

Exploring the impact of the lived experiences of Swahili-speaking East African female migrant care workers and how they shape their response to workplace adversity in the UK.

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Abstract

This thesis reports on a practitioner research project examining the experiences of Swahili-speaking East African women working within the health and social care sector in the UK. This research contributes to the growing literature on African migrant women and, more importantly, it introduces a new body of knowledge on how their shared socio-cultural experiences have helped to shape the response to workplace adversity for Swahili-speaking East African women.

The qualitative methodology based on fourteen (14) personal interviews and two (2) focus groups provided substantial data in the form of transcribed recordings. These were analysed using critical discourse analysis and verified using triangulation method to ensure reliability and veracity.

At the centre of the findings is the agentic distancing from victimhood imposed by adverse socio-economic conditions that are characteristic of the care sector. Discourse by participants revealed that experiences of struggle were overshadowed by expressive and deontic modalities suggesting a novel agentic power through universal collectivism and altruistic benevolence.

Proficiency in translanguaging highlighted a capacity to control personal narratives and choices that would have otherwise remained undetected in monolingual discourse analyses. A pyramidal model in the discussion chapter suggests how well-being and

agency can be achieved by advancing from the basic levels of resistance, through survival and solidarity to achieve ultimate levels of benevolence and altruism. These meaningful socio-cultural interactions create empowerment to develop psychosocial defences against occupational adversity.

This thesis contributes to the broader health and social work and social care professional field by deepening understanding of how socio-cultural values can foster positive workplace ethics.

Furthermore, it amplifies migrant women's voices by shifting their identity from invisibilisation and deprivation to agency and ownership.

Keywords: Swahili-speaking East African migrant women, social care, discourse, translanguaging, resilience, co-ethnic identity, survival and benevolence.

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This is the Lord's doing;

It is marvellous in our eyes

Psalms 118:23 (NKJV)

Now to Him who is able to do exceedingly abundantly above all that we ask or think, according to the power that works in us, to Him be glory in the church by Christ Jesus to all generations, forever and ever. Amen.

Ephesians 3:20-21 (NKJV)

To my mother, Mrs Joyce Nyaboke Maina

I know you more now, and my respect for you deepens each day

Contents

<u>Chapter 1</u>	1
<u>Introduction</u>	1
<u>Research background</u>	2
<u>Participant group</u>	3
<u>The role of a practitioner or practice-near research project</u>	6
<u>Aim of research</u>	7
<u>Research objectives</u>	9
<u>Research questions</u>	9
<u>Motivation for this study – reflexive statement</u>	10
<u>Contribution of the study</u>	12
<u>Structure of thesis</u>	13
<u>Chapter 2</u>	16
<u>Literature Review</u>	16
<u>Search and selection process</u>	18
<u>Migrant women in social work, and social care employment in the UK</u>	21
<u>Intersectionality and discrimination</u>	24
<u>Brexit and sectoral context</u>	25
<u>Structural inequalities</u>	27
<u>Socio-economic contributions</u>	32
<u>Rationale for study</u>	36

<u>Conclusion</u>	37
<u>Chapter 3</u>	40
<u>Methodology</u>	40
<u>Theoretical framework</u>	41
<u>Methodology</u>	46
<u>Selection strategy</u>	49
<u>Sampling plan and recruitment</u>	50
<u>Data collection</u>	51
<u>Data analysis</u>	54
<u>Ethical considerations</u>	56
<u>Triangulation</u>	58
<u>Participant profiles</u>	60
<u>Conclusion</u>	70
<u>Chapter 4</u>	71
<u>Findings and Analysis: Part one</u>	71
<u>Migration and employment</u>	75
<u>Adjustment</u>	84
<u>Survival</u>	86
<u>Conclusion</u>	92
<u>Chapter 5</u>	93
<u>Findings and Analysis: Part Two</u>	93

<u>Language in discourse analysis</u>	93
<u>Swahili as social practice</u>	97
<u>Framing and positioning in discourse analysis</u>	102
<u>Orientational modalities and collectivism</u>	103
<u>Epistemological modalities in “Borrowing”</u>	107
<u>Volitional modalities in “Borrowing”</u>	112
<u>Mental modalities and ideological dilemmas</u>	114
<u>Deontic modalities in collectivising social practice</u>	115
<u>Solidarity</u>	116
<u>Conclusion</u>	118
<u>Chapter 6</u>	122
<u>Discussion</u>	122
<u>Resilience</u>	124
<u>Survival</u>	131
<u>Solidarity</u>	135
<u>Benevolence and familial substitution</u>	137
<u>Familial substitution</u>	141
<u>Links with Research questions</u>	143
<u>Framework of responses and well-being</u>	150
<u>Conclusion</u>	153
<u>Chapter 7</u>	156

<u>Conclusion</u>	156
<u>Insider-outsider practice-near research simultaneity</u>	156
<u>Findings</u>	157
<u>Contributions</u>	159
<u>Limitations of research and implications for further research</u>	160
<u>Methodological considerations</u>	162
<u>Implications for policy and practice</u>	163
<u>Next steps</u>	165
<u>References</u>	166
<u>I: TREC Form</u>	195
<u>II: Participant Information Sheet</u>	217
<u>III: Participant Consent Form</u>	220
<u>IV: Interview/Focus Group questions</u>	222
<u>V: Risk assessment Form</u>	223
<u>VI: Table of related research</u>	229

ACRONYMS

BNIM	Biographical Narrative Interview Method
CDA	Critical Discourse Analysis
COVID-19	Corona Virus Disease - 2019
CR	Critical realism
CS	Code-switching
FANIM	Free Association Narrative Interview Method
GCC	Global Care Chains
GDPR	General Data Protection Regulations
ILO	International Labour Organisation
SEAWCW	Swahili Speaking East African Women in Care Work
TREC	Tavistock Research Ethics committee
UK	United Kingdom
WHO	World Health Organisation

Chapter 1

Introduction

This thesis reports on research examining the experiences of Swahili-Speaking East African migrant women working in health and social care settings in the UK. While there is an extensive body of research which explores the experiences of Black migrant women and migrant women of colour (Sarwer, 2024; Dağdelen, 2024; Fajemidagba, 2024), there is a lack of research concerned with the experiences of Swahili-Speaking East African migrant women working in the health and social care sector in the UK. The study reported in this thesis helps to address this gap. The choice to focus on this specific group of East African migrant women reflects both the demographic concentration of this group in London and the absence of research that recognises their unique cultural and linguistic identity in the care workplace.

This qualitative and interview-based research involves a sample of seven women, who submit fourteen personal interviews and two supplementary focus group meetings altogether. The study employs a critical discourse analysis approach based on principles drawn from Van Dijk (1987). To a lesser extent, Fairclough (1992) conducted an in-depth exploration of social practices and structures reflected in discursive texts, with a view to understanding agentic responses to structural inequities in and around the workplace.

Research background

This research contributes to existing literature on the experiences of migrant care workers in precarious, often volatile employment in the care sector. The health and care sector has continued to suffer challenges in recruitment, retention and low staff morale (Dept. of Health, 2021). Known as one of the most low-paying sectors in the UK, this sector has a disproportionately high number of Black and Ethnic Minority groups holding lower positions than their white counterparts (Skills for Care workforce, 2021). Worse still, the pyramid of employment indicates that the lowest paid group in this sector comprises women from Black and ethnic minority communities who also occupy the largest percentile of care workers. Decommissioning local authority care services and transferring their management to smaller private companies has worsened working conditions. Varying wages per hour, absence of clear systemic policies and structures, and inability to survive on zero-hour contracts have all worsened conditions of employment, making the care jobs unattractive and unreliable (McGregor, 2007). Due to the factors discussed above, the care industry experiences high turnover, leading to the need to fill over 40,000 vacancies (Skills for Care workforce estimates 2020/21; Census 2021).

Health crises increase pressure on health and social care services, leading to inequities in service provision, such as heavy workloads and poor pay for lower-ranking care workers. A case in point: the COVID-19 pandemic exposed this inequality when the hitherto invisible workers became national heroes by becoming

frontline workers to save vulnerable patients isolated from their loved ones. Many died in the arms of care workers as the pandemic swept through homes and other care settings.

Testament to their resilience in such challenging circumstances is the evidence that a high number of Black and Ethnic minority women have maintained a commitment to working in the care sector.

Despite the clear and present challenges in the sector (low retention, high staff turnover and low staff morale), the African Migrant care worker still features strongly and almost permanently in the statistics of the women care workers. However, statistics on the health care workforce have not comprehensively accounted for this ethnic distinction. Rather, homogenous statistics on ethnic minorities have invisibilised the presence and contributions of the African migrant care worker in fostering a sustainable workforce.

Participant group

This study contributes to the ever-growing body of enquiry into the experiences of migrant working women by exploring the unique role that their background and experience play in shaping their responses to workplace adversity. The study focuses on Swahili-speaking East African migrant women working in the social care sector.

While migration may create new opportunities for autonomy, reshaping gender roles through the power to earn, make decisions and maintain autonomy (Mahler & Pessar, 2006), East African women are remarkable by their respect and value for family and community. The institution of family upholds strong values of collectivism, care and solidarity. While most literature on migration and care work appears to have focused on precarity and employment challenges, this study goes further to explore migrant care workers' responses to the precarity and difficulties of working in care in UK settings.

This study seeks to understand the experiences of Swahili-speaking East African women in the care sector. A recourse to aspects highlighted in the discourses registered will enable this study to understand the role and place of shared socio-cultural values, a lingua-franca (Mazrui, 1998) and family motivations in their responses to workplace adversity.

The East African region is conventionally understood to comprise Kenya, Tanzania (including Zanzibar), and Uganda (Mazrui, 1986; Middleton, 1992). The map below shows the original region of East Africa and recent expansions under the region's economic alliance.

three countries exhibit overlapping values, Bantu linguistic heritage, and similar subsistence practices (Iliffe, 1979). This demarcation provides a homogeneous cultural and historical framework for examining the experiences and responses of migrant women from this region.

Industrialisation, economic imbalance and climate change have contributed to the metamorphosis of women's roles in the traditional patriarchal society. Migration for better livelihoods has become a key consequence (King-Dejardin, 2019). While migration may be seen to disrupt established family roles, it has also introduced greater economic security and a better quality of life for remaining family members through remittances from the migrant woman.

The challenges of working in the West while sustaining an extended family in the global south continue to intrigue researchers. More specifically, the dynamics of surviving the systemic barriers and coercive structures of low-paying caring roles have been the subject of many research projects (May, 2023; Sarwer, 2024; Dağdelen, 2024).

The role of a practitioner or practice-near research project

The work carried out in this research reflects the traditions of practitioner research, and in particular, practice-near research. It pertains to work and practice in health and social care, upon which this study is founded (Lunt and Shaw, 2017). I was drawn to this research from the basis of questions that developed from my own experience as a care professional by default, despite holding remarkable qualifications in Secondary and Higher Education. However, experiences in care work and an academic

background in education have since made an effective combination of caring and teaching, which provides this research with knowledge and practice to take seriously the interface between the research and the act of helping the communities that education and social care professionals serve (Cooper, 2009). As such, the research may take a more reflexive approach to reporting in some chapters, which other types of research may not usually present (Archard and O'Reilly, 2024; Lunt and Shaw, 2017).

Aim of research

This research aims to explore and highlight the experiences of Swahili-speaking migrant East African women care workers living in the UK with work experience in the care sector. The study aims to explore possible links between experiences of culture, migration and socio-economic inequalities, and their responses to workplace adversity. The study also seeks to understand the reasons for the sustained presence of Black African migrant care workers in this profession despite the widely published challenges.

Similar research has been conducted around migrant women in care. Sarwer (2024) argues that the experiences of migrant women in the care sector are steeped in economic precarity and systemic violence from social deprivation. The thesis mainly focuses on understanding the complexity of scarce resources and their implications in the quality of life of the migrant woman from micro, meso and macro levels of their life's work and existence (Hennebry, Williams, and Walton-Roberts, 2016; Bolzani, Crivellaro and Grimaldi, 2021).

An in-depth exposure of immigration restrictions and temporal policies clearly sheds light on the perpetuation of systemic violence. The study provides a well-detailed basis of information for the foundation of my study. Perspectives on agency, control, and self-determination are largely lacking in similar studies exploring experiences of migrant healthcare and social care workers. It is for this reason that the study contributes to knowledge by approaching the research through the precise lens of relativist self-determination and individuality, providing access to understanding the structure and agency of migrant women workers in Care.

Furthermore, periodic reports on international labour and migration reveal an influx of female migration to destination countries (ILO, 2021). Not only are migrant women becoming the new face of transnational families, but also, for many, they have become the transnational breadwinner (King-Dejardin 2019). The implications of migration, separation and employment away from home open opportunities for deeper research on the link between the migratory experiences of the care worker and their responses to workplace adjustment in the host country.

Research objectives

This study aims to explore the experiences of Swahili-speaking East African women in care work (SEAWCW) and their responses to workplace adversity. To achieve this understanding, the research will aim to achieve the following Objectives:

- To review dominant structures that influence the employment experience of the migrant care worker.
- To explore factors that trigger coping mechanisms for SEAWCW's as they navigate pressures and challenges in the workplace.
- To analyse strategies of resistance and resilience adopted to address workplace adversity for the migrant women in care work
- To highlight protective behaviours that SEAWCW use to defend against negative organisational pressures in their care roles.

Research questions

The research aims and objectives provide a clear direction for understanding SEAWCW's experiences in the care sector. To be able to achieve these objectives, the research engages with key research questions that are enumerated below:

RQ-1: How do SEAWCW manage stress and navigate the challenges of daily work with difficult clients within the health and social care sector? What factors contribute to the resilience or vulnerability of SEAWCW in coping with the pressures and challenges they encounter in their care roles?

RQ-2: How do SEAWCW exhibit defences against potential negative organisational pressures and repressive structures in the context of their roles within the health and social care sector?

RQ-3: What insights can Swahili-speaking East African women in care work in the UK (SEAWCW) provide about their work environment, specifically focusing on changes that may have impacted them in this job role?

Motivation for this study – reflexive statement

While some research exists that addresses the experiences of workplace adversity for Migrant African women, Black Ethnic minority women and migrant women of colour in health and social care, enquiry in this area remains limited for specific ethnic groups. Specifically, there is a scarcity of research examining the lived experiences of East African migrant female care workers in the UK.

The central presupposition of this research is that there is an underlying link between lived experiences and agentic responses to workplace adversity. For the Swahili-speaking migrant East African woman care worker, such experiences may well have been the platform upon which she developed resilience, or otherwise.

Most women find themselves living under tight job restrictions, low-paying, low-skilled employment that does not correspond to their professional skills and qualifications (McGregor, 2007). Most resort to care work initially due to a lack of other job

opportunities with better economic prospects. Many highly educated first-generation¹ African migrant women experience that jobs that are commensurate with their qualifications are not forthcoming in their first encounter with employment (Bolzani, Criverallo and Grimaldi, 2021). There is, therefore, the first shock of adjusting to the “next best thing”, where the next readily available job must be accepted for the sake of survival and sustenance.

As a first-generation Black African migrant woman with a similar migration and employment experience to that of care workers, I reflect on the experiences of a large number of unrepresented women within the care sector and consider, in a small way, how I can elevate their vital voices and contributions. Comparatively, my own experiences as a care worker reveal that the ethnic minority Black African woman is unseen, silent and unrepresented. This observation has played a key role in the motivation to conduct this research and to amplify the voice and the experience of the Black African migrant woman care worker so that it is no longer hidden and unheard, despite her significant contribution to the care sector in the UK.

I feel a sense of duty, having seen and felt the pain, to use this platform and to share ownership with the many women care workers who may never have the opportunity to have their story written, read and shared on many social and academic platforms, in the hope that it will change the view and the value ascribed to the migrant African female care worker. This for me will be an accomplishment as a first-generation

¹ By first generation in this context is meant that women who have migrated to the UK and who were not born in the UK.

migrant African postgraduate student in the UK, having scaled resistance, and persistent marginalisation, to be able publish a documented account to legitimise and enable future inquiry, and to stand as a generative site for continued knowledge production and representation.

This is an under-researched area, evidenced by the scarcity of literature on the experiences of East African migrant women's health and social care, and even less information on the support and well-being of social care workers (Hussein, Kilkey and Tawodzera, 2023). By concentrating on one of the most marginalised group of workers in social work and social care (Black African migrant women), this study aims to amplify their voice and their visibility both in research and policy. By recognising their stories and defences within restrictive socio-economic structures, the study will systematically raise awareness and spark curiosity about recognition and policy debate.

Contribution of the study

This study seeks to illuminate the strengths embodied by migrant women by foregrounding the distinctive forms of socio-cultural capital that enable them to navigate the psychosocial and structural challenges inherent in a sector that routinely renders their contributions invisible. By moving beyond scholarship that predominantly focuses on structural inequalities and discriminatory practices faced by migrant women in the care industry, this research aims to explore the dimensions of personal resilience and individual agency that facilitate their sustained participation and survival in this precarious labour context.

Structure of thesis

The dissertation is structured into seven chapters. Chapter One introduces the research aim and provides an overview of concepts such as migration, socioeconomic precarity, and the experiences of ethnic minority women care workers now based in the UK. This chapter also provides an overall picture of how the dissertation will be presented throughout the following chapters.

Chapter Two provides a literature review of the conditions and experiences of migrant women care workers in destination countries, with particular reference to the UK. It discusses the challenges of care work and the complexity of survival, linked to resource scarcity, administrative injustices, and the vulnerabilities of women in this sector.

Chapter Three details the research methodology. Drawing on critical realism as the ontological position, the research questions the concepts of actual and perceived realities as constructed within society, and interpreted through the experiences of East African migrant women in care work in the UK. The research employs a qualitative method of data collection, including face-to-face interviews with individual participants and two Focus group discussions, with data collected through narrative transcription. The selected method of data analysis (critical discourse analysis) adds value to the biographical dimension of this research by engaging deeply with participants' discursive texts.

The chapter also discusses the researcher's experiences in identifying, contacting, and recruiting the eligible participants for this study. This section of the research gives context to the ethical considerations established in order to protect the data and well-being of interviewees. Finally, this chapter concludes with a reflexivity review, highlighting the researcher's insights and reflections on the process of collecting data, conducting the one-to-one interviews and gathering unconscious elements from the emotional aspects of the encounter with each participant.

Chapters Four and Five will undertake a critical analysis of the findings from the transcriptions. Furthermore, Chapter Four reviews the subjective position of the care worker in relation to ideological frameworks and the dominant structural inequalities that underpin such ideologies. As such, the analysis will highlight structure and agency in the shifting gender role and the cultural significance for migrant women facing precarity and volatile work structures.

Chapter Four will explore interlinked discursive themes where the narratives reveal the interplay between structure and agency and any defences against constraint and dominance, while Chapter Five observes the unique use of bilingual strategies of translanguaging, code-switching and discursive textual features to negotiate agentic positions in migration, employment, adjusting and surviving in the care sector.

Chapter Six provides a synthesis of broader issues and overarching ideologies that emerge from the findings and analysis chapters. This chapter uses the analytical

framework to explore the unique contributions of East African migrant women and the underlying precepts that inform their responses. The chapter also considers the limitations of the research as well as the contributions for further research.

In Chapter Seven, a summary of the findings is presented together with the potential contributions for policy making. The conclusion also has implications for further research areas in this field. The next chapter introduces a literature review to inform the direction of the research.

Chapter 2

Literature Review

Introduction

At the centre of this study is the impetus to look beyond the much-reviewed precarity, deprivation and intersectionality in the experiences of African migrant women in the social care labour market. The study is drawn to a relatively new area of research relating to migrant women's subjectivity that is constant and present, in tandem with the above structural inequalities. There is a dearth of literature that explores the role and place of agentic positions of benevolence, resilience, emotional capital and collective well-being that debunk the all-too-familiar notion of victimhood. Using a critical discourse analysis framework, this research will assess a nuanced framing of discursive texts that demonstrate how Swahili-speaking the East African migrant female care workers resist or reinforce control and power in response to overarching systemic inequities in their workplace experiences.

In the introductory chapter, this thesis provided a backdrop of motivation for research of the experiences of Swahili-speaking East African migrant women in social care job roles. A review of studies around migrant female care workers in the UK highlights a similar set of challenges at a macro level. Global and national structures, such as immigration, employment and arbitrary conditions of settlement, force many migrant women into deprivation and precarity. At a meso-level structural organisational policies

and standards continue to embed inequalities and systemic barriers to fair working conditions. The impact of organisational strategies and decisions on migrant care workers yields some fundamental findings as studies select groups using sets of differing variables. However, literature is unfolding that at the micro level, individual experiences tend to form unique interpretations of responses, creating opportunities for unique perspectives of their migration and health and social care work experiences. Hitherto, studies have clustered migrant women as homogenised ethnic groups, making most unresearched groups, such as the Swahili-speaking East African migrant woman, largely invisible.

The first section of this chapter provides a brief background on selection and literature searches pertinent to this research. The chapter then addresses the concept of women's migration into the labour market in the global north. Linking migration to absorption into health and social care employment, this section examines structural inequalities that create economic and social precarity (Turnpenny and Hussein 2022; Bourgeault, Spitzer and Walton-Roberts, 2023; Sumption and Strain-Fajth, 2023.)

The second section assesses motivations for remaining in the care sector despite the image of doom and gloom. Despite several studies conducted around migration and the experiences of migrant women, the focus has mainly been on the underlying difficulties and precarity of living and working in care (Fajemidagba, 2024). However, the main contribution of this research is found in the analysis of participants' narratives to reveal their subjective positioning in relation to structural impositions and defences for survival.

Other sections in the literature review highlight related studies and findings that relate to migrant care worker experiences, with a view to underlining the outstanding gaps. As such, discussions on migrant women and intersectionality, the undervalued nature of care work, resilience, resistance, and benevolence contribute to the overarching framework of broader issues around migrant care worker experiences. This backdrop subsequently forms the basis for a clear presentation of identified gaps which this study justifies as the key contributions of the research. These are presented in the rationale for the study, before offering a concise conclusion of the review.

Search and selection process

Every well-structured research requires to establish current knowledge on the topic being researched. This helps to eliminate repetition and duplication of information. A systematic literature review is a fundamental research process that employs a structured synthesis of existing knowledge. By reviewing existing literature, and selecting specific databases via the use of inclusion and exclusion criteria, scholars capture a clear context and remit of the research areas that have been explored. This exercise, after synthesizing the literature, will highlight the gaps in this knowledge that still exist. Furthermore, a systematic literature review allows for scholarly exploration of relevant theories and methods used in the studies, and which could compare well with prospective research in the same area of study (Tranfield, Denyer and Smart, 2003).

Having a clear research question facilitated the search processes, where key themes from the question were entered into search engines including Google Scholar,

Tavistock e-library services (using EBSCO Host), other academia.edu platforms and validated e-social science journals including PubMed, The British Journal of Social Work, Journal of Family Issues, Global Social Policy, Journal of Immigrant and Minority Health and British Journal of Mental Health.

Using Boolean logic and citation chaining to narrow down searches, together with inclusion and exclusion criteria, the study refined its searches to the most relevant sources. Having selected the key thematic sources, a systematic review discusses key concepts of each source, identifying areas of difference and possible variations between available literature (Ridley, 2012). This synthesis then creates a clear gap in knowledge, where new research can propose contributions.

Using Boolean markers such as “and”, “or” and inclusive criteria in brackets, with a combination of thematic codes, the search highlighted several relevant articles. The theme on migrant labour required refining as data on international labour extended beyond the remit of this research. The research therefore centred on the following themes: Migrant care workers; migrant women in care; African migrant women in the care sector, East African migrant care workers, lived experiences of African migrant women care workers; workplace adversity in the care sector, challenges of working in the care sector; self-care in care; collective networks in care sector. Exclusion criteria included “migrant men in social care industry”, “ethnic majority workers in care”. Arguably, the selection process may not be exhaustive, as various selection criteria offer layered possibilities for data. Furthermore, more recent studies may be in the

process of publication as this research progresses, potentially leading to them being missed in searches.

The search and selection process yielded a body of literature comprising studies that focus on the experiences of migrant care workers in the UK. Most studies reveal experiences of migrant women of colour, with two on African female migrant workers, specifically from Zimbabwe and Nigeria. However, the search did not produce any literature on the experiences of East African Swahili-Speaking Migrant female care workers in the UK.

Studies around migrant care workers have grown in recent years. A sample collection of the most recent doctoral research and relevant journals is presented in tabular form (see Appendix VI). The section below details interlinked patterns of migration, workplace precarity, and emerging trends in migrant care work, particularly relating to women in the care sector.

The literature will compare experiences from related fields of healthcare and social work. It will also consider prior literature of migration and reproductive work in other regions including the Americas, Europe and Australia.

Review of Existing Literature

Migrant women in social work, and social care employment in the UK

Over the last three decades, women have constituted more than half of the migrating population in response to the increasing global market for cheap labour in the West (Gündüz, 2013). Migrant women joining the labour market from non-western countries face exploitation that is characterised by low wages and precarity (Rydzik, and Anitha, 2020; Moriarty et al., 2008, pp. 5-6). The migrant woman is caught between prohibitive institutional structures like arbitrary immigration policies, restricted access to well- paid employment and gendered job roles within manual labour (Rydzik, 2017).

Employment under a zero-hour contract and self-employment expose workers to exploitation and precarious living (Ahlberg et al., 2022). Systemic adversity is compounded by workplace challenges that are triggered by unscrupulous managers, discriminatory policies and restricted employment rights (Vergès, 2022). These barriers impose vulnerabilities such as the inability to access organisational and legal safeguards, thereby restricting capacities for employment progression and social mobility (Lan, 2022, p. 2).

The job roles in social work and social care are often constructed as reproductive, which equate women's roles to the chores that sustain fundamental familial well-being and stability as a support mechanism for the real income-earning (productive) work that is conducted men (Fraser, 2017). The role of women, which has expanded beyond traditional roles, continues to be reflected as reproductive and such perceptions in the workplace function to create gender discriminatory attitudes.

Traditional patriarchal societies still holding the primitive structural roles of production and reproduction, have established male work as productive and of economic value.

As a result, work done by women are equated to lesser economic value and are viewed as chores that nurture. This notion of demonetising the contributions of women in the workplace has in effect ushered in systemic discriminatory practices that exploit female workers based on this perception (Horton, 2017). Within social care, the migrant woman is devalued, with much the same negative perceptions and attitudes extended to the role of personal care. Societal perceptions are nurtured to view the care profession as a mere extension of domestic duties rather than as an economically viable occupation. It faces devaluation as it is easily associated with women's traditional roles in the family that are deemed to have no economic value. Furthermore, job roles that are related to exposure to clinical human waste and administration of personal hygiene on vulnerable people, are viewed as lowly and unworthy of economic importance (Glenn, 2007). This has perpetuated the narrative of devaluation and deskilling women's work, rendering a gendered perspective of productivity (Kofman, 2012). Similar attitudes are recorded with migrant social workers and reflected in pay below their qualification levels, in unequal task distribution and in a remarkable stagnation on particular positions (Dzudzor, 2021).

Moreover, poorly paying jobs are most often occupied by African migrant women where employment options have been restricted. Women suffer unique vulnerabilities mainly reflected in low-skilled jobs, exposed to exploitation, and racially abused (Adepoju, 2020; Sarwer, 2024; Dağdelen, 2024; Fajemidagba, 2024). Despite their

qualifications and experiential expertise, they become deskilled, demonetised and devalued in precarious frontline work conditions (Reis, 2020). Data identifies migrant women as generally possessing higher qualifications than their male counterparts, but they still continue to be underrepresented in higher-paying positions (King-Dejardin, 2019). Statistically, they are also normally the families with the highest level of poverty and deprivation of all ethnic minority communities.

Compared to other communities, African working migrants are characterised by “low incomes, high poverty and very high education” (Curry-Stevens, and Cross-Hemmer, 2010). Arguably, certain factors play a prohibitive role in this pronounced inability to turn higher education into higher incomes. Although studies by Sarwer (2024) and Dağdelen (2024) consider the disproportionate link between qualifications and low income, they do not link it to specific migrant groups. Instead, there is a generic review that migrant women suffer precarity and deprivation in general. To an extent, however, intersectionality between sexuality, race, and gender plays a more prominent role in where marginalisation and social exclusion are prominent (ibid.).

However, this argument in itself falls short of highlighting the wider issue of deskilling and the devaluation of women in a generic sense. This research aims to further this view by examining the reflections of female workers, encoding their experiences to reveal responses to social inequalities at work and in life in the UK. Using a critical discourse approach to analyse expressive modalities of participants that underpin their choices and decisions, this study amplifies the voices of women to register their subjective positions in this growing body of literature.

Intersectionality and discrimination

Migrant women face multi-layered forms of discrimination and marginalisation that characterise the complexity of their experiences. Intersectionality (Crenshaw, 1989) demonstrates how overlapping social identities such as race, socioeconomic status, or religion interact to shape women's experiences of power, privilege, and discrimination. East African migrant women face the complex interplay of social determinants of inequality based on their ethnicity as African, their racial background, their sex as women, gender as socially determined roles of inferiority and their immigration status, which is arbitrary and restrictive (Holvino, 2010). These determinants create barriers in the workplace, where they face restricted access to rights and resources.

Fajemidagba (2024) apprehends a crucial intersectional analysis of Nigerian female migrant care workers in England, showing how race, gender, ethnicity, and migration status intersect to produce workplace discrimination and abuse. The doctoral thesis is valuable in revealing such a nexus of discrimination for African migrant women's vulnerability within UK care, underlining the complex web of precarity and social exclusion that is woven through intersectionality. However, this research is limited in scope, as it considers only the plight of intersectionality for West African (Nigerian) women. The absence of the experiences of other Black migrant women, by default, establishes a need to study the intersectionality of East African migrant women. Questions about racialised experiences and their layered identities provide a distinct case for research.

Furthermore, a shared East African lingua franca, cultural universality, ethnic identity, and benevolence shape distinct experiences of East African migrant women that may be linked to workplace adversity yet to be revealed. Even though the overarching factors of racialised work and discrimination surface in the findings, there remains a gap where the personalised responses and agency are concerned.

Brexit and sectoral context

Migration and employment inequalities continue to underscore the precarity and struggle of women. The Brexit policy move was a significant case in point. Studies indicate that large numbers of migrant women of colour in the care sector suffer disproportionality (Turnpenny and Hussein 2022). More specifically, immigration laws and policies affecting migration, health, and social care workers resulted in job losses, delayed or denied work visas, and many being denied access through vetting procedures to work in the UK. The study does not distinguish the migrant groups by region or ethnicity from African countries, nor does it conduct. A thematic analysis used in the data analysis obscures individual experiences and the ensuing challenges of remoulding a new life after Brexit. The missed opportunity to harness the unique voices and choices of workers triggered a quest for a more qualitative approach, with the emphasis on listening to lived experiences and amplifying participants' voices in the findings and implications for policy debate.

Groundbreaking research on Global Care Chains (GCC) and the drive to move beyond the prototypical image of nannies and domestic workers has created a renewed interest in the reproductive sector (Yeates, 2009). Studies on global care chains examine the phenomenon of diversification of professions among migrant workers, including more skilled, highly qualified migrant caregivers such as nurses. Although the study uses an empirical framework to examine global migration, it is limited in its further research on the impact of global migration on family separation and cohesion. Yeates contends that it is vital to conduct historical reviews to better illuminate the factors fuelling current patterns and transformations in migration and in productive and reproductive care. Such an approach would minimise the problem of unscrupulous recruitment programmes that create exploitative systems for incoming nurses and care workers (Winkelmann-Gleed and Seeley, 2005; Alexis and Shillingford, 2012).

The uniqueness of this research lies in the empirical study and the equally sound theoretical analysis, which conclude that a strong “import-export” trade in care workers from Global South countries to fuel the industrialised North has created globalised, racialised labour markets through exploitative recruitment and employment (Yeates, 2009). An area of this research that aligns with my research relates to the curiosity of exploring the “mothering” nature of care workers (In Ireland) who continue to maintain their own family networks through and by their work as healthcare, reproductive, and non-reproductive workers. However, there remains a gap in studies on the role and place of meta-narratives such as resilience, benevolence (via remittances, compassionate care) and emotional capital in the care experiences of migrant care workers. Furthermore, there is a need to examine the personal experiences of East

African migrant women who offer a unique set of shared cultural and multi-lingual assets to the workplace. In opting for a critical discourse analysis, this research attempts to eliminate overgeneralising of nuances to capture individual voices through biographical narratives, which serve to encode subjectivity and agentic positioning of the participants in response to repressive dominant structures.

