

## Article

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**The Contribution of Post Accession Polish Migrants to Adult Social Care Services**

**Abstract**

In an increasingly globalised world, for many people who are using the UK adult social care services, interaction with post accession migrants as paid carers now represents an everyday encounter. This paper explores the contribution being made by post accession Polish migrants in a growing international and globalised care market. It focuses on the role that these workers are playing in services for adults with learning disabilities in the UK. People with learning disabilities represent a service user group that continues to grow both numerically and in terms of complexity of need. For significant numbers of people in the UK, adult social care services play a significant and often vital role in their lives. Despite its relative importance to those who use these services, for those employed in this sector this work is often poorly regarded and remunerated. It is an area of employment in the UK that even in a recession remains characterised by recruitment and staffing difficulties for employers. Service users who rely on adult social care represent some of the most vulnerable and dependent members of UK society. Since the demise of institutional care the needs of these groups are now largely met in community based services. This model of service delivery stands in sharp contrast to services for people with learning disabilities in Poland, where even though there is a growing shift and political commitment towards community care, most provision remains mainly orientated towards institutional care. Within the UK contemporary community care services are delivered by multiple providers which together make up the 'mixed economy of welfare'. This has generated a growing range of employment opportunities for the post accession migrants who are largely found in the private (for profit) and voluntary (not for profit) sectors. The research considers the background, motivation and experiences of a small cohort of post accession migrants, all of whom were women, who are providing social care to adults with learning disabilities. In this study the care services had been commissioned and funded by local authorities but were being delivered by voluntary sector providers in the North West of England. The focus on social care provides opportunities for both feminist and comparative social policy analysis, while also considering the needs of adults with learning disabilities. In particular it focuses on how post accession migrants employed as care workers are key elements in the global reconfiguration of welfare systems and familial relationships. It briefly considers how the experiences and knowledge being

gained by these women working in the UK could potentially impact on Polish services for people with learning disabilities

**Key words:** Post accession care workers; adult social care services in the UK; people with learning disabilities; knowledge transfer

### **Geographies of Care: Setting the context.**

The need for post accession migrants to work in the UK adult social care services is the outcome of a number of national and international of drivers. Demographically, the UK, like much of Europe, is an ageing society (Pommer et al 2007). Older adults (ONS 2008) and people with learning disabilities are living longer (Emerson and Hatton, 2008), often with multiple and complex needs (Mansell 2007), while also presenting service providers with new challenges (Cambridge and Carnaby 2006 and Madders 2010)). In particular the emerging, but increasing, cohorts of adults who were diagnosed with autistic spectrum disorder as children are now raising significant issues for adult social care services (Boucher 2009). Alongside there now exists a much higher expectation of services by users, their families (Audit Commission 2003) and politicians (DH 2007 and DH 2009). Historically in the UK, long term care for people with learning disabilities was provided in large isolated institutions (Race 2007), or by families (Read 2000), most usually by informal unpaid women carers. These were, and still are, often close family members, principally mothers, undertaking what feminists describe as a 'a labour of love' (Finch and Groves, 1983)

It is now suggested that the ability of western women to engage in informal care as an on-going commitment has become some-what compromised (Lister 2002; Mitchell et al 2004). In part this can be explained as the outcome of Western women becoming more economically active and having more opportunities to achieve educational qualifications. Increasingly women have to work out of financial necessity to support their households (Hochschilds 2002). In the UK many women's earnings are needed to sustain dual income mortgages and aspirations of owner occupation. As a result care and care roles, have been reconfigured- while Western women 'enjoy' the fruits of their investments in further and higher education and associated independence, so other women literally 'move in' or are formally recruited to take on their traditional caring roles (Hochschilds 2002). Ungerson (2004) convincingly explores these developments by drawing on globalisation discourse. From this perspective, globalisation has produced the commodification of women's work and caretaking (Ungerson 1997), where other women are paid for caring for family members. and do those tasks traditionally associated with 'women's work' (Parrenas 2001). This generates what Hochschild (2000), has described as 'global care chains', where women from third and developing world economies work in the west, doing traditional gendered tasks such as cleaning and caring for dependents to support their families at home. These families are in turn being cared for by other female members such as aunts and grandmothers, suggesting no significant change in traditional gendered caring roles and responsibilities.

