

More pride, less prejudice

Brexit negotiations are getting under way, but how do care workers from abroad feel about it? **Sally Knocker** spoke to some and found that they often have a unique insight into the experience of dementia. The contributions of a migrant workforce in dementia care should be celebrated, she says.

The day after the EU referendum result last year I was training a group of care home staff which included people originally from Poland, Romania, Italy and Croatia, as well as colleagues from other parts of the world.

I confess I felt emotional and somehow responsible as a British person. I was compelled to acknowledge what had just happened and to check how people were feeling, as well as making a very clear personal statement of thanks from my own perspective for the contribution they were all making.

Now article 50 has been triggered and we are negotiating the terms of our departure from the EU. Statistics on the UK adult social care workforce indicate that, in 2015, 240,000 staff* were not of British origin but were making a significant contribution to the care of the UK's most vulnerable people. Some 80,000 (6% of the total workforce) of these came from EU countries, but their future here is still in question.

Since the Brexit vote I have spoken informally to several care home staff from various EU countries and other parts of the world, admittedly a small and "unscientific" sample, but there has been a real sense of sadness and disappointment. As Anna from Poland told me: "It is not good when you feel that you might not be wanted. I have worked hard and think I give a lot to this country,

*The National Minimum Dataset for Social Care (Nationality of the Adult Social Care Workforce, 2015, Skills for Care, April 2016) estimates that, in 2015, 82% (1.1 million jobs) of the workforce were British, 6% were from elsewhere in the EU, and 12% were non-EU.

especially to the older people. Yet the message is we are somehow just taking."

Even more worryingly, there have also been some shocking examples of outright hostility and racism. A young Lithuanian manager working in a care home in the south west of England told me that he was in the supermarket with his seven-year-old daughter the week after the vote and was told to "F... off back to your own country" by a man who heard his accent. His daughter then asked him why the man was so angry. Many of this manager's colleagues voted to leave the EU, but he says he has developed quite a protective layer for coping with some of the underlying prejudices he experiences, and he just wants to "get on and do a good job, as well as take care of my family."

Making emotional connections

Thankfully not everyone who comes here to work suffers this kind of animosity, but there can be a sense of being an outsider which has something in common with the experience of dementia. In 2014, the Dementia Care Matters (DCM) team and other colleagues conducted about 20 informal interviews with a range of non-British nurses and care workers in care homes across the UK which shed an interesting light on this issue.

Many people who arrive to live and work here have gone through changes and losses as a result of moving away from their home country and trying to belong somewhere else. A few workers we spoke to told poignant stories of finding out a parent was dying and not being able to get back in time to

say goodbye. Arguably, people who have come from other countries have the deepest empathy with those living with a dementia who are also searching for "mum" and for "home". It was evident in many of the interviews we did that these workers often understood the importance of feeling-based care and were able to make connections with their own life stories when supporting people.

Wojciech from Poland offered particularly profound insights into what he considered important when relating to people living with a dementia: "What is important is the way you say things. It is your personality, regardless of my accent. The accent doesn't make someone happy, the way you deliver what you are saying is more important."

Sorin, a Romanian care worker, made some fascinating comparisons between his own experience of growing up in a communist regime and the realities of living in institutions in later life:

"Under communism, every day you had the same things. It was like brainwashing... everything was like routine. That is why I feel sorry for the residents. If you force somebody to go to bed at a certain time... You have your bath today, you cannot have it on that day. You destroy them, you destroy their life."

In the case of Juliette, a nurse from the Philippines now working in Ireland, the analogy between her own experience and that of people with dementia was different but equally apparent. She explained: "I never felt judged on my culture by the people I care for; but I have felt judged

by staff I have worked with who form opinions about me on what they see. I think the people who live here judge you on something different. Not what they see, something else that they feel."

Again, the parallel here is evident; many people living with dementia know what it is like for people to make assumptions about their abilities based on what they see and the label of the illness.

Developing cultural confidence

Supporting a diverse workforce doesn't mean we should avoid talking about some of the challenges of integration. Some of our interviewees openly talked about the difficulties of coming from another country when relating to someone from a different cultural background. Sanna Laaksonen, dementia nurse manager at Royal Star & Garter Homes, Surbiton, Surrey, is from Finland: "I cannot go into the lounge and sing old British songs. I can't make the same connections as I don't have the familiarity of the British history and culture."

Santall Horn, the manager at Etheldred care home in Cambridge who arrived in England from South Africa speaking little English, has taken a very practical approach to supporting her multicultural team to develop their understanding. For example, she has used karaoke CDs of old British songs to teach her team the words and new staff induction includes

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Finnish care worker Sanna Laaksonen with Doug Jakeman at the Royal Star & Garter Homes, Surbiton, Surrey

familiarisation with colloquial phrases such as “spend a penny” which could easily be misunderstood!

Support for new arrivals on the team from outside the country includes a buddying system with another worker (often from the same country of origin) based on a recognition of how homesick and lonely people can feel being a long way from the people, places, food and customs they know. In this way, Horn is giving a clear message to her team that the love she wants them to

offer people living in the home is also afforded to them in working there and belonging to a community.

What does the future hold?

Many commentators are rightly concerned about the impact of Brexit on the numbers of people who come from the EU to work in the health and social care sector. But the issues are broader still. Now, more than ever, as a country and as a care industry we need to have serious regard to the feelings that people from

the EU and other parts of the world might be experiencing in these changing times.

These workers are expected to “fit in” and adapt to British care norms, but arguably this might inhibit workers from really being able to be themselves and to relate from the heart with people. Put simply, to get the very best out of people we should not be creating fixed moulds, but rather celebrating the huge potential that their diverse experiences can bring to the care sector.

It is no coincidence that part of DCM’s philosophy is for staff teams to lose their uniforms and express their individuality in their own unique clothes and accessories. As we say, the colour and variety of clothes can help staff be more like “butterflies” in connecting with people. So staff from different cultures can bring their own rich heritage of dress, food and music into the care home community and enjoy sharing their joy and pride in their countries of origin with their new work “family”. This is an

example of celebrating difference which unsurprisingly brings fun, variety and excitement into the lives of older people. By helping everyone to *be* themselves, not wear a professional mask, we start to see real magic happening!

Leaders and managers need to ensure that, if they are expecting their teams to give real emotional care to people living with a dementia, their own staff are given and receive the same regard and attention to who they are as individuals. This might seem obvious, but it is rare for organisational leaders to take proper time to hear the life stories of their workforce or to consider these relevant.

In 2017 and beyond, it is my heartfelt hope that we all shout louder with more pride and less prejudice about the contributions that people of all faiths, colours and cultures bring to health and social care in this country. To quote the late Jo Cox MP, who was murdered in 2016, “far more unites us than divides us”. ■

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