Structural inequalities

The social care industry superimposes the weight of precarity and deprivation over the struggle for survival (Sarwer, 2024). These are often aggravated by the intersectionality of gender, religion, race and sexuality. These determinants of social exclusion and marginalisation permeate micro, meso and macro levels of their existence. At a micro level, personal structuring and organisation become difficult with low wages and difficult working conditions. Discrimination and restricted opportunities prevent upward mobility at the organisational (meso) level, while at the macro level, national policies limit access to mainstream rights and privileges (McGregor, 2007). The study by Sarwer (2024) on the feminisation and racialisation of care aggregates the research participants under a pan-ethnic category, focusing mainly of the precarity and discriminatory practices of care work for women of colour. By so doing, the study masks the distinct experiences, cultures and identities of ethnic communities.

Furthermore, although thematic analysis is deep and verifiable, it limits findings to broad, generic thematic descriptors. To address the problem of drawing broad thematic conclusions, the current research proposes a critical discourse analysis that harnesses deep personal experiences by interrogating personal narratives. The

narratives examine discourses that highlight the speaker's positionality and agency in light of existing structural inequalities.

The essence of migration for many is to engage in an economic activity that enhances the life chances of the individual and their family. Working in a destination country also requires settling in or adapting to the new socio-economic environment. Challenges of settling and adjustment are both evident and subtle for the migrant care worker. A study (Dağdelen, 2024) on the narratives of professional healthcare and social care migrant workers in NW England revealed tensions that exist between expectations of migration and settlement in the UK for a “better life”. The findings of this research include marginalisation, lack of acceptance, and the realities of systemic deskilling, discrimination, and workload pressures. The strength of this work lies in its life-course, visual, and narrative approach, which could inspire methodology. Yet becomes too generalised when the selected sample of migrant women are professionals living and working in NW England. It is not limited to care workers, nor is it specific in Ethnic orientation. As such, the experiences of East African women facing different reproductive work challenges are not represented in these findings. Although all migrant care workers are motivated by the drive to achieve a better socio-economic life for themselves and their families back home, the intricacies of each migrant community cannot be generalised in the conclusions Dağdelen draws in her doctoral thesis. As such, this research justifies pursuing corridor-specific research on the personal experiences of Swahili-speaking East African migrant women entering the health and social care industry.

Research often presents migrant women as a homogenous group of “migrant women of colour” entering a sector-specific arena. Skills workforce (2021) first began classifying workers as minority ethnic groups, casting a generic perspective on women to be understood from one unified experience. This problematises ethnicity by undermining the unique variables and backgrounds of each woman. Earlier articles on foreign migrants on groups have tended to group all migrants under the umbrella of ethnic minorities (Showers, 2015; Flahaux and De Haas, 2016) and ethnic minority studies include all other ethnicities including Indian, Pakistani, Philippine, Brazilian and Indonesian that are non-White English (Unison, 2025; Yeoh and Huang, 2000; Doyle and Timonen 2009) offer generic information about migratory experiences of female care workers. EU Labour Force Survey (LFS) data show that migrant care workers who entered the UK in the past decade came from both within and outside the EU, the most frequent countries of origin being Poland, the Philippines, Zimbabwe, India and Nigeria (Cangiano et al. 2009). Studies continue to generalise findings and treat experiences generically.

Evidence of literature on studies focusing on specific African migrant groups has begun to emerge. However, these are still in their infancy. Earlier studies have highlighted problems in care provision along determinants such as race, ethnicity, and citizenship. However, literature on migrant worker choices of work and pay (Shutes and Walsh, 2012) are still in their infancy. Furthermore, the dominant socio-cultural contributions of migrant women to the economy also remain largely undocumented. Statistics indicate a growing number of ethnic migrant groups entering and remaining in the health, social work and social care sectors, despite readily available literature and evidence on workplace precarity. Studies on disproportionality and inequality

existing among Philippine migrants (Parreñas, 2000) are also similar to those registered among Zimbabwean and South African social care workers (McGregor, 2007), and more recently, among Nigerian migrant workers (Fajemidagba, 2024).

The above studies, among a raft of literature, reveal how UK institutions systematically undermine their qualifications and experiential knowledge and skills that are much needed within the sector. This strategy of deskilling has systematically produced professional hierarchies that form a deep economic and social divide between African professionals and their Global North counterparts (Naidoo and Kasiram, 2014; Hakak, Onokah and Shishane, 2022). African practitioners are therefore presented as permanent novices, permanently identified transitional workers and never quite achieving the professional competence of their Global North peers.

This observation also accurately describes migrants in nursing despite government schemes to recruit qualified nurses from African, and other countries from the Global south. They face disproportionate scrutiny and restricted career progression (Allan, and Larsen, 2003; Winkelmann-Gleed and Seeley, 2005)

There is no substantial body of literature in health, social work, and social care that specifically isolates East African nationals. However, there is a dearth of literature on the experiences of East African migrant female care workers despite a census count of more than 250,000 East Africans (Census, 2011, 2021) Rather, East African migrant workers are aggregated in wider literature as international migrant workers or black African health and social care workers, thereby obscuring their specific historical, migratory, and socio-cultural trajectories (Allan and Larsen, 2003; Stevens, Hussein

and Manthorpe, 2012). This undermines the nuanced ways in which experiences of East African Swahili-speaking health and social care workers are reflected in and how they contribute to the current workplace balance.

This community is camouflaged under generic markers of “Black” or “ethnic minority” data sets that homogenise experiences and generalise responses to duress. Identity markers used, such as “sub-Saharan women”, or “women living south of the Sahara” (Sloane, 2023), imply the existence of East African migrant women but invisibilise their professional contributions. A study that will highlight the lived experiences of East African female care workers and their responses to workplace adversity is therefore crucial. The exclusion of men from the care sector in this research is a deliberate one. The fact that there is an overwhelming imbalance of genders in the care sector, with women representing over 82% of the care sector (Skills for Care Workforce, 2021) justifies the need for closer exploration and attention.

Furthermore, across most studies, a thematic analysis of the largely qualitative research identified common broader issues around precarity, deprivation, discrimination, and the racialisation and feminisation of care. Although it is not the remit of this study to explore the gendered roles and feminisation of care roles, it is essential to note that the deliberate, structured inequalities have contributed to this phenomenon (Shannon et al., 2019)

This research is unique in that it undertakes psychosocial research to understand responses to workplace adversity by applying critical discourse analysis to participant narratives. The critical discourse offers the researcher the opportunity to explore the

migrant care worker's subjective positioning in relation to social and institutional structures that have created systemic barriers for migrant women.

Socio-economic contributions

Stereotypical perceptions of care work as feminised labour and the assumption that they require little or no skill, have devalued the vital roles played by social work and social care workers. Given that these jobs are kitted as low-skilled (OECD, 2008b), it perpetuates the label of unglamorous, undervalued and low-ranking in society (Armstrong and Bernstein, 2008). Low economic status creates a cohort of working-class people who become invisible, even though they are required to dress in uniforms (Stanwell-Smith, 2003). Some texts have diminished the value of care work by using terms such as 'ancillary' or 'supportive care' to demote or devalue care work in the face of what would be considered more professional and prestigious healthcare positions (Armstrong and Bernstein, 2008).

Despite the invisibilisation of social care work, the value of the work conducted by migrant women continues to hold the fabric of the healthcare system together. According to the World Health Organisation (WHO), Women and other supplementary healthcare workers provide an "invisible backbone for health systems" (WHO, 2006, p.4) without whose daily and consistent work, the system would fail.

Furthermore, the contribution of migrant women transcends borders as transnational breadwinners (Bernard and Perales, 2024). Migration capital has contributed to the movement of resources, contributing to more than 50% of transmittances to the global

south (World Bank, 2007). Concurrently, migration has led to a new phenomenon known as transnational families (King-Dejardin, 2019; Budginaitė-Mačkinė et al., 2025) where in many states, one parent, works abroad to provide sustenance for children and spouse that remain in the home country. The western economies that have been able to supply sufficient workers have led to the dismemberment of families to fill labour gaps in the care sector. They have created something seen as a collective welfare and a new form of 'familyhood' (Bryceson and Vuorela, 2002 in King-Dejardin, 2019) that transcends borders. Migrant women, though working in one nation, are continually reminded and obligated to sustain the family unit that has been left behind in their country of origin. In many cases, the families left behind are nurtured by a husband or an elderly grandmother who adopts the role of nurturing and securing the family system.

The creation of such a role in affected families has in effect cast the migrant woman in a light of increased agency and control, where she assumes a transnational dual role of virtual family member and with an acquired breadwinning power (Peng and Wong, 2016; Bryceson and Vuorela, 2020; Yeoh et al., 2024) for the family collective in the home country. Although the exploration of this dynamic is captivating, this study aims to understand the impact of these dynamics on responses to workplace challenges and the decisions that follow for the migrant woman worker.

Reasons for migration vary from seeking international protection to forming new families. In between these factors, economic reasons, furthering education and escaping environmental disasters contribute to the global movement of people. What

can be said for certain is that migration is associated with several forms of human vulnerability, where receiving countries differ in their welcome and accommodation of foreigners (Ciaramella et al., 2021). Social care has been described as difficult, not least because of the stressors of low wages and challenging work environments (Hussein, 2018; Hudson, 2019). Studies conducted on the experiences of migrant care workers in the UK highlight these experiences. Scholarly work primarily identifies the reasons for the difficulty and the types of difficulties experienced. However, few identify or review the survival strategies used by migrant workers, even though findings indicate a form of resilience. Furthermore, some studies (Ciaramella et al., 2021; Hudson, 2019; Hussein, 2018) are more concerned with the stresses of migration and women's responses, whereas others focus on the stresses related to restrictive immigration processes and living in deprivation.

Within the sphere of migrant women's care experiences, there is still a need to conduct a systematic understanding of resilience with specific workplace adversity. In exploring the experiences of East African Swahili-speaking migrant women care workers, this research aims to use critical discourse analysis to interrogate salient discourses across content, form, and social context, revealing subjective positioning in response to workplace adversity.

Critical discourse analysis has been applied in different types of power-driven texts; however, there is a dearth of material that can be linked to the study of subjective positioning against dominant social structures for migrant women working in care settings. The central pull of this research is the analysis of narratives by individuals to

navigate their positions as key contenders in problematising the perception of passive victimhood of migrant care workers.

Dramatic departures, separation from loved ones and a sense of alienation can create stressful starting points from which to migrate to a new country in pursuit of a better life for oneself and one's family. Not only so, but evidence from studies cited in this review indicates that workplace adversity, difficult identification with the host culture and difficulty in accessing employment are resident factors that trigger stress and anxiety for the migrant healthcare and social care worker (Ciaramella et al., 2021). Moreover, Immigration laws have remained stringent, with notable changes primarily occurring when the UK needs to import cheap foreign labour (Sumption, 2022) in response to labour shortages, and in particular in the low-wage sectors.

However, migrant workers draw strength from unique relational factors that “keep them going”. Strong family belief systems, collective responsibility, mutual benevolence and the obligation to maintain remittances to family in the home country, are common indicators that create a psychological resistance to hardship or a plane upon which to survive. Relational approaches define resilience as the capacity to navigate the negative impacts of ruptures, to adapt, or to maintain daily functioning and productivity (Siruno and Siegel, 2023). A study on migrants’ workers from the Philippines indicated that the workers suffer stressors that trigger heterogeneous effects (Parreñas, 2000; Siruno and Siegel, 2023).

Expressions of duress and ensuing responses are not homogeneous. This assertion underscores the need to advance the research on an ethnocentric basis for clarity and a deeper understanding. The unique variables of shared geo-cultural, linguistic, and colonial backgrounds could reveal heterogeneous effects of structural workplace stressors.

Rationale for study

Undoubtedly, the processes of global migration and their impact on migrant women are widely represented in recent studies. The migrant woman has been depicted as undervalued and invisible, taking up unwanted work in care-deficit countries that are unwelcoming, both socially and economically (Cohen, 2023; Rodríguez-Muñoz, et al., 2025).

This chapter has examined literature that supports the above findings. However, little has been written to contribute to the understanding of the agentic role of African migrant women, with specific reference to the Swahili-speaking East African migrant woman.

Further to understanding the precarity, deprivation, racialisation and feminisation of care work, this research argues that there is a role and a place for meta-narratives that inform the choices and agency of East African migrant women working in the care sector. Such an angle in research is largely missing, with evidence mainly pointing to quantitative contributions, such as remittances. Such a perspective remains to be

discussed in depth and could perhaps lead to findings that problematise the much-publicised narratives of victimhood and social vulnerability.

Furthermore, migrant women are largely masked under generic descriptors like “black women”, “women of colour”, “migrant women” or “Sub-saharan women” where experiences are homogenised and camouflaged. This study, therefore, makes a deliberate step to conduct a specific study on East African women, a community of women that is largely invisible. A notable contribution will be to explore how East African women cope, resist, and endure structural precarity within the health and social care profession.

Conclusion

This chapter foregrounds the disproportionality of structural factors shaping the employment patterns for migrant women working in the health and social care industry in the UK with a view to reveal a relatively new domain of subjective defences against the more published evidence of structural inequalities and deprivation.

Further to the analogy, some studies (McGregor, 2013) reveal that media rhetoric has cultivated attitudes towards care workers through labelling and negative propaganda. Statements by the media riding on political sensationalism frame migrant workers as undeserving and as an added strain to already diminished services. The intent of such rhetoric is to undervalue and condemn migrants to work that is also undervalued. Discourse legitimises the reluctance to accept and esteem care workers by using terms such as “unlikely key workers” (Pilston, 2020) to shift public opinion. But when

the COVID-19 pandemic struck in December 2019, there was a dramatic shift in the value and recognition accorded to health and social care workers. The media quickly turned discourse into tributes. Headlines in British media included: “British Vogue honours Frontline workers in July Issue”, (Barr, 2020) “key workers and frontline workers in saving lives” (McSweeney, 2020), “After coronavirus, Lisbon is replacing some Airbnbs and turning holiday rentals into homes for key workers” (Medina, 2020) and “Coronavirus: Meet Britain's unlikely key workers” (Pilston, 2020).

Highlighting that migrant women care workers often face significant work adversities, including long hours, low wages, and poor working conditions (World Bank, 2023; ILO, 2021; Jones, 2022), the chapter developed a two-pronged observation: firstly, that migrant women tend to be homogenised in experiences and their responses to adversity; and second that migrant women seem to experience only adversity and precarity as their main experience of working in care. This observation interrogates weak-willed policies and regulations that continue to underpin unsafe and unfair working conditions across nations for migrant workers. But even more important is the proposition that migrants come from diverse backgrounds with unique experiences that deserve exploration as they inform their approaches to work and life in the UK. Therefore, this study focusses on a specific group of migrant women (East African Swahili- speaking women) who are critically underrepresented in the labour market as a whole, and within health and social care more specifically.

Secondly, migrants are driven by stronger forces which help them to endure and overcome the challenges of migration. There is a dearth of literature that focuses on this lens, which examines the subjectivity of the migrant care worker in the health and social care industry. This research will focus on understanding these strengths by analysing discursive texts, social practices and examining linguistic deontic and expressive modalities to determine the role and place of emotional and social capital in building resilient care workers from the Swahili-speaking East African migrant communities.

Having identified notable gaps in research mainly revealing insufficient knowledge on the role and place of emotional and cultural capital in creating resilience and survival, this study aims to contribute to this domain of work. migrant women in the care industry. Approaching the research from an empirical framework, using personal narratives and interviews, the research will apply a critical discourse analysis to understand the agentic positions and subjective expressions that resist, reinforce or reinstate power and control over the migrant woman.

The following chapter will explain the methodological framework used to conduct this research. It details the stages of methods used to collate and approaches to analysis of the data. The section also highlights ethical considerations undertaken to ensure transparency, veracity and accountability of the methodology process. Finally, the section details the profiles of the participants together with a reflexivity account of the research process.

Chapter 3

Methodology

Introduction

This chapter will outline the research methodology. The methodological framework is founded on critical realism (henceforth, CR) to understand the realities and experiences of migrant women working in the care sector in the UK. To this end, discussions of epistemological and ontological assumptions that inform the research problem set the backdrop for the research methodology. The study hinges on psychosocial qualitative methods (semi-structured interviews and focus groups), whose aim is to harness deep biographic data that is often underrepresented in quantitative, positivist approaches, which advocate scientific methods for collecting objective data to understand the world (Ali, 2024).

The method of data analysis, critical discourse analysis (henceforth CDA), interrogates discourse represented by individual narrative accounts to reveal the delicate balance between agentic positioning of migrant women and their vulnerability under constraining dominant structures and social contexts. CDA suitably links CR to the interrogation of underlying social structures and contexts, creating a likely partnership for representing unique findings from participants lived experiences. Using van Dijk's model of analysis, and borrowing from the three central tenets of social contexts, linguistic tools and subject positioning (see Wetherell, 1998; Edley 2001) the methodology will examine empirical data from participants' own narrations to collate

these findings in Chapter Four and Chapter Five. Moreover, the section offers a synopsis of key ethical considerations in the research process, followed by a profile of the participants, concluding this chapter.

Theoretical framework

The ontological and epistemological positioning of my research is vital in highlighting the lived realities of Swahili-speaking East African migrant women working as care workers. The ontological position of my study is embedded in the paragraphs that follow. Ontology considers how a phenomenon is perceived in society: whether it is embraced as the reality or, indeed, assigned the status of a perception (Al-Saadi, 2014). Ontology raises the question of whether social reality presents as an independent phenomenon, or as an observation subject to human interpretations and conceptions (Ormston et al., 2014). Epistemology, on the other hand, is the study of knowledge and how it is presented to the world (Cohen, Manion and Morrison 2007; Greco and Sosa, 2017). This research is grounded in the framework of critical realism (CR), which provides a lens for examining how social structures shape, constrain, and interact with the lived experiences of East African Migrant female care workers.

The interest of this research aligns with Roy Bhaskar's (1978) perspective of CR, which is based on seeing reality from three different perspectives: the actual level, which is represented by experiences and events, the underlying level, which triggers or influences the actual level and the structures that generate the events (Bhaskar, 1978). CR, a branch of philosophy, argues that the reality or observable events in the

world are influenced by underlying or unseen structures that trigger experiences. These effects are unique and relative, depending upon the cause and the person being affected. CR is grounded in the interpretivist view, which informs the conceptual framework that human behaviours are influenced by subjective experiences within social contexts (Pervin and Mokhtar, 2022). For participants in this study, decisions to migrate and to find and retain employment in the health and care sector are triggered by various lived realities that can only be revealed through deeply engaging with biographic data through semi-structured interviews and focus groups.

Approaching the methodology from a critical realist perspective helps understand and unpack the Gramscian cultural hegemony (Adamson, 1983) through which groups are controlled and described by cultural institutions. Therefore, the interest of this study in the group of participants is to critically examine how, despite the common legitimised and naturalised structures of institutions, culture, gender and language, the women legitimise, resist or generate subjective responses to workplace adversity in their social care careers. The research focuses on how the choices are shaped to influence power and agency within and around the individual's caring profession.

Collier (1994) defends the view that reality is structured and stratified and that, therefore, attempts to explain social structures can sometimes render them more subject to criticism. But for the purposes of this research, it is argued that understanding the unobservable structures that cause observable events will, in effect, bring a clearer understanding of the structures that trigger these events.

Critical discourse analysis has been problematised as being interpretivist, with limited scope for achieving broad consensus on objective data. However, unlike methods such as thematic analysis and content analysis, this unique approach attends to meaningful responses of groups representing their agentic positioning, power dynamics, and socially constructed structures. As such, rather than just harnessing coding content, the approach combines the fundamentals of Foucauldian perspectives of power relations and critical realism within social constructs (Phillips, 2023).

In view of the aim of the study, driven by a qualitative narrative approach, the research structure will be guided by the following questions:

RQ-1 How do Swahili-speaking East African women care workers in the UK (SEAWCW) manage stress and navigate the challenges of daily work with difficult clients within the health and social care sector?

RQ-2 What factors contribute to the resilience or vulnerability of SEAWCW in coping with the pressures and challenges they encounter in their care roles?

RQ-3 How do Swahili-speaking East African women care workers in the UK (SEAWCW) exhibit defences against potential negative organisational pressures and repressive structures in the context of their roles within the health and social care sector?

RQ-4 What insights can Swahili-speaking East African women care workers in the UK (SEAWCW) provide about their work environment, specifically focusing on changes that may have impacted them in this job role?

Experience of working under structural constraints often causes employees to develop survival defences against layered levels of adversity and dominance (Bryman, 2016). Systemic inequalities affect migrant workers more due to a range of characteristics of intersectionality that compound the adversity in the workplace.

CR argues that reality has three layers that exist independently of human perception (Bhaskar, 1998). Underlying structures and mechanisms represent the unseen reality, the seen reality embodied by events and occurrences, and the empirical reality composed of individual experiences within this reality. The theory posits that individual knowledge is therefore built from experiences of how we engage with the underlying structures. Experiences could also come from social structures that affect collective groups based on gender, culture, race, or colonisation. Looking at the data from a CR perspective enables this study to analyse social structures and human agency through critical discourse analysis.

However, applying CR to critical discourse analysis (hereafter, CDA), which is seen as a socially constructed approach, creates a methodological alignment problem between the two. CDA sees reality as socially constructed through discourse, while CR sees reality as independent of discourse. Given that these approaches compete epistemologically - that reality is constructed (in CDA) or that it is pre-existing and structured (in CR), a bridge between these two can be effectively negotiated through the application of a Morphogenetic approach (Archer, 1995). This approach resolves the challenge by separating structure, culture, and agency across time, enabling an analysis of how discourses are developed, maintained, or transformed (Archer, 1995).

This study outlines the socio-cultural context within a given timeframe to examine its role and place in participants' responses, using a CDA lens. My ontological position, therefore, in this research, stands on the perception that Swahili-speaking Black East African women migrant care workers are faced with societal structures of gendered inequality, cultural impositions which are, by extension, also reflected in their workplace. This is compounded by the socio-cultural perception that care jobs are devalued, unglamorous work that proverbially suits the migrant woman whose gender and culture already form the basis for such bias. The media also propagates this stereotypical perception by portraying the care work as unglamorous and undesirable, albeit indispensable. The stress of working in the care sector, perceived attitudes from service users and management and gender inequalities imposed upon the Black migrant women care workers, are a reflection of transference (Racker, 2018) from society that already undervalues the migrant worker. Responses from others around us reflect inner struggles or yearnings that are transferred to the recipient. This is reflected in society's general attitudes, which see care workers as undervalued and undesirable, as well as the state of caring itself (Tunon and Baruah, 2012).

This research, a study of the factors in societal structures that influence people's responses and emotions, employs a psychosocial approach. A psychosocial approach to research foregrounds valuable yet concealed dynamics that shape participants' experiences (Jervis, 2009). By interrogating these processes, researchers access deeper layers of meaning that inform behaviours and responses. Integrating psychological and sociological perspectives bolsters a holistic comprehension of human experience (Williams and Green, 2022). Yet, the researcher's own unconscious processes may influence interactions that risk a reframing of participant

relationships (Finlay, 2002; Cardenal, 2016). Both researcher and participant navigate vulnerabilities, anxieties, and defence mechanisms, with porous psychic boundaries through which unconscious material circulates, underscoring the intricate interplay between subjectivity and methodological rigour (Hollway and Jefferson, 2012). The voice of the participants coming through their narratives further exposes both vulnerabilities and agentic forms of resilience and choices that resonate with the changing times for the migrant woman, where evolving agentic responses within socio-cultural structures are impacting their role and position in society.

Methodology

This research lends itself well to qualitative methods that help harness participants' voices and emotions in their ethnographies. In qualitative research, the study examines all factors surrounding the central phenomenon and presents a broad, varied view of participants' perspectives or meanings. Qualitative research typically narrows to a specific set of questions and is linked to answering the key question (Creswell, 2018). As opposed to quantitative methods, qualitative research focusses on dissecting the relativist human-centred phenomena that produce subjective opinions based on the unique individual experiences in society and in historical contexts (Lim, 2024). While quantitative research methods focus on quantitative data and statistical analysis, qualitative research delves into the richly woven textures of human experience and the complexity of perspective, which can be lost in deep, obscure numerical data. However, where qualitative data lacks numerical exactitude, it excels at giving voice to the less-heard perspectives of society.

Additionally, qualitative research advocates for an ongoing critical reflection by the researcher on the process of engaging with the participants and on the dynamic relationship between the researcher's positioning in any engagement with the research participant (Guba, 1981). Such a process ensures the process of rigour, and transparency. Moreover, the qualitative approach to this research is participant-centred. To ensure the validity and veracity of information, additional measures will be employed, including identifying gatekeepers, checking on participants, and triangulation (McLeod, 2013).

Triangulation (see the latter section in this chapter) will be used to confirm the validity and veracity of the process and the data. Gatekeepers often hold moral responsibility to maintain confidentiality, to ensure safety and to rally around the participants for further support and updates (Rankin, and McFadyen, 2016.) However, gatekeeping could be problematic where denying the researcher access to crucial information, or indeed to potential participants could adversely impact the findings and therefore, the conclusion of the study (Kumar, Sharma, and Sharma, 2021). The link between gatekeepers and the community of potential participants must be closely monitored and managed at higher levels of management to ensure that all information is confirmed and underpinned, thereby avoiding confirmation bias. This tension between insider insight and analytical distance is critical as a methodological challenge in qualitative research, needing robust structures for assessment and management of risk in the research process (Hayfield and Huxley, 2015).

Methods

This study is inspired by biographical narrative approaches, in which the notions of personal and social spheres are explored through a guided interview process to reveal deep subjective responses to social events and structures (Bryman, 2008). However, it does not strictly follow the formalised structure of the Biographical Narrative Interview Method (BNIM) (Wengraf, 2018) or the Free Association Narrative Interview Method (FANIM) (Hollway and Jefferson, 2000). These approaches are well-regarded for their ability to elicit emotionally resonant and in-depth accounts (Wengraf, *Op. cit*) particularly by fostering narrative flow through minimal interviewer intervention. However, the format in BNIM and FANIM requires strict adherence to the steps of questioning without veering from the structure. This format creates the risk of rigidity and a loss of deeper meaning if answers sit outside the dictates of the questioning format. In this study, a more flexible approach was adopted. Semi-structured interviews were designed to create a conversational and relational space in which participants could share their experiences in their own words and at their own pace. This flexibility proved essential for enabling the emotional nuances and socio-cultural complexities of participants' narratives to emerge organically (Jones, 2022; Clarke and Hoggett, 2009).

By using open-ended prompts within a supportive environment, the research remains committed to foregrounding the voices of Swahili-speaking East African migrant women care workers whose voices are often marginalised in mainstream discourse, while resisting overly prescriptive methodological frameworks that might constrain the affective and dialogical richness of the data. The aim is not only to document lived

experiences but to foster a more profound social understanding that challenges public stereotypes and highlights the value and dignity of this vital yet often devalued labour.

The selected method of semi-structured interview questions and Focus Groups supports inclusive research. Having the added method is deliberate. As a qualitative research study using semi-structured interviews, the study uses focus groups to underpin the group sentiments and experiences voiced in the individual interviews. Secondly, the approach allows for the creation of a contextualised safe space for mutually collaborative emotional support. Focus groups are often considered unscientific and do not allow for generalisation of findings (Marshall and Rossman, 2014), but they are effective for interrogating historical qualitative issues that connect people and communities.

This gives room to the participant for flexibility to offer deep personal experiences that would otherwise be restricted by a structured format, such as questionnaires. It is an appropriate tool for data collection that allows a CDA of the discourses, enabling the researcher to analyse the agentic positions assumed by the participants. Through this approach, this study will reveal underlying social structures and their influence on the power and control as the migrant care worker experiences them.

Selection strategy

The criteria for the selection of my research method were based on three key factors. Firstly, a method that would provide viable, in-depth information on personal experiences (Frosh, 2003). Secondly, a method that would facilitate the harnessing of

information, despite its freedom from a strict format of collection and verification, would still produce a reliably relevant corpus for analysis. Finally, such methods would foster a context in which the researcher can also analyse the underlying emotional links of the participant through linguistic and discourse analysis. The interview and focus group methods harness this critical information.

Sampling plan and recruitment

The most suitable method of recruitment of participants for this biographical research would be purposive sampling (Bryman, 2016) as it is suited to in-depth qualitative inquiry with a relatively small, exclusive sample size. This type of sampling enables the recruitment of participants who meet the inclusion-exclusion criteria, without the additional triage process. However, the selection method, albeit straightforward, is not without its complexities. This sampling method carries the added risk of selection bias, which may, in turn, lead to predictable findings in collated data. Notwithstanding, if well applied, purposive sampling can, in effect, be used to bolster findings that promote transferability, confirmability, and dependability (Campbell et al., 2020).

Limitations of small samples, such as the inability to generalise findings to wider populations (Creswell and Creswell, 2018), are well offset by the depth and specificity of the data's context, which facilitate deep insights that would not be captured through probability sampling (Patton, 2015). Secondly, the sample targeted is a hard-to-reach segment of the population that is generally underrepresented in public data. The small purposive sample would be most appropriate for studying topics such as migration and the care experiences of East African women care workers, whose experiences

are unique, underrepresented and sensitive. Purposive sampling saves valuable time that can be lost through random sampling methods. It ensures that eligible participants are reached and engaged in the data collection process without the prolonged multi-tier vetting process.

The selection criteria applied for this research were deliberate and justifiable. It ensured that the participant population was clearly defined in terms of origin, gender, ethnicity and marital status. They were the cohort best suited to respond to the research question, given their shared origin and sector-specific experience (Creswell and Creswell, 2018). Furthermore, inclusion and exclusion criteria enhance data reliability and facilitate the reproducibility of the study by other researchers seeking to replicate the methodology (Polit and Beck, 2021). Although the sample of women is small, a large corpus of audio interviews totalling fourteen hours of transcription would be recorded, yielding a reliable amount of data for analysis.

Data collection

For data collection, this research employed two qualitative methods grounded in psychosocial principles to explore unconscious nuances of emotion and behaviour among participants. This research employed two semi-structured interviews per participant and two focus group discussions, involving the seven participants. Below is a report of the processes undertaken to collect data.

Semi-structured Interviews and Focus groups

Semi-structured interviews with open-ended prompts serve as the principal means of data generation, enabling the collection of nuanced, in-depth accounts from East African women. As noted, this interview format facilitates the production of rich qualitative material while preserving a clearer thematic focus than is typically achievable through fully unstructured interviews (Robson, 2002). Relying on interviews also gave participants greater leverage to fully and freely articulate their experiences. Unlike questionnaires, which inherently limit opportunities for elaboration, semi-structured interviews can be used to explore deeper, less regulated views.

Each semi-structured interview lasted between forty-five (45) and sixty (60) minutes, and each recording produced fourteen (14) hours of transcribed data. In total, fourteen personal interviews and two focus group discussions were conducted. Structured interviews offer reliability and comparability (Busetto and Gumbinger, 2022), but they often limit depth and may obscure personal nuances in responses. Beyond the added risk of interviewer or respondent bias, interviews demand substantial time commitments for both their design and the subsequent analytic work (Robson, 2002).

To supplement the in-depth interviews, this research opted for a second qualitative data-collection method: focus groups. Focus groups provide the added element of group dynamics, which reveal collective tendencies that encode the shared cultural identity.

Focus groups would play a unique role by bringing the same group of women together in a safe, collective space. The focus group aimed to foster more natural, spontaneous feedback that could be used to stimulate interpersonal and introspective care through the comfort of shared experiences. The focus groups were most appropriate for establishing interactional settings in which co-constructed meanings and shared experiences were transparently explored (Barbour, 2018). The application of an additional data-collection method was intended to mitigate reservations about one-to-one questioning when the participant was less forthcoming. By enabling a safe environment to build on shared experiences, this method confirmed and consolidated socially constructed data that would be hard to harness through individual interviews alone (Braun and Clarke, 2021). The focus group was designed to foster dialogue about participants' experiences of the research process and their work in care, while enabling mutual reflection and support.

