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## Envisaging post-Brexit immobility: Polish migrants' care intentions concerning their elderly parents

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### Abstract

The United Kingdom's withdrawal from the European Union will end the European Freedom of Movement and the privileged migration status of EU Citizens in the UK, which will likely affect 'Brexit families' and their transnational care arrangements. This is a case study of the biggest migrant group in the UK, namely Poles. Before the Brexit referendum, the first wave of the in-depth interviews identified several types of migrants' intentions concerning elderly care for their parents who remained in Poland. The research approached intentions as discursive strategies: declarations of care commitment and statements provided to explain the absence of care intentions. The second wave was conducted after the UK had decided to exit the EU and new policies concerning EU citizens were being developed. Brexit's influence on elderly care intentions is twofold. First, it brings higher uncertainty about future migration regulations and disorients migrants about the possibilities regarding reunification with their parents in the UK. Second, Brexit appears in the interviews as a discursive construction to alleviate a migrant's involvement in direct care provision, where they still deem it normatively appropriate to enact this cultural norm, but do not intend to in fact do so.

**Key words:** elderly care, transnational families, transnational care, Brexit families, ethnomorality of care, migrations, Polish migrants



## 1. Introduction: Polish families confronting new UK borders

The United Kingdom's withdrawal from the European Union will end the Freedom of Movement<sup>1</sup> (FOM) for EU citizens into the United Kingdom, which will likely affect these migrants' transnational and co-territorial care arrangements. Most importantly, a straightforward reunification with direct family members (spouse, civil partner, dependent children and grandchildren, of either partner, up to age 21, as well as dependent parents and grandparents of either partner) regardless of their citizenship may not be possible after Brexit, and a visa requirement may be introduced (GOV.UK 2019).

Uncertainty and dynamism have characterized prospective policies targeting EU migrants in the UK in the period that followed the EU Membership Referendum in 2016 (hereafter: the Referendum). The UK Government initiated the withdrawal process in late March 2017, developing new policies that included the intention to end FOM for EU citizens and their direct family members into the UK on the exit date or after a transition period. In 2017, as-yet-unapproved immigration regulations leaked to the media, causing panic among migrants. The Withdrawal Agreement Bills (WA) negotiated by Prime Ministers Theresa May and Boris Johnson were not accepted by the UK Parliament. Two subsequent extensions of the withdrawal date contributed to EU citizens' anxiety and uncertainty about their future status in the UK. The WA was approved only in December 2019 after the general elections secured majority to the Conservative Party. However, the relationship between the EU and UK that will follow the transition period after the 31 of December 2020 is now subject to negotiations. They will also include future rights of EU citizens living in the UK.

Prospective changes in UK immigration policy may affect international mobility of members of so-called 'Brexit families' (families consisting of EU migrants, EU and UK citizens or EU and non-EU citizens living in the UK, Kofman 2017). International scholarship demonstrates that when migration policies become stricter, migrants opt to stay, and settlement replaces circularity strategies (Massey, Durand & Pren 2016). However, as Brexit is a lengthy process, EU migrants may plan to act before the regulations change. The prospect of stricter immigration regulations may engender mobility, either consisting in return or reunification in the UK before the end of FOM.

It is likely that status uncertainties have had some impact on mobility decisions, although no 'Brexodus' has taken place (Ryan & Kilkey 2018). The overall EU population in the UK has, in fact, increased since 2016, as the balance of EU migration remains positive (the most recent data is 48,000 for the period between June 2018 and June 2019). However, the rate of EU immigration has slowed significantly since the Referendum. In the twelve months preceding June 2019, the long-term immigration of EU citizens to the UK was estimated at 199 thousand, compared to 284 thousand between June 2015 and June 2016 (ONS 2019). At the moment, there is no way to establish how many individuals

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1 Freedom of Movement, introduced initially for workers in the Treaty of Rome in 1957, and expanded to their families in 1968, covers free movement of persons (lack of visas), right to residence in another EU Member State (including acquisition of permanent residence after 5 years of stay) and equal treatment for the citizens of EU Member States and their family members, irrespective of nationality (European Parliament and the Council 2004; Kilkey 2017).

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are leaving or refraining from migrating to the UK due to prospective changes in the FOM.

This article focuses on the future family arrangements (specifically regarding elderly care) of Poles who migrated to Britain following the 2004 EU Enlargement. Recent scholarship has identified increasing social attachments in the UK (Grzymala-Kazłowska 2018; Ryan 2018), with families often opting to reunite there (White 2014). In each year since 2009, between 3,000 and 14,000 EU8 citizens immigrated to the UK to join their family members; however, from mid-2018 on, the estimates for this category of migrants dropped to 1,000 per year (ONS 2019). A question is whether family reunifications will continue after Brexit. This article's aim is to explain how Brexit affects Polish migrants' care intentions concerning their ageing parents in Poland. This paper attempts to answer the question how Brexit and its potential consequences for future elderly care provision are discursively constructed and confronted by migrants with parents back in Poland.

Research on care intentions not only helps to predict future care arrangements, but also enhances our understanding of the meaning of care for the people engaged in it (Radziwinowiczówna, Rosińska & Kloc-Nowak 2018). Intentions are shaped by moral beliefs about 'proper' elderly care (Radziwinowiczówna, Rosińska & Kloc-Nowak 2018). These may change in the country of destination as migrants acquire new ideas about types and providers of care (Grabowska et al. 2017). Polish migrants are confronted with elements of a different care regime in the UK, which may affect their beliefs and intentions concerning elderly care. While the Polish model is best described as (informal) familialism by default, the British care regime is relatively more de-familialized (Saraceno & Keck 2010). In 2010 in the UK a large part of long-term care expenditures covered services provided at care recipients' homes (Lipszyc, Sail & Xavier 2012: 17). While by 2017 there has been a significant reduction in local governments' spending on care for people aged 65+, 21% of those with care needs declared getting council help and 12.5% paid for help. Almost 38% of elderly persons with care needs relied on family and friends, yet 30% received little or no help (Triggle 2018). In comparison, the Polish care regime relies more heavily on family-provided care with only marginal publicly provided care services (Perek-Białas & Raław 2014). Among people aged 65+ with care needs, 93.5% declared they received care from family members, 9.3% from informal non-kin network such as friends and neighbours, 4% from social welfare carers and 4% from other people, including paid carers (multiple answers were allowed, Błędowski 2012). The two countries differ in the scale of the long-term care provision in care homes. While in the UK 4% of people aged 65+ and 16% of those aged 85+ live in care homes (NIHR 2019, see also Pavolini & Ranci 2008), in Poland it is only 0.9% of the population aged 65+ and 1.6% of the group age 80+ (OECD 