Gender is an important dynamic within social care arrangements. Feminist trajectories highlight the ways in which gender mediates' global circuits of care' (Anderson 2000). While western economies have long histories of employing migrant women workers as

wet nurses, nurses and cleaners, it is the scale and growing dependency by service providers on this arrangement that is new (Yeates, 2009). Moreover, across Western Europe as welfare services increasingly move from direct care service provision to cash for care arrangements through Direct Payments and individual budgets, then drawing on international examples (Degiuli, 2007), it is anticipated that the demand for migrant labour in the social care sector will continue to grow.

### **Global Care Chains: The role of migration in adult social care services**

Building an accurate picture of the UK adult social care workforce is very challenging. While the annual Labour Force Survey provides some insights, the sector skills sector itself acknowledges the lack of robust and reliable workforce data (Skills for Care: National Minimum Data Set-Social Care 2009). Until recently this has been compounded by a lack of research in this area. From the emerging literature a trend can be seen amongst UK social care service providers based on their growing need to draw on migrant labour (Eborall and Griffiths 2009; CSCI 2009; Compas 2009). Similarly a small but growing number of reports linked to migration studies (EPERIAN 2007), social geography (Datta et al 2006) and migration policy analysis (Office of National Statistics: Annual Population Survey, 2006), highlights the increasing reliance by UK adult social care services on migrant labour.

Research by Dupont (2006), confirmed the increasingly internationalized nature of the social care workforce. While the ONS APS (2006), found that 12% of those employed in the care sector were born outside of the UK, this statistic fails to embrace the enormity

of regional differences in the patterns of employment amongst migrant care workers. Some areas, most notably London and the south east are estimated to employ up to 80% of their staff from pools of migrant workers. (CSCI, 2008)

Given the availability of work then it is not surprising that since 2004, a significant number of migrant workers coming to the UK from the post accession states have found themselves working in adult social care, possibly out of choice or as the result of financial necessity. In 2006-07 the care sector emerged in the top 10% of most popular 'choice' of employment in an analysis of the NINO destinations for post-accession migrants (ONS APS 2008).

### **Working in Adult Social Care Services- macro analysis**

Community based care for dependent adults in the UK is premised on what is described as a 'social model' of disability (Oliver 1990; UPIAS 1979; Barnes and Mercer 2010).

This was originally driven by demands from disabled people themselves and emerged as a result of ideological considerations and EU imposed imperatives around human rights. The social model is primarily a western construct, largely associated with advanced economies. It is by no means a universal phenomena .In relation to people with learning disabilities the dominant model in many societies, including Poland, remains that of institutional care or care within the confines of the family home usually provided by female blood relatives (Wapiennik and Grzegorzewska, 2008).

Social care is an extremely diverse sector and embraces work with a range of adult service users, ranging from people with learning disabilities; disabled people; people with mental health needs; and older adults. Stakeholders are drawn from the private,

voluntary and private sectors. The organisational context for social care practice, while centrally regulated, is delivered by multiple stakeholders some of who are large international businesses. Largely following on from the neo-liberal policies of the New Right, New Labour under the guise of new public management and modernisation (Clarke, Gewirtz and McLaughlin (2000a). More recently 'personalisation' has been added to this agenda (Department of Health 2007). These now dictate that local authorities should purchase care services, in their various forms, from the private and voluntary sectors (Sharkey 2007). Recent statements about the 'Big Society' (HM Government 2010) coupled with the cost cutting measures contained in the comprehensive spending review initiated by the new coalition government clearly suggest that this approach will be further extended (Smith and Clavill 2010). Over the last two decades the 'marketization' of care and associated neo-liberal welfare policy has transformed UK care service infrastructures. Juxtaposed with associated labour market deregulation and sub-contraction this has allowed low paid employment and limited job security to become institutionalised (Lavelette and Ferguson 2007).

While some local authorities may maintain some direct service provision increasingly, in the mixed economy of welfare, these are being transferred, under the guise of efficiency savings and extending choice, to external agencies who become 'preferred providers', contracted to deliver specific services and implement care plans for individuals. As a result, statutory responsibility is increasingly confined to the assessment of need, to establish eligibility for support, funding assessed need, commissioning appropriate services, regulatory functions (Sharkey, 2007) and the protection of the most

vulnerable. As such, post accession migrants may find themselves in any one of a number of jobs in one of the three key service sectors.