Used alongside semi-structured interviews, the group discussion provided complementary insights, enhancing the depth and breadth of the qualitative data (Lambert and Loiselle, 2008). Small-group formats are recognised as advantageous when addressing emotionally complex or sensitive issues, as they can facilitate deeper disclosure and reduce discomfort among unfamiliar participants (Barbour, 2018; Bloor et al., 2011; Morgan, 1996).

Data analysis

Using CDA to interrogate discursive texts offers insight into the underlying responses, emotions, and attitudes that are layered in language and the social contexts of meaning within texts (Riley and Wiggins, 2019). The participant's authentic voice and experience is captured in the sound, in the tonality and choice of words. These are then translated into frames (Saldaña, 2021) that hold discursive repertoires and social contexts. The emerging findings use discourse from the recorded narrations to analyse the structural influences on power, agency, highlighting dynamics of power structures and how power ideology and social inequalities are constructed and represented in text or talk (Flowerdew and Richardson, 2018).

The unique attribute of bilingual proficiency in every participant introduces an analysis of the use and choice of language as a social practice. Code-switching, a strategy of linguistic transfer within a discourse, also featured widely, as expected of the multilingual participants. This feature was highly informative, as confident choices of transfer and application highlighted the participant's assumption of power and control.

Steps of data analysis

After transcribing the audio recordings of the interviews, the data were thoroughly processed using repertoires of discourse to highlight the critical principles used in the process of discourse. Breaking down the material into ideological rhetoric and linguistic repertoires, this study demonstrated subject positioning within overarching ideological constraints, highlighting dilemmas that infringe on participants' agentic position in the face of societal biases. Interrogating the modalities of expression and

textual framing in the narratives revealed the agency or vulnerability that the women experience when responding to dominant social structures in which they operate.

The study undertook the following specific steps to produce the final analysis of the study:

1. **Contextualise the research** questions during semi-structured interviews and focus groups within social practice. Questions formulated centred on motivations, experiences and decisions taken in the journey of migration, employment and survival, at micro, meso and macro structures (self, organisational and national structures)
2. **Conduct interviews, producing detailed transcriptions** verbatim paying attention to textual and paralinguistic features, which are essential for analysing positions such as struggle, control, resistance and power, both at the linguistic and social levels.
3. **Identifying recurring repertoire across all transcriptions**, classifying them firstly into generic codes of discursive frames responding to dominant structures such as experiences of migration, finding employment, challenges in employment in social care.
4. **Applying socio-linguistic strategies** such as modalities of will, obligation, dominance together with deliberate interlanguage speech (translanguaging), comparative temporality in phrases, metaphors and even evaluative sounds (gasps, onomatopoeia, silence), the analysis began to highlight the essence of motivation, restrictive compliance, vulnerability or masked resilience. These

power relations emerge from decoding the narratives and place the women at the centre of subconscious decisions of agency or vulnerability.

5. **Analysis of the discursive texts to illuminate wider social practice** in health and social care to explore normalised responses to dominant structures, and subjective approaches to dominant restrictive structures. Supplementary discursive ideologies may surface pointing to roles of social interconnectedness, policy or race. van Dijk's socio-cognitive lens in particular highlights shared social representations and how they reveal social inequalities in the narratives.
6. **Formulate a discussion from the findings** by connecting linguistic choices with the discursive frames that highlight cognitive contexts and social practices, revealing normalised approaches to structural dominance within care regimes, and their overarching societal ideologies.
7. **Critically reflecting researcher positionality** to cultivate a position of curiosity and research, rather than narrative bias. This is done by representing findings for verification to participants after analysis. Also, continued presentation of data for group analysis during continuation seminars helps to interrogate data as well as researcher positionality.

Ethical considerations

Having won approval from the Tavistock Research Ethics committee (TREC), the study was authorised as safe and participant-friendly. Ethical considerations in research set guard against any form of maleficence to the participant. The principles of beneficence and non-maleficence were applied to guard against harm or danger to the participant during the research (Beauchamp and Childress, 2019). Further to this,

the research maintained a high standard of anonymisation of names and participant data in line with GDPR (2018) UK charter.

Furthermore, it was important to guard against invoking distress, arousing anxiety, and unconscious thoughts and feelings that both the researcher and participant could experience (Jervis, 2009). As such, the research included safety measures against any form of trauma, ensuring that questioning during interviews and focus groups was conducted at the participant's pace and with their agreement. Certain interviews were cancelled due to fatigue from work or illness and were retaken later, after participants confirmed they were better equipped mentally and emotionally.

By committing to transparency and integrity, the research therefore, sought consent (Berg, 2001) and informed decision-making from the participants. Participants were informed that they had the right to withdraw at any time during the interviews. As a result, two participants were able to withdraw from the interview process under this agreement. All material recorded with the participant was saved and password-protected on the Essex University student Outlook account, which is a safe and institutionally guarded platform.

To guard against confirmation bias and misrepresentation of participant responses, this research also enlisted the function of gatekeepers who became guardians for the well-being and safety of the participants. Gatekeepers are essential in that they facilitate access to participants, especially those from hard-to-reach populations. They also ensure that information reaches all parties involved, enabling a smooth transition of recruitment, research interviews and reporting of findings for accountability and

ethical considerations (Gřundělová, Broskevičová and Kowolová, 2024). In this research, gatekeepers comprised three (3) line managers from three (3) separate care agencies, two (2) senior care workers who had wide knowledge of eligible colleagues in the sector, and five (5) doctoral student-colleagues from the fortnightly continuation seminars who contributed their observations of the data in the reverie and analysis sessions. Additionally, after the recent compilation of findings, a triangulation process was initiated to verify their validity.

Triangulation

A meaningful way to verify the rigour, credibility, and trustworthiness of this qualitative study was to employ a triangulation strategy (Morgan, 2024). Triangulation can be done in four main ways, including: triangulation of data, triangulation of theories (Jones et al., 2022), triangulation of method and investigator triangulation (Morgan, 2024). Triangulation of data refers to seeking to ensure that the data is accurate by exploring different sources to capture and confirm the same data.

Using a systematic approach to verify data is a scientific process (Robson, 2011), which is more valuable because it tends to make a socially responsible contribution to scientific research. This research employed data triangulation and methodological triangulation. In order to ensure that this research is valid and that findings were authentically represented, triangulation of the findings occurred across three critical points: a) raw data derived from narrations recorded in the interviews and focus groups, b) engaging with data during group support and through continuation seminars that offered a reflective space to discuss my findings and explore the thoughts and

perspectives from my colleagues, and c) Verification of findings with participants informal one-to-one meetings. These meetings enabled me to surface thoughts and “felt difficulty” The meetings helped me to “sound off” my thoughts on the content as well as the process of the research. The group served as a thinking partner to help the researcher process the felt difficulty (Archard, 2022), thereby ensuring the veracity of the research process.

Being a qualitative study, this research designed semi-structured interview questions that were applied to several participants whose information was compiled and compared in the analysis. With a total of fourteen recordings, an analysis of this data proved reliable and representative.

Secondly, a triangulation of methods was applied in the data collection. Using two methods to collect data was a deliberate approach that ensured questions were fully answered and perspectives were captured. Triangulation is an effective way of validating findings, thereby leading to more reliable conclusions (Meydan, and Akkaş, 2024). It allows researchers to capture deeper cultural nuances, enrich their analyses, and deepen their research.

Verification of findings is conducted using key strategies to ensure that studies are reliable and verifiable (Noble and Smith, 2015). This, in turn, assures coherence and validity of the research project as a whole (Timonen, Foley and Conlon, 2024). To achieve this position, the following strategies were employed in the research project:

Firstly, subscribing to the prescribed supervision sessions of an independent audit ensured that research data and the research process were monitored to verify the chain of evidence presented. Secondly, confirmation of data findings in group workshops and continuation seminars allowed for which data to be assessed, and evidence of findings to be interrogated. Lastly, two Teams meetings were held with 50% of the research participants, during which the findings were presented. This provided participants with an opportunity to clarify and confirm the veracity of the findings. The meetings proved to be instrumental in that an agreed consensus arose, confirming the veracity of the findings. Participants expressed satisfaction that their struggle to find employment and settle had been recorded, as had their successes in overcoming the restrictions of working and surviving in the health and social care sector.

Participant profiles

Following a rigorous process to identify eligible participants for this research project, I contacted a total of seven participants with diverse experiences and work settings within the healthcare sector. All participants have been anonymised, with their names pseudonymised to comply with the confidentiality principle of the GDPR 2018 and in line with the agreed ethical considerations of the research process.

The table below presents important criteria for selecting research participants. Firstly, the chosen women were all originally from Swahili-speaking East Africa, which comprises Kenya, Uganda, Tanzania, and Somalia. The variables in the table are

deliberately selected to ensure that the findings in each participant's discourse can be decoded uniformly and transparently. The countries of origin are indicated to confirm the eligibility of selecting women from East Africa. The age category and time in the care sector delineate women who have developed a range of experience over time, enabling them to make other career choices or explore progression. Finally, the marital status and children categories offer opportunities to navigate motivations for migration and influences on work choices, which will be discussed later in the following chapters.

Participant	Country	Age group	Marital status	Has children	Length of time in care sector in years
ASHLEY	Tanzania	30-40	Married	YES	9
AGSA	Tanzania	55-60	Single	NO	8
FANU	Kenya	35-40	Married	NO	9
FARJAMA	Somalia	50-55	Divorced	YES	24
FLOGATES	Tanzania	50-55	Married	YES	12
EUNICE	Kenya	25-30	Single	YES	4
SAMORA	Tanzania	50-55	Widowed	YES	14

Before embarking on the findings and analysis, the following section provides a brief outline of the participants. This brief description will help create an understanding of their trajectory into care and the motivations that underpinned their decisions as they migrated to the UK and entered the social care industry. The section below is a descriptive account of each participant. A compilation of their experience, my reflection on their responses, and their body language and voice informed this interpretative representation. Introducing participants in this manner provides an overview of their

unique backgrounds and offers insight into their positionality as reflected in their discourse. Finally, this account provides some space to recognise the women who made this research possible. Although anonymised, their stories remain scripted permanently in this thesis. This is an acknowledgement of their contribution.

Participant 1: Ashley

Ashley comes from Tanzania. She has been in the care industry for over eight years. This participant is aged between 30- 40 years and lives with her husband and children born to them in the UK. It is important to note this fact in the profile because it emerged as one of the key factors that influenced each participant's choices in this industry. Ashley was very proud of her achievements within the care industry, confidently talking about the awards and certificates that she has earned to date and the support that she receives from the office to enable her experience as a care worker to be enjoyable. For Ashley, the use of Swahili during the interview was an option that she started off with but as her narration progressed, she reverted to English, almost entirely, without switching back to Swahili. Ashley clearly stated that she is happy with our experience of care work and that, for now, she did not envisage seeking any other employment. In fact, she felt that other types of employment were not suitable for her, including working in larger institutions such as the NHS in the same capacity as a healthcare practitioner, because the conditions were not ideal for her lifestyle. Reflecting on both interviews with Ashley, there was a sense of confidence and assurance that this participant was very much in control of her lifestyle and the decisions she has made regarding her profession as a care worker. She was very polite and helpful, particularly in the focus group when one of our participants was unable to log in to Teams. She

demonstrated awareness and competence in her IT skills by providing very specific instructions on how to access or unmute to be audible to the rest of the group. Her air of confidence and benevolence clearly embodies a person who is aware of her rights and who can represent herself with ease.

Ashley was always engaged with family on long-distance calls, or with religious activities, or else preparing for a family gathering, some of which were the reasons for the multiple cancellations of our meetings. Ashley strikes me as a cheerful, social figure who enjoys her work and has successfully balanced her professional and personal life.

Participant 2: Eunice

Eunice is a young Kenyan woman in her late 20s who speaks both Swahili and English fluently. Eunice has been in the UK for a little over 4 years, and she has been working as a care worker since she arrived. Eunice has a child and lives with her partner. Eunice came to the UK on a student visa to complete a Master's degree. Having successfully done so, Eunice settled down with her young family.

Eunice does not come across as the typical African female care worker. This is a heavily charged statement, meaning that she is quite transient in her speech, always reverting to her desire to move jobs into education or nursing. She is also very articulate about the uncomfortable feeling she has when she feels that every Black African woman is stereotyped as a healthcare worker by virtue of their ethnicity. I

sense a struggle to not conform to the generic image of the Black female if they are only identifiable as a care worker.

Eunice, a polite and attentive person, expressed satisfaction with her wages despite her desire to move out of care work. Like most women, however, Eunice's choice to remain in work as a care worker is determined by the flexibility the role offers her, to be around her young child, over and above the money or opportunities. As such, even with a long-term career change in mind, Eunice is quite settled in care work at the moment. In the focus group discussion, Eunice was less vocal. She seemed more reflective as she listened to other participants.

Participant 3: Agsa

"Agsa" is from Tanzania. Agsa speaks Swahili, the official language of Tanzania, and English as a second language. Agsa is in her late 50s and has been working in the care industry for the last 8 years. Agsa came to the UK on a work visa. Agsa was very vocal about the pain of separation from her family in Tanzania, as she sought better economic prospects for them. She had clear thoughts and plans to send her wages to her family every month. Her motivation to remain in care work is fuelled by the news that her family is experiencing a better quality of life as a result of her financial contributions.

Agsa is a qualified nurse-midwife who was functioning as a highly skilled professional in her country. However, once in the UK, Agsa came to the realisation that her

qualifications were not acknowledged and that the complexity of subsidiary conditions for employment, such as IT, certificates in functional literacy and numeracy, and an enhanced Data and Barring Service (DBS) record, prevented her from accessing mainstream positions within healthcare.

Notwithstanding, Agsa displayed strength and resilience together with deep motivation to work, earn a living and send her money home to sustain her family. Far from being discouraged by the long hours, low pay and unreliable shifts, Agsa always had a smile on her face, motivated by her dream to go back home to Tanzania and to set up her own healthcare business that would raise her family out of dependency. She remained determined despite the constant shifting from one agency to the next in search of better pay, more working hours and less challenging clients.

Agsa who chose to speak in Swahili during the Focus Groups, was very animated. The ability to speak fluently, but even more importantly, to be understood by her peers, radiated through the ease, tonality and flamboyancy of her expressions.

Participant 4: Flogates

Flogates is currently a support worker who has been in the care industry for 12 years. Flogates had tried several other job roles before finally landing on care work. Jobs included working as a dinner lady, chambermaid, a cleaner and stocking shelves in supermarkets. Flogates explained that the conditions of the previous jobs were

unbearable, ranging from back-breaking work to long hours on her feet or working in extreme temperatures in warehouses or cellars.

Flogates stated that her health had significantly deteriorated, mainly due to heavy lifting in previous jobs and in domiciliary care positions, where most of her clients required assistance with mobility. Despite the need for better pay, Flogates has been obliged to reduce her hours to take up part-time working as a support worker to reduce moving and handling activities. Support work is associated with the monitoring and supervision of the client to promote independent living. Support jobs not only come with better pay packages, but they are also more compatible with her deteriorating health.

Flogates recounted that COVID-19 had an adverse effect on her family's physical and financial well-being. Besides contracting the COVID-19 virus, Flogates was unable to work her full-time hours because of the imposed restrictions and distancing. Furthermore, some of her clients sadly died, which reduced the care package workload and therefore her wages.

Flogates, now a grandmother, stated that she prefers to spend more time with her grandchildren than to increase her shifts, in search of higher weekly wages. For Flogates, going back home is not an immediate option because her loved ones surround her, and she is happy to contribute to the family support network from time to time back in Tanzania.

Participant 5: Farjama

Farjama presents herself as a boisterous, optimistic African woman from Somalia but whose family fled to Kenya due to the war. Farjama is fluent in Swahili, Arabic, English, and Hersi, her native language from Somalia. Farjama is a qualified nurse who left her country to be with her husband, who was already living and working in the UK. However, her qualification was not recognised and thus she could not practise as a nurse in the national healthcare services.

Unfortunately, after a few years of marriage and after being newly settled in the UK, Farjama experienced a bitter divorce. She soon found herself alone and having to raise two toddlers alone. Farjama narrates her compelling story of the value of collective support from other young mothers in the community, which enabled her to make extra time to do her domiciliary care visits. The collective support network provided Farjama with the specialists who identified her children's special needs and gave her the opportunity to find specialist support.

Farjama states that the absence of the children's father compelled her to work extra hard for her children. Her overcompensation took the form of constant travelling with the children during holidays, over-enrolment in extracurricular clubs, and restricting her children's playtime with others. Although these activities enabled Farjama to work more flexibly within the care industry, Farjama states that the struggle to bear a dual-parenting role to her children impacted her mental and physical health.

Notwithstanding, Farjama took advantage of all the training opportunities available to her, which led to her promotion to the rank of training manager within her social care agency, where she has been for the last twenty years. She expresses her gratitude to the community of women and the care agency employer who supported her through her experience.

Participant 6: Fanu

Fanu is a woman from Kenya who also came to the UK on a spouse visa to be with her husband. Fanu wanted to have children, but suffered a miscarriage and has not had any children. Fanu states that she misses her family terribly because her husband is a bus driver who is away from home all day on a daily basis. Due to poor health, Fanu only has one client, but makes several calls per day with the client. Fanu has been with this single client for over six years.

Although she is happy with her clients, Fanu clearly recounts experiences of challenging behaviour from clients. As she attributes most cases to dementia, Fanu is aware that other challenges, such as poor shift distribution and fewer working hours, are within the manager's discretion.

Fanu has the unique trait of humour. In her transcriptions, Fanu uses satire to associate the "foul smell of soiled pads" with the fragrance of sweet "perfume" without which she cannot survive. This striking expression embodies the negative perception of care work and stereotypical views extended to the care worker despite the

indispensable role they play to ensure a good quality of life for the vulnerable in society. Humour and spending time with friends are two of the most potent forms of self-care for Fanu.

Participant 7: Samora

Samora came to the UK from Tanzania to join her husband on a spouse visa. Samora states that she was not allowed to work under the cultural and Muslim law. However, sadly, her husband died suddenly, and Samora had to learn to earn and fend for her four children by herself. Samora stated that she was obliged to take up long night shifts and only got home to change and drop her children off at school.

Now, Samora says she is proud of her children, who have graduated from higher education and entered employment. Samora stated that she has experienced extreme racism and assault from clients. Samora also experienced adversity from agency management, which refused to register her complaints of violence in the workplace. Instead, they cut her shifts short, citing overstaffing.

Samora describes her helplessness when facing assault by clients, saying that the agency does not have any policies in place to protect care workers against assault and abuse. She stated that her self-care involves communicating with her siblings living abroad. Chatting with family brings them closer and reduces the feeling of loneliness and isolation. Samora's greatest joy is that her children have grown up and

they are in a position to support her with the bills, while she steps back from work due to high blood pressure and mobility issues.

Conclusion

This chapter explored the theoretical framework for research, selection criteria, data collection and analysis methods. The underpinning method of analysis, critical discourse analysis, examined the realities of social structures and constraints to uncover participants' responses, which hinged on power and agentic positions in relation to their knowledge and experience of the social events and structures in which they lived. This form of reflection highlights critical realism as the ontological foundation of the research (Bhaskar, 1978).

As a qualitative piece of work, this research employed a small purposive sampling in the individual face-to-face interviews. Two follow-up focus groups buffered it to ensure a well-triangulated corpus.

The chapters that follow present the findings from participants' personal narratives. A section in this methodology chapter was reserved to introduce each participant, providing background for understanding their uniquely separate yet shared experiences. The impact of each participant's responses will highlight their unique journey regarding the power and agency in their experiences of working in the care sector in the UK.

Chapter 4

Findings and Analysis: Part one

Introduction

This chapter considers the findings that produce a corpus of overarching discursive frames that narrate how the participants navigate life in the UK. These discursive frames, which respond to the research questions, have been grouped into three main repertoires: talk of *migration and employment*, *talk of adjustment* and *talk of survival*. These dominant repertoires encode vulnerability and agency, where women transit between opposing positions of agency at different transactional stages of their work and life in the UK.

Discourses that are framed around migration introduce experiences of restrictive border regimes, the acknowledgement (or lack) of credentials and qualifications, and tensions between expectation and reality, which are often registered through words such as “restrictions”, “difficult” and “long”. Discourses around *adjustment* highlight intricate emotional, social, and physical steps that reflect the process of settling.

Framed discourse around adopting the local accent, joining mother groups, registering for local training, and negotiating work schedules reveals participants' efforts to integrate and adjust. CDA is used here to determine how constraints or agency are

employed to enable the adjustment process. Repertoire on survival also features recurrently, and strategies for withstanding isolation, precarity, and deprivation are employed constantly across various social and economic platforms. Drawing on ideological modalities of faith and cultural values, such as trust in God, and sustaining extended families via remittances, reveals deeper socio-cultural tenets that form a strong foundation for survival.

Working within the CDA framing outlined in the methodology, the analysis presents the repertoires as sites where identity, belonging, and power are negotiated in everyday talk represented in the narratives.

The findings chapters (Four and Five) are represented by a model of analysis that details how language is used to highlight social dominant structures while also using language to identify choices to explore defences.

The model below designs a schematic visual showing how language use, social contexts and practices are employed to reveal agentic responses to societal norms and structures. The diagram details crucial underlying social structures in discursive repertoires and their connections to social practices through cognitive modalities of language. These practices are then highlighted in the overarching set of discursive themes that reflect power dynamics and the agentic position of the speaker. Here, broader ideological perspectives form the basis of the examination and contextualisation, mirroring interpretative responses to workplace adversity and thereby informing the conclusion of this research.

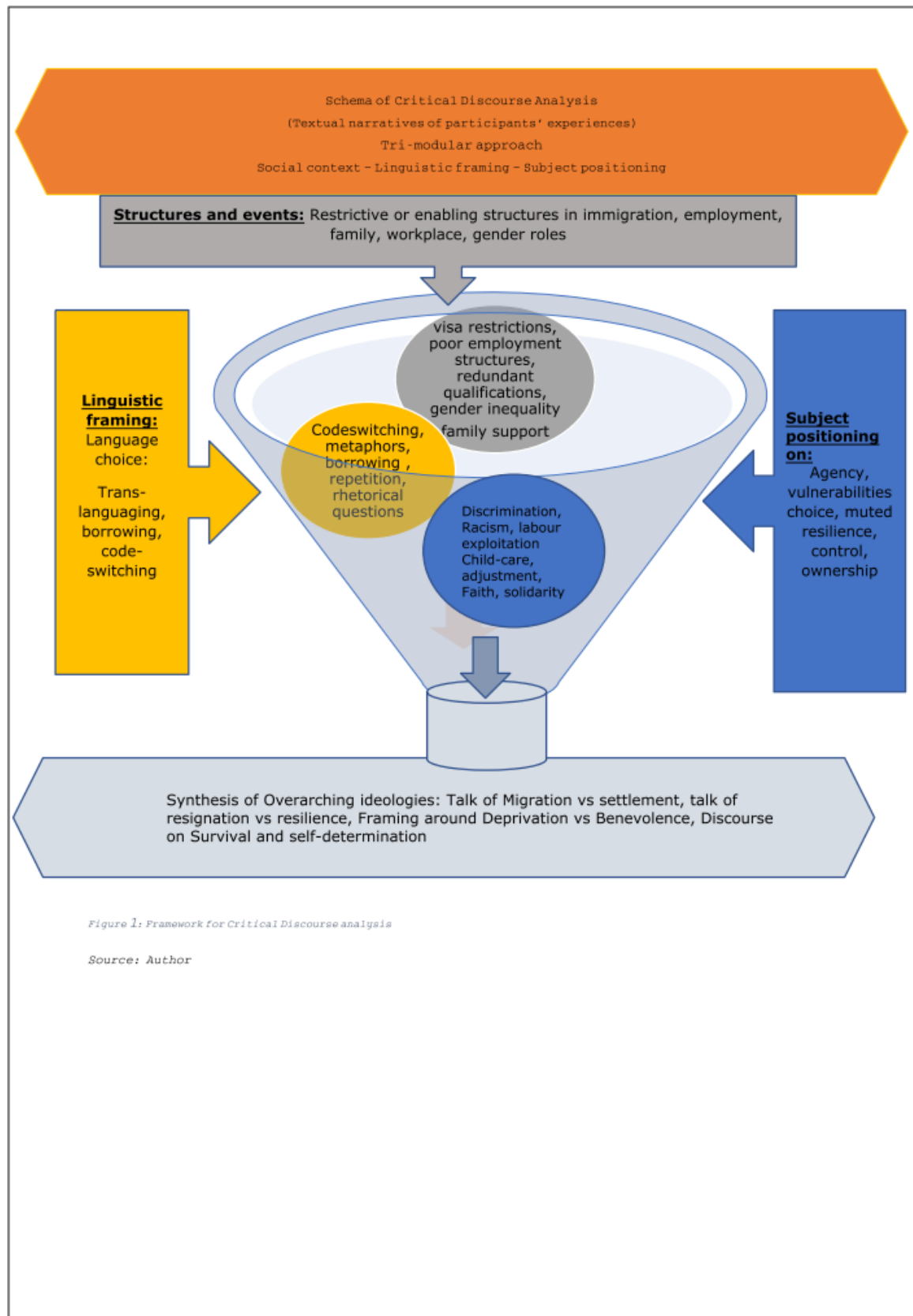


Figure 1: Framework for Critical Discourse analysis

Source: Author

The schematic diagram provides a visual framework for elucidating the steps involved in capturing the data. Beginning with the theoretical framework, the analysis selected three main tools for CDA: linguistic framing, social events or contexts, and subject positioning. Throughout the discourse, texts and strategic linguistic features were used to extract vital analytical information that directly framed the research participant within a given agential position in the social context. A personalised perception of the analysis process, inspired by Van Dijk's tools, enabled me to design the schema. Other researchers may wish to approach the design and annotation from a different angle.

The sections below will now introduce each discursive group in turn and review the positions that are constructed for the speaker. Following this analysis, the chapter presents a brief synthesis that links the discursive modalities to reveal patterns of constraint and agency as precursors to Chapter Five, which addresses the linguistic aspect of the analysis. Through the CDA process, the repertoires will be interrogated for their subjective positionality.

Chapter five offers a fuller analysis of unique linguistic strategies of translanguaging, code-switching, and analysis of discursive features of style that narrate the negotiation of agency for the women in their socio-cultural and economic settings in the UK.

Migration and employment

The ever-changing and arbitrary migration policies and procedures place the women under pressure to meet legal requirements for entry (Consterdine, 2024). Border controls in women's lives meant they were subject to restrictions on their visas. The discretionary state power to amend migration policies demonstrates the power wielded by the state against women by creating a precarious state of living (Sarwer, 2024).

In participants' accounts, migration is discursively constructed as both a structural constraint and a site of individual and collective resilience. From the perspective of Van Dijk's cognitive approach, the discourses reveal a mental model of migration as a clash between expectation, a hope of new opportunities and the vision of success, and a harsh reality of isolation and struggle. Accounts of how repressive UK immigration regimes are materially charged systems that shape women's lives and identities. From a critical realist perspective, these accounts reflect the real, enduring structural mechanisms, in this case, border controls, visa policies and racialised labour systems that condition the lives of migrant women, while also recognising their reflexive agency in navigating these constraints.

Participants frequently drew on institutional discourse in their language, using expressive words like "waiting," "difficult," and "restrictions" to highlight the arbitrariness and inaccessibility of migration processes. Reflecting on the constraints of migration, one of the participants notes:

"It was very difficult to get visa, to get money, to get the difficult ticket..." (**Agisa**)

The repetition of “difficult” highlights the layered and enduring nature of precarity embedded in border systems. In line with van Dijk’s (1998) emphasis on how dominant institutions control access to discourse and power, this language reveals the workings of an ideological system in which the state holds discretionary power over who can enter, work, and settle in the UK.

A recurring discursive pattern in the data is the gendered framing of migration via spouse visas, where women’s mobility is tied to their husbands’ immigration status. The phrase “I came to join my husband” is repeated with slight variation, often in the passive voice. This discursive construction aligns with van Dijk’s concept of subject positioning, in which institutional and cultural ideologies shape how individuals are spoken of and how they speak about themselves. Yet, such statements also hint at underlying ideologies of respectability, family duty, and constrained autonomy.

Despite these discursive framings of dependency, participants often reassert agency through subtle rhetorical choices. Achievement-oriented verbs such as “looked,” “found,” “started,” and “managed” feature prominently in descriptions of settling and seeking employment. For example, another participant notes:

“No, I came alone. He came first and then when I got my visa, I joined him.” (**Fanu**)

This seemingly simple statement disrupts the narrative of passivity and instead demonstrates an assertive initiative and determination. Here, Fanu repositions herself not as a dependent but as a self-directed actor navigating a complex system. This

reflects practical-evaluative agency, the ability to act within the limits of one's context with clear intentionality (Archer, 1995).

The theme of adjustment introduces further layers of complexity. For most participants, arrival in the UK was not met with relief but with profound dislocation that compounds emotional, spatial, and social complexity. Their narratives describe seclusion, loneliness, dependency, and an initial loss of autonomy.

Eunice, who came on a student visa funded by sponsors, describes her early experience thus:

“...when I was given [a chance to] come here because I didn't pay for myself... I got paid for by my guardians... I was told, 'you choose from this school,' because of the location of the person that was gonna host me...” (**Eunice**)

This excerpt reveals an obligated dependent position, where her educational and residential choices are shaped by the expectations of another. Although framed as an opportunity, the discourse reveals the subtle imposition of power under the guise of care, echoing van Dijk's notion of institutional dominance naturalised through everyday language. A passive framing, such as “I was told”, “I got paid for”, “the person that was gonna host me” - suggests a socialised dominance and a subdued compliance from the speaker. However, Eunice's account confirms the collective cultural responsibility of which she is a recipient. She later recounts this same responsibility from the reciprocal perspective of the care worker. This framing highlights cultural norms of a universalistic society. A similar experience of collective responsibility is recounted below:

“First, when I got here, I stayed with my younger sister for three months. Then my younger sister helped me to look for places to work. I started to work as a cleaner in one college for six months, before finding a job in Home Care” (**Agsa**)

Migration not only signifies a separation from a place called home and transfer to another, but it also symbolises a linear progression of time and mobility in the process of employment and adjustment. Speakers refer frequently to movement or mobility; the idea is always characterised by difficulty and demanding experiences. However, word choices suggest a determination to resist restrictive employment structures.

Linguistically, temporality is used to frame migration as both linear progression and rupture, negotiating a “before and after” effect on the experiences of migration, employment and society. Migration of time, where experience becomes a milestone to progress, is a show of strength and ownership of change for survival and adjustment. For many women, there is a sense of progress and adjustment over time, which is reflected in the statement: “If I knew then what I know now...”, (Farjama) encoding a reflective assertion of control and adjustment over a period of time.

One of the most striking examples of figurative migration is used by Agsa in a code-switched statement expressing the dilemma between self-development and familial responsibility. For Agsa, an upward economic mobility for the individual is diametrically opposed to familial well-being. One is bound to suffer, and in most cases, individual priorities are sacrificed in the process. Perhaps this explains the reason for little or no employment progress for many care workers.

“Sasa wanashindwa kumove sababu wanafikiria wengine wana family...”

Translation: [*“They cannot move* because they are thinking about their family...”] (**Agsa**)

Migration in the sense of mobility becomes both a catalyst and an obstacle to the speaker, where the expression “they cannot move” becomes packed with restrictive obligation as well as ideological responsibility of the worker towards family expectations. This translanguaged expression allows for the articulation of culturally embedded emotional logics, in which decisions are never entirely individual but are always and already collective. Further to the notion of controlled mobility, language itself becomes a site where competing obligations of self-advancement vs commitment to community are negotiated.

In their representation of employment searches, participants employ dichotomous modalities that reflect a tension between systemic constraints and individual agency, thereby highlighting Van Dijk’s critical perspective on discourse and social inequality. There is the three-pronged modality of obligation, exclusion and ensuing self-assertion that characterise the accounts of the speakers. For example, Ashley begins by recounting the obstructive institutional resistance she faces when seeking employment. Her assertion of self, “I never give up”, indicates that she is morally strong, but socially disempowered.

