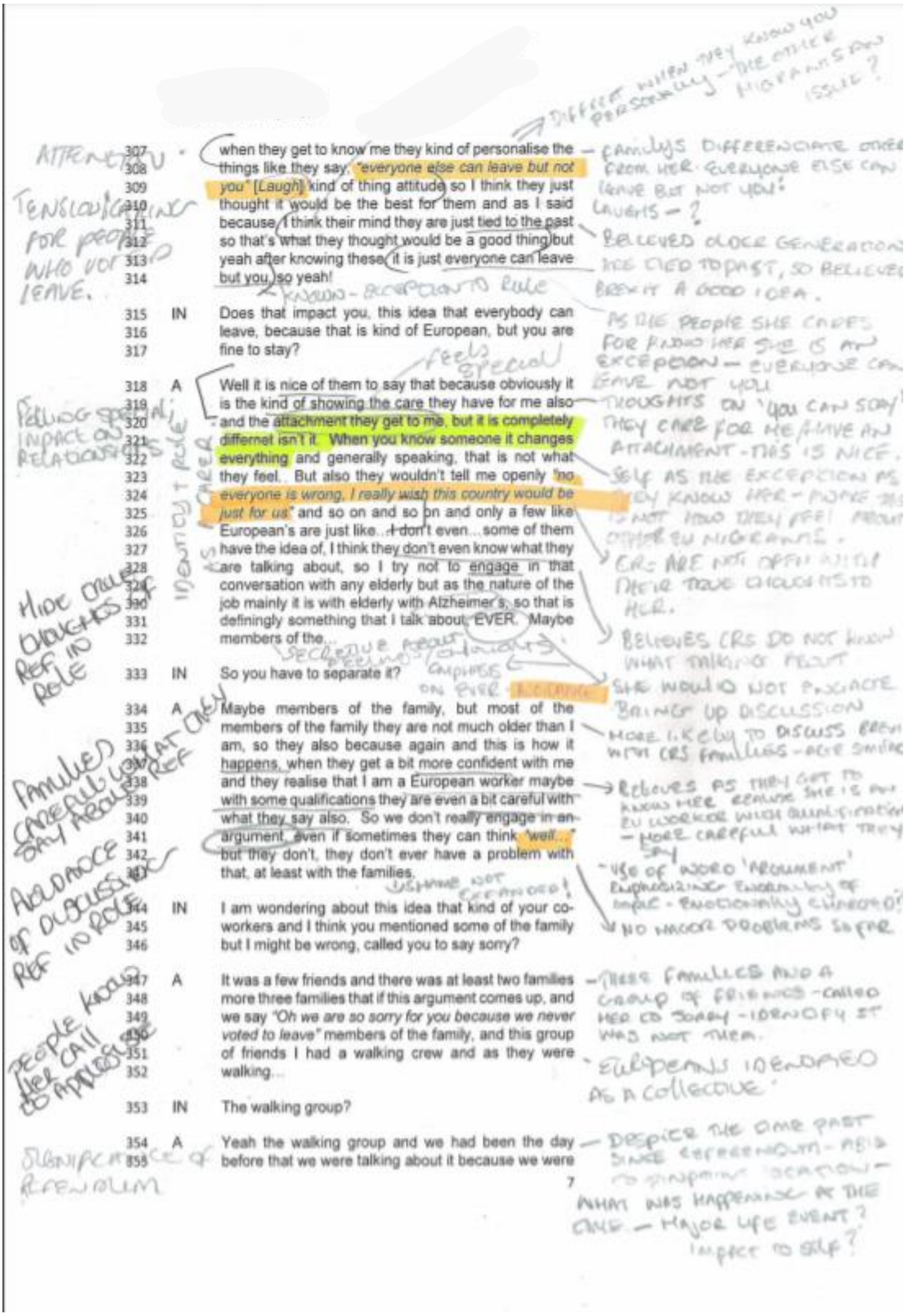
IN Does it ever concern you because I know that you mentioned that the older generation are the people that likely voted in this way, and also that is the kind of generation that you work with as well?

AVOIDANCE OF DISCUSSING REFERENDUM IN ROLE

A Yes, yes yeah. It is kind of difficult. Because I really try not to engage in that kind of conversations with them especially with the family at first because I don't know if its lucky but the families I have been working with as I said before, the generation that is more or less my age they voted to stay but their parents for example didn't. But in a way they get to know me and

Repetition of identification with question 'yes, yes, yeah'
Actively avoids discussing Brexit in care role
Unsure if the older generations even those caring for — voted to exit

OLDER GENERATION VOTED LEAVE.



when they get to know me they kind of personalise the things like they say, *"everyone else can leave but not you"* [Laugh] kind of thing attitude so I think they just thought it would be the best for them and as I said because I think their mind they are just tied to the past so that's what they thought would be a good thing but yeah after knowing these it is just everyone can leave but you so yeah!

IN Does that impact you, this idea that everybody can leave, because that is kind of European, but you are fine to stay?

A Well it is nice of them to say that because obviously it is the kind of showing the care they have for me also and the attachment they get to me, but it is completely differnet isn't it. When you know someone it changes everything and generally speaking, that is not what they feel. But also they wouldn't tell me openly *"no, everyone is wrong, I really wish this country would be just for us"* and so on and so on and only a few like European's are just like... ~~I don't~~ even... some of them have the idea of, I think they don't even know what they are talking about, so I try not to engage in that conversation with any elderly but as the nature of the job mainly it is with elderly with Alzheimer's, so that is definingly something that I talk about, EVER. Maybe members of the...

IN So you have to separate it?