Today care is an 'industry'; it has been largely unravelled from its post world war two origins both ideologically and practically. Contemporarily it is highly fragmented with multiple players and providers. CSCI (2009) draw attention to the complexity of a sector that has evolved to include 30,000 employers who employ in excess of 1.6 million workers. Given the enormity of the sector and the insatiable demand for care services, post accession migrants, as care workers, could find themselves in any one of many social care environments, being given one of many related job titles, and be working in a sector with wide ranging conditions of employment and career prospects. Research by UNISON (2008) and CSCI (2009) has identified how gaining employment within a local authority represents the greatest gains in terms of pay, conditions and job security for those employed in this sector. This point was reiterated on a number of occasions by the care workers who were interviewed in this study. Aspirationally employment within the local authority adult social care sector was articulated as a longer term goal

*"I love my job and working here. But working for the local authority would be the jewel in my crown. Those are the best jobs to have in the UK". (Kasia: employed in a small voluntary organisation)*

Nationally the adult social care workforce is made up of largely unqualified and predominantly female workers. The latter is not surprising given the popular correlation of care as being 'women's work' (McKie et al 2001). The sector is largely non-unionised; where unionisation does exist this is mainly confined to workers with better paid public



sector jobs (UNISON 2008). The shift towards cash for care systems which are based on personalisation, direct payments and individual budgets, means that there are growing numbers of user-employers in the sector (Ungerson, 2004). As highlighted, this sector is beset with recruitment and retention difficulties with above average vacancy rates across many parts of the country (CSCI, 2009). Even the impact of the recent recession has not dented this situation in any meaningful way (National Care Association 2009). These factors, in a sector that is associated with low pay, are seen as increasing the need for migrant workers, even if this is not formally acknowledged by government policy (Compas 2009). Drawing on research findings from a study of care workers in London, May et al 2007 (page 151) describe the emergence of a new 'migrant division of labour'. The authors of this report suggest that the employment market in London is characterised by growing occupational polarization with many of the capitals low paid jobs being filled by foreign born workers, care work appears to fit within this paradigm.

### **Working In Adult Social Care-micro analysis**

Care practice embraces both competence in various practical skills and an ability to engage in complex relationships. Regardless of the label attached to the specific job, the diverse roles associated with employment in the adult social care sector, demand a combination of well developed generic skills supported by sector specific understandings of service user need. Working in social care is hard work- it demands both physical and emotional labour. Care is also characterised by both analytical and

normative dimensions. However, as an area of academic discourse those elements that make up the day-to-day activities associated with care needs emerge as under-researched and poorly articulated (Cangiano et al 2009), particularly when attempting to locate them within an analysis premised on a social model of need. In learning disability services such an approach demands that carers move beyond the 'condition' and associated medical needs of the individual (Thomas and Woods, 2003). To this end, government rhetoric and disability studies discourse, suggest that social care staff embrace and demonstrate a much broader range of variables and values including acknowledging the rights, dignity and wider social needs of the service user. This approach is now central to the government's personalisation, dignity and inclusion agendas for adult social care (DH 2008). According to Putting People First (DH 2007), 'good' care for adult social care users should be personalised and documented in an individual care plan. For people with profound, complex and multiple needs, care may involve highly intimate tasks e.g. managing incontinence, bathing and care during a women's menstrual period, alongside deeply personal care activities such as support with feeding, dressing and undressing. For practitioners, this is rarely articulated in terms of process; rather it emerges in terms of underpinning values and broad policy requirements. 'How' the worker should undertake this practice is much vaguer. Thus 'dignity and respect' become the by words for closing the door when undertaking intimate care. Without such detail, it is hard to understand how new staff especially those who come from different cultural heritages, can adequately meet the needs of service users without causing them further distress.

The need to deconstruct 'care' in order to fully understand the various dimensions of this concept would appear to be long overdue if the skills and competencies of the work force are to be recognised and rewarded accordingly. Moreover if this sector is to increasingly rely on migrant workers then insight into the actual nature of the day to day work may improve retention. Workers would then be able to make more informed decisions about the reality of the employment that they are entering. It is generally accepted that care workers need to be highly empathetic, patient and hard-working, besides having the skills and knowledge needed to work effectively in the social care sector. The complexity and demands of care work are not necessarily reflected in the pay or the status given to the sectors qualification infrastructure and requirements. These are laid down by the Care Quality Commission (the UK regulatory and inspection body for adult social care) and are formulated on the National Vocational Qualification system. The sector 'norm' is a competency based NVQ Level 2 (GCSE equivalent) qualification. On the national Qualification and Credit Framework (QCDA, 2009) this emerges as a relatively modest achievement. Moreover competency based training is not without its critics and has been accused of being 'reductionist and atomistic' (Henkel, 1994 p.89).