Errm, it wasn’t easy, to be honest, it wasn’t, it wasn’t easy... because I tried before, to find a care [work] in hospital but because of the lack of qualification, and they require so many like certificates; you have to have like NVQ and that stuff... me I didn’t have none of them, so it was really hard. I went for the

interviews and everything, and after that, they said I'm disqualified. I was heartbroken, but I never gave up. **(Ashley)**

From Van Dijk's perspective, Ashley's discourse exemplifies how personal narratives reproduce and resist power structures. The lexico-grammatical features of modality, pronouns and repetition encode both institutional domination and individual resilience.

Institutional gatekeeping enacts exclusion that is represented by Ashley's statement, "they said I'm disqualified". However, Ashley's counter-discourse of perseverance ("I never gave up") reclaims agency and moral authority, highlighting a subject position that is both constrained and resistant within structures of power. Experiences of employment and adjustment to life in the UK feature amply in all the accounts. Language is used to position the speaker as agentic in the face of structural barriers. Ashley, for example, uses repetitive modality in language to signal intensity and resolve with which she approaches employment. The language used situates the speaker as agentic, poised between struggle (through constant and continuous searching) and achievement of jobs that suit her flexibility needs.

Similarly, the accounts use the personal pronoun "you" extensively in their experiences. This creates a generalised migrant experience that transforms a personal story into a collective one. In some cases, it brings out the subdued speaker worn down by structural impositions, but this is soon countered by empowering statements of resistance and agency. For example, Farjama, narrating her experience of migration and adjustment, uses the second-person pronoun powerfully to draw the researcher into collective ownership of the experience.

“You know when you leave your country to go elsewhere looking for a bright future, you are hopeful, but then when you get here, you will feel you gonna blow up! You need to start from scratch...” (Farjama)

Not only does language create a collective experience, but also, by applying deontic modalities, the speaker incorporates the researcher into understanding the overarching dominance of repressive structures that represent imposed restrictions.

The use of informal register (“gonna blow up”) and idiomatic language (start from scratch) conveys immediacy, emotional intensity, and a sense of being overwhelmed. Linguistic discourse around concepts of hope for a bright future and struggle are strategically juxtaposed to signal the complexity of navigating from expectations to envisioned achievements. However, despite the structural limitation, the account highlights how the language itself constructs an agentic subject. By using strong proactive modalities such as “you go elsewhere” and “you get there” demonstrate procedural narratives to assert capability and intent. Moreover, deontic modalities such as “you need to” reveal the agentic obligation to transform in order to overcome the resident state of incapacity, thereby placing a personal obligation to act.

Another example of the challenge to employment and adjustment is well captured in two separate accounts below:

*“...because in this country even if **you** come with your qualifications from Africa, they will not be accepted here. Because they only consider their own certificates to be the acceptable qualifications. At times they don’t like **your** accent, so they make it hard to keep you in the job.” (Fanu)*

Many people come with skills and qualifications from their own country. Some doctors, some engineers, others are nurses some are even teachers, but they cannot access because this country does not allow them to use their qualifications from back home. That is why most of them are struggling within care or care support or cleaning. Yes...” (Agsa)

Similarly, the sentence from Fanu employs “you” and “your” pronouns to create a collective representation of migrant women's experiences in care work. The accounts by Agsa and Fanu are almost a literal reproduction of emotion and context despite their differences in age, nationality and even workplace locations. Legitimizing insecurity and insignificance through the disregard of prior professional qualifications and experience reinforces a discourse of institutional gatekeeping. This can be analysed as a naturalisation strategy, in which structural exclusion is presented as the unchallengeable logical requirement for migrants with foreign qualifications.

The discourses uncover categorisation and contrast to highlight systemic exclusion. The clause "this country does not allow them" frames the UK as an active agent in denying opportunities, thereby exposing structural discrimination rather than individual deficiency. Discursively, the accounts can be seen to create a narrative of blame and exclusion, positioning migrant women as competent but obstructed. Their accounts indicate resistance to labelling and marginalisation as they narrate various professional competencies in their own countries.

Furthermore, economic precarity is consistently framed in the narratives. It is presented in talks of the struggle to earn, not just for upkeep, but also to support extended households. Talk of long hours and the need to work several shifts to earn sufficient income positions the speaker as subject to difficult, demanding structures that constrain access to economic ease. However, there is a strong agentic positioning in which language identifies the migrant worker's cultural and moral responsibility.

It is difficult to avoid the question of remuneration for migrant care workers. In the interviews and focus groups, wages or their insufficiency featured prominently. Where hours are consistent enough, the wages are at a minimum, and where the pay is respectable enough, the hours are often insufficient. This meant that the constant challenge of not earning enough, or the need to find supplementary work to accumulate the hours, played on the participant's mind.

The participants had to live with a daily risk of falling into precarity. If, on occasion, one week's earnings were insufficient due to insufficient hours, the economic consequences would be that an entire family of dependents would fall into economic chaos. Relying on the wages of the care worker places her both in a position of control if she can provide for her dependent, and in a position of precarity if her wages are affected in the slightest.

In the example below, Eunice evaluates the role of volatile wages and their influence on upward mobility in their career. There is a strong sense of helplessness in the discourse, where the institutions offer no hope of improvement, but also where the family and socio-cultural commitments seem to demand a lot of sacrifice from the care worker.

“Two reasons that I feel like in my head: some others may be put off by tuition fee to study as practitioners and they're like, they don't want to pay off especially if you're earning just enough, just enough to spend and maybe to send home because, somehow, you're always just meeting the basic needs. So this is just enough for you and your family. By the time you start getting to see if you're ready, you feel discouraged. And then some people would be like, that they don't want to spend their hard earned money, even when they know they can get help and I feel like they don't want to.” **(Eunice)**

Framed as both a constraint and a generative source of agency, talk of sending remittances, taking on care roles, and contributing significantly to family and community well-being is a powerful, responsible position. These acts, while emerging from constrained conditions, are reframed as purposeful, strategic, and morally driven. The decision to remain in low-paid care work is not simply a structural consequence but also a discursively claimed position of endurance, sacrifice, and strength.

In conclusion, having explored migration and employment in the discourse, another significant discursive pattern identified was talk of adjustment. The following section explores the various strategies highlighted and the roles they play in establishing the subjective positions of migrant women care workers as they adjust to emotional and socio-economic life in the UK.

Adjustment

The adjustment process is reported as a difficult period for all participants. Upon arrival and while adjusting to the new country, many are dependents of a husband, a relative, or a host family. Arrival and adjusting to life in the new country do not provide instant relief. To settle in comfortably and rapidly, it is necessary to adapt to the new living conditions under a benefactor, whether a host or a husband. Farjama offers an emotive account of her efforts to integrate and to be embraced as a member of the community. However, this discourse transforms into empowerment and progression through the narrated experiences, where reflections on “before” and “after” indicate agency and determined choices to “start from scratch” and achieve active adaptation (such as learning the accent, finding childcare, and rearing her children successfully).

By examining discursive strategies, the accounts reveal latent resistance to legitimised positions of exclusion in overcoming linguistic and economic barriers.

“I really felt homesick. My husband was a quiet person, so I went through a lot of things alone. If I knew then what I know now, well, it would have been another story for me.

I lost a lot of weight. I remember the first year I lost a lot of weight and I was trying to learn the accent, learn about the area and to do things like most women in the community.” (**Farjama**)

The adjustment to the new economic and socio-cultural environment in the UK stands in sharp contrast to the speaker's lived experiences. In the narration, talk of a quiet (unhelpful) husband suggest distinct gendered roles and limited task-sharing in the household. There are implied structural inequalities where women migrants are relegated to the domestic sphere, while men are portrayed as emotionally unattached and unhelpful. This notion is underpinned by the normalised pronouns “you” and “your,” which create a generalised experience of the migrant woman. The high expectation is fraught with frustration and disillusionment. However, each account is framed within a context of assertive self-drive to overcome overpowering social constraints, which solidifies the migrant woman's agency and adjustment. Farjama's account below encodes the navigation of struggle against structural barriers and gendered cultural norms. However, her determination to overcome the institutional exclusion (acquiring an acceptable accent) and to fit into societal expectations demonstrates agency and resilience.

“I lost a lot of weight. I remember the first year I lost a lot of weight and I was trying to learn the accent, learn about the area and to do things like most women in the community.” (**Farjama**)

Exploring the analysis from Archer's structure, culture, and agency paradigm, the text emphasises how the speaker navigates constraints and enablement across time. Active agentic processes aid in unpacking how Farjama navigates the cultural and structural constraints to adjust to a position of control in a traditional male-led household.

Survival

Surviving in a migrant care economy involves a raft of interconnected factors for migrant care workers. Faced with the precarity of low pay, long and arduous work hours, and a general "foreignness" to local norms and practices (Marks, 2024), the migrant woman faces the struggle not only to survive, but also to thrive, to justify their motivation for migration. This feeling of foreignness, commonly known as social exclusion, is thinly veiled yet reinforced by media narratives, perceptions of preferred accents, and exclusion from certain social networks (Dağdelen, 2024).

Survival is the ability to adapt to demanding work patterns that often cause burnout, emotional, moral and professional distress (Maslach and Leiter, 2016). To survive the harsh social and economic terrain, migrant women not only have to adapt to demanding conditions, but they must also withstand pressure to project strength and resolve. The discursive texts below highlight the importance of self-care, social networks and faith in forging strong grounds for surviving and thriving against all social and economic dominance.

Evidence of resilience and, therefore, survival reveals a salient recourse to self-care. This is deeply embedded in cultural values and beliefs that dictate ideological sovereignty and protection. Discourses framed around family, normative rest periods,

faith, and social gatherings represent self-care grounded in experiences of emotional and social struggles.

Discursive texts from the participants indicate forms of emotional regulation through activities that create a sense of well-being and belonging. Speaking to loved ones who are often abroad reflects a subject of relative stability and reassurance. The speaker's careful embedding of their network in family ties reflects a value of belonging and mutual support that plays a key role in survival in a land where exclusion and precarity challenge the speaker's emotional stability. Survival is also encoded in the repetition of the use of the first-person singular pronoun, denoting an agentic position to mobilise actions of self-preservation and autonomy.

“Yeeees! I switch on the TV, I go on YouTube, I watch the news I look at what 's happening with my home country Tanzania, I just I'm satisfied, I go to bed and you know, I'm OK. I thank God that I don't need any stress or anything of that nature” **(Agsa)**

“Yes, we believe in God in everything, we put God ahead first. Whatever happens to us, good and bad, in everything, you believe in God Almighty. We have no choice; everything that happens to us whether good or bad we believe in God. When we believe in God nothing bad will happen to us. That is true maybe that's what gives us the strength to continue when things are very difficult” **(Fanu)**

Agsa attributes survival and stability to her faith in God. This moral discourse underlines the preference for a higher form of dominance that is benevolent and assuring. Therefore, the speaker introduces a discursive position of resilience that disempowers other forms of dominance, such as complex regulations and workplace constraints. Perhaps the affiliation with faith can be seen by some as a vulnerability to a higher power. However, it appears that the power of religious gratitude creates a de-

stressing agent that the speaker clearly appreciates. Expressive modalities and strong pre-emptive noun-phrases such as Agsa below, heighten the power of will and decision in establishing own survival skills and well-being.

“I switch on the TV, I go on YouTube, I watch the news I look at what ‘s happening with my home country Tanzania, I just I’m satisfied, I go to bed and you know, I’m OK. I thank God” ... **(Agsa)**

Similarly, Fanu relies on the effectiveness of believing in a superior power (God) that is all-encompassing, through whom all things pass. Far from being a recipient of agency, it can be argued that choosing between a secular power and a superior religious power is drawn from a place of agency and choice. Having the conviction that her well-being is assured in God provides the speaker with a sense of stability, and this enables her to work in a way that constantly benefits her survival.

“Yeah yeah. Because after my husband passed away and before we had family friends, we were together yeah celebrating, happy; the children were happy. But after my husband passed away so many people disappeared my dear. My own family; my uncles they disappeared. I’m on my own so this is the time I’ve decided to change.” **(Samora)**

Loss of family ties is conversely highlighted in Samora’s traumatic experience of bereavement and abandonment, knocking down her sense of agency. However, this is quickly recovered in the powerful statement, “I’m on my own, so this time I have decided to change.” This statement declares an agentic decision to survive the harsh reality of widowhood, which has brought with it loneliness and economic challenges. The statement signals determination and empowerment. The notion of change implies a choice to distance herself from restrictive dominant pressures. The choice for change encodes markers of worth, agency and ultimate survival.

Narratives postulated by the care workers describe care work from a perspective of related experience and skill in caring. Women who join the care industry from other healthcare professions, such as nursing and midwifery, do not seem to receive any hierarchical recognition. However, narratives highlight a strong sense of knowledge and vigilance in the profession. There is recognition of the protocols of effective communication, candour and accountability reflected in the discourse that public perceptions ignore. As a way of self-preservation, accountability and reporting are key responsibilities that ensure the safety and survival of care workers in the profession.

Survival is encoded in the need to comply with and remain within agreed ways of working, even when not under supervision, to ensure job sustainability and, hence, opportunities for survival and self-protection. Such choices reflect strategic consciousness that secures vigilance and empowerment for the worker and, by extension, preserves the job. In the excerpt below, Eunice demonstrates strong agentic choices to maintain a powerful position of vigilance by applying normalised regulations for reporting, thereby protecting herself against false accusations and job loss. However, by using the “you” in the collective warning “you don’t end up being in trouble”, there is a suggestion of precarity and insecurity that the speaker tactfully negotiates to overcome the unequal power structure between the employed and the employer. The discursive text negotiates collective empowerment through the generalised “you,” which underscores preventive self-advocacy.

“So yeah, I think something that has helped is if you notice anything, documenting on time as soon as it happens, record it unless somebody knows that this is what’s going on so that you don’t end up being in trouble.” **(Eunice)**

Finally, humour is a powerful strategy that dissipates the tension of high-pressure work conditions that threaten the economic and emotional survival of the care worker. Discursive texts indicate a heightened sense of confidence and empowerment when the speaker uses humour to dispel the daily unpleasantness of personal care. By drawing laughter from the group, the speaker assumes a powerful therapeutic position of collective care and solidarity. Fanu below uses humour in a crude context to enable her to withstand and overcome occupational strain. Laughter becomes a site for negotiating control over otherwise complex elements of care work. The modality “I am not completely satisfied” is an agentic site of power that uses satire and irony to overcome workplace unpleasantness.

“The people are saying I should leave care and move on to something else people saying you you’re removing poo for a whole adult man, why would you do that? But I tell them if I don’t smell the, the poo, I am not completely satisfied **[more laughter in the group]** ... yeah, I tell you, I tell you I tell you, ahhh **[laughter all round]**.” (Fanu)

Summary

Discursive texts are often framed with content and form that implicitly highlight the motivation to survive and “make it”. Women explicitly use deontic language, such as “I have to” and “I make sure,” to underscore the absolute necessity of overcoming adversity and maintaining their agentic stance in sustaining themselves and their families.

Survival is defined in psychology as the motivations that help an individual to maintain a stable emotional response in the face of threat or deprivation (Boulanger, 2002). In migration and employment, survival is clearly not just a biological imperative. It becomes an assertion of identity, power and agency in spaces where existence is threatened not only physically but narratively. The narratives in this research presented strong assertions of survival that arose from difficulty and stress. The survivor's voice, memory, and resistance counter the dominant discourse that seeks to erase them.

Farjama relates her story of survival with powerful narrations of struggle and isolation, which are firmly turned around by the testament of progress through powerful developmental statements such as "I am now a training manager" and "the woman helped me ", highlighting the role of society and solidarity in solidifying the process and permanence of survival.

Survival is also strongly conveyed through language. Strong, decisive statements like "***nilitafuta kazi***" [I searched for work] suggest a struggle against constraining systemic structures that are countered by sheer determination to distance oneself from vulnerability and the risk of failure. This is rewarded by employment and the agency to choose their own work schedules.

Conclusion

This chapter considered three main discursive themes around which related narratives demonstrated negotiation with agentic positioning against dominant social structures. Discursive texts on *migration- employment, adjustment and survival*, highlighted discourses where the participants shifted from vulnerability to resilience and survival to emerge as empowered social and economic assets in their communities and in the wider care industry.

Having established the discursive patterns in this chapter, the following chapter explores the use of language as a tool for negotiating power and agency. An area of interest in this study is the use of translanguaging, code-switching, and other linguistic features to highlight how agency, identity, and social practice are negotiated. A unique aspect of this research is the use of Swahili as an additional language in the narratives. Swahili, a lingua franca in the East African region, featured prominently as participants opted to transliterate between English and Swahili as motivated by need or motivation. The following chapter will explore the findings where translanguaging and analysis of textual features offer insight of the participant's thought and decision-making processes that reveal their agentic positioning.

Chapter 5

Findings and Analysis: Part Two

Introduction

The previous chapter (four) established three overarching social themes that surfaced from discursive repertoires. Migration and employment, adjusting, and survival were the most frequently recurring discourses articulated in the narratives. These themes highlighted a collective experience of living in the UK and working in the care sector. The narratives, besides simply recounting the lived realities, revealed an interplay between structural dominance and the subjective positioning of women in their responses to existing socio-economic constraints.

This section specifically examines the discourses through textual style and linguistic choices as tools of agency and social-cultural control. With reference to translanguaging as a whole and code-switching in particular, this section explores how language and linguistic techniques were used to underpin subjective positions, emotional defences and collective attributes to sustain survival and well-being in adverse work environments.

Language in discourse analysis

The women use speech to narrate not just accounts of migration and settlement, but also as a tool to underpin identity, belonging, and endurance. The speeches are

marked by a language that is enriched with emotional and ideological flavour, where acts of care, resilience and faith are framed as moral capital.

The analysis of these rich discourses disclosed more than the published outcomes of migration constraints, precarity and economic hardship. A new, nuanced creative adaptation and moral resistance emerged, underscoring how meaning is constructed through language and social context.

Having established these discursive themes, this chapter approaches the discourse from the perspective of its form, focusing on how language is used to convey positions of power, belonging, and responses to structural dominance. More specifically, it examines the approaches participants use to describe their realities. Narratives revealed that translanguaging, code-switching and other linguistic features revealed sites where agency, universality and solidarity could be appraised.

Here, language is not treated as a neutral medium but as an active and embodied practice that carries acts of resistance and hope. The fluid interchange between Swahili and English observed across interviews and focus groups signals more than bilingual dexterity; it represents a deeper socio-cultural navigation through which women reassert authority, reclaim belonging, and re-inscribe selfhood within transnational spaces. In this sense, translanguaging becomes a form of discursive survival, a means of remaking the boundaries of voice and power in contexts that often attempt to silence them.

Language is not independent of the social world (Halliday, 1985). It is a medium through which culture and experience are forged and also transmitted. For adult migrants, such as the participants of this research, heritage language (Lee, 2021) plays an even more fundamental role in representing emotional texture and other meta-narratives such as motivation and belief. Swahili-speaking East African migrant women are typically multilingual, with proficiency in a native language, a national lingua franca (Swahili), and English, the official language. As such, the participants not only demonstrate competence in the ease with which they manipulate linguistic prowess in the main languages used in the interviews, but they also manoeuvre meaning, motivation and situational context without hesitation.

Contrary to many earlier studies, which posit that bilingualism is proof of incompetence in new language learning (Apel and Muysken, 1987), the evidence in this study shows an impressive ability to apply extralinguistic phenomena in conversation without misinterpreting first- or second-language usage. Some scholars believe that the concurrent use of two or more languages indicates a lack of proficiency in one language, necessitating the use of a native language intralingually. However, this view is contrasted sharply by other scholars (Wangari, 2016) who argue that bilingual usage in discourse results from multilingual skills, which are used to reveal social contexts and motivations. The latter is the clear and compelling case in view for this research.

The focus of this research, however, is not to establish competency or “correctness” of grammatical use of language; nor is the interest in transliteration of languages used during the narratives. Instead, the innovativeness of employing two languages within

a narration captures the researcher's curiosity to examine how translanguaging works to reveal underpinning linguistic competencies that respond to deeper issues of agency, belonging and resilience.

In so doing, the process of analysis can distinguish pre-existing discursive structures, such as institutional contexts, cultural systems, and social practices (van Dijk, 1987), as depicted in the choice of words and features of style. Exploring how speech is framed (word choices and expressive modalities) will reveal underlying emotions, motivations and reactions in language use.

Finally, examining the discourse of the care worker's experiences within a framework of social practice and institutional contexts will enable the study to reveal how the subject complies with existing social hegemony or indeed how they resist power relations.

Translanguaging is grounded in both education and sociolinguistics as a concept used to make meaning and refine communication by users of multiple languages. The term, first used by Cen Williams in the 1980s, was later theorised by García (2009) and later featured as a basis for reflecting on multilingual practices in educational settings (Garcia & Wei, 2014). In this analysis, translanguaging will be used to highlight agency and reflexivity using linguistic features. It offers a basis for understanding the use of multiple languages, beyond just pedagogy for ethnic identity and socio-cultural functions (Cenoz and Gorter, 2020). In this context, therefore, and contrary to earlier studies (Poplack, 1980), translanguaging is not just a foundation for understanding

language, nor is it simply an alternative to communicating in a different language due to a lack of proficiency in the primary language. Rather, speakers who switch languages within the same discursive space perform a concrete display of ability to navigate linguistic entities and demonstrate mastery of linguistic repertoire in the process. This competency offers the unique privilege of uncovering layers of meaningful emotions and experiences shaped by the context of time and space.

The narratives alternated between Swahili and English. Analysis of the texts reveals strategic features that express emotional intensity, ownership of choice, and resilience through code-switching, satire, humour, and repetition. Swahili is used as a medium of culture, resilience and solidarity, carrying a wealth of meaning (Abdulaziz, 1991). Contextualised metaphors, meaning and agency within Swahili and English discourse will be considered.

Swahili as social practice

The eligibility criteria for participant selection included a common cultural and linguistic background. This presupposed the deployment and understanding of another language, whether in conversing with the researcher or interacting with other members of the group. Having ease of fluidity between Swahili and English during the interviews created interest in analysing trigger points, motivations, and power. However, this was not pursued in the research as it is outside the scope of this study. The aspect of code-switching in discourse was identified in five of the participants during both the individual one-to-one interviews and the Focus group discussions. Of the seven participants, two (Eunice and Ashley) spoke both English and Swahili interchangeably

and sporadically. Three women (Agsa, Fanu, and Flogates) held entire conversations in Swahili, but they also comfortably and effectively switched between English and Swahili at will. The remaining two participants (Farjama and Samora) did not switch language, communicating entirely in English. However, they actively engaged non-verbally with the other participants during focus groups.

Suffice to say that code-switching was not intended to measure the linguistic competence of the speaker. Instead, the fact that some participants resorted to switching to Swahili provided much fodder for analysis of nuances and, by extension, critically analysing their positioning of power and agency through word choices and expressions. According to Scotton (1993), one can date the current interest in CS from the 1972 publication of a study by Gumperz (1972). As such, code-switching has continued to be a seasoned tool of analysis in sociolinguistics and social interaction for decades, and, in this study, it will provide some helpful insight on discourse and agency.

The term code-switching has been used to refer to the transfer from one language to another within a given discourse (Kamwangamalu, 2010). Code-switching can feature in an inter-sentential or indeed intra-sentential speech. In other words, a person may start a sentence in one language and complete the utterance in another language. Alternatively, a person may begin and end a sentence in one language and continue the concept in another. Scholars have therefore studied code-switching terming it differently based on these differing perspectives. As the use of other languages in discourse continues to evolve, definitions of this communication approach also

increase. Therefore, for some it may be called *code-alternation* or *codemixing* (Muysken, 2000), particularly when used in the grammatical analysis of language.

Sociolinguistic frameworks have attempted to explain justifications and motivations for the existence of CS in conversations. Three main theories are viewed to have greater influence than others in this assertion (Wangari, 2016): the markedness Model (Myers-Scotton, 1993), the Speech Accommodation Theory (SAT) (Giles et al., 2012), and the Functions Model (Jakobson, 1961).

The Speech accommodation theory is grounded on the concepts of convergence or divergence, whereby the process and function of CS is determined by whether the speaker seeks to gain or not to gain social approval during the discourse. It is also meant to ensure a positive identity for the speaker. Convergence is described as the process by which speakers adjust their style of speech to resemble the interlocutor with whom they are conversing.

On the other hand, the divergence concept refers to a process in which the speaker seeks to remain distinct from the interlocutor, thereby maintaining their unique position in the conversation. This contribution is valid when relating to the recorded conversations of the care workers. In instances where speakers easily switched into Swahili, there was an underlying appeal to the researcher to identify with, or at least acknowledge, a kindred spirit. This was underlined by abundant use of interrogatory tags and rhetorical questions in Swahili, aimed at soliciting agreement and

convergence. Furthermore, the listeners' responses, including non-verbal cues, seemed to convey empathetic allegiance with the speaker and their message.

Similarly, where Ashley, Farjama and Eunice intentionally maintained their conversation in English, there was a clear process of divergence, a latent statement wishing to remain distinct from the researcher by maintaining their position and responses in English. A review of extracts will highlight these two positions.

The second model, the markedness theory stipulated by Myers-Scotton (1993) suggests that speakers choose to apply specific codes in their speech based on marked and unmarked codes. The theory argues that unmarked codes are sets of language that follow expected norms of language use in oral interaction.

Conversely, unmarked choices detach themselves from normative rules of conversation to signal a deviation in elements such as power, the negotiation of identity, or even solidarity. For example, in code-switching, the speaker may choose to align with a minority language to underpin their ethnic identity or to undermine the dominant language setting. This, in effect, becomes a tool that reflects the deliberate shift in power relationships and social relationships. This sentiment is well demonstrated by some post-colonial writers (wa-Thiongo, 1986) whose categorical decision to write and speak in Swahili or Gikuyu portrayed a stance to not only resist the imperialist domination through language in African literature, but also, and more

importantly, to elevate the social power dynamics of the lingua franca through literature and oral history.

The functional theory sits between the two models to describe code-switching as applicable for emphasis, clarification, or social alignment (Gumperz, 1982). Overall, the approach views CS as a way of communicating pragmatically, where it enhances specific social identities and where it promotes a concept more coherently than the other language (Blom and Gumperz, 1972). By underscoring the competence in the usage of more than one language, the model also argues that CS is used to enhance, rather than curtail, effective communication. This argument is also demonstrated in the recorded conversations, where the use of Swahili within English sentences emphasised crucial points, underlined the co-ethnic, co-cultural coherence, and therefore established a heightened level of multi-contextual understanding between the researcher, the speaker, and other participants, particularly during the Focus Group discussions.

Code-switching can be used to increase or decrease social distance between interlocutors, indicate something about a speaker's social identity or their stance towards the subject of discussion, or to draw attention to particular phrases (Myers-Scotton, 1993b). Examples used below review the functional as well as motivational role of CS (Apel and Muysken, 1987) while establishing subject positioning in both language content and social context of its use. However, there is not enough published

work on how to predict code-switching points within speech (Solorio and Liu, 2008; Scotton and Ury, 1977)

Framing and positioning in discourse analysis

The extracts below depict the purposes of language interchange from a critical discourse lens. It is argued here that every interchange, whether deliberate or subconscious, is powered by a need to stress a modality of expression that either legitimises the subject's position or else highlights the emotive location or coercion under which the participant finds herself. By analysing texts, this section aims to highlight social practices in discursive texts that use code-switching as a strategy.

In exploring how code-switching works closely with other linguistic features like using inclusive and exclusive pronouns, repetition and interrogatory clauses, this section examines the underlying social nuance, emotion and experience of the speaker, thereby revealing any positionality adopted in relation to agency and control.

Text does not just represent knowledge through words and meaning. It offers significant revelatory insight into the reality of a society and its power dynamics (Fairclough, 1995). In Norman Fairclough's analysis of discourse, modality is used as a linguistic marker of power relations and ideology. Modalities, such as relational modalities using terms like "must", "may", and "have to", indicate who has the right or power to command. The expressive modality encodes the speaker's position of commitment, highlighting situations of certainty, doubt, and the probability of doubt. For example, the speaker may express uncertainty over their immigration status and

the term “I can only wait”, denotes a state of uncertainty. But beneath the uncertainty lies a foundational power that holds the decision and control, thereby placing the speaker in a position of weakness or victimhood.

The orientational modality discussed by Fairclough aligns with a collective ideology and connects to a broader network of power sources. A good example can be seen in texts that use phrases such as “we”, “for us” or “our”. Fairclough notes that no modality is neutral; thus, there can be strong implications of institutional power, hedging, or subordination. In other words, where a pronoun (we) is used, there is an implied reality of otherness which stands in opposition within a context of social interaction.

The participant narratives consist of deep, meaningful stories expressed in ordinary, everyday grammatical phrases. Some phrases, when interrogated, distinctly highlight the social divide. Furthermore, it is essential to note here that the raw data is wealthy, and this research cannot claim to exhaust its usefulness in this single project. The following excerpts are selected as significant markers of the above modalities, with highlighters that show how power and agency are demonstrated. Findings in the following sections will underline some of the significant modalities and forms of language that underline subjectivity.

[Orientational modalities and collectivism](#)

Orientational modalities underscore collective experiences, using grammatical forms and repetition. The first motivation, it seemed, was the compulsion to reiterate an important notion. This was done mainly as a semantic translation of the original

English utterance. Therefore, in answering the question, the participant would, in some instances, first rephrase the answer in English before proceeding to Swahili. Repetition of a notion in two languages appeared to stamp the importance of the meaning, and perhaps to seek confidence that the researcher had captured the “true” or “actual” reasoning in the speech. The responses, which essentially ended with interrogative clauses in Swahili, sought confirmation or affirmation that a kindred spirit of cultural understanding had been hewn between participant and researcher. Additionally, within the same answer, some words or phrases featured several times in different combinations. Finally, the projection of “you” to the listener while reporting personal experiences appears frequently across the narrations, implying inclusivity and sharing of similar backgrounds.

These three elements highlight the importance of the meaning intended and the need to be understood. Assertion clauses at the end of such phrases reiterate the social elements of acceptance, belonging, and collective identity. Finally, there was a deeper layer of ease and comfort in knowing that the listener could share similar emotions through a shared language and culture.

In the examples used below, all names have been anonymised, as have locations or timelines, for reasons of ethical integrity.

Example 1:

In discussing the challenges of working with challenging clients, **Fanu** shares her views and proposes her own strategies of dealing with the challenges.

There was a lady we used to work for. Sana sana, unajua saa ingine, client wanakuwekea ile kitu hujawahi kufanya. You see? Yes! Kitu haujanya, wanasema umefanya. So ni kitu ngumu kweli?

Translation: Mostly, ***you know***, sometimes, the clients ***will accuse you*** of something ***that you have never*** done. ***You see?*** For something ***you have not done***, they will ***say you have done***. Is that not a difficult situation?

The participant reflects on a situation that imposes unfairness and considers the complexity of emerging from it without unfair penalty. The use of interrogatory clauses is an effort to draw the receiver (researcher and other participants in the focus group) to associate and identify this experience as their own. This is a case of collectivising injustice. Even though the act is imposing a fallacy, the speaker chooses to analyse the situation as unfair.

Emphasis using repetitive phrases appears to be a practice that could be related to several factors. Moreover, the first example is a linguistic feature of style in Swahili, achieved through repetition, to convey tedium and resignation to the monotony of the job. Agsa (Interview 2: p. 1). Repetition is a strong strategy for emphasising the social issues affecting participants. To compound the intensity of meaning, the participant rephrases the concept of ***injustice*** several times in the same sentence while incorporating the listener into the experience. The use of “you” clearly demonstrates projection. By relating the experience to the listener, the speaker clearly expresses their frustration while at the same inviting the listener to share and own the pain of injustice with the speaker.

Example 2:

AGSA : Hamna mabadiliko sana, mabadiliko hamna sana, ni **yale, yale** kama siku zote kwa maana kazi ni **zile zile**, na watu ni **wale wale**

Translation: There aren't too many changes, no changes really, they are the same, same, as always. Because the tasks are the exact same ones, and the very same people are involved each time.

In one sentence, the speaker repeats the following words.

- a. Hamna mabadiliko sana, maabadiliko hamna sana**
- b. Ni yale yale ...**
- c. Kazi ni zile zile**
- d. Watu ni wale wale**

The play on words is captivating, and more so when more than three separate clusters of repeated clauses are used in one sentence. What these expressions evoke is the sense of tedium that is embedded in automatism in the daily chores of care. In this case, the use of repetition is unlike previous examples, where repetitive emphasis relates to determination or a drive toward the better. It is quite the opposite. The text's framing suggests a loss of motivation or momentum toward satisfaction and professional progression. A structure around tasks and responsibilities imposes control, denying the subject creativity and spontaneity, thereby rendering the job monotonous and inconsequential.