A Maybe members of the family, but most of the members of the family they are not much older than I am, so they also because again and this is how it happens, when they get a bit more confident with me and they realise that I am a European worker maybe with some qualifications they are even a bit careful with what they say also. So we don't really engage in an argument, even if sometimes they can think "well..." but they don't, they don't ever have a problem with that, at least with the families.

IN I am wondering about this idea that kind of your co-workers and I think you mentioned some of the family but I might be wrong, called you to say sorry?

A It was a few friends and there was at least two families more three families that if this argument comes up, and we say *"Oh we are so sorry for you because we never voted to leave"* members of the family, and this group of friends I had a walking crew and as they were walking...

IN The walking group?

A Yeah the walking group and we had been the day before that we were talking about it because we were

ATTENTION ·

TENSION/CARING FOR PEOPLE WHO VOTED LEAVE.

KNOWN – EXCEPTION TO RULE

Feels special

Feeling special; IMPACT ON RELATIONSHIPS

IDENTITY + ROLE AS CARER

HIDE OWN THOUGHTS IF REF IN ROLE

SECRETIVE ABOUT FEELINGS/THOUGHTS

EMPHASIS ON EVER – AVOIDANCE

FAMILIES CAREFUL WHAT THEY SAY ABOUT REF

AVOIDANCE OF DISCUSSING REF IN ROLE

SHAME NOT EXEMPTED!

PEOPLE KNOW HER CALL TO APOLOGISE

SIGNIFICANCE OF REFERENDUM

DIFFERENT WHEN THEY KNOW YOU PERSONALLY – THE OTHER MIGRANTS AN ISSUE?

– FAMILYS DIFFERENTIATE OTHER FROM HER. EVERYONE ELSE CAN LEAVE BUT NOT YOU! LAUGHS – ?

BELIEVED OLDER GENERATION ARE TIED TO PAST, SO BELIEVED BREXIT A GOOD IDEA.

AS THE PEOPLE SHE CARES FOR KNOW HER SHE IS AN EXCEPTION – EVERYONE CAN LEAVE NOT YOU

THOUGHTS ON 'YOU CAN STAY' THEY CARE FOR ME/HAVE AN ATTACHMENT – THIS IS NICE.

SELF AS THE EXCEPTION AS THEY KNOW HER – NOT HOW THEY FEEL ABOUT OTHER EU MIGRANTS.

CRs ARE NOT OPEN WITH THEIR TRUE THOUGHTS TO HER.

BELIEVES CRs DO NOT KNOW WHAT TALKING ABOUT

SHE WOULD NOT ENGAGE BRING UP DISCUSSION

MORE LIKELY TO DISCUSS BREXIT WITH CRs FAMILIES – ARE SIMILAR

→ BELIEVES AS THEY GET TO KNOW HER REALISE SHE IS AN EU WORKER WITH QUALIFICATION – MORE CAREFUL WHAT THEY SAY

· USE OF WORD 'ARGUMENT' EMPHASIZING ENORMITY OF TOPIC – EMOTIONALLY CHARGED?

NO MAJOR PROBLEMS SO FAR

– THREE FAMILIES AND A GROUP OF FRIENDS – CALLED HER TO SORRY – IDENTIFY IT WAS NOT THEM.

· EUROPEANS IDENTIFIED AS A COLLECTIVE ·

– DESPITE THE TIME PAST SINCE REFERENDUM – ABLE TO PINPOINT LOCATION – WHAT WAS HAPPENING AT THE TIME – MAJOR LIFE EVENT? IMPACT TO SELF?

Appendix L: Table of Superordinate Themes and Key Quotes

Superordinate Themes	Sub-themes	Quotes
Being a EUMCW	Care is who I am	*You do things from your heart [] it is very important to have this (ability to care) in your personality because I can't see how other people would have behave and how they work [] you can't pretend (Anna, 583-591)*
	Seeing the person – beyond the diagnosis	*Be patient every time not show irritation or frustration that this is the 100th time that you are answering the same question [] I remind myself that the person is not doing it on purpose to piss me off and it is the illness that has done this to them (Natalia, 314-320)*
	Lost in translation	*I had to speak with the doctor as they asked me. I didn't understand I mean poor doctor. I don't know why it was but then come ambulance, so I left, but it was really hard because I couldn't express, explain, what I want to tell them (Anna, 169-170)*
The referendum	Processing the vote to leave – blame	*I think that uhm people which take part in the referendum they wasn't totally aware of what does it mean. And uhm I am not saying that someone is stupid that they made the wrong choice or something, no because it is your choice, you done it (Nina, 917-925)*
	It's not us (it's them)	*It was horrid [] I am helping the country because at the moment I pay all my taxes in this country so I am helping the economy, so why should I be treated in a different way and that is the feeling I have got (Fernanda, 87-93)*

	The same vs new concerns at work	*When I go for training a lot of times, they say, "this is what counts at the moment, this is what you know at the moment, this is what we are going to follow at the moment but be aware that things might change, so it depends on what is going to happen". (Elina, 735-740)*
	Renegotiating relationships at work	*We have stress because you know last year we had some English people who were working in our place and they became quite I don't know, they started to speak like about what they think. I don't like European people, maybe because European people try to work more hard then and this like push English people work hard as well you know, and they don't like it. (Laura, 473-483)*
The future?	Uncertainty	*I can't see what is going on in future for the European Citizens living and working here. In that kind of a sense, it is a bit stressful because you don't know what is behind the corner you know (Iva, 327-333)*
	Coping	*I just think of it as we will see {laugh} like this we will see. No need to do big panic I think we need to calm down and then we will see, and everything will be sorted out like this (Laura, 582-585)*
	'I complete the gap'	*I came here for work, and they did, always were short staffed, every place I am going they are struggling for carers. So, I don't take the job from another person, I complete the gap, as you say the hole (Anna, 346-341)*