## **The Research**

The research was undertaken through recorded semi-structured interviews with a small cohort of ten respondents who mainly originated from rural areas of Poland and who had come to the UK as a result of the opportunities offered by EU enlargement. The

respondents were employed in three different voluntary organisations that provide a range of support to adults with learning difficulties. The majority of the service users were, by nature of the support that had been commissioned for them, adults with complex and challenging needs arising out of their specific learning disabilities and associated impairments.

An examination of the employing agencies Care Standards Commission Inspectorate (now the Care Quality Commission) reports, showed that on inspection all of the organisations had histories of good governance, good financial management systems, and sound approaches to the care of people with learning disabilities premised on personalisation and quality provision. All of the voluntary organisations were headed by directors with social work qualifications and had stable, well-established management infrastructures. Managers from each of the organisations were also interviewed.

The Polish staff who volunteered to be interviewed were all female (none of the organisations had ever recruited male staff from the A8 countries). Their ages ranged from early 20s to mid 40s, most were single and had lived in the UK for varying periods, with the longest serving person arriving in 2006. Unlike many women involved in global care chains, none of these women had dependent children.

All had been formally recruited and had gone through their organisations quite vigorous and robust procedures for recruitment and selection. These reflected nationally prescribed requirements for the recruitment and selection of staff (Care Standards Act 2000; Bichard Report 2004 and now defunct Independent Safeguarding Authority 2009). They all worked in small group homes for adults with learning disabilities, delivering

complex packages of care that had been commissioned and funded by local authority adult social care departments. In keeping with best practice in the sector these care packages were translated into detailed person centred care plans, which are subject to regular review by the commissioning social worker and subject to further scrutiny by independent inspectors from the Care Quality Commission (CQC).

Many of the service users that they were supporting clearly had high dependency needs compounded by limited communication. Some of the service users were described as having 'challenging behaviours', sometimes manifesting as unpredictable behaviours which could involve aggressive outbursts towards others, including staff. Such matters were addressed and managed through highly individualised and very detailed care plans. Adopting a person centred approach, the triggers to such behaviours are carefully identified with the expectation that care staff will then strive to de-escalate what could be a very difficult situation. As a behaviour management strategy this was evidently very effective, but it did demand staff that had an ability to assess and manage complex situations juxtaposed with excellent communication skills. None of the Polish staff appeared challenged by this dimension of their day to day work; rather they were able to articulate it as an integral aspect of the persons needs. Such an approach is clearly consistent with the wider value base of social care and a reflection of the training that they have received in their present employment. While nurturance is said to be strongly influenced by gender (Ehrenreich and Hochschild 2002), it may also be a reflection of religious values (Moss 2005). Neither Catholicism nor the strong value placed on family bonds in Polish society (Mikolajczyk-Lerman 2010) were explored in this research.

As individual workers they appeared to have little difficulty in conceptualising and discussing their day to day work, and they did this in a manner that was entirely consistent with the values and ethos of their employing organisations. Indeed, it was the challenge of meeting the demands and complex needs of the service users that they appeared to find particularly rewarding. For a number of the respondents the rewards of their work emerged as more than financial gain; the job satisfaction gained from caring was also important:

*'I love working here. I always try to do a good job for the girls. It's doing the little things that makes a real difference to the girls' lives. I think we are really appreciated. It great to get paid for doing something that you like so much'* (Alina)

The post accession migrant workers were working alongside UK born colleagues. None of the respondents gave any indication that they were experiencing discrimination in their workplaces. These were however working environments characterised by a strong ethos around equality and diversity, with an associated zero tolerance of racism etc.

Six of the respondents had achieved a NVQ Level 3 qualification- which is higher than the required NVQ 2 minimum recommended by the CQC for this sector. The other four had obtained NVQ L2 and were working towards their Level 3 award. All of the training had been supported and funded by their employers, who are able to draw on workforce development funding. These are government provided but locally administered funds aimed at the private, voluntary and independent sectors to support those staff training and development activities deemed necessary to meet central government requirements.

For some of the respondents, working in their present jobs emerged as somewhat opportunistic rather than as the result of long term planning. It was often a series of events that led them to work with people with learning disabilities rather than any significant plans or systematic considerations based on previous experiences or knowledge. One woman had initially come to the UK through an agency to work as a cleaner. She had left this as she felt exploited and underpaid. She then went on to gain employment in private care home with older adults. This was not a particularly positive experience:

*'Those places want Polish workers but won't pay them for what they do. They get given the worst jobs. No one cares as long as they are working'* (Justyna)

She appeared much more satisfied with her present position and described her job and experiences of the post much more positively, this was posited in terms of the pay and conditions but also regarding job satisfaction and the sense of *'making a difference'* to the service users lives. When asked if she thought this was good job, while she replied 'yes', she went on to clarify this by reference to the statutory sector, where there were the, *'very best jobs, but they are really hard to get for Polish people'*

The respondents were all living in private rented accommodation, which they considered to be 'good'. Finding accommodation, setting up a bank account and knowing how to get a doctor were cited as things that they would have found helpful to have support from their employers after initially arriving in the UK.