In critical discourse, it can be argued that the speaker evokes a sense of defeat or inability to overcome a system that is structured to ignore the subjective contributions that add flavour to work and life. It would seem that the care worker operates in a mode of detachment from the task because the rewards are not proportionate to the task. Repetition of words underpins recurring obstructive institutional structures that invisibilise the worker.

Epistemological modalities in “Borrowing”

Having addressed the method of repeating words or phrases either intrasententially or intrasententially, another interesting strategy employed is “borrowing”.

“Borrowing” is a linguistic strategy denoting the incorporation of foreign features into a group's native language by speakers of that language (Thomason and Kaufman, 1988, p. 37). In this context, borrowed words from English to Swahili complete a sense or meaning that may have been difficult to capture in Swahili. Therefore, by maintaining the original English word, the speaker succeeds in delivering the message and its impact without entirely leaving the original language.

Although some scholars argue that code-switching and borrowing are entirely different approaches in language transfer (Poplack and Meechan, 1995; Muysken, 1995), this study finds that the ability of the speaker to navigate between languages is in itself a more remarkable sign of linguistic competency for the speaker. The choice of interlanguage transfer and use of sophisticated features such as translation and borrowing is evidence of power and control by the speakers. A clear example highlighted is that of Agsa (Interview 2, p.2), who shares her experiences in Swahili while punctuating her narration with borrowed terms from English.

Example 3:

Hmmm, mpaka sasa hivi, utendaji wangu wa kazi kama **care**, kwa sasa hivi nimekua na uzoefu nao sana, kwasababu naelewa jinsi au jinsi nitakavyo **deal** na **client**, ehh

(Translation): I'd say that my working as a carer, up to now, I feel that I have gained much skill because *I understand how* I to deal with clients, yeah ...

Kama **client** ako na tatizo fulani, najua huyu ni **deal** naye kiasi hiki..kama akiwa na shida hii najua niende naye vipikwa hiyo najua njinsi ku **deal na clients** wa aina tofauti, tofauti.

(Translation): If a client has a particular challenge, *I know how to deal with such* as a situation, if they have this problem, *I know how to* approach the client, and so **I know how to deal with** clients of all kinds.

: Eee, mpkaka sasa hivi naelewa jinsi yaku **cope** nao.

(Translation): Yes, ... So far *I understand how* to cope with them. (**Agsa**)

Why strategic borrowing?

- Care
- Deal
- Cope
- Repeated expression: ***Deal na client***

Carefully selected expressions such as “**I know how to deal**” (translation) denote what Van Dijk calls epistemic modality (2008) where the speaker expresses certainty, knowledge or probability. In this case, the participant demonstrates confidence in their knowledge and experience in handling clients' workplace challenges. This confidence places the participant in a position of power and control, where, despite the restrictive, recurring challenges, there is an apparent superimposition of ability to surmount systemic barriers in the workplace.

Non-equivalence

A further observation in the case of borrowing can be the case of non-equivalence and, therefore, loss of impact of meaning if the entire sentence were uttered in Swahili. Based on existing translations of the words in question (Care, deal, cope), it can be suggested that the participant was unable to find apt words of such depth and force in the native language and, therefore, opted to borrow the original term, rather than dilute its meaning. As a native speaker of Swahili, I find that the term “Care” carries only a

one-dimensional connotation: the action of compassion and concern for the plight or vulnerability of another person.

However, the term, as a noun (in the context here, Care is used to mean a profession), is a relatively recent development opposed to the tradition and ethics of African culture. The notion of caring for the vulnerable exists as a social responsibility. Becoming vulnerable, and ageing in particular and needing care are recognised as part of the cycle of life. It is therefore expected that the vulnerable will be cared for as part of universal collectivism.

This is a way of life that is deeply embedded in the African philosophy of Ubuntu (Letseka, 2012) where community revolves around the well-being of the individual, and, reciprocally, the individual for society. Although scholars such as Wilhelm Von Humboldt argued that the philosophy of Ubuntu was not uniquely African, but could be equated to the German ethic of “Bildung” - embodying the concept of self-cultivation - (Sorkin, 1983), examples of collectivism and community wellness are rarely depicted practically elsewhere. Care is not seen as a contractual undertaking with remuneration for services rendered. Instead, it is a giving to one in need. Furthermore, it is not restricted to “care” per se as the term is used in Western provision. African culture holds the elderly in very high esteem. The philosophy and values of collectivism, passed down through folklore, practices, and norms, expect that the privacy/dignity, and decency of the elderly are honoured as holders of wisdom, power, and traditional heritage in society. As such, even in debilitating circumstances such as living with dementia, incontinence or in isolation in a village hut, must never undermine the position of honour and dignity for the individual.

Therefore, the term and function of care in the East African sense is more holistic and descriptive of the wholesome imagery of dignifying a person at their weakest capacity. Equivalent but not exact meanings of the word would include “to stay with”, to help”, “to be with” or “to watch over”. It is therefore not surprising that Agsa found it challenging to find a stand-alone word in Swahili that would convey the exact meaning of the Care profession in Swahili.

Similarly, the word “deal” is borrowed from English into Swahili, perhaps because the closest equivalents heavily imply a form of resistance or violent response to an action or struggle. The closest translations in Swahili (***Kupambana*** or ***kushugulikia***) suggest two extremes of a struggle: one suggests a militant engagement in a conflictual situation, while the other suggests being preoccupied with a concern. Neither version portrays precise veracity; dealing with a client, does not in any manner suggest contending with the client, nor does it mean being passively concerned, as the Swahili equivalent would suggest. It is therefore appropriate for the participant to borrow the term directly from English.

Perhaps, too, by retaining the English equivalent “deal” in the Swahili sentence, the participant is reinforcing both linguistic and agentic control, where the action word (to deal with – denoting physical, professional and emotional power) and the use of English merge as capacity and control in the given social context.

The term “cope” is translated into the same words as “deal with”, which are both “*kushugulikia*” (Google translate), which confirms the argument that in Swahili, the emotion and depth of meaning of the two words are lost, thereby justifying the need for borrowing. However, what is more spectacular is that the two terms are active verbs that position the participant in a place of control and choice. In critical discourse, Van Dijk places the participant in an ideological position of power. The participant's choice of words suggests that, as a care worker, she responds decisively and conclusively to challenges. To “deal with” and “to cope” suggest independent choice and action. These are two critical features of social agency.

In relation to CDA, the choice of borrowed words in the discourse selected are very significant in highlighting the reversal of roles of the subject from “patient to agent” (Van Leeuwen, 2009) where textual framing clearly demonstrates the shift of focus from being a passive recipient of power structures to being an active participant who can wield power in their own position, as reflected in their discourse. The words “Care” as a role, “deal” as an action and “cope” as a choice, all depict a deliberate reversal of roles from those expressed earlier on repetitive monotony and tedium. Here, the participant actively chooses to apply benevolence to the vulnerable client. Similarly, the framing to *deal* with suggests a readiness to contend with an opponent and to overcome the challenge.

Finally, even though the text uses the framing “to cope” to suggest being weighed down, there is a strong sense of the ability to maintain a level of strength that powers

the participant with consistency. “Cope”, therefore, suggests taking matters under control and managing to sustain and subdue the situation.

When discussing her religious conviction, the participant (Fanu) punctuates her responses with English words, while holding her narrative entirely in Swahili. These could be common expressions that, although as individual lexicons, exist in Swahili, may not be as effective in the native equivalent. The example below illustrates how Fanu applies the borrowing strategy.

Volitional modalities in “Borrowing”

In cases where non-equivalence is conspicuous, borrowing offers the link and continuation in meaning as closely as possible within the speech tag. However, borrowing can also be deliberately used to draw attention by adopting a different language in speech. This is the case for one of the participants. The use of borrowing sharpens the message rather than dims her use of a second language. Unlike Agsa, Fanu makes a deliberate choice to borrow from English, where an appropriate equivalent exists in Swahili, except for the neologism “club”, which is a foreign concept that has been assimilated into the lifestyle of the younger generations. Culturally, “club” presupposes exclusion of certain members of society from a function that is not for the general interest or benefit of the wider community. Therefore, because of its foreign roots, an equivalent word is not readily available in Swahili. However, “calm down” and “Trust in God” are easily relatable and translatable. Perhaps Fanu felt at liberty to use linguistic codes from both languages interchangeably, knowing that the

researcher is as well versed in the cultures and contexts of both languages as she is, thereby eliminating any fears of being misunderstood.

Example 4:

Tunasoma Quran, sasa stress yenyewe inapotea, uka calm down. [Researcher : Okay]. Ehe, hatuendi club, hatukunywi pombe, vitu kama hizo hatutumii, unaona? [Researcher :Hmmm] Roho yako, unapeana kwa Mwenyezi Mungu. [Researcher : Okay, Okay]. Una trust in God

Translation: ... we read the Quran. So, the stress disappears and you calm down. Yes! We don't go to clubs, we don't drink alcohol, such things we do not indulge in, you see?. You give your heart to Almighty God. You trust in God. (Fanu)

From a critical discourse lens, the discursive text alludes to power in reference to God as the dominant structure. By declaring “You give your heart to Almighty God, Fanu expresses a modality of volition that legitimises the superiority of divine order and its precepts that stand in stark contrast to socially constructed unequal structures. This distinction automatically places Fanu and any choices she makes above those of earthly leaders.

Secondly, the English choice of words evokes sharp contrast of benefits. The expressive modalities associated with “clubs” are linked to “stress”, while volitions related to “trust in God” are linked to “calm down”. There is a wealth of impact and power in this speech, which encodes an existing reality of peace and well-being even in the midst of challenges and struggle in the social and economic context of the care worker.

Mental modalities and ideological dilemmas

One of the remarkable modalities registered in the findings was the use of humour to underpin salient social issues. Humour is a tool that can be effectively employed by only those who have a certain level of wit and the ability to conjure laughter in others. This is a sophisticated level of power that stems from a confident exploitation of language and deep-seated experience, which can stir up the emotions and elevate the mood of others. Fanu seems to possess this power and uses her own experiences as fodder for laughter. She uses religious ideology to juxtapose and weaken the power of institutional dominance that defies the laws of spiritual superiority. She therefore legitimates the combined power of spirituality and rational law of nature.

Example 5:

But I hear people saying that home care is better where you work at night. Is that the one where people work in the night, but I don't want to work at night. I will age very fast. I like to sleep at night; I will not kill myself over money. God Almighty has said people work during the day and sleep at night. He gave us sleep for the night. You know night sleep and day sleep are very different. I sleep very well

First of all, as a Muslim, I cannot wear pants/trousers. I can only wear trousers under my [Muslim] robe. [ehhh]

But to expose all of my buttocks outside, nahh nahh, I'd rather leave that money alone. [laughter] (**Fanu**)

Underneath the lightness with which complex structural restrictions are portrayed lie deep, deliberate agentic choices. Using strong expressive modalities of volition by adapting texts like "I don't want to", or "I will not kill myself over money" demonstrates a strong engagement and choice of health over wealth.

Secondly, where Van Dijk focuses on how discourse reproduces or resists power through shared mental models (social cognition), a clear example is presented in this excerpt, where the speaker negotiates a shared, ideological mental model that informs her choice of health over wealth. Night work and western dress norms may represent dominant institutional discourses; however, the speaker uses discourse to resist governmentality, invoking religious certainty (“God Almighty has said”) and cultural hegemony as the *pièce de résistance*. The speaker’s mental model resists Western dress norms that represent dominant institutional discourses. Relying on a religious ideological model, the speaker uses discourse to resist work and dress codes related to night work in care, by linking them to poor health, ageing, and violation of natural order. By rejecting dominant structural pressures, such as working night shifts, she redefines her autonomy based on personal choice, health, and faith as sources of resilience.

Deontic modalities in collectivising social practice

In discussing the challenges of working with difficult clients, **Fanu** shares her views and proposes strategies for addressing them. Using key words in Swahili words and by strategy of repetition, Fanu represents a cultural element of collective agreement as she solicits responses through interrogations. The notions of agreement and generalised co-experience underpin the linguistic pronouns “you” and “we”, followed by compelling deontic modalities such as “cannot” and “must” to emphasise normalised universality.

Example 6:

Yes, people are different, you know. All people are not the same. Some clients are very difficult. You cannot work with them, but you have to be very patient. Yes, you must have [Swahili: Inaitwaje ile ile ...?]

Translation: *what do we call it?*, Eh heee, you must have “**Subira**” (*patience*). It is very difficult. If anything goes wrong, you must involve the social worker, we must be careful. So, it’s a job [that is as serious] as people think. It’s very hard. (Fanu)

Solidarity

One function of code-switching revealed in the transcriptions was the use of interrogative modalities to elicit solidarity from the receiver. The speaker uses interrogatory clauses in Swahili to elicit affirmation of collective ethnic unity, as it excludes non-Swahili speakers from the discourse. The use of the second-person plural pronoun suggests a form of legitimisation of an experience that evolves into a generalised socio-cultural experience. This, in turn, provides a stage for privileged information, thereby creating a form of power within the linguistic group. More importantly, the speaker assigns ownership and understanding of meaning to those who have a similar emotional and cultural experience as herself. Using inclusive first-person pluralised phrases with deontic emphasis, such as “we must”, she endorses a site for collective experience that establishes the expected way of working as a cultural norm. Framing the narrative in the first-person plural form encodes an in-building of solidarity while simultaneously erasing notions of individuality. It also reflects the commonality of struggle for migrant women, who are often stereotyped as typical and characteristic.

Nevertheless, the individual motivation to meet one's own goals also permeates the collective philosophy of speech. For Ashley for example, even though she uses both first and second person pronouns interchangeably, her story first begins with her own quest for survival.

It may be argued, therefore, that for Ashley, reverting to Swahili codes to amplify the goal of her migration expresses deep-seated anxiety that is resolved by finding employment. Following the statements chronologically, Ashley first states: **Nimetafuta kazi** (I looked for work), then she stresses the fact that she enjoys her job, first in English, then reiterates the message in Swahili. Finally, she assumes a position of power and control. She begins to generalise her experience, as though hoping that this would be the shared experience, when she advises that, “*you* manage yourself like how many hours **unataka kufanya kazi**” [you’d like to work].

The concept of freedom to choose is powerfully demonstrated in this short statement, which contrasts sharply with the initial sentences of the same speech, where she expresses her difficulty in finding employment and not having enough to pay bills from her husband’s salary alone. There is a clear framing in this speech, where Ashley not only lays emphasis on the greatest preoccupation for most migrants: employment, but she also rises to the position of ability and power: choosing when and how to work.

At the textual level (unataka kufanya kazi: You want to work), the speaker stresses the volitional modality, demonstrating an undisputable agentic motivation and purpose to find employment. In Swahili, this emphasis goes beyond the mere need to find work;

it also encompasses the fundamental mission of their migration. Connecting the emotional intensity of the statement to the motivation to work creates a strong agentic position of will and drive to achieve the participant's goal.

Example 7:

When I came here to the UK, to cope with the bills, was not enough for one person. Then on top of it, I had a baby. So, it was very challenging. It made me like to go and find a job. The situation here and Africa is very different. It's very hard to find a job, So, what I did is **nimetafuta kazi** [I looked for work], I couldn't find any, so I thought, let me go do care because I like to [sic] care people, I like to look after people.... **unataka kufanya kazi** [you'd like to work], and what time to start and what time to finish, it was easy for me to manage my household and my job: two-in-one. **(Ashley)**

The narrative displays a determined drive to make and sustain independent, empowered choices amid constrained conditions. From statements such as ***"I looked for work ... I couldn't find any"*** to the opposing statement ***"it was good... like you manage yourself,"*** the hierarchical progression into economic agency is further accentuated by choice and empowerment. Structural inequalities shape the speaker's story, but these are overcome by sheer determination and resilience.

Conclusion

The examples selected in this chapter highlight the agentic power through deliberate translanguaging as a socio-cultural positioning. Keywords and motivations were discussed to demonstrate the speaker's negotiation with sites of power, even when faced by dominant structures in their migration and employment status.

Also, considering Archer's and Van Dijk's tools of analysis, this section selected key excerpts on ideological issues that highlighted and reviewed the participants' agency from a perspective of ideology, Culture, structure, and agency within a socio-cognitive framework. Using Fairclough's cognitive modalities in tandem with discursive features, this chapter demonstrated how form and content in language can represent social issues and their responses from the agentic positions assumed in discourse.

The sociological motivations of discourse are centred on the agential use of language rather than on anthropological perspectives (Boztepe, 2003). Analysis in this chapter identified four distinct functions: firstly, convergence with the researcher on co-ethnic identity and referencing. Participants felt well-received and confident that their emotions were understood in their original language by the researcher. Secondly, there was a resistance to culturally incompatible concepts, thereby adopting "borrowing" from the linguistic counterpart as a strategy. Speech transitioned on verbal, clausal and sentential levels at will, proving ease but also complicating any theorisation of trigger points for language interchange.

Furthermore, there was evidence of autonomy in marked discursive codes that highlighted the speaker's unique socio-cultural identity and belonging; registered unique socio-cultural identity in specific discursive contexts; and, finally, a strategic use of discursive codes such as repetition, question tags, and humour to heighten emphasis. Although the research was interested in understanding the role of code-switching and the choice of words in the process, it stopped short of analysing the motivational factors that trigger language interchange.

Through these interpretive repertoires, a clear set of ideological issues emerged. These mirrored adversity and dominance in the workplace, particularly for African women who are caught in the intersectionality of race, immigration status, gender and ethnicity. In their responses, the participants draw upon the notion that their role transcends professional duty to almost a familial level of care, as they repeatedly use word choices such as “compassion, vulnerable, patience, lonely and “**Subira**” (Swahili term for patience, or longsuffering)

The approaches to constructing their narratives reveal that the participants surpass the perceived global constraints of scarcity, deprivation, and precarity to achieve greater gains in compassion, resilience, and control. Once the negative perceptions are contradicted and the negative views held by society are deconstructed (O'Reilly et al., 2009), this understanding will pave the way for alternative discourses, which may become more empowering for migrant care workers. By understanding how discourse enables deeper investigation into ways care workers construct the global concepts and apply them in their lives, this research will contribute to highlighting important patterns of power and resilience for the migrant care worker.

Van Dijk's (1998) concept of modality reveals robust schemas of semantic and cognitive dimensions in discourse that demonstrate how speakers encode their beliefs, attitudes, and certainty, or otherwise. The analysis revealed that the care workers often resist dominant structures by drawing strength from deep-seated

cultural and spiritual structures, which help to navigate their positions of agency even in the face of adversity.

The following chapter (Six) will discuss the overarching ideological issues that emerge from the analysis of findings in previous chapters (Four and Five). These will synthesise overarching socio-cultural practices that emerged as responses to systemic barriers.

Chapter 6

Discussion

Introduction

This research aimed to explore how the experiences of Swahili-speaking East African women in care work roles shape their responses to workplace adversity. The study aimed to understand deeper emotions and the underlying motivations for working and remaining in the care sector despite negative public perceptions and the apparent systemic barriers that perpetuate evidence of scarcity and precarity in this sector.

In Chapters Four and Five, findings were recorded and interrogated using the theoretical framework of critical discourse analysis. Applying modalities of speech and language, the analysis focused on the form and content of speech. Examining how social practices were framed using deontic, orientational and volitional modalities, the study shed light on dichotomous positions of vulnerability and agency, on migration and adjustment, and on isolation and solidarity. This approach highlighted the marked codes of subjective positioning in agentic choices relating to overarching experiences of migration and employment, adjustment, and survival in the care sector.

Dominant social structures and challenging organisational regulatory systems stood out as tension points where low pay, zero-hour contracts, unrecognised qualifications,

oppressive management and challenging clients formed the basis for vulnerability or resilience. I problematised structured hegemony by examining how participant discourses resist social and political norms that endorse coercive or restrictive measures as reported in the narratives.

The final section of the visual diagram in chapter 4 shows a receptacle beneath a funnel, containing distilled observations that address ideological issues within broader societal perspectives. The issues collated at the bottom of the funnel reflect underlying positions forged from participants' discourse on migration, work, and struggle. The responses cast a novel lens on individual and collective agency that refreshingly evolved from traditional frameworks and public views of vulnerability, precarity and deprivation.

This chapter discusses overarching discursive issues that provided insights to underlying motivations informed by experiences of the migrant care workers. Central to the overarching discursive issues, four principal ideologies emerge and are treated as they present progressively in the discourses:

1. Resilience
2. Solidarity
3. Survival
4. Benevolence

Along the rupture lines of struggle and adversity, discourses highlighted a fundamental gravitational pull towards a determination to survive and achieve the goal of supporting

loved ones back in the home country. Comparable to Maslow's hierarchy of needs, psychological echelons were attained in order of need. However, what differed in this pyramid was that the variable of solidarity was an essential ingredient, needed in incremental measures towards the achievement of higher goals of benevolence and altruism in a society that frames social care workers as undervalued, invisible and deprived. In the paragraphs that follow, this chapter examines the above synthesised themes and how they were reflected in the findings. The synthesis is then summarised in a pyramidal framework that suggests the progressive development of well-being within a challenging occupational work environment.

Resilience

Preceded by the experience of struggle and resistance, resilience emerged as the first of the strengths of defence in how workers shape their responses in workplace adversity.

Resilience is nuanced in both chapters four and five and in the cross-cutting discursive themes. Accounts on migration, searching for employment and adjusting to a new life order in the UK reveal a consistent fabric of resistance to structural dominance. In Chapter Five, language, form and style use deontic modalities to denote sites for consistency of determination.

The question of repressive migration regulations, low wages, long hours and poor working conditions in care work has featured firmly in many studies (Hochschild, 2000; Hussein et al., 2011; Sarwer, 2024). However, deeper analytical strategies from CDA

reveal potency as resilience and self-determination evoke powerful agentic positions that were adopted to endure and overcome these repressive social structures.

Resilience is a psychological construct that challenges the view that it is merely social competence or positive mental health (Rutter, 2013). Faced with conditions of constant repression, an individual demonstrates resilience when the psychological ability to develop positive outcomes in the face of adversity remains consistent and stable across various disciplines in which risk and challenge underwrite experiences. The theory is problematised by the variability of types and degrees of risk, as well as positive outcomes. However, this divergence does not undermine the fundamental convergence between the notion of repression and the ability to maintain an enduring counterreaction (Shean, 2015).

Resilience enables withstanding and surviving shocks and disturbances that were neither expected nor justifiable. Bottrell (2009) argues that resilience is a form of resistance against marginalisation, whereas psychoanalytic perspectives view resilience as a reworking of fixation in the face of psychic ruptures (Kristeva, 2024). Resilience is reflected discursively in narratives, demonstrating empowering subject positions and how they maintain their coherence with self and others when faced with dominant forms of resistance. A recurring discursive pattern of repetition, compounded by transliteration into Swahili, underlines the contention, with ruptures that symbolise solid resistance, but which the women overcome through sheer repetitive consistency. Powerful visual images are conjured by phrases denoting struggle that demonstrate

the power of resistance and breaking through difficult systemic obstacles, such as the inability to find work, long, difficult working hours, and childcare costs.

Resilience by faith in God

Faith and allegiance to a superior power encode resistance that permeates the discourse of the East African care worker. In statements such as “God Almighty has said”, the speaker demonstrates an ideological superiority over existing dominant structures, modelling a mental form of resistance. Faith, therefore, represents an ideological model that the speaker uses to redefine autonomy and resilience based on personal choice and faith. In Chapter Five (5), where code-switching is used as an ethno-cultural tool, the transfer of language when talking about the power of Almighty God underscores the unshakeable superiority of spiritual principles of living and well-being. Such a position assures the participant that challenges can and will be overcome as they cannot compete with the protective power of God.

Systems and social constructs highlighted in the discursive texts present as prohibitive structures that impose an expected level of compliance and subjugation. From the outset of entering the UK, migratory experiences evoke emotional and mental duress for individuals within a community of women facing compounded inequalities based on their intersectionality (Ciaramella et al., 2022).

Furthermore, prohibitive economic systems alienate the care worker from mainstream experiences of access and economic ease. Although broadly, discursive texts acknowledge these tensions, language is framed to denote a strong will to forge

through systemic obstacles in search of prospects of well-being. Discourse reveals a strong individual as well as collective determination to withstand and surmount the established constraints before them. While the women recognise their reflexive agency in navigating these constraints, they still contend with the coercive nature of the complex structures in which they work. Language constructs such as “difficult”, “waiting” and “silent” in reference to institutional processes, highlight the inaccessibility they face.

Through discursive texts in Chapter Four, resilience is highlighted in framed experiences and responses to repressive conditions in migratory and employment contexts. The participants demonstrate a grounded determination that often defies systemic obstructions. Terms such as “I waited”, “it was long” and “I had to wait for a spouse visa ...”, indicate struggle and hardship. Similarly, in finding or retaining employment, discursive texts reveal sheer determination to break away from difficult obstacles to a level of access. The language used reveals the determined approaches by the women. Language is framed to show determination, resisting oppressive practices and propelling into economically difficult jobs, that are nevertheless more socially rewarding.

Resilience by self-determination

Self-determination also permeates agentic choices through the narratives, reflecting a strong sense of resilience in the face of difficulty. Participants subconsciously re-invent themselves and continuously reset their options whenever complex challenges appear. The use of first-person pronouns in tandem with compelling action words

(“what I did I looked for work”) demonstrates commitment and endurance, which overrides the restrictive structures imposed on the migrant woman. Example of Ashley befits mention, where, rather than give up, she adopts a new approach in her jobsearching endeavour:

Example 1:

“It’s very hard to find a job, so what I did is nimetafuta **kazi** [I searched for work], I couldn’t find any, so I thought, let me go ...” (**Ashley**)

Furthermore, resilience is legitimised through shared language and culturally shared constructs such as job searching and childcare. The phraseology women use to describe working conditions reflects difficulty and distress. However, discursive elements such as laughter, humour, and examples of self-care reveal agentic choices of resistance against otherwise challenging settings. The narratives show how the language itself constructs an agentic subject, using procedural narrative to assert capability despite structural limitations, approaching discourse from an affirmative first-person resilience as a dynamic process responding to social, cultural, and institutional processes rather than as an inherent trait (Ungar, 2004).

Resilience is therefore a subjective response to external forces of coercion or resistance, met with an equal and opposite response. Resilience is arguably a significant factor that fuels the motivation to migrate and to sustain the focus on working even in complex environments. For women coming from paternalistic societies, the notion of inequality and limited access is not new. Thus, challenges such

as separation from family, migration and adjustment in new environments presuppose resilience and resolve. This emerges in the discursive texts. By negotiating meaning and identity when these are challenged by systemic barriers, the care workers demonstrate agency in the face of adversity through their interactions with language. Their choice to communicate in one language, transfer into another (Swahili), or to intermix both within speech segments is also evidence of a muted resilience. This survival-oriented discourse counters the expected narrative of helplessness.

Resilience in language choice

Language has played a key role in revealing power dynamics as care workers erect muted resistance to institutionalised barriers. The use of more than one language in speech strongly suggests more than just linguistic capability and ease. There is a firm understanding that the use of a native language, in tandem with the second is an indicator of the ability to transfer complex grammatical structures, vocabulary, and meaning between languages. However, the role and place of dual languaging for pedagogical purposes (Creese and Blackledge, 2010) were not the focus of this research.

Translanguaging became a strategic agentic factor, stamping identity and collective cultural meaning in which deeper emotional nuances were expressed and relayed. Findings from the participants' discourse revealed that they felt motivated to transfer between English and Swahili with ease.

Resilience is also underpinned by language choice and use. Swahili was applied interchangeably within a sentence (intrasententially) or between sentences (intersententially). In places where code-switching is used, language, words, or phrases in Swahili represent a strategic approach, such as repetition for emphasis, seeking consensus, or expressing a deep-rooted emotion that cannot be conveyed by an equivalent word in English. Motivational factors for this process pointed to an underlying confidence that reverting to Swahili would be spontaneous during narration, knowing that the receiver could understand and identify with the emotional and cultural depth of the message.

Psychosocially, resilience can be identified as the ability to overcome a rupture of emotion and maintain a positive outlook despite adversity (Walsh, 2015). In the narratives, despite evidence suggesting difficulty, talk was linked to the practice of working in harmony with the community. A strong sense of loyalty and belonging permeated discourse, creating sites for emotional support among the women. As such, a deep sense of belonging became fundamental to resilience. Knowing the care and respect of others inspires people to feel safe and able to pursue goals, not just for themselves, but for the greater common good. This motivation to endure and pursue higher levels of achievement is captured in Maslow's hierarchy of needs (Huan, 2024). Maslow's level of belonging, situated in the middle of his hierarchy of needs, emphasises the human desire for connection, love, and acceptance through relationships with family, friends, and community. This need becomes especially critical once physiological and safety needs are met.

Belonging fosters psychological resilience by anchoring the individual in a network of mutual caring and support. In the care community, resilience is embodied in collective language, particularly in the use of “we” and “you” when referring to ideological issues and normative frameworks. Language also denotes shared strategies for coping, which are necessary when facing resistance alone. Feeling connected to others reduces feelings of isolation and despair, which are common in hardship. It enables the individual to know they are valued, which bolsters confidence to endure any challenges, with the knowledge that the community is there to act as an emotional buffer. Farjama narrates her struggle with childcare and joblessness, but only finds the strength to endure after receiving support from other women. She found a helping hand in the community, enabling her to work and train to overcome her predicament as a newly divorced mother of two toddlers. Her resilience allows her to train herself to fit into society despite differences in language, accent and support mechanisms.

Survival

Survival is a powerful cross-cutting discursive theme directly encoded in discourses on migration and precarity in Chapter Four, and in translanguaging in Chapter Five. In discourse, the experiences of adversity and solidarity are tightly entwined. For example, vulnerability in unemployment and the struggle in searching for work are juxtaposed with stories of family or friends offering their homes for accommodation, helping to find work and providing childcare—these attenuate precarity.

Survival through cultural legitimization

Survival is therefore rendered possible by the indispensable presence of members of the wider ethno-cultural group. Without exception, all participants mentioned help and support from close family or friends during precarious moments of post-migratory unemployment or childcare. In Chapter Five (5), code-switching patterns that exclude non-Swahili speakers, or which emphasise modalities of belonging and demonstrate solidarity and collective support.

Survival through mobility

The concept of mobility in this research reveals layers of deep socio-cultural symbolism for the East African Migrant woman. As an overarching philosophy, mobility reflects not only aspiration and alienation but also the continuous motion of searching for the elusive state of adjustment and settlement. Migration presupposes a separation and a distancing. The painful reality of such rupture is represented in discourse where speaking about family evokes nostalgic yet decisive choices to remain and work in the destination country for the common good.

Working under difficult conditions further pushes the need to constantly move in search of better-paying, more accommodating work settings. Migration is a form of salve to escape the complexities of a challenging dementia client, an unfriendly manager, an unhelpful spouse or even the unexpected acquired status of widowhood.

Interestingly, speakers use the past tense in discourse to indicate that a milestone has been reached and overcome. This suggests that migrating code provides a temporary solution to a difficult situation. Thus, Archer's (1995) temporality can be applied here to shed light on how language is used in the context of physical migration or mobility in employment to denote subjective choices and agency. The choice to move on or to remain in the problematic working conditions still qualifies as a form of agency.

The absence of permanence marks mobility. There are deep conversations about the struggle to adjust to the new cultural way of life, ranging from adopting an accent to maintaining an economically viable lifestyle grounded in a capitalist philosophy. The notion of returning home to family and dependants is a latent motivation that prevents the care worker from considering permanently settling in the UK. Hence, a deep-rooted sense of focus on the goal of working is prioritised over the search for a comfortable living. This reinforces a symbolic detachment that underpins a form of temporality for the care worker in the host society.

The tensions between seeking job satisfaction for economic settlement and the ultimate return home to family and society (Gratz, 2010) add an additional nuance to mobility. Migration creates a binary category of structure vs agency where systemic structures constantly force the care worker from and into places of economic hardship; however, this momentum becomes a stepping stone from which to launch into searches for better prospects.

Survival through agency

Despite persistent negative public perception and precarity of care work, migrant women have continued to occupy roles in this sector, which continues to be undervalued, despite the vital role it plays to offer care services to over 2 million ill, old or disabled people in England alone (Gardiner and Hussein, 2015). Resilience and commitment to family and community seem to fuel their consistency despite the consistently low wages. Consistency is reflected in the length of time participants had worked in the industry, with some for as long as eight years, while Farjama held the longest tenure of twenty-four years. These extended periods provide ideal conditions for stable economies and room for long-term policy change and sector development.

Despite initial comments about the challenges of work, the discourse becomes more articulate about enabling a comfortable life for family and relatives than it was about the challenges of discrimination, low pay and hard labour. In the discourse, economic precarity is consistently framed as both an obstacle and a generative source of agency. Participants describe sending remittances, taking on care roles, and contributing significantly to family and community well-being. These acts, while emerging from constrained work conditions, are reframed as purposeful, strategic, and morally driven. The decision to remain in low-paid care work is not simply a structural consequence but also a discursively claimed position of endurance, sacrifice, and strength.

The East African migrant care worker brings to her workplace a complexity of cultural roles and responsibilities marked by both agency and vulnerability. Discourse around secondary socio-cultural position in the family provides a nuanced understanding of

the challenges of shifting leadership roles following separation from traditional gendered roles. Reasons for separation include death and widowhood, divorce and absence of parental support from the husband, geographical separation by migration to the UK, and precarity from childbearing.

Although the discourses are emotionally charged and indicative of vulnerability at the start, they become the very motivations for assuming positions of agency and control. Distinct incidents of separation recounted in the discourse relate the deontic modality of expected compliance (Van Dijk, 1998; Xu, 2015) of culturally-oriented norms and structures. The discourse on the assumption of leadership roles by default from the traditional male figurehead was presented in masked vulnerability and in impressions of victimhood. However, the framing of obligation is soon overtaken by legitimisation of choice, independence and ability by the same speakers. Institutional gatekeeping and the constriction of female roles fade into depictions of active, layered power and ownership. Emotionally, volitional modalities such as “I can”, “I will see what to do”, “I will decide” place the woman in a pivotal position of choice and control.

Solidarity

The instability of mobility drives East African women to build collective networks for their own socio-cultural survival. These community solidarities provide a safe space to explore the possibility of bringing together fragmented networks to create a type of adjustment and settlement (Ciabbarri and Simonsen, 2024), that the host country denies them. As such, Migrant women often rely on informal networks and community solidarities that are themselves mobile and fragmented. However, in these settings,

the ability to actively share and enjoy valued cultural activities (eating together, humour, cultural and religious ceremonies) will not only promote social status, but it also cements the sense of belonging and settlement within the continuum of migration and settlement, which can also be comforting and reassuring (Skey, 2018, p. 609).

In Chapter Five, language use aptly underpins solidarity and belonging using various techniques. Deontic modalities that impose collective norms indicate that women not only experience similar injustice but must also be aware of the power of unified responses. The use of “you” and “we” captures a collectivist approach to empathising with the pain of the other, while also adhering to unwritten but agreed ways of responding to adversity.

The African heritage of the speaker shapes the values that they share in the workplace and beyond. In Fairclough’s expressive modality, the speaker underscores personal commitment to truth or obligation (Fairclough, 2015) to their worldview and values. Contrary to the unchallengeable institutional structures that prohibit social inclusion and mobility, women often adopt their inbuilt cultural responsibility for care of the vulnerable, compassion, and respect for authority to outmanoeuvre any restrictive institutionalised barriers. The discourse conveys a strong sense of liberation and independence, in which truth is determined by ingrained collective care and responsibility.

The dominance of institutional structures requires compliance from subjects to maintain order and stability. However, the subjective positioning demonstrates a new

and emerging approach to responding to hegemony. A muted resilience against normative procedures and sustained strategic benevolence to clients in the workplace and to dependents, tactfully translates power from structure to agent among the East African migrant care workers. Silent yet powerful is an image that is easily conjured in rhetorical discourse, and this can be used to sum up the collective experiences of the care workers in the UK.

Benevolence and familial substitution

One of the overarching ideologies that permeates all the participant narratives is the sense of duty within the various forms of familial structures. A somewhat dichotomous view of relational human values is strongly reflected in the experiences of the care workers, whose core cultural values are embedded in “Ubuntu”, which embodies prioritising of the communal good over the individualistic cosmopolitan principle (Graness, 2018) that is characteristic of the industrialised West. The discourse of the East African migrant woman reflects concurrently a voluntary benevolence and a masked obligation to enhance the well-being of the “other” who, in essence, is a representative of the larger collective identity. As in most relational lexis, the interlocutor is as much a recipient of care and support as they are the generator. Mutually beneficial interactions do not emanate solely from one person, nor are they confined to a fixed temporal site. Benevolence is a continuous relational action of cause and effect throughout the dimensions of the lived experiences (Banks, 2012). Benevolence is a powerful counteractive tool to resistance and adversity that naturally aligns with the philosophy of collective support. Participants' discourses record content and form framed to resist individualistic approaches to care and service. Eunice for example, demonstrates that benevolence is innately linked to compassion, outside of

the professional ethical framework. Benevolence springs from a need to do good and to reduce the pain of the vulnerable “other”, who, in society, is anyone that is in greater need than I. Discursive texts such as “she needs”, “she has to get help” - reveal a normative form of language that distinguishes helplessness (in the client) and the assumed position of responsibility to respond and to address the need.

Example 2:

“Because I’m like, yeah, probably she, you know what, she could be the only client that is in there, she needs somebody, she has to get somebody to help her, so I think I get that compassion”. **(Eunice)**

The cause and effect of benevolence is entwined with the reciprocity of emotions from both the client (or other needy person in society) and the benefactor, creating for the latter a sense of satisfaction and valorisation. Clients are often grateful to care workers for the care services rendered to them in their helpless states. Appreciation, in word and in deed, can also generate feelings of recognition and esteem, which, in turn, encourage further compassionate behaviour and stronger relational ties between the care worker and recipient (Algoe, 2012). Receiving and showing gratitude constitutes one of the reasons that East African migrant care workers remain committed to working in the care sector.

A form of social capital, gratitude, first used in 1916 by Hanifan (in Day, Robert and Rafferty, 2020), signifies appreciation of goodwill action. Within a family or community, gratitude is reflected in both caregiving and in community life. Day, Robert and Rafferty (2020) assert that gratitude and benevolence generate a positive sense of well-being for both the giver and the receiver. In the findings, across the salient talks, discourses

were often framed to highlight appreciation for support networks, family, and friends, and also featured in other speeches where compassion and benevolence are relationally aimed at the client and other dependents. Gratitude and generosity of the care worker defies economic and structural challenges in the workplace, elevating it to the spiritual position of a blessing (Duprey, 2018; Emmons, 2003; Emmons et al., 2004), which is neither economically quantifiable nor verifiable.

As such, for the East African migrant care worker who is culturally attuned, benevolence and fostering gratitude appear to be the more powerful drivers of remaining in a sector that has been widely discredited as unkind and precarious. The nature and practice of care appear to be more valuable and emotionally rewarding as they easily outweigh conventional cosmopolitan priorities of financial gain.

Navigating the dilemmas of working and living in an individualistic cosmopolitan society only succeeds in highlighting the power of benevolence. Discourse held by all participants, without exception, actively articulated decisions and choices in speech that always reflected the unifying norms of their culture. Language itself becomes a site where competing rationalities (self-advancement vs. community obligation) are negotiated. Linguistic forms predominantly employ inclusive pronouns “you” and “we” to indicate that universality always supersedes individuality. Such instances denote structural agency, in which a conscious, voluntary compliance with upholding others over self is respected and valued.

Furthermore, loyalty to familial settings plays a vital role in perpetuating retention in social care roles. Eunice, for example, states that she is housed by a host family who officially represent her biological family. She is therefore obliged to respect their headship over her and their choices of employment and academic course, for the greater good. On the other hand, Agsa recognises the sacrifice required by this ingrained philosophy, in which they are unable to make swift moves for personal promotion due to financial obligations to members of the wider family unit. Living with a younger sister (essentially being the recipient of favour, thereby abdicating her position of seniority and power for the greater good) until she herself can find some employment, Agsa is aware that reciprocating by financing another within society is an unspoken requirement. Solidarity within the social network prioritises the needs of the needy over individual comfort.

This value of collectivism permeates the discourses and resonates with talk of empowerment for the sake of others. The universalist African philosophy of Ubuntu represents this very pertinent standpoint. There is a strong tenet that Ubuntu can bring to the care sector, human relatedness that may be missing in an increasingly self-centred cosmopolitan society. In social work studies, Chigangaidze (2021) further proposes that extending the application of Ubuntu to the environment and to animals, in support of vulnerable service users, can also enhance their quality of life.

In summary, the spontaneous narratives of the participants show that, unlike capitalist discourses that prioritise individual profit and market efficiency (Dahlberg, 2014), East African migrant women are guided by a philosophy grounded in non-self-centred

assumptions underpinned by African values (Amoah, 2012, p. 285). Moreover, the commitment to work is altruistic, aimed at infusing shared responsibility that is inseparable from wellness, stewardship and ethical governance that is cemented by a socially accountable ethical framework. This communal interdependence is perhaps one of the reasons for an alternative perspective to economic competitiveness that would drive many to leave care jobs for better-paying professions (Metz, 2020). Benevolence, despite scarcity of resources, low income, long hours, and difficult working conditions, becomes the unifying link in discursive texts that demonstrate relational modalities of mutual values and positive regard for the less able.

Familial substitution

Ethical caring is a normative ethical framework emphasising relational interdependence. Studies in nursing (Traynor, 2023) explore the normative framework within which nurses demonstrate empathy and compassion, albeit as professional conduct rather than an altruistic impulse. The healthcare profession dictates agreed ways of working that demand a person-centred approach to care (HCPC, 2024). However, for social care workers, the discourses reveal that empathy and responsiveness to others' needs were not a normative response to expected work ethics, but rather, a spontaneous discourse reflecting a substitution of familial care and devotion. Projecting benevolence and, at times, emotional attachment, some narrations revealed a subconscious affiliation with elderly or vulnerable clients who reminded them of loved ones now separated from them, but who would have been under their care as part of the collective cultural obligation to care for the vulnerable.

Nostalgic care, transference of compassion for elderly loved ones, compensation of love for absent loved ones, are all psychoanalytically translated actions of emotional void experienced by the care worker, who finds herself distanced from those she cherishes. For some, religious beliefs and values converge comfortably with mindsets of duty and culturally sensitive service, where normative frameworks of faith and culture easily merge. However, the drive to express humanistic ideals seems to come from a more profound sense of allegiance to a cultural understanding of empathy and the care for weaker or ailing members of society.

Hussein's (2017) "*We don't do it for the money*" is perhaps one of the few studies that attempt to understand more profound truths about care workers and their resilience in the care sector. Although the emphasis is placed on the fact that wages are low and struggle is real, there emerges the question about what other motivations could exist to retain the migrant worker's interest in such jobs.

Literature that focuses on precarity, discrimination and feminisation of care omits valuable factors in the migrant workers that have contributed to the sustainability of this industry. Deeper-rooted motivations to continue working in such precarious and unfavourable settings now uncover core humanistic values and beliefs where professionalism and duty of care are cold and distant. Hussein's observations align with the findings of this study in that, despite the low wages and workplace adversity, the altruistic familial substitution while caring for others, emotional benevolence (gratitude and appreciation) and cultural respect for the elderly and the vulnerable are the foundational motivations for the migrant care workers in this study.

However, as in the case of Hussein, it does not offer women a voice or agency, who, despite negative public perception, have withstood adversity to remain resilient and upstanding in this sector. To this end, I posit that my research contributes a unique angle to this global view by highlighting the strength and agency of the migrant care worker, both in adverse work conditions as well as in society in general. Where studies emphasise overarching issues such as precarity, scarcity, and discrimination, this research further explores the deeper subjective interpretations of women's responses to these issues. The findings bring to the surface a new angle.

This final section of the discussion chapter highlights the salient elements of discourse that informed the answers to the research questions. CDA performed an iterative (McLeod, 2024) process in which a continuous interrogation, reflection, and analysis of text were used to examine the deeper meanings of social structures within which power and agency are manifest through language.

Links with Research questions

This study set out to explore the experiences of Swahili-speaking East African women in care work and their responses to workplace adversity. This research adopted a critical discourse analysis, through which participant narratives were interrogated to reveal deep, purposeful agentic positions of power and solidarity. Narratives evidenced experiences of struggle, waiting, and restrictions imposed by national and organisational structures on the participants. However, strategic use of form and content in discourse registered powerful modalities of determination and resilience

against repressive social structures. Weaving through the analysis of findings, an even more remarkable emerging observation was made: the value of embodied social support in the form of benevolence and solidarity. These underpinning values responded to the research questions, highlighting entry, adjustment and survival in the much-undervalued social care sector. This section discusses the findings and synthesis of ideological issues compiled in the context of the research questions.

RQ-1 How do Swahili-speaking East African women care workers in the UK (SEAWCW) manage stress and navigate the challenges of daily work with difficult clients within the health and social care sector?

Coping and stress management

Analysis of language forms in Chapter Four revealed how language framed practical aspects of stress management. Linguistic use of code-switching for emphasis shows practical ways of coping. Suggestion of patience in everyday dealings with difficult clients and in operational matters suggests a prescription against stress. The deliberate choice of Swahili to represent the meaning was not lost on the researcher. Strategic translanguaging emphasises and underpins the concept's importance. The word *subira* (meaning patience) suggests a call to a higher sense of judgment over challenges.

Furthermore, discourse revealing responses such as seeking more flexible working hours, learning “the accent,” seeking help from fellow migrant care workers for

childcare solutions, and spending time with loved ones to relax suggests that the care worker has mustered coping mechanisms. Fanu's vignette on unfair client accusations and the insistence on patience foregrounds everyday stress management; Ashley's move into care for flexibility shows strategic navigation to manage.

Chapter Five shows how coping is performed in talk where linguistic borrowing ("deal," "cope," "care") claims professional competence and control to counter evidence of hardship that features in each participant's discourse. The use of interrogative tags ("you see?") serves to recruit solidarity in hardship, while repetition (*"ile ile and "yale yale..."*) normalises consistent tedium and strain in daily service provision. Furthermore, modalities that were frequently used to express resolve and determination included "I never give up" and "You need to ...".

Translanguaging marks moments of emotional alignment and connectivity, converting stress into shared understanding and agency.

RQ-2 What factors contribute to the resilience or vulnerability of SEAWCW in coping with the pressures and challenges they encounter in their care roles?

Resilience

In Chapter Four, resilience is preceded by vulnerability through stringent structural policing and restrictive regulations. Talk of difficult visa regimes, long waiting times, non-recognition of credentials and precarity underpins the challenges of migration and the struggles of adjustment.

However, discursive texts closely align with talk of resilience, determination, and cultural capital to counter difficult experiences. Cultural capital is marked by an undercurrent of Ubuntu, talk of patience (Subira), and prioritising faith, which offers a superior ethical and moral framework for self-regulation. Also talks of determination against stringent barriers (“start from scratch”), supporting families back home with regular remittances and refusing to accept unhealthy work patterns in exchange for more money are widely shared among the women. These demonstrate an increased level of choice and power over initially constraining social structures.

In Chapter Five, textual features such as deontic modality (“I will not”) and the use of first-person plural “we” showcase collective strength and resilience, as indexed in language. Convergence in Swahili at strategic moments of communication demonstrates secure support and expressions that indicate temporality, such as “if I knew then what I know now”, unravel growth and progress against structural barriers.

In the same way, vulnerability is indexed in language where routine and tedious existence are embodied through repetition of words or phrases. Examples include Agsa’s (*watu ni wale wale... kazi ni ile ile* – English translation does not capture repetition and intent as it is represented in Swahili, as it would simply translate as “they are the same clients [**day in, day out**] and the same tasks [**over and over again**]). Vulnerability is defined in this context as the inability to change own circumstances or to improve outcomes, but instead there is an expectation to be compliant in the tedium and monotony.

Moreover, vulnerability is also displayed in the passive voice, where imposing elements dictate passive frames around gatekeeping. For example, in the use of “they” participants generalise oppressive authoritarian structures that impose restrictive measures (“they said I’m disqualified”). Still, such statements are often then countered by agentive stances such as: “what I did was ...”

RQ-3 How do Swahili-speaking East African women care workers in the UK (SEAWCW) exhibit defences against potential negative organisational pressures and repressive structures in the context of their roles within the health and social care sector?

Defences

In Chapter Four, defences include naming gatekeeping, where decisions that create barriers to social conditions are disclosed. For example, words such as “I did not have the qualifications”, “to get a visa was very difficult”, indicate a stemming of access through systemic barriers that exploit the intersectionality of the women as unemployed, migrant and female seeking employment. However, autonomy addresses these barriers through language, which affords access to employment, enables the assumption of roles in shifting work areas, and involves volitional modalities of resistance to imposed work patterns in exchange for monetary benefits. Standing on religious and health grounds to assert autonomy and agency defines empowered defence against exploitation. These are clear counter-moves to organisational pressure.

Chapter Five highlights how language is used to demonstrate discursive defences. Marked code choices where speech is spontaneously switched to Swahili to assert co-ethnic footing and limit outsider uptake demonstrate a robust defence against systems (English) that restrict and limit the participant's equal access. Therefore, resorting to translanguaging essentially puts the Swahili speaker on an equal footing with other monolingual systems in terms of linguistic and emotional control.

Besides code-switching, a strong quality of humour and satire is used to reframe and dilute the strength of impositions (night work) and to legitimise refusal. Satire (analogically presenting personal hygienic waste to indispensable perfume) acts as a recovery to autonomy from a subject position of disgust and repulsion, both physically and metaphorically.

Borrowing is also used to apply words from the opposite language to accentuate their meaning against the backdrop of another language, as a strategy to professionalise identity. There is also ample evidence of interrogatory statements in Swahili that harness collective resistance when the speaker draws in the listener with rhetorical questions.

Borrowing, therefore, offers a linguistic baseline of defence and resistance against the imposition of systemic structures, forming a professional as well as emotional buffer for care workers. Furthermore, it provides secure co-ethnic belonging, a sense of safety and solidarity against the wider foreign and repressive structures. The sense of belonging augments confidence to pursue greater social mobility, resilience, and helps

to nurture benevolence toward community, client and family as a form of mutual reciprocity.

RQ-4 What insights can Swahili-speaking East African women care workers in the UK (SEAWCW) provide about their work environment, specifically focusing on changes that may have impacted them in this job role?

Confirmation of precarity

Chapter Four offers rich insights into the environment of care from first-hand discursive texts. The chapter outlines discursive evidence of monotonous task structures (“yale yale”), difficult clients (“wale wale”), barriers to better-paying roles, difficulty in adjusting and social exclusion due to differences in accent. Systemic constraints are reflected both generally and specifically, highlighting the trade-off between unstable hours and higher pay, migration-policy shifts, and the move from dependency to managed autonomy.

In Chapter Five, a clear repertoire of linguistic evidence is reflected in the work environment. Repetition of words and phrases, and code-switching for emphasis, show that repetition dramatises monotony.

On the other hand, evaluative phrases and borrowing showcase professionalisation and subjective positioning in new roles with autonomy and resistance. Similarly, ideological normalised modalities such as (“it is good... you manage yourself”) flag

perceived improvements (self-scheduling) and expectations for outcomes that can only emerge from self-management. Otherwise, language underpins public knowledge around the limited improvements in the care sector. A powerful expression by Agsa: “*hamna mabadiliko sana*” [there are no changes, really] signals limited change so far in the sector.

Summary

Framework of responses and well-being

In examining how migrant women respond to workplace adversities and adjustment to life in general, the study's findings converge around a pyramidal schema (below) representing progressive levels each pointing to a more superior layer of well-being. This framework illustrates highlight stages of psychosocial maturity culminating positive regard towards others as the highest level of well-being, in the form of benevolence.

The model offers an interpretive lens through which well-being may be explored and encoded, not as a static outcome, but as a dynamic process shaped by resilience, solidarity and altruism.

Comparable to Maslow's hierarchy of needs, the proposed pyramid provides a graduated scale by which individuals may assess the extent to which they are grounded and positioned to establish well-being in their working lives. This

assessment is contingent upon the individual's psychosocial rootedness and their capacity to respond meaningfully to adversity.

The grassroot level of the pyramid is founded on resistance. This level represents an intentional push factor against contrary motion of dominance. When this drive to remain firmly established in the contrary direction becomes consistent, it begets resilience. Resilience demonstrates a progression beyond mere resistance, embodying a continuum of adaptive capacity despite persistent strain, structural disadvantage and systemic dominance resilience manifests as capacity to persist and to progress against sustained hardship.

As the worker embeds resilience in their approach to daily responses, they develop an adaptive competence, fostering a sense of successful existence and an autonomous continuity and ownership of their circumstances and ability to remain psychologically and emotionally afloat despite precarious conditions associated with the work environment. This competence, an iterative process of planning, implementing and adjusting becomes the mainstay of the pyramid as survival.

Survival evolves into solidarity which becomes salient when the individual recognises the strengths and capacity built over their own challenges and are therefore able to support others who may be experiencing similar circumstances, particularly those at their earlier stages of migratory or occupational journeys.

It must be noted that solidarity operates at this level as a fluid shifting positions between benefactor or beneficiary of support along the two-way vertical movement on the pyramid. At this level, solidarity symbolises ability to extend help through time, energy and resources, having competently learned to survive the struggle of precarity deprivation and isolation.

Once this level of solidarity becomes enacted through tangible community-centric attributes, the individual begins to embody altruistic values. Altruistic attributes that are prominent in collective identity include generosity, compassion and selflessness, are expressed voluntarily rather than through regulatory dominance or coercion. It is at this stage well-being reaches the pinnacle of existence. The intrinsic satisfaction derived from benevolence emanates from gratitude, valuing others and prioritising the needs of the vulnerable, supersedes self-centred gain.

In conclusion, this pyramidal framework provides a conceptual basis for understanding why certain workers may choose to remain in a challenging occupational environment and continue to experience improvement in well-being over time. Critically, persistence in maintaining a positive mindset despite structural disadvantages are attributable to the individual's successful transition from resistance to resilience, through survival, and solidarity and ultimately to altruistic benevolence.

This insight is particularly significant within the care sector, where care workers support clients who are dependent and vulnerable. Clients are often appreciative of the care they receive and many are known to develop emotional attachment and

transference of familial affection towards the professional care givers. This sustained support fosters an environment in which the professional feels valued and needed and emotionally rewarded, often to a greater extent than financial remuneration. Consequently, well-being becomes reinforced through meaningful interactions, affirming the worker's purpose and reason for remaining within the social care sector.

Pyramidal framework of responses to occupational adversity



Conclusion

This chapter discussed poignant broader issues that the migrant East African care workers experience. Strong reflections surfaced on resilience and agency. However, other reflections, although salient in similar studies, were not prominently represented in the discourse. For example, racial discrimination was highlighted by two

participants, but the inequality in general was experienced. Thus, this study cannot generalise to conclude that racism is a predominant social constraint.

Migration and settlement in the UK for migrant care workers have come at a price: continuous mobility and a striving for belonging. Equipped with a strong sense of resilience, the participant woman embodies determination and focus as she strives not just for herself but also for her family and community. Despite prohibitive structures and institutionalised barriers to equal access to better-paying employment, the care worker positions herself in a place of choice and self-determination. The binary choice between resilience and resignation to economic and cultural failure is not an option. The hard work and ability to shift between jobs are strong statements of a refusal to be labelled and dismissed as an invisible, undervalued professional. The participant women assume agential positions of independence and active participation in creating a conducive environment for self-care and the well-being of their children, families, and their cultural community, in both the sending and receiving countries.

An effective analogy places the reader in a clear position to understand the predicament of the care worker. When the drainage explodes, the hidden aspects are exposed; no one wants to deal with it, but they need someone to do it; they then become vital in society.

While adjustment and settlement are elusive, they can be easily achieved by choosing to associate with co-ethnic networks that promote shared cultural values and responsibilities. A sense of belonging counters the public perception of invisibility and

undesirability that shrouds the professional performance and recognition of the migrant care worker.

However, what is most striking is the unquestionable positive regard toward a person-centred approach for client service provision. A strong underlying sense of familial responsibility, perhaps a form of emotional compensation, is implied throughout the narratives that cite individual interactions, particularly for care workers who have left behind elderly relatives, who are much in need of the same care given to clients in the receiving country. Discourse is framed with attributes of care and compassion for the more vulnerable, sacrifice for the common good and reciprocity, which override the conventional struggle for economic excellence.

The following chapter will offer a conclusion to this study, providing an overview of the aim of the research and giving background justifications for the study. The chapter also highlights the limitations of the research as well as implications for future study and contributions to the advancement of health and social care sector policy implications.

Chapter 7

Conclusion

Introduction

This chapter brings my reflections on the research to a close. This research aimed to explore how the experiences of Swahili-speaking East African women in care work roles shape their responses to workplace adversity. The study aimed to understand deeper emotions and the underlying motivations for working and remaining in the care sector despite negative public perceptions.

Insider-outsider practice-near research simultaneity

Reflexivity can provide significant insight for both the researcher and the reader into the research's perspectives and subjectivity (Berger, 2013). The role of the researcher in this study assumed both insider-researcher and neutral positions. Looking back, I consider factors such as my identity, subjectivity and any theoretical and epistemological viewpoints that may contribute to the research process (Probst, 2015). From the very beginning, I aimed to understand whether my experiences within the care sector had any bearing on my background, gender or race. I was curious to find out whether other migrant women from a similar background experienced similar challenges, and, if so, my interest was drawn to how their backgrounds shaped their responses to adversity.

In the analysis, I was curious to identify any emotions and responses that lay beneath the surface, that propelled the women to respond to hardships without leaning on the bias of my own experiences. Confirmation bias (Mercier, 2022) compromises research findings, leading the researcher to focus on information that supports their beliefs and to ignore or distort data that contradicts them. To avoid confirmation bias, I applied a robust triangulation method (detailed in Chapter Three) to reaffirm objective content, to be the shared truth from all participants' perspectives (Kölbel, 2022).

Temple and Young (2004) also argue that shared language in qualitative research reduces the risks of dilemmas. However, there should also be a warning about linguistic overcompensation, where assumptions could be made in the representation of meaning. To overcome this hurdle, I used focus groups to confirm intended meanings with the other participants who are also speakers of both English and Swahili.

Findings

In response to the research aim to understand the experiences of Swahili-speaking East African migrant women working in social care, this study identified four previously undocumented traits. Arching over the conventional observations of precarity, deprivation and vulnerability, this study revealed that resilience, survival, solidarity and benevolence formed an indisputable fabric that served to preserve the social care worker in challenging socio-economic contexts. Contrary to dominant perceptions that frame migrant women in social care work as passive and invisible, discourses revealed

forms of active resistance and creative problem-solving that underpinned solidarity and the power of collective support networks.

The research underlines strong sentiments of resilience and agency in the women's own accounts, which challenge deficit-based portrayals and instead reveal a complex interplay of cultural identity and strategic solidarity that has been largely underrepresented in previous studies.

Through collective emotional and social support, the African philosophy of Ubuntu bolstered the individual for the good of others, furnishing them with the will and responsibility to show care.

A Framework for achievement of worker well-being in Chapter Six outlines the progressive development of defences fostered through salient culturally normalised support systems among the migrant women. Attaining a state of well-being is dependent upon endurance and consistency of subjective agency in challenging work environments underpinned by normalisation of robust collaborative systems of solidarity.

This research has raised a platform for the visibility of the social care migrant worker in acknowledging the deep and meaningful humanistic cultural values that contribute to the increased well-being of recipients as well as the professional caregiver. Through a systematic methodology of critical discourse analysis, evidence has emerged of

agency, self-determination and collective responsibility, which, this research argues, are the driving forces of sustainability for migrant workers in the social care industry.

The study revealed that gratitude and benevolence created a cycle of mutual appreciation, leading to the transfer of altruistic care, despite economic hardship and restrictive work processes (Day, Robert and Rafferty, 2020). Dependence and gratitude from clients triggered a sense of value, which, in turn, produced a countertransference of familial care.

Finally, proficiency in Swahili discourse as a social practice created a novel perspective on power and agency, providing the social care worker with contexts for expression and shared principles. This unique linguistic space affirmed the co-ethnic identity of the East African community of migrant women, thereby forming a tightly knit symbiotic social network that fuelled their survival in difficult work conditions.

Contributions

This is an under-researched area, evidenced by the scarcity of literature on the experiences of East African migrant women in health and social care, and even less information on the support and well-being of social care workers (Hussein, Kilkey and Tawodzera, 2023). By concentrating on one of the most marginalised group of workers in social work and social care, (Black African migrant women), this study aims to contribute to rendering visible the women whose social capital outperforms financial gain, in the much-beleaguered social care sector.

The study also contributes to amplifying the voices of East African migrant women in health and social care in both research and policy. By recognising their stories and defences within restrictive socio-economic structures, the study will systematically raise awareness and spark professional and academic curiosity in developmental debates.

Limitations of research and implications for further research

This research aimed to explore the experiences of East African Swahili speaking migrant women working in social care. There was the unique challenge of finding the eligible cohort fitting the inclusion criteria. For this reason, a purposive sampling and repeated attempts to recruit eligible participants were employed.

Limitations, like small sample sizes, could be pointed out. However, the sheer number of hours covered during the fourteen (14) interviews and two (2) focus groups provided sufficient material to achieve saturation of the research data. Notwithstanding, the sample band was very narrow and specific to gender, region, culture and language. Although this might raise questions about limited findings, it allows for a deeper understanding of a particular group of women, highlighting powerful contributions to resilience that could be easily adopted in many industries that employ African migrant workers. Moreover, research findings highlight the benefits of more humanistic value systems embedded in East African culture; these are applied and institutionalised to improve the quality of care for clients and psychosocial support services for care workers.

Furthermore, although the findings may be considered insufficient for replicability of findings, the depth and uniqueness of the findings mean that they can serve as teaching and learning platforms across the sector and proposed as models for improvement across other professional learning boards.

However, some limitations are also unique to this research. As the research topic states, the focal sample of this research was migrant women. Firstly, intersectionality was not a focal point of this research. Although mentioned in the literature review and sporadically, it was intentionally omitted from the research questions to emphasise the grounds for agency rather than the vulnerabilities created by the special social characteristics.

Secondly, this research did not include migrant men's contributions to social care. This could be an area of interest for future comparative research, with consideration given to the dynamics of agency, gender pay gaps, leadership and management in the workplace, as well as gender-based migration and settlement for migrant workers in the care sector.

While this study briefly considered the powerful impact of shifting gender roles and the economic and emotional benevolence of migrant care workers, it did not go far enough to explore their impact on clients and families. This is an interesting piece of work that could be undertaken to highlight the emotional impact of migration on left-behind families and children (Carranza, 2022), while assessing the impact of remittances on sending and receiving countries. It would be interesting to find out whether the

remittances proportionately cover unmet emotional needs of spouses, children and extended kin.

This research used critical discourse analysis to reveal the hidden, often suppressed emotional strength that clearly characterises the women's decisions and staying power. An emerging research area from this study could therefore be to explore ways to harness personalised narratives in the workplace to empower a workforce and facilitate negotiations in challenging contexts within the sector.

The subject of this thesis could also be broached in other areas of study where human resources and global development networks are implicated in migration. As such, any study connected to law, labour, well-being and emotional capital whose framework is a subset of a sociological context will have the potential to significantly impact employment and well-being, and improve quality of life for many.

Methodological considerations

Despite mainstream restrictive policies and practices in the social sector, applying a systematic critical analysis of discourse, this research revealed deeper-seated motivations for migrant care workers to continue in the profession. Comparable to other methods of analysis, CDA provided this study with a unique approach to exploring deep and meaningful responses that surfaced the importance of agency and control for women working in difficult work settings.

Findings helped to establish the uniqueness of bilingual social practice to confirm previous findings on precarious living and to superimpose these with revelations of personal strength and defences of resilience, survival and benevolence.

If the research were to be conducted again, it would be interesting to apply another analytical method to confirm the results. However, it must be noted that critical discourse foregrounded a platform upon which the agency and control could be interrogated and reliable findings recorded. Critical discourse bypasses traditional coding and thematic analysis of findings, potentially distancing the findings from participants' deep and personal views and emotional capital.