At the time of the research study none of the women had any contact with employment agents, although some of them spoke very negatively about experiencing such exploitative practices when they first came to the UK.

### **'It's more than the money...' Reflection on Leaving Poland**

Job security, potential promotion opportunities (even if not taken up) and free training were consistently articulated as important motivators for remaining with their present UK organisations. The respondents described employment in Poland as much less secure and premised on more informal arrangements -

*'Every time the government changes you think how safe will my job be now'*

(Kazimiera), another person talked of how *'You only ever get a temporary contract. You never know when you might lose your job'* (Agnieszka). When it was suggested that the Warsaw Voice (2009), along with other commentators in the Polish media, had produced an analysis that implied that unemployment while still problematic, was reported to be actually falling in parts of Poland, and in some parts of the country there were skill shortages, this was quickly dismissed by a number of the respondents. Rather it was seen as either a temporary phenomena, or if it was true, *'then it was only happening in the big cities'*. (Alina)

All of the women had worked in Poland and most had direct experiences of unemployment. Implicitly, and sometimes explicitly, their accounts were highly critical of the lack of equal opportunities for women and underhand institutionalised employment practices in Poland. More than one respondent stressed that in relation to getting a job,



*'Is not what you know, but who you know'*. Another, cited youth, age and gender as variables that served as potential barriers to getting jobs, especially better-paid and more secure jobs. These were qualified by accounts from their own experiences.

Nepotism and knowing the right people were most often cited as examples of the mediums needed to secure employment

*'It's who you know, that was my problem. Without knowing the right people and having connections I just couldn't get a job in my part of Poland'* (Alina)

Such comments served to reiterate the findings of Stenning (2005), regarding a lack of transparency in employment practices within Poland. The role of informal networks and connections in the former communist countries of Eastern and Central Europe has been explored in some detail by Wedel (1992) who concludes that such practices are the by-products and legacy of such political regimes.

While the women had come from various areas of Poland, those from North Eastern Poland were most heavily represented in the sample. Few of the respondents originated from Polish towns or cities, rather their family homes were mainly in village and rural locations. A recurring theme was the opportunities posed by migration to 'escape' what was perceived as parochialism and associated lack of opportunities in these rather isolated Polish villages. A number of the women went on to expand this into a wider discussion on the perceived liberalism and relative lack of community censorship which they associated with life in the UK. This tended to focus on relationships, freedom of dress and life-style choices

*“Here I can do things that would not be possible in Poland. I can be myself. Here no one bothers about what you wear- in Poland everyone in the village has a view on what you have on!” (Bronislawa)*

While contemporary discourses on post accession migration focus on the economic and political reasons for the influx of workers to the UK after 2004, there does appear to be a need to further contextualise this from a socio- geographical perspective. Such a micro- level analysis could be then used to provide insight into the regional socio-economic drivers in Poland that are influencing migration from particular areas. Similarly a sociological analysis that embraces structuration would have the potential to embrace the role of agency in this process (Giddens 1991). Agency was a feature that was highly evident in the respondents who were interviewed in this study. Wallace and Stola (2002) have acknowledged the role of agency and autonomy in the decision making that underpins migration. While it would be easy to embrace the popularist view of economic migration and see these women only as economic migrants from areas of Poland characterised by unemployment and high levels of social deprivation, their individual narrative painted a much more complex and richer picture, which reflected the findings of Trindfyllidou (2006). While they may have been initially driven by unemployment – indeed one respondent talked of migration to the UK as her ‘*only choice*’ - this was never the only factor in their decision making.

While the research was based on a very small cohort sample, a significant if unexpected feature of the interviews was the objectivity, and stoicism in face of adversity, demonstrated by a number of the respondents. Rarely were the interviews emotionally charged situations. Few tears were shed. While always warm and open

when giving their deeply personal accounts, the women's experiences were consistently described in a focussed, considered and articulate manner. Possibly this is the outcome of on-going internal dialogues, or it more simply reflects the reality of life in an increasingly mobile and globalised world (Skrbis, 2008).

Migration is certainly not a new phenomenon in Poland; historically it is a country that has seen waves of mass migration which have been driven by war, politics and economic imperatives. What is new in post-communist Poland is that people are *'now free to leave and free to return'* (Sylwia). Such a view is consistent with the findings of Morokvasic (1996; 1999) who found that women migrants from Central and Eastern Europe were more 'shuttle migrants, than settler migrants', engaged in what has more recently been termed 'turnstile migration' (Pollard et al, 2008).

It was the open-ended nature of the new arrangements that emerged as a particularly attractive trajectory to these women. All of the women spoke of the ease of returning to Poland to visit friends and family. Cheap air fares, access to new technology and local Polish networks facilitated frequent interaction and cultural contact. In terms of coming to the UK, unlike previous generations of Polish migrants, globalisation, the media (particularly films and television), the internet and local sources meant that the women had a lot of practical information about the UK at their disposal before they actually arrived. Rather than diasporas, a number of their narratives suggested a journey which offered new experiences gained from their status as travellers, working to support themselves while also enjoying the opportunities that this facilitated. Ewa Hoffman (1999), drawing on her own experiences and using post modernist trajectories offers an analysis of migration which embraces the positive drivers for 'exile'. These she

suggests, include the desire for new experiences and challenges. This view was consistent with the views articulated by the respondents. This was summed up by Cecylia when she stated,

*'I have learnt so much from coming to work in the UK. Lots of the things have been about myself. Here I have a freedom to do things that wouldn't be possible for me in Poland. Yes, I earn good money but it's more than that. It's about being in control. It's for yourself.'*

### **Better Pay, Better Lives and More Opportunities?**

The women were most certainly not economic victims driven by circumstance, rather they each demonstrated high degrees of agency and independence in their decision making, much of which was premised on and driven by aspirations for a “better life”. When this was unpacked it emerged as coterminous with greater material security and purchasing power

*'Here I can make money and buy more things that I want. I send money home to my family but I can enjoy a good life'- Aldona (emphasis added).* However a further dynamic was also evident, premised on wider considerations linked to independence, personal enhancement, opportunity and citizenship. The women had surprisingly few complaints about life in the UK, apart from comments and observations about the indifference of most UK citizens in relation to their relative good standard of living.

*'People here take so much for granted, they should be grateful for all the things that they have got'* (Elzbieta)

Their narratives revealed hope rather than loss. Their responses were largely short and succinct, particularly when asked about their longer term intentions and views on remaining in the UK or returning to Poland. It quickly became evident that the respondents found the question "How long do you intend to remain in the UK?" difficult to answer. This tended to lead on to discussions around those factors that were instrumental in their decision to remain in their present employment for the foreseeable future.

Gender is a powerful mediator in citizenship discourse. . While all of the women came across in the interviews as confident, friendly and articulate this was not confirmed by their individual narratives. None of the women occupied senior positions within the organisations and none presently aspired to gain more senior positions, with more than one respondent , when asked about career plans and opportunities for progression stating that *'this would be too difficult for me to cope with'*. When this was explored, gender did not emerge as a determinant in relation to possible promotion rather; being a manager was something the respondents felt needed 'excellent' written and spoken English, which they thought they presently did not have. This lack of confidence amongst the women was a re-emerging theme throughout the research and seemed to be rooted in their negative perceptions of their English communication skills, especially in relation to their written English and ability to produce reports etc that would be seen and reviewed by others. They described the quality of their English teaching in Poland as quite poor, 'just enough to get by on'. The focus at school, for a number of them,

seems to have been acquiring skills in English grammar based on tests of their written work rather than developing their expressive communication through interactive approaches.

### **English Language Skills**

Given that care is a relational activity that involves both carers and recipients then well developed communication skills are a fairly fundamental pre-requisite for success (Cangiano 2009). The UK regulatory bodies are not allowed to require European workers to pass a test of their competency in written and spoken English language skills (DH27/05/04). The Care Quality Commission does however require employees to have the linguistic knowledge necessary for them to work effectively and safely. Completing their lengthy and often very wordy portfolios for their NVQ assessments emerged as a major challenge for a number of these workers. This is not surprising, as it is a factor cited by many care workers in the sector; the demands of compiling the Portfolio of Evidence to demonstrate their practical competence is one explanation why many care workers do not achieve or move beyond NVQ Level 2 on the qualification infrastructure (Swales and Roodhouse, 2003). Portfolios require well developed written communication skills which emerges as a challenge for a number of care workers (Cox, 2007).

None of the employers provided any additional English language support, although in one organisation it became clear that the team leaders did go through the respondents NVQ portfolios with them, prior to their submission for verification. This was aimed at helping them correct any grammatical and spelling errors. More than one employer

suggested that they would have found it helpful to have been able to access appropriate English support for the workers as part of their needs at induction.