Implications for policy and practice

Some of the most poignant responses to the interview questions pointed to restrictions and barriers that are arbitrarily changed to suit political and capitalistic agendas. Secondly, policies for agreed ways of working in many privately run agencies lack the rigour of accountable measures for verification and change. Examples were cited of women's shifts being taken away from them with neither notice nor explanation. This injustice placed many women in precarious conditions, living in deprivation from one pay check to the next. There were no clear protective systems through which they could receive support without reprisal from unscrupulous managers.

Migrant workers employed under zero-hours contracts often face significant barriers to exercising employment rights and participating in trade union activities. The precarious nature of such contracts and agreements, which are often characterised by

unpredictable hours and income insecurity, undermines migrant women's ability to assert workplace protections and to collectively organise reliable protective strategies, thereby leaving them vulnerable to exploitation and exclusion from formal labour representation (Sutherland, 2025; Staunton, 2025).

This research could motivate policymakers to navigate the complex labour laws governing zero-hour contracts, which have mainstreamed a substandard economic existence for many migrant agency workers. Furthermore, policies that favour employment regulations could be interrogated to consider humane systems of work hours and pay, such as the proposed living wage (Gardiner and Hussein, 2015) that meets living standards regardless of income earned. Efforts and commitments to ban zero-hour contracts (Sutherland, 2025) continue to remain superfluous and indefinite.

This research proposes greater involvement of women with decision-makers and policy-makers, in which their personal narratives can be used to humanise policy debates and influence practice change in the healthcare sector. There should be a push for humanistic elements in service management that promote inclusion of migrant women's voices and participation in policy debates and forums.

This research recognises the value of collective care and cultural universality as evidenced in the research findings. Therefore, policies to establish workplace reflexivity hubs that offer safe spaces for psychosocial support through peer discussion groups will strengthen engagement with challenging structures and

empower all workers involved. Similarly, community-based peer networks among migrant women will help to reduce isolation and to build resilience.

Next steps

Far from abandoning the fight against social and structural inequalities, this research underscores the complementary effort to recognise the compelling power of the migrant care worker's resilience and solidarity.

Contributing these findings in conferences and workplaces will celebrate and promulgate the agentic power of resilience, solidarity and survival embodied by migrant care workers. Promoting the use of shared language with clients could also promote social networks that improve well-being for both worker and client.

As a published work, this study will also contribute to lectures and service sites for advanced research and practice in many fields, including the healthcare, social work and social care sectors.

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Appendix I: TREC Form

Tavistock and Portman Trust Research Ethics Committee (TREC) **APPLICATION FOR ETHICAL REVIEW OF STUDENT RESEARCH PROJECTS**

This application should be submitted alongside copies of any supporting documentation which will be handed to participants, including a participant information sheet, consent form, self-completion survey or questionnaire.

Where a form is submitted and sections are incomplete, the form will not be considered by TREC and will be returned to the applicant for completion.

For further guidance please contact Paru Jeram (academicquality@tavi-port.nhs.uk)

FOR ALL APPLICANTS

If you already have ethical approval from another body (including HRA/IRAS) please submit the application form and outcome letters. You need only complete sections of the TREC form which are NOT covered in your existing approval

Is your project considered as 'research' according to the HRA tool? (http://www.hra-decisiontools.org.uk/research/index.html)	Yes
Will your project involve participants who are under 18 or who are classed as vulnerable? (see section 7)	No
Will your project include data collection outside of the UK?	No

SECTION A: PROJECT DETAILS

Project title	Exploring the impact of personal experiences of Black East African female migrant care workers on their response to workplace adversity.		
Proposed project start date	September 2023	Anticipated project end date	July 2025
Principal Investigator (normally your Research Supervisor): Dr Jane Herd			
Please note: TREC approval will only be given for the length of the project as stated above up to a maximum of 6 years. Projects exceeding these timeframes will need additional ethical approval			
Has NHS or other approval been sought for this research including through submission via Research	YES (NRES approval)	☐	
	YES (HRA approval)	☐	
	Other	☐	

Application System (IRAS) or to the Health Research Authority (HRA)?	NO ☒
If you already have ethical approval from another body (including HRA/IRAS) please submit the application form and outcome letters.	

SECTION B: APPLICANT DETAILS

Name of Researcher	Elizabeth Karen Kayembe
Programme of Study and Target Award	Professional Doctorate in Advanced Practice and Research - Social Work and Social Care (SCDOT003)
Email address	ekayembe@hotmail.com
Contact telephone number	07733309565

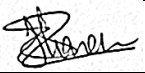
SECTION C: CONFLICTS OF INTEREST

Will any of the researchers or their institutions receive any other benefits or incentives for taking part in this research over and above their normal salary package or the costs of undertaking the research? YES ☐ NO ☒ If YES, please detail below:
Is there any further possibility for conflict of interest? YES ☐ NO ☒
Are you proposing to conduct this work in a location where you work or have a placement? YES ☐ NO ☒ If YES, please detail below outline how you will avoid issues arising around colleagues being involved in this project:

Is your project being commissioned by and/or carried out on behalf of a body external to the Trust? (for example; commissioned by a local authority, school, care home, other NHS Trust or other organisation). *Please note that 'external' is defined as an organisation which is external to the Tavistock and Portman NHS Foundation Trust (Trust) If YES, please add details here:	YES ☐ NO ☒
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Will you be required to get further ethical approval after receiving TREC approval? If YES , please supply details of the ethical approval bodies below AND include any letters of approval from the ethical approval bodies (letters received after receiving TREC approval should be submitted to complete your record):	YES ☐ NO ☒
If your project is being undertaken with one or more clinical services or organisations external to the Trust, please provide details of these:	
If you still need to agree these arrangements or if you can only approach organisations after you have ethical approval, please identify the types of organisations (eg. schools or clinical services) you wish to approach:	
Do you have approval from the organisations detailed above? (this includes R&D approval where relevant) Please attach approval letters to this application. Any approval letters received after TREC approval has been granted MUST be submitted to be appended to your record	YES ☐ NO ☐ NA ☒

SECTION D: SIGNATURES AND DECLARATIONS

APPLICANT DECLARATION I confirm that: • The information contained in this application is, to the best of my knowledge, correct and up to date. • I have attempted to identify all risks related to the research. • I acknowledge my obligations and commitment to upholding ethical principles and to keep my supervisor updated with the progress of my research • I am aware that for cases of proven misconduct, it may result in formal disciplinary proceedings and/or the cancellation of the proposed research. • I understand that if my project design, methodology or method of data collection changes I must seek an amendment to my ethical approvals as failure to do so, may result in a report of academic and/or research misconduct.	
Applicant (print name)	ELIZABETH KAREN KWAMBOKA KAYEMBE
Signed	
Date	05/01/2024

FOR RESEARCH DEGREE STUDENT APPLICANTS ONLY

Name of Supervisor/Principal Investigator	Dr Amina Adan
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Supervisor – - Does the student have the necessary skills to carry out the research? YES ☒ NO ☐ - Is the participant information sheet, consent form and any other documentation appropriate? YES ☒ NO ☐ - Are the procedures for recruitment of participants and obtaining informed consent suitable and sufficient? YES ☒ NO ☐ - Where required, does the researcher have current Disclosure and Barring Service (DBS) clearance? YES ☐ NO ☐	
Signed	Dr Amina Adan
Date	05/01/2024

COURSE LEAD/RESEARCH LEAD Does the proposed research as detailed herein have your support to proceed? YES ☒ NO ☐	
Signed	Louise Grant
Date	15/11/2023

SECTION E: DETAILS OF THE PROPOSED RESEARCH

1. Provide a brief description of the proposed research, including the requirements of participants. This must be in lay terms and free from technical or discipline specific terminology or jargon. If such terms are required, please ensure they are adequately explained (Do not exceed 500 words)
The aim of this research is to explore the impact of migratory experiences of Swahili-speaking East African women care workers in the UK on the nature and degree of resilience against workplace adversity. The central presupposition of this research is that there is an underlying link between lived experiences of adversity and hardship that are deeply entrenched in the unconscious and the manner in which new stresses are handled in the workplace. For the Swahili-speaking migrant Black African woman working in the care sector, such experiences may well have been the platform upon which she has built a fortress of resilience, or otherwise. This research seeks to understand whether the prior lived experiences of migrant women play a role in their choices of workplace and their response to workplace adversity. By using in-depth interviewing techniques and a reflective focus group discussion, the study hopes to shed light on the causes and experiences of migration so as to understand how these women deal with and respond to the challenges of working in the care sector that has been described as an environment that is highly feminised, racialised and economically impractical (Rose, et al, 2005).

Research questions

1. How do Swahili-speaking East African women care workers in the UK (SEAWCW) manage stress and navigate the challenges of daily work with difficult clients within the health and social care sector? What factors contribute to the resilience or vulnerability of SEAWCW in coping with the pressures and challenges they encounter in their care roles?
2. What presenting behaviours or attitudes do Swahili-speaking East African women care workers in the UK (SEAWCW) exhibit as defences against potential negative organisational pressures in the context of their roles within the health and social care sector?
3. What insights can Swahili-speaking East African women care workers in the UK (SEAWCW) provide about their work environment, specifically focusing on changes that may have impacted them over the last four years?
4. **Provide a statement on the aims and significance of the proposed research, including potential impact to knowledge and understanding in the field (where appropriate, indicate the associated hypothesis which will be tested). This should be a clear justification of the proposed research, why it should proceed and a statement on any anticipated benefits to the community. (Do not exceed 700 words)**

Research aim (Please see section 1 above)

Justification of research

The care industry has become one of the fastest growing employers in the UK, with close to 1.6 million care workers (Skills for Care, 2005). There is now substantial evidence in recent studies about the nature and definition of precarious work in the UK. Statistics from the office of National Statistics (ONS), Public Health England (PHE) and the NHS indicate that a large majority of workers in the social care sector, are women, the majority of whom are classed as Ethnic Minority or Black migrant women.

The care industry is well documented as being a low-paying sector, with many companies offering the highly unpredictable zero-hour contracts. Furthermore, workers are socially classed as low-status, low-skilled and they remain economically excluded (Pósch et al. 2020). Even though most African women entering this sector are already highly skilled in other industries they find it difficult to find employment that reflects their skill levels, due to several factors.

Elements of race and social injustice have pushed further the agenda of marginalising Black and Ethnic minority women into the more precarious aspects of care work. It is for this reason that the ONS (2020) report stated that Black, Asian and Ethnic Minority women were most at risk of COVID-related deaths.

Not only are women exposed to risk of death during epidemics like COVID-19, but the underlying stress, lack of esteem and economic hardship (Pósch et al. 2020) lingers heavily and indefinitely. Bashir (2018) further states that many of these women will often experience low wages, zero-hour contracts (irregular working hours) and a lack of job security. This is the

definition of economic vulnerability, which affects families and communities at large for the Black Women care workers.

Significance of this research

While these studies agree on the implications of marginalisation and injustice, there is a dearth of information about the experiences of resilience and self-preservation of SEAWCW. Some studies have been published around the experiences of Zimbabwean and generally other Ethnic Minority care workers in the UK (McGregor, 2007, Mbiba et al 2020 and Olasunkanmi-Alimi et al, 2023), however, the studies focus mainly in the institutional injustices of race, gender and political lethargy to change these disparities.

My own experience as a migrant African woman is very closely related to that of many women care workers whom I have encountered in my various roles in the health and social care sector. I feel, like myself, their experiences have been unrepresented in the public sphere. There is great potential in understanding why and how there remains such a large pool of migrant female workers in the care sector and what influences their choice to remain in this sector despite the stark statistics of poor pay and disadvantage.

The contribution of this study is threefold:

Primarily, this study seeks to amplify the voices of a significant yet marginalized population—Swahili-speaking East African women care workers (SEAWCW). By shedding light on their experiences, this research takes the initial step towards recognizing the invaluable contributions of SEAWCW and, by extension, addressing the broader issue of racial, social, and economic marginalization faced by Black, Asian, and Minority Ethnic (BAME) women. The statistics reveal a concerning disparity, with BAME women, including SEAWCW, being overrepresented in lower-paid, high-risk jobs and facing higher rates of underemployment compared to their white counterparts (TUC Equality briefing, 2020).

References

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5. **Provide an outline of the methodology for the proposed research, including proposed method of data collection, tasks assigned to participants of the research and the proposed method and duration of data analysis. If the proposed research makes use of pre-established and generally accepted techniques, please make this clear. (Do not exceed 500 words)**

Methodology

This research will mainly be qualitative in nature, harnessing the responses of the participants through a range of reflective and relational activities (semi-structured interviews and focus groups) to establish the impact of experiences of SEAWCW on their responses to workplace/client adversity. I will predominantly apply critical discourse analysis to capture socio-cultural and political nuances that are hidden in linguistic style and expression.

Interviews

Thinking about the group of women that I will engage with, I propose a series of in-depth interview questions that will cultivate their motivation to speak about their pre-migratory experiences and reasons for coming to the UK, why and how they landed in the care sector. The questions will also aim to explore the nature of adversity and the responses of the SEAWCW to these experiences in their daily work routines.

These experiences will be best captured through narratives, which I will critically analyse to underscore resurging themes that will inform the conclusion of my findings.

Focus Groups

The use of a focus group is deliberate and calculated. Focus groups brings the same group of women together in a collective safe space. They are nuanced, and they foster a more natural and spontaneous feedback. The participants will also benefit from the comfort of common experiences and it is envisaged that they may feel more inclined to share detailed information, where interviews may have been perceived to be too formal or too intrusive.

Finally, the nature of collective interpersonal interaction in focus groups will provide for a wider common language use (Swahili) as part of the group interaction. This will open up a wealth of other forms of discourse that will be valuable for the analysis of the material to be produced. For example, culturally, East African women may use particular language in group engagement to express various emotions, where this is not evident in a one-to-one interaction elsewhere.

As a Swahili speaker myself, I bring to the forum the ease of communication in both English and Swahili, without the need for an external interpreter, whose presence may impact on matters of comfort as well as confidentiality for the participants.

Research sample selection and Data collection

Working with 5-8 participants, I will draw out a schedule of two (2) individual interview sessions per individual and one (1) focus group activity after all participants have completed the interviews.

My study aims to capture the various ways of coping with workplace adversity for my participant group.

Using discourse analysis in interviews and focus groups gives room for the interviewer to examine the unintended meaning of sounds, expressions and words (Riley and Wiggins, 2019). The participant's authentic voice and experience is captured in the sound, in the tonality and choice of words. These are then translated into codes (Saldaña, 2021) that hold thematic categories that will inform the researcher's conclusion. The well-being of participants is my top priority, and I avoid intrusive questions, offering support services if needed. Transparent communication about data use, analysis, and dissemination is a fundamental aspect of my ethical practice. I will strive to involve the participants in the research process, seeking their feedback for accurate representation.

Data analysis Method

I employ Critical Discourse Analysis (CDA), a methodology that delves into the interpretation of sense and meaning by examining features of language use beyond the scope of grammar and lexis. This approach serves as a lens to comprehend social contexts and power dynamics through the analysis of text and talk. In the application of Critical Discourse Analysis to narrative interviews and focus group data, I will adopt a systematic and interpretive approach to scrutinise language, discourse structures, and embedded power dynamics within the transcribed text. Specific linguistic features, such as alliterations, metaphors, rhetorical questions, and similes, will be thoroughly examined. Additionally, non-linguistic elements like tonality, silences, and other sounds will be assessed to discern emotions and motivational responses. When employing Critical Discourse Analysis (CDA) in analysing interview and focus group data, ethical considerations are at the forefront of my approach. I am attentive to power dynamics and as such will be providing debriefing sessions and maintaining sensitivity to cultural nuances. Throughout the analysis, I will actively engage in reflexivity, acknowledging and addressing my biases and assumptions.

Hollway, W. and Jefferson, T. (2008) *Doing Qualitative research differently: Free Association Narrative and Interview Method*. London: SAGE Publications Ltd.

Braun, V. and Clarke, C. (2021) *Thematic Analysis: A Practical Guide*. London: SAGE Publications Ltd.

Riley, S. and Wiggins, S. (2019) *Doing Qualitative Research in Psychology: A Practical guide*. London: SAGE Publications Ltd. .

Saldaña, J. (2021) *The Coding Manual for Qualitative Researchers*. London: SAGE Publications Ltd.

SECTION F: PARTICIPANT DETAILS

6. Provide an explanation detailing how you will identify, approach and recruit the participants for the proposed research, including clarification on sample size and location. Please provide justification for the exclusion/inclusion criteria for this study (i.e. who will be allowed to / not allowed to participate) and explain briefly, in lay terms, why these criteria are in place. (Do not exceed 500 words)

Preliminary steps:

My primary strategy of recruiting the participants will be to widely advertise the recruitment process via the social media platforms including LinkedIn.

Thereafter, if required, I will apply a secondary approach of snowballing, to reach the required total number of participants. It is envisaged that the identified participants may be able to suggest other participants who fit the criteria of the research. This way the need to share any personal data with which to contact individuals does not arise.

This approach excludes the need to contact care agencies for purposes of recruiting care workers onto the research project. It also reduces the risk of breach of confidentiality and bias, where the agencies may stand to choose and select participants to contact and propose for the research.

This research relates to the experiences of individual women working in different care settings. It will not be related to the organisations they are working in. Therefore, there will be no requirement to send emails or seek approval to interview the workers.

The selection criteria will determine that all participants are originally from Somalia, Kenya, Tanzania or Uganda, who have been working in the Care sector for at least 3 years, and have permission to live and work in the country and who are speakers of the Swahili language. The latter criterion is crucial because it delineates the commonality of culture and experiences of the group of women I am targeting for this research. Secondly, it allows for ease of communication, such that, should the use of English be cumbersome, we can all revert to Swahili with ease.

Sampling requirements

A cohort of women who meet the set criteria, will be sought and solicited for this research. Below are the

Inclusion/exclusion criteria to be used:

1. Black African women who have migrated to the UK, from Somalia, Kenya, Tanzania or Uganda, who are Swahili-speakers
2. Excludes women who came into the health and social care sector through an international recruitment drive,
3. Swahili-speaking Black East African women who have acquired resident status in the UK with permission to work.
4. Currently working as social care workers and have a minimum of 3 years' experience in the industry.

The recruitment drive should enable me to conduct a triage that will enable me to establish contact with 5-8 willing participants, I will draw out a schedule of two individual interview sessions per individual and 1 focus group activity after all participants have completed the interviews.

7. **Please state the location(s) of the proposed research including the location of any interviews. Please provide a Risk Assessment if required. Consideration should be given to lone working, visiting private residences, conducting research outside working hours or any other non-standard arrangements.**

If any data collection is to be done online, please identify the platforms to be used.

The two main activities to data collection will be 2 interviews per participant, and 1 focus group per group of 4 participants. The preferred choice of meetings will be face-to-face meetings. However, if, due to unforeseen circumstances arise, such as train strikes, illness or inaccessible meeting locations, online meetings will be used as an alternative option. Both settings will still be structured in the same way. Introductory directions will be given to each participant before the actual interview begins. Guided by the General Data Protection Regulations 2018, I will clarify the purpose for the use, storage and dissemination of the data collected during the interviews.

In the face-to-face set-up, the interviews will be conducted with the participant in a designated safe and private space that is as close as possible to their workplace, to enable ease of travel to or from work, for the participant, at their own off-the-job time. As such, there is no need to seek permission (written or otherwise) for the participant to hold meetings or to use a workspace within the care setting (participant's workplace).

If a private space is not available close by, I will contact a community centre that is open to local groups and community activities. I will make reservations for the interviews as soon as I confirm approval from the TREC panel. A risk assessment of the area will establish whether the room can accommodate good quality sound recording while offering a quiet confidential space.

Should the online option be required, I will access the Microsoft Teams, which is available to students in this programme. It also provides safe storage and transcription services, which will be safely stored in the University's secure One cloud. Once the information is recorded, transcribed and checked for accuracy, the recordings will be deleted from the One cloud.

As a Black East African woman, I am confident that I can present this research to the Black African migrant women care workers and promote the opportunity to give a voice to the women care workers through the publication of the findings from this study.

I will need to consider if there are any issues that may arise such as cancellation of prior arrangements of venue, if it is not available at the time of booking. Also thinking about the responses and reactions of the participants and how I will need to support them in order to maintain a safe and supportive environment. I do not foresee much risk to their emotional or physical status. However, I do attach a risk assessment sheet that caters for any major probability of harm or danger to the participant. (Find attached risk assessment)

8. Will the participants be from any of the following groups? (Tick as appropriate)

- ☐ Students or Staff of the Trust or Partner delivering your programme.
- ☒ Adults (over the age of 18 years with mental capacity to give consent to participate in the research).
- ☐ Children or legal minors (anyone under the age of 16 years)¹
- ☐ Adults who are unconscious, severely ill or have a terminal illness.
- ☐ Adults who may lose mental capacity to consent during the course of the research.
- ☐ Adults in emergency situations.
- ☐ Adults² with mental illness - particularly those detained under the Mental Health Act (1983 & 2007).
- ☐ Participants who may lack capacity to consent to participate in the research under the research requirements of the Mental Capacity Act (2005).
- ☐ Prisoners, where ethical approval may be required from the National Offender Management Service (NOMS).
- ☐ Young Offenders, where ethical approval may be required from the National Offender Management Service (NOMS).
- ☐ Healthy volunteers (in high risk intervention studies).
- ☐ Participants who may be considered to have a pre-existing and potentially dependent³ relationship with the investigator (e.g. those in care homes, students, colleagues, service-users, patients).
- ☐ Other vulnerable groups (see Question 6).

- ☐ Adults who are in custody, custodial care, or for whom a court has assumed responsibility.
- ☐ Participants who are members of the Armed Forces.

¹If the proposed research involves children or adults who meet the Police Act (1997) definition of vulnerability³, any researchers who will have contact with participants must have current Disclosure and Barring Service (DBS) clearance.

² 'Adults with a learning or physical disability, a physical or mental illness, or a reduction in physical or mental capacity, and living in a care home or home for people with learning difficulties or receiving care in their own home, or receiving hospital or social care services.' (Police Act, 1997)

³ Proposed research involving participants with whom the investigator or researcher(s) shares a dependent or unequal relationships (e.g. teacher/student, clinical therapist/service-user) may compromise the ability to give informed consent which is free from any form of pressure (real or implied) arising from this relationship. TREC recommends that, wherever practicable, investigators choose participants with whom they have no dependent relationship. Following due scrutiny, if the investigator is confident that the research involving participants in dependent relationships is vital and defensible, TREC will require additional information setting out the case and detailing how risks inherent in the dependent relationship will be managed. TREC will also need to be reassured that refusal to participate will not result in any discrimination or penalty.

7 Will the study involve participants who are vulnerable? YES ☐ NO ☒

For the purposes of research, 'vulnerable' participants may be adults whose ability to protect their own interests are impaired or reduced in comparison to that of the broader population. Vulnerability may arise from:

- the participant's personal characteristics (e.g. mental or physical impairment)
- their social environment, context and/or disadvantage (e.g. socio-economic mobility, educational attainment, resources, substance dependence, displacement or homelessness).
- where prospective participants are at high risk of consenting under duress, or as a result of manipulation or coercion, they must also be considered as vulnerable
- children are automatically presumed to be vulnerable.

7.1. If YES, what special arrangements are in place to protect vulnerable participants' interests?

If YES, a Disclosure and Barring Service (DBS) check **within the last three years** is required.

Please provide details of the "clear disclosure":

Date of disclosure:
Type of disclosure:
Organisation that requested disclosure:
DBS certificate number:

(NOTE: information concerning activities which require DBS checks can be found via <https://www.gov.uk/government/publications/dbs-check-eligible-positions-guidance>). Please **do not** include a copy of your DBS certificate with your application

8 Do you propose to make any form of payment or incentive available to participants of the research?

YES ☒ NO ☐

If **YES**, please provide details taking into account that any payment or incentive should be representative of reasonable remuneration for participation and may not be of a value that could be coercive or exerting undue influence on potential participants' decision to take part in the research. Wherever possible, remuneration in a monetary form should be avoided and substituted with vouchers, coupons or equivalent. Any payment made to research participants may have benefit or HMRC implications and participants should be alerted to this in the participant information sheet as they may wish to choose to decline payment.

No form of payment will be made in relation to remuneration for participating in the research. However, I will be careful to reimburse any participants who may be out of pocket based on their travel receipts presented at the agreed venue of interview. I will endeavour to arrange meetings that will be within walking distances of the agreed venue, for the majority of participants where we have group activities (the Focus groups). The odd refund will not surpass a day's travel ticket.

I will also make arrangements for some refreshments on the day of the interviews. There will be no direct payment for travel, food or for participating in the research activity.

9 What special arrangements are in place for eliciting informed consent from participants who may not adequately understand verbal explanations or written information provided in English; where participants have special communication needs; where participants have limited literacy; or where children are involved in the research? (Do not exceed 200 words)

It can be assumed that all participants who are already in employment within care will have a working level of literacy and numeracy skills. However, it is important to consider that some questions may have deeper technical implications and as a result, they may need further or deeper explanation. As a result, I plan to provide interpretation in Swahili as and when these may be required. English will be the dominant language of communication. As a Swahili and teacher of the language, I am well placed to ensure the confidentiality of all interactions with the participants is respected and that they are informed of the data protection rights in this context.

SECTION F: RISK ASSESSMENT AND RISK MANAGEMENT

10 Does the proposed research involve any of the following? (Tick as appropriate)

- ☐ use of a questionnaire, self-completion survey or data-collection instrument (attach copy)
- ☐ use of emails or the internet as a means of data collection
- ☐ use of written or computerised tests
- ☒ interviews (attach interview questions)
- ☐ diaries (attach diary record form)
- ☒ participant observation
- ☐ participant observation (in a non-public place) without their knowledge / covert research
- ☒ audio-recording interviewees or events
- ☐ video-recording interviewees or events
- ☐ access to personal and/or sensitive data (i.e. student, patient, client or service-user data) without the participant's informed consent for use of these data for research purposes
- ☒ administration of any questions, tasks, investigations, procedures or stimuli which may be experienced by participants as physically or mentally painful, stressful or unpleasant during or after the research process
- ☐ performance of any acts which might diminish the self-esteem of participants or cause them to experience discomfiture, regret or any other adverse emotional or psychological reaction
- ☐ Themes around extremism or radicalisation
- ☐ investigation of participants involved in illegal or illicit activities (e.g. use of illegal drugs)
- ☐ procedures that involve the deception of participants
- ☐ administration of any substance or agent
- ☐ use of non-treatment of placebo control conditions
- ☐ participation in a clinical trial
- ☐ research undertaken at an off-campus location (risk assessment attached)
- ☐ research overseas (please ensure Section G is complete)

11 Does the proposed research involve any specific or anticipated risks (e.g. physical, psychological, social, legal or economic) to participants that are greater than those encountered in everyday life?

YES ☒ NO ☐

If YES, please describe below including details of precautionary measures.

While this research has no intention of causing any undue emotional strain, questions relating to experiences of adverse events, migration and workplace trauma may trigger a minor degree of psychological distress.

A precautionary measure will be to assure the participants that they have the right to withdraw from the exercise at any point if they feel unable to continue. However, and in provision of client care, we will aim to provide emotional and social support by linking them to charities such as "The Listening place: ([The Listening Place](#)), The Samaritans: ([Samaritans | Every life lost to suicide is a tragedy | Here to listen](#)) and place an Employee Assistance Programme (EAP) to which I will recommend any participant in need of support disclosed as a result of the interview activities.

12 Where the procedures involve potential hazards and/or discomfort or distress for participants, please state what previous experience the investigator or researcher(s) have had in conducting this type of research.

I do not foresee any potential hazards in this research. However, there might be some element of anxiety or sadness when the participants are sharing their experiences. I have over 12 years' experience of working in charitable settings that support asylum seekers and refugees in a variety of services such as immigration, translation and interpretation, understanding the housing system and accessing educational as well as healthcare services for new families. I am therefore accustomed to supporting people who may be distraught or who experience fear and anxiety as new arrivals in the UK.

I will also be able to provide quick information and guidance on how to find any further support from organisations that have a long track record of supporting people in difficulty.

13 Provide an explanation of any potential benefits to participants. Please ensure this is framed within the overall contribution of the proposed research to knowledge or practice. (Do not exceed 400 words)

NOTE: Where the proposed research involves students, they should be assured that accepting the offer to participate or choosing to decline will have no impact on their assessments or learning experience. Similarly, it should be made clear to participants who are patients, service-users and/or receiving any form of treatment or medication that they are not invited to participate in the belief that participation in the research will result in some relief or improvement in their condition.

This is an under-researched area, evidenced by the rarity of literature within health and social care studies. There is even more scarcity of information about support and well-being of the social care worker. By focussing on the most marginalised group of care workers, (Black African migrant women), this study hopes to begin to elevate the arguably unheard experiences of the socio-economically excluded Black African female care workers in the UK. This research aims to acknowledge and publish their stories and their strategies for coping with workplace adversity. They will be informed of the important role their participation will play in putting the expression of the Black East African migrant care worker on published works.

Secondly, being presented with an opportunity for some participants to share their experiences may provide closure to some of the deep-seated pain. They may also be able to hear from participants who have benefitted from professional support.

Furthermore, the participants will benefit from any secondary support this project may be proposing, such as future focus groups and self-care sessions. They will receive priority attention as they volunteer of this project

Finally, through the participation and focus groups between them, there will be a fostering of long-term relationships that will create a sense of belonging and self-preservation for the women care workers.

14 Provide an outline of any measures you have in place in the event of adverse or unexpected outcomes and the potential impact this may have on participants involved in the proposed research. (Do not exceed 300 words)

While this research has no intention of causing any undue emotional strain, questions relating to experiences of adverse events, migration and workplace trauma may trigger a minor degree of psychological distress.

A precautionary measure will be to assure participants that they have the right to withdraw from the exercise at any point if they feel unable to continue. However, and in provision of client care, I will aim to provide emotional and social support by linking them to charities and organisations that are professionally qualified to offer support and therapy. **(Please see 11, above)**

15 Provide an outline of your debriefing, support and feedback protocol for participants involved in the proposed research. This should include, for example, where participants may feel the need to discuss thoughts or feelings brought about following their participation in the research. This may involve referral to an external support or counseling service, where participation in the research has caused specific issues for participants.
I will inform potential participants of the recruitment process via the social media platforms, clearly highlighting the purpose and process of the research. I will then provide a participant's information sheet and consent form to the final eligible cohort of participants. I will ensure that they have clear understanding of the reason for the research followed by the process of face-to-face recorded interviews. I will explain to them how the recorded interviews will be transcribed and the process of analysing the transcriptions followed by editing of the findings into my dissertation. From an emotional perspective, I will seek to confirm that they are ready to engage with the interview and focus discussion process. I will check on their well-being and identify any issues that may arise. Should they develop any emotional concerns I will ensure that they are well informed about planned support services. At the end of the session, I will also debrief and extend support to any that may feel they need emotional support.
16 Please provide the names and nature of any external support or counselling organisations that will be suggested to participants if participation in the research has potential to raise specific issues for participants.
1. Samaritans: Will deal with any concerns about stress, depression or suicidal thoughts Women for women: will provide referrals to other support agencies for women. 2. Women's refuge: Will provide emergency shelter for women who may find themselves fleeing domestic violence during the course of the interviewing period, regardless of any connections to the process of interviewing. 3. Centrepoin: Support for homelessness (for many living in emergency accommodation) 4. MIND: A charity that deals with mental ill-health, will give support to participants who may find it difficult to cope with experiences, past or present, as a result of disclosure of their own experiences during the interview process. 5. The Listening ear: A charity that offers emotional support, counselling and occupational health therapy.
17 Where medical aftercare may be necessary, this should include details of the treatment available to participants. Debriefing may involve the disclosure of further information on the aims of the research, the participant's performance and/or the results of the research. (Do not exceed 500 words)
The nature of my research does not involve SAGE Publications Ltd. an escalation that will require urgent medical attention. However, if anything should arise, I will encourage my participants to contact their GP or to attend the Accident and emergency hospital unit for check-up and support. Furthermore, if I feel that the

participant is not able to participate, I will advise that they cease from any further engagement with the interview and group discussions.