All of the respondents were self critical and often apologetic about what they described as their 'poor English'. In reality their spoken English was actually very good, presenting no problems to the interviewer/ listener. The desire to improve their spoken English skills was articulated by frequently emerging as a significant motivator in the women's migration trajectories. While all could speak some English before they had arrived, it was generally recognised that their spoken English had improved since working and living in the UK. They mainly saw this as the product of their work-based and social interactions. All had regular contact with both English and Polish speakers. The use of colloquialisms and associated problems posed by the strong local dialects particularly amongst the service users and their families were initial challenges. These were mainly overcome through familiarity and explanations from other staff.

Each of the respondents had independently accessed English classes provided at their local further education colleges, however these had been quickly abandoned as not fit for purpose and offering them little in terms of improving their spoken English or helping them with their jobs in social care:

*'They are old-fashioned and don't help me at work. I go but I feel like I learn nothing new, then I stopped. I learn better English from the other girls at work...'* (Partycja)

When asked how they thought this situation could be improved, a recurring theme was around the need for support with vocationally specific linguistic skills. The activities in the classes appeared to have been premised on improving their conversational English

skills and did not reflect their actual needs as workers. As one woman pointed out, she wasn't here on holiday; she could get by in English, she had learnt the basics in Poland. What she needed to know was about opening a bank account, dealing with a person having a fit and following care plans! This is possibly an important message for local Further Education providers who offer this sort of provision, skills councils and work force planning agencies that recognise the potential posed by English speaking migrant labour as a medium for filling posts in adult social care services.

### **Views from the Employers**

Characteristic amongst all of the employers was the view that the post accession Polish women that they had employed were a very sound investment and positive asset to their organizations. All reiterated either directly or indirectly, how these workers were hard working, reliable and making an important contribution to their staffing arrangements

*“Our Polish workers are hard working, often more so than the English staff. It's their strong work ethic. We would take on more if we could recruit them”* (Assistant Director)

Many of the sentiments that were expressed served to reinforce widely articulated stereotypes about A8 workers in the UK. The positive work ethic displayed by the Polish women was clearly a major bonus for the employers. The employers were aware that many of these staff were over qualified for the posts that they were occupying within their organisations- this was an obvious bonus at no additional costs. Generally as new staff they had been well received by the service users; however their employment had generated some initial concerns from some of the family members who still maintained



very close involvement in their adult children's lives. When the management team had investigated these they found they were mainly linked to language difficulties and problems that the families had in understanding the accents and intonation of some of the workers. Conversely, a number of service users who were supported by the post-accession staff were non-verbal and more than one employer highlighted how 'empathetic' these staff were with such service users.

### **Knowledge Transfer and Using their Skills and Experiences**

The women's descriptions of their working experiences demonstrated both potential 'brain drains' for Poland and 'brain wastage' in the UK. Many of these women were graduates or held professional qualification. Clearly while in the UK they had acquired a huge knowledge and associated practical skill base in working with adults with learning disabilities and supporting them in community based settings. However when asked how these skills and associated experiences could be used in Poland to improve the lives of Polish people with learning disabilities, most of the women commented that their UK competency based NVQ qualifications would not be recognised in Poland where the emphasis remains on using unseen exams as key determinants of knowledge and understanding. Potentially this is a lost opportunity to improve services, develop practice and inform thinking in Poland around citizenship and community based care provision for adults with learning disabilities which is still largely in its infancy (Wapiennik and Grzegorzewska, 2008). While Poland, as a result of post accession migration, claims to be in the midst of a skills drain their newly acquired knowledge and

ways of working gained by these women could provided a potential skills gain for this sector. Any possible contributions in Poland, apart from gaining unskilled work at the most basic level, they felt simply would not happen. Possibly this can be explained by reference to the dominant model of care for people with learning disabilities in Poland being premised on medicine and hospital based care infrastructures (Otrebski, Northway and Mansell, 2003). There was also a sense of powerless and inevitability about their responses, this appeared to have been drawn from their previous experiences, their position as women, lack of formally recognised qualifications and their marginalised status within the Polish social class system and hierarchy. Rather what would be valued, according to the respondents, were their now much improved English skills. These would make finding a job in the service or commercial sector much easier.

## **Conclusion**

These findings highlight the specific contribution being made by a small group of post-accession Polish migrants in the lives of people with learning disabilities. These workers are filling a gap that, for a range of reasons, can not be filled by indigenous labour. It also demonstrates the wider and potential contribution of Polish workers in the UK adult social care sectors. Polish workers come to the UK to work for a range of reasons, not just those associated with financial gain. The research provides some insight into the need for a greater awareness of migration as autonomous, individual, and seemingly open ended processes driven by both financial and agency orientated motivators. Understanding these complex drivers is an important element if employers are to retain these staff members. Through mandatory training employers make a significant

investment in these staff. Where they receive the necessary support, as demonstrated in this study, they appear to be a valuable asset to their employing organisations.

However employers are often unsure of how to support post- accession workers, both on arrival and in terms of advancing their careers. They would welcome more systematic support and advice on this. The role of English language classes appears to be an area in need of review, in particular the research has identified that there is a need for more vocationally specific language support and instruction, instruction that takes the learner beyond conversational English and into the world of work.

The narratives of the women interviewed for this research were premised on positive accounts of working in voluntary sector organisations with adults with learning disabilities. The strengths of the women's contribution were reiterated by their managers however these accounts have not been verified with actual service users- the recipients of the care giving. This is clearly an area for further research and study

The women interviewed were able to articulate good levels of job satisfaction and an understanding of service users needs consistent with best practice in this sector. More research is needed to see if these findings are applicable to those working in the private sector and other parts of the UK adult care services. The respondent's experiences of working in the UK have produced a somewhat critical analysis related to the lack of equality of opportunity in Polish workplaces, which may serve to open up debate about such practices in Poland and present longer term challenges to Polish employers.

The knowledge, experiences and skills gained by those working in UK services appear to offer both benefits and gains for both Poland and the UK. This emerges in terms of

the need in Poland to develop more widely available community based personalised care services for previously institutionalised cohorts of people with learning disabilities. By drawing on the experiences of workers who are returning from the UK there is now considerable international experience that the Polish authorities could utilise. International recognition of qualifications acquired in the UK could further enhance this process. For the UK, the pro-active recruitment of Polish workers to work in a sector characterised by retention and recruitment difficulties is highly attractive. Despite the recession there remains a persistent demand for staff to work in this sector. Polish workers would appear to offer a positive source of labour and the capacity to fill this vacuum. However, strategically, there is an urgent need to move beyond the realms of individual employers trying to manage the needs of these workers. This would also serve to enhance employer and employee confidence and improve outcomes for service users, whose needs, views and observations on these recent developments have largely been ignored.

### **A note on terminology**

**1. Cash for care schemes** are variously known as direct payments, personal budgets, individual budgets and self-directed support- all are a central part of the UK personalisation agenda within adult social care and are arguably designed to promote choice and control for those with long term social care needs (Department of Health 2007). Drawing on a wider social policy analysis they need to be understood as part of the 'de-commodification of care' (Ungerson 1997).

Direct payments are cash payments given to service users in lieu of those community care services they have been assessed as needing and are intended to give users greater choice in their care. The payment must be sufficient to enable the service user to purchase services to meet their assessed needs, and must be spent on services that users need. They confer responsibilities on recipients to employ people (who can be family members) or to commission services for themselves. Some councils have commissioned support organisations to help service users handle the responsibilities of being an employer.

Personal budgets are an allocation of funding given to users by the local authority after an 'assessment of need' which should be sufficient to meet their assessed needs.

Users can either take their personal budget as a direct payment, or – while still choosing how their care needs are met and by whom – leave councils with the responsibility to commission the services. Or they can have some combination of the two. This is increasingly described as 'self-directed support'.

As part of the Putting People First (Department of Health 2007) agenda, under which personalisation has been rolled out, all English councils are meant to have 30% of care users on a personal budget by April 2011. There are doubts as to whether every single council will be able to manage this ambitious target compounded by and some reluctance by some service user groups, especially older adults regarding their take-up.

As with direct payments, personal budget holders tend to be among client groups with physical impairments or learning disabilities. There are growing attempts to expand self-directed support arrangements among mental health service users and older adults.

**2. Individual Care Plans** are a written summary of the various needs that an individual has. The plan provides in-depth details of the persons social, physical/medical, communicative and emotional needs. Correctly implemented they are drawn up and reviewed in consultation with the individual, their family, advocate and service commissioners along with the service provider.

They are a requirement of good practice and form part of the evidence used in the statutory inspections of care providers that are undertaken by the Care Quality Commission.

At their best they are person-centred and unique to the individual, providing goals and criteria for success. They offer staff and carers a 'road-map' for their day-to-day support, intervention and care with the individual.

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