FOR RESEARCH UNDERTAKEN OUTSIDE THE UK

18 Does the proposed research involve travel outside of the UK?

☐ YES ☒ NO

If YES, please confirm:

☐ I have consulted the Foreign and Commonwealth Office website for guidance/travel advice? <http://www.fco.gov.uk/en/travel-and-living-abroad/>

☐ I have completed a RISK Assessment covering all aspects of the project including consideration of the location of the data collection and risks to participants.

All overseas project data collection will need approval from the Deputy Director of Education and Training or their nominee. Normally this will be done based on the information provided in this form. All projects approved through the TREC process will be indemnified by the Trust against claims made by third parties.

If you have any queries regarding research outside the UK, please contact academicquality@tavi-port.nhs.uk:

Students are required to arrange their own travel and medical insurance to cover project work outside of the UK. Please indicate what insurance cover you have or will have in place.

19 Please evidence how compliance with all local research ethics and research governance requirements have been assessed for the country(ies) in which the research is taking place. Please also clarify how the requirements will be met:

N/A

SECTION G: PARTICIPANT CONSENT AND WITHDRAWAL

20 Have you attached a copy of your participant information sheet (this should be in *plain English*)? Where the research involves non-English speaking participants, please include translated materials.

YES ☒ NO ☐

If NO, please indicate what alternative arrangements are in place below:
21 Have you attached a copy of your participant consent form (this should be in <i>plain English</i>)? Where the research involves non-English speaking participants, please include translated materials. YES ☒ NO ☐ If NO, please indicate what alternative arrangements are in place below:
22 The following is a <u>participant information sheet</u> checklist covering the various points that should be included in this document. ☒ Clear identification of the Trust as the sponsor for the research, the project title, the Researcher and Principal Investigator (your Research Supervisor) and other researchers along with relevant contact details. ☒ Details of what involvement in the proposed research will require (e.g., participation in interviews, completion of questionnaire, audio/video-recording of events), estimated time commitment and any risks involved. ☒ A statement confirming that the research has received formal approval from TREC or other ethics body. ☒ If the sample size is small, advice to participants that this may have implications for confidentiality / anonymity. ☐ A clear statement that where participants are in a dependent relationship with any of the researchers that participation in the research will have no impact on assessment / treatment / service-use or support. ☒ Assurance that involvement in the project is voluntary and that participants are free to withdraw consent at any time, and to withdraw any unprocessed data previously supplied. ☒ Advice as to arrangements to be made to protect confidentiality of data, including that confidentiality of information provided is subject to legal limitations. ☒ A statement that the data generated in the course of the research will be retained in accordance with the <u>Trusts' s Data Protection and handling Policies</u>.: https://tavistockandportman.nhs.uk/about-us/governance/policies-and-procedures/ ☒ Advice that if participants have any concerns about the conduct of the investigator, researcher(s) or any other aspect of this research project, they should contact Head of Academic Registry (academicquality@tavi-port.nhs.uk) ☒ Confirmation on any limitations in confidentiality where disclosure of imminent harm to self and/or others may occur.

23 The following is a consent form checklist covering the various points that should be included in this document.

- ☒ Trust letterhead or logo.
- ☒ Title of the project (with research degree projects this need not necessarily be the title of the thesis) and names of investigators.
- ☒ Confirmation that the research project is part of a degree
- ☒ Confirmation that involvement in the project is voluntary and that participants are free to withdraw at any time, or to withdraw any unprocessed data previously supplied.
- ☒ Confirmation of particular requirements of participants, including for example whether interviews are to be audio-/video-recorded, whether anonymised quotes will be used in publications advice of legal limitations to data confidentiality.
- ☒ If the sample size is small, confirmation that this may have implications for anonymity any other relevant information.
- ☒ The proposed method of publication or dissemination of the research findings.
- ☐ Details of any external contractors or partner institutions involved in the research.
- ☐ Details of any funding bodies or research councils supporting the research.
- ☒ Confirmation on any limitations in confidentiality where disclosure of imminent harm to self and/or others may occur.

SECTION H: CONFIDENTIALITY AND ANONYMITY

24 Below is a checklist covering key points relating to the confidentiality and anonymity of participants. Please indicate where relevant to the proposed research.

- ☐ Participants will be completely anonymised and their identity will not be known by the investigator or researcher(s) (i.e. the participants are part of an anonymous randomised sample and return responses with no form of personal identification)?
- ☐ The responses are anonymised or are an anonymised sample (i.e. a permanent process of coding has been carried out whereby direct and indirect identifiers have been removed from data and replaced by a code, with no record retained of how the code relates to the identifiers).
- ☒ The samples and data are de-identified (i.e. direct and indirect identifiers have been removed and replaced by a code. The investigator or researchers are able to link the code to the original identifiers and isolate the participant to whom the sample or data relates).
- ☐ Participants have the option of being identified in a publication that will arise from the research.
- ☒ Participants will be pseudo-anonymised in a publication that will arise from the research. (i.e. the researcher will endeavour to remove or alter details that would identify the participant.)
- ☐ The proposed research will make use of personal sensitive data.
- ☐ Participants consent to be identified in the study and subsequent dissemination of research findings and/or publication.

25 Participants must be made aware that the confidentiality of the information they provide is subject to legal limitations in data confidentiality (i.e. the data may be subject to a subpoena, a freedom of information request or mandated reporting by some professions). This only applies to named or de-identified data. If your participants are named or de-identified, please confirm that you will specifically state these limitations.

YES ☒ NO ☐

If NO, please indicate why this is the case below:

NOTE: WHERE THE PROPOSED RESEARCH INVOLVES A SMALL SAMPLE OR FOCUS GROUP, PARTICIPANTS SHOULD BE ADVISED THAT THERE WILL BE DISTINCT LIMITATIONS IN THE LEVEL OF ANONYMITY THEY CAN BE AFFORDED.

SECTION I: DATA ACCESS, SECURITY AND MANAGEMENT

26 Will the Researcher/Principal Investigator be responsible for the security of all data collected in connection with the proposed research? YES ☒ NO ☐

If NO, please indicate what alternative arrangements are in place below:

27 In line with the 5th principle of the Data Protection Act (1998), which states that personal data shall not be kept for longer than is necessary for that purpose or those purposes for which it was collected; please state how long data will be retained for.

☐ 1-2 years ☐ 3-5 years ☒ 6-10 years ☐ 10> years

NOTE: In line with Research Councils UK (RCUK) guidance, doctoral project data should normally be stored for 10 years and Masters level data for up to 2 years

28 Below is a checklist which relates to the management, storage and secure destruction of data for the purposes of the proposed research. Please indicate where relevant to your proposed arrangements.

- ☐ Research data, codes and all identifying information to be kept in separate locked filing cabinets.
- ☐ Research data will only be stored in the University of Essex OneDrive system and no other cloud storage location.
- ☒ Access to computer files to be available to research team by password only.
- ☐ Access to computer files to be available to individuals outside the research team by password only (See 23.1).
- ☐ Research data will be encrypted and transferred electronically within the UK.
- ☐ Research data will be encrypted and transferred electronically outside of the UK.

NOTE: Transfer of research data via third party commercial file sharing services, such as Google Docs and YouSendIt are not necessarily secure or permanent. These systems may also be located overseas and not covered by UK law. If the system is located outside the European Economic Area (EEA) or territories deemed to have sufficient standards of data protection, transfer may also breach the Data Protection Act (1998).

Essex students also have access the 'Box' service for file transfer:

<https://www.essex.ac.uk/student/it-services/box>

- ☒ Use of personal addresses, postcodes, faxes, e-mails or telephone numbers.
- ☒ Collection and storage of personal sensitive data (e.g. racial or ethnic origin, political or religious beliefs or physical or mental health or condition).
- ☒ Use of personal data in the form of audio or video recordings.
- ☒ Primary data gathered on encrypted mobile devices (i.e. laptops).

NOTE: This should be transferred to secure University of Essex OneDrive at the first opportunity.

- ☒ All electronic data will undergo secure disposal.

NOTE: For hard drives and magnetic storage devices (HDD or SSD), deleting files does not permanently erase the data on most systems, but only deletes the reference to the file. Files can be restored when deleted in this way. Research files must be overwritten to ensure they are completely irretrievable. Software is available for the secure erasing of files from hard drives which meet recognised standards to securely scramble sensitive data. Examples of this software are BC Wipe, Wipe File, Delete On Click and Eraser for Windows platforms. Mac users can use the standard 'secure empty trash' option; an alternative is Permanent eraser software.

- ☒ All hardcopy data will undergo secure disposal.

NOTE: For shredding research data stored in hardcopy (i.e. paper), adopting DIN 3 ensures files are cut into 2mm strips or confetti like cross-cut particles of

4x40mm. The UK government requires a minimum standard of DIN 4 for its material, which ensures cross cut particles of at least 2x15mm.

29 Please provide details of individuals outside the research team who will be given password protected access to encrypted data for the proposed research.

N/A

30 Please provide details on the regions and territories where research data will be electronically transferred that are external to the UK:

N/A

SECTION J: PUBLICATION AND DISSEMINATION OF RESEARCH FINDINGS

30. How will the results of the research be reported and disseminated? (*Select all that apply*)

- ☒ Peer reviewed journal
- ☐ Non-peer reviewed journal
- ☐ Peer reviewed books
- ☒ Publication in media, social media or website (including Podcasts and online videos)
- ☒ Conference presentation
- ☐ Internal report
- ☐ Promotional report and materials
- ☐ Reports compiled for or on behalf of external organisations
- ☒ Dissertation/Thesis
- ☐ Other publication
- ☒ Written feedback to research participants
- ☒ Presentation to participants or relevant community groups
- ☐ Other (Please specify below)

SECTION K: OTHER ETHICAL ISSUES

31. Are there any other ethical issues that have not been addressed which you would wish to bring to the attention of Tavistock Research Ethics Committee (TREC)?

No

SECTION L: CHECKLIST FOR ATTACHED DOCUMENTS

32. Please check that the following documents are attached to your application.

- ☐ Letters of approval from any external ethical approval bodies (where relevant)
- ☒ Recruitment advertisement
- ☒ Participant information sheets (including easy-read where relevant)
- ☒ Consent forms (including easy-read where relevant)
- ☐ Assent form for children (where relevant)
- ☐ Letters of approval from locations for data collection
- ☐ Questionnaire
- ☒ Interview Schedule or topic guide
- ☒ Risk Assessment (where applicable)
- ☐ Overseas travel approval (where applicable)

34. Where it is not possible to attach the above materials, please provide an explanation below.

N/A

Appendix II: Participant Information Sheet

Information Sheet for Participants

Exploring the impact of personal experiences of Swahili-speaking Black East African women migrant care workers on their response to workplace adversity.

Thank you for considering taking part in my research project. This information sheet is intended to inform you of the key facts about this project to enable you to decide if you are willing to take part.

This research has received formal approval from the Trust Research Ethics Committee (TREC).

Confidentiality and anonymising of data

I recognise that the sample size for this research is quite small (5-8 participants). As such, I wish to advise that this could hold implications for anonymity of participants and any other information shared during the interviews or the Focus groups. Although very minor, there could be a small risk of disclosure of information about participants if venue is public, or if an interpreter is required for the interview.

However, I can confirm that as a researcher, I will fully comply with the GDPR 2018 to ensure that all personal data is protected and that participants are anonymised in any literature from this research that will be disseminated. Furthermore, I have sought venues that offer safe and confidential space for purposes of conducting the research interviews and Focus groups. Also, I will provide any interpretation needed in order to reduce the need for soliciting services of a third party, thereby increasing the risk of breaching the data protection protocol.

What is the project about?

This project will seek to collate the experiences of Swahili-speaking Black East African migrant women care workers. The aim of this project is to explore their journey of migration and examine their experiences of working as care workers. The project will aim to establish how the participants deal with workplace adversities.

Who is doing the research?

My name is Elizabeth Kayembe. I am a curriculum Lead and training manager in a health and social care organisation. I am conducting this research as part of a Professional Doctorate in advanced research in Social Work and Social Care.

The research is being supervised by Dr Amina Adan, Associate Lecturer on the Professional Doctorate in Social Work and Social Care. Aadan@Tavi-Port.ac.uk

If you have any concerns about any aspect of this research project, you can contact Head of Academic Governance and Quality Assurance: academicquality@tavi-port.nhs.uk

What will taking part involve?

SAMPLE-

If you agree to take part, I will ask you to have a face-to-face interview conducted in a quiet private place. It will last approximately 60 minutes and can be arranged at a time in a day to suit you. I will use the record function to audio record the interview.

During the interview, I will ask you questions about your experiences of migration and if you have experienced adversity. I will be interested to find out any links between the experiences and where relevant, how the former experience has shaped you attitude towards any adversity in the workplace.

I will ask you to sign a consent form to confirm your agreement to take part. Before the interview, I will send you a brief prompt sheet to stimulate your thoughts before the interview.

What happens to the data from the interviews?

After the interviews I will make a written transcript of what was said and follow the step of grounded theory as a research method. I will use all of the transcripts to establish themes.

The research will comply with the university's Data Protection Policy. Confidentiality of data is subject to legal limitations. Arrangements to protect confidentiality of your personal data and other information, have been stated in the section titled: '**Confidentiality and anonymising of data**'.

To protect your confidentiality all of the transcripts and subsequent writing about the project will not include any names or information that could identify you. My dissertation and any subsequent publications might include direct quotations from the interviews. I will ensure that these cannot be traced to any individual clinician, however if you were to read any subsequent publications you might recognise your own words.

No information will be discussed or shared with any other member of Tavistock and Portman NHS Trust, unless I am concerned about somebody's safety.

Right to withdraw

If you decide that you would like some or all of your interview data removed from the study you can withdraw at any time until an agreed date, outlined in the consent form.

For the duration of the project I will ensure that the data and all related material is stored securely. Once the study is complete the original interview recordings will be permanently deleted.

If you would like to know more about the research please do email me at ekayembe@hotmail.com or ek21814@essex.ac.uk

Thank you for your interest in my research.

Mrs. Elizabeth Kayembe

Title: Exploring the migratory experiences of Swahili-speaking Black East African migrant women care workers and their response to adversity in the workplace.

Email: ek21814@essex.ac.uk/ ekayembe@hotmail.com

Mobile: 07733309565

Appendix III: Participant Consent Form

Exploring the impact of personal experiences of Swahili-speaking Black East African Women migrant care workers on their response to workplace adversity.

Thank you for agreeing to take part in my research project which is part of a Professional Doctorate in Applied research in Social Work and Social Care.

This research has received formal approval from the Trust Research Ethics Committee (TREC).

I recognise that the sample size for this research is quite small (5-8 participants). As such, I wish to advise that this could hold implications for anonymity of participants and any other information shared during the interviews or the Focus groups. Although very minor, there could be a small risk of disclosure of information about participants if venue is public, or if an interpreter is required for the interview.

However, I can confirm that as a researcher, I will fully comply with the GDPR 2018 to ensure that all personal data is protected and that participants are anonymised in any literature from this research that will be disseminated. Furthermore, I have sought venues that offer safe and confidential space for purposes of conducting the research interviews and Focus groups. Also, I will provide any interpretation needed in order to reduce the need for soliciting services of a third party, thereby increasing the risk of breaching the data protection protocol.

By signing this consent form you are agreeing to take part in an audio recorded interview with me exploring your thoughts on your experience of migrating to the UK and how they have shaped your response to workplace challenges within care. The findings from this research will be written up in a dissertation and may be published.

The proposed method of dissemination of this research will include any or all of the following means: the dissertation of the research thesis, peer review journals, social media and websites (including podcasts and online videos), conference presentations, written feedback from my participants, research publications and presentations to participants or to community groups.

The decision to take part is entirely your own personal choice. You can withdraw your consent at any time before or during the interview without needing to give a reason. After the interview if you wish to withdraw some or all of your data you can do so up to two weeks after the date of the interview (after this time I may have already started to use the data).

As the researcher I will ensure that:

- The research complies with the university's Data Protection Policy. Confidentiality of data is subject to legal limitations.
- All of the transcripts and subsequent writing about the project will not include any identifying information or names to protect your confidentiality.
- For the duration of the project the data and all related material is stored securely.
- Once the study is complete the original interview recordings will be permanently deleted.

The research is being supervised by supervisor details, title and contact details

If you have any concerns about any aspect of this research project you can contact, Head of Academic Governance and Quality Assurance academicquality@taviport.nhs.uk

My name is Elizabeth Kayembe. I am undertaking a Professional Doctorate in Advanced Research in Social Work and Social Care.

Couse title: ***Exploring the impact of personal experiences of Swahili-speaking Black East African women migrant care workers on their response to workplace adversity.***

Consent

I have read and understood this consent form and accompanying participant information sheet. I confirm that I agree to participate in the research and understand that I am free to withdraw at any time without needing to provide a reason why.

Print Name:

Signature:

Date:

Appendix IV: Interview/Focus Group questions.

Title: Exploring the impact of personal experiences of Swahili-speaking Black East African women migrant care workers on their response to workplace adversity.

Interview Schedule

Face-to-face meetings with individual participants. These will last no more than 60 minutes per individual. There will be a welcome to the venue followed by introduction to the procedure with a small background on the doctoral research.

Procedure

I will offer the participant refreshments and ensure they are comfortable and that the room setup including the temperature are ideal.

I will then explain how the recording will take place. We will do a basic introduction to test the devices. When all is relaxed and ready to go, I will begin the recording.

I will ask the questions and allow the participant to express themselves until a definitive silence or a verbal indication suggests that they have exhausted the question with their response.

At the end of the last question, I will ask them if there is anything else they feel they would like to say that may be related to the interview, before I formally thank them and close the interview.

Interview Questions

1. Please me about your experiences of leaving your country and arriving in the UK and how you decided to join the care industry.
2. Can you tell me about your experiences of looking for employment?
3. How you ended up working as a care worker?
4. You have been working as a care worker for over 3 years. Can you tell me of your experiences as a care worker?
5. Can you tell me of any challenges in giving care that you have experienced during this time?
6. Can you tell me about how you felt and how you managed these situations?
7. Why would you consider remaining working as a care worker?

Tavistock & Portman Trust Research Ethics Committee (TREC)**FIELDWORK RISK ASSESSMENT FORM****Guidance Notes**

It is recognised that fieldwork can pose risks to the health and safety of individuals and have implications for the academic project that is being undertaken, as well as risks to the institution's reputation. There are risks associated with any field work undertaken in one's own country, as well as additional risks associated with field work abroad. In this category there can be greater or fewer risks depending on the country involved – its geographical features and political climate, as well as familiarity of the researcher with the locality.

From hereon it will be necessary for Schools where there is a likelihood of such work being conducted by staff, paid researchers and postgraduate students to utilise the Code contained in this document; to include health and safety and risk awareness in induction to provide necessary training; and to undertake risk assessment prior to fieldwork being undertaken.

The Code has been derived from two main sources (used by many other academic institutions in developing their own policy and protocols).

The Social Research Association Code of Practice for the Safety of Social Researchers, freely available on <http://www.the-sra.org.uk>

Craig, C.; Corden, A., and Thornton, P. Safety in Social Research, Social Research Update, No 20 www.soc.surrey.ac.uk/sru/SRU29.html

Identifying Responsibilities

For employers of researchers safety in fieldwork is an aspect of 'duty of care' enshrined in Health and Safety at work legislation. Institutions also have such a duty in relation to postgraduate students' welfare in the field. In this context there is a duty to eliminate or minimise risk by ensuring that these are adequately assessed and control measures put in place. As safety is the dual responsibility of employer/employee and supervisor(s)/students, all parties will need to be aware of the code and its requirements. .

Budgeting for Safety

Ensuring the health and safety of fieldworkers can result in additional initial costs and this will impact on the funding of fieldwork and on institutional infrastructure costs. In the former this might entail such things as taking taxis, safe accommodation, ensuring communication (mobile phone or radio phone for example) while the latter will include insurance; training needs etc. However, it is also clear that any costs are necessary to ensure safety of staff and students, and that unplanned costs are not incurred at a later stage.

Planning for Safety in Designing the Research

This includes a consideration of the safety and potential risks in the following:

1. Choice of methods e.g. undertaking face to face interviews in risky sites or undertaking participant observation in particular situations.
2. Choice of interview or observation sites. These will vary for example according to degree of privacy/seclusion, home v public sites, environment surrounding interview/observation sites; time of day work undertaken; transport availability.
3. Staffing. In particular the risks of lone working need to be evaluated and if essential, control mechanisms put in place. Consider whether it is possible to work in teams or interview other people in household or setting at the same time.

4. Researcher skills involves assessing whether the researcher is well equipped in terms of attributes and experience to undertake the work. Are there issues of 'race' or gender or other personal characteristics to consider?
5. Negotiation of access to site or sample and sample or respondent recruitment. Consider alternatives to 'cold-calling' and preferably recruit initially via telephone, email or letter. Consider opportunities for assessing individuals and/or their circumstances.
6. Time management. It is important to consider that fieldwork can be tiring and sometimes stressful. A timetable should allow for sufficient rest, reflection and assessment. People are less alert to risks when they are tired and are better able to handle situations when they are alert.

Some of these areas of potential risk then require further assessment as the planning of fieldwork progresses.

Setting up and Assessing Risk in the fieldwork site

It is important to be as familiar as possible with the area, territory or specific site where the fieldwork is to be conducted. This might include prior visits and investigation. Things which might be important are:

- Whether there is reliable public transport.
- Access to a licensed taxi company.
- Could there be a local rendezvous or contact point?
- Are there local tensions and/or social divisions to be aware of?
- Assessing whether there might be hostility to researcher's presence.
- What do local sources say about risks in the area? This might include checking with police.
- Look at routes, means of escape as well as where there are hubs of activity.

Risks can be minimised by preparing for the presence of a researcher in the area, by informing significant local community leaders, and/or statutory or community organisations.

Consider how you are going to conduct the administration of interviews or survey questionnaires and or sites for observation.

- You should get as much information as you can about potential respondents, their housing and living environments.
- Avoid cold-calling if at all possible, and assess situation thoroughly before hand. In some research projects it is possible to work in pairs or have backup. . If design permits, arrange interview times and venues in advance and let someone know the details of where you will be when. Telephoning in advance also allows some assessment of respondent and whether others will be at home.
- Plan routes in advance and mode of transport.
- Avoid looking out of place and dress inconspicuously, keeping valuable items out of sight.
- Think about potential risks in multi-storey buildings.
- If you are interviewing in households remain in communal rooms.
- Let interviewee know you have a schedule and that others know where you are.
- You should consider carrying a personal screech alarm and a mobile phone which you leave on.
- Carry identification that will provide authentication of your status/role.

Conducting the Interview or Observation

Despite taking precautions risk situations may arise during the course of the interview. Issues of 'race' gender, culture, and topic or questions pursued can provoke hostility. Training may be necessary in inter-personal skills and to enable researchers to handle threats.

In advance consider:

- Your awareness of cultural norms e.g. some cultures are hostile to lone females, others to lone males.
- Could any issues arise with the use of voice recorders or camera (where these are involved in the design)?
- What would be appropriate body language?
- How to keep the right social distance – neither over familiar or too detached.
- Carry some money and means of contact in case of emergencies.

Risks to Respondents

Many topics in social research interviews may provoke strong feelings or prompt anger. Researchers should be alert to any effects of the interview on respondents and have strategies to deal with them. Often strong feelings can be acknowledged and contained but very rarely it may be necessary to cease the interview and leave.

Some respondents are chosen because they have a particular characteristic or behaviours and it is important that any risks associated with these are assessed in advance

Maintaining Contact

It is important that some means of maintaining contact with others is established and that others know where you are and when. This might be a co-researcher; a project manager for larger projects; or supervisors in the case of post-graduate students. Members of your own household should also be kept informed and on a day to day basis this might be the main way of keeping contact and someone knowing where you are. You should thus have some means of telephoning in when you are entering and leaving the fieldwork site.

A log for available contacts which provides a schedule of appointments, interview times and venues should be prepared and this should be lodged with your supervisor/manager.

Support and Debriefing after fieldwork

It is helpful for researchers to have the opportunity to debrief with managers/supervisors after periods of fieldwork. This enables reflection on both the success of the planning and fieldwork itself and an assessment of whether there are issues which need to be dealt with.

If any incident occurs during fieldwork these need to be dealt with immediately. A full report needs to be written. If it is serious, such as a threat of violence, harassment or assault, then these need to be reported to appropriate personnel (including the police) who are responsible to health and welfare, and there needs to be available counselling or support for the victim.

Incident reporting and debriefing can help to ensure that health and safety codes are adequate, and enable revision if necessary.

Additional Risks for Fieldwork outside the UK

Those doing fieldwork abroad should also look at the guidelines provided by the international office on international travel and contact the relevant person re

university insurance. You should ensure that you have met any requirements that are laid down in this guidance.

Many of the risks outlined above will also apply to those undertaking fieldwork in other countries. But fieldwork abroad can often entail additional risks associated with the locality of the fieldwork, and/or the researchers lack of familiarity with the research setting.

Among the factors researchers need to consider are:

1. Obtaining adequate travel and medical insurance
2. Having the correct health precautions- injections, malaria prevention etc and whether knowledge of first aid would be advisable.
3. Do they have appropriate language skills?
4. Will they have to encounter any hazardous terrain and if so what equipment is required?
5. Are they aware of what knowledge and skills are required for food preparation and obtaining good drinking water?
6. What documents are required?
7. Leave your Director of Studies, research or line manager with a record of next of kin/home GP contacts.
8. Evaluate local conditions as well as local codes of practice and standards as they might impinge of fieldwork
9. Have some means of communication and a logging of itineraries and return times. If lone working is involved what strategies will you use to ensure someone knows where you are at all times?
10. Evaluate means of travel as these can be more risky than at home (vetted drivers, maintenance of vehicles etc).
11. If you are driving ensure you are equipped to drive in the terrain, know what to do in case of breakdown; be aware of conditions after dark; and do not leave valuables in car.
12. Ensure you have suitable secure accommodation available.
13. Could your research be affected by the potential for severe weather conditions and do you know how to deal with them.
14. Do you know what to do should there be an emergency and/or if evacuation is required.

It should be noted that this document does not lay down all the potential risks for any one piece of fieldwork, and that researchers should consider what other ones could arise in their own specific project.

All researchers/ postgraduate students undertaking fieldwork should complete the Risk Assessment Proforma (attached).

Ensuring Guidelines

- Include guidelines in Induction programmes and in Staff and Postgraduate Handbooks.
- Have some centralised database of information sites in particular for those planning fieldwork abroad.
- Provide training in aspects of fieldwork planning, in strategies for minimising risk and also in dealing with threats and risks. For some of this it may be necessary to use outside facilitators who have built up experience and expertise (eg Suzie Lamplugh Trust).

Fieldwork Risk Assessment Audit

Name: Elizabeth Karen Kwamboka Kayembe	School: Tavistock & Portman NHS Foundation Trust
Student number: 21001883	Supervisor / Director of Studies: Dr. Amina Adan
Thesis Title: Exploring the impact of personal experiences of Swahili-speaking Black East African women migrant care workers on their response to workplace adversity.	
Fieldwork location: Institutional setting	Type of Fieldwork: Face-to-Face Interviews
Proposed dates or periods of Fieldwork: January-May 2024	
Potential hazards or risks: <i>(rate high medium or low)</i>	
1. Train strikes (Medium).	2. Participants withdrawing from interview process (Medium) participants
3. Cancellation of venue – (medium) – need to either reschedule meeting or find another convenient venue urgently.	4. Participant distress due to reflecting on experience – (Medium)
5. Participant non-attendance on the day of interview due to unforeseen circumstances	6. High participant withdrawal rate
7.	8.
9.	10.
Potential Consequences for each hazard: <i>(please continue on a separate sheet if necessary)</i> 1. Train strikes: Will disrupt travel to venues. There is a great possibility that participants will not attend interviews. 2. Participants withdrawing from interview process – leading to insufficient corpus of material 3. Cancellation of venue – (medium) meeting will be delayed 4. Participant distress due to reflective experience – (Medium). This could affect participant well-being and consequently require medical or emotional assistance. Ultimately, meeting will be delayed 5. Participant non-attendance on the day of interview due to unforeseen circumstances – This could delay the progress of the research	

6. High withdrawal rate could lead to insufficient data being collected. It could also mean that there will be a delay in completing the research as I retake the recruitment of new participants.	
Controls in place for each hazard in order of likely risk: <i>(please continue on a separate sheet if necessary)</i> 1. Control in place will be to check the train strikes ahead of time and to select interview dates on days not scheduled for the strikes. Alternatively, to consider paying for a taxi to bring participants to venue 2. Recruit a greater number of participants and keep some on standby should some drop out. 3. Cancellation of venues- need to either reschedule meeting or find another convenient venue urgently. 4. Participant distress due to reflective experience – (Medium). We will agree an alternative meeting time that is more convenient after consulting with professionals for support. 5. Participant non-attendance. We will discuss an alternative date that is more convenient. Should the participant not be able to attend at all, I will resort to a further recruitment of replacement participant. 6. As 5 above, I will continue to recruit in excess of the restricted number of 5-8 participants. I will inform any supplementary participants that I may not need to use their data if I reach the agreed numbers. But I will offer them all the support and benefits that the rest of the cohort will be entitled to.	
<i>By signing this document you are indicating that you have consulted the policy and have fully considered the risks.</i> Signature of Student:  Date: 5/01/2024	I agree to the assessment of risk in relation to this project. Signature of Supervisor of Studies: <i>Dr Amina Adan</i> Date: 5/01/2024

Appendix VI: Table of related research

Author	Year/ publication	Research aim/findings	Sample	Research methods	Method of analysis
Sarwer, A	2024, PhD	<i>On Precarious Care Work and Social Reproduction of Migrant Women of Colour in the UK (PhD)</i> A devaluing of care and depleting racialised women's bodies; Notion of feminised care roles	Migrant women of colour. Racialised Setting: UK residential adult care Homes, experiences situated within bordering practices, workplace inequalities and embodied precarity	Semi-structured interviews (40)	Analysis methodology: thematic analysis.
Dağdelen, B. O.	2024, PhD	Migration for a 'Better Life': Migrant health and social care professional women in North West England Better life" is multi-layered beyond work. Regulations clash with migrants' pursuits, constraining settlement and contribution to the care sector.	16 Transnational health & social care professional women in North West England mix of EU/non-EU backgrounds navigating UK immigration/visa categories	In-depth qualitative interviews with 16 women; one visual data piece (participant drawing) per interview; findings presented	Thematical analysis
Fajemidagba, A. G.	2024, PhD	Exploring The Workplace Experiences Of Nigerian Female Migrant Care Workers: An Examination Of The Intersectional Factors Involving Ethnicity, Race, Gender, And Migration Status	20 Nigerian female migrant care workers in the English care sector. Women who migrated to the UK and are employed in English adult social care;	Qualitative study using semi-structured interviews;	

		Motivations blend structural & individual factors; participants report adverse conditions including racism, discrimination, and physical abuse ; intersectional dynamics drive negative employment outcomes ; policy/practice changes recommended.	intersectional lens (ethnicity, race, gender, migration status).		
Turnpenny, A. & Hussein, s.	2022 Article	Migrant Workers in England's Homecare workers in Care Sector Identifies evidence gaps : impact of immigration status, cultural/psychological adaptation , and the live-in care market; situates findings in the Brexit and post-free-movement context.	Synthesised 22 studies on migrant care workers in the UK.	Studies mainly qualitative ; themes covered migrant, user & employer outcomes, workforce effects, and sustainability.	Thematic analysis
Yeates, N	2009 Book	international literature on global care chains, revealing how various types of global care giving are instituted in policies of sending and receiving countries. She highlights the nature of paid and unproductive care giving, with women migrating to global for low-skill low-wage care jobs while leaving grandparents in family homes to care for left-behind children and dependents.	Case studies	Mixed-method: theoretical development plus historical and empirical case studies.	Thematic and conceptual analysis
McGregor, J. (2007).	2007 Article	examining the narratives of highly educated Zimbabweans working as carers in the UK. Themes explored include deskilling, exploitation, gender, race and migration. While some used care work to meet personal goals (like remittances or study), many experienced deskilling, low pay, exploitation, and insecurity—especially those with irregular status. Gendered and racialized workplace dynamics were common.	40 Zimbabwean men and women working in the UK's social care sector as well as those in other legal structures	Qualitative—based on personal narrative interviews and group interviews.	Method of Analysis Narrative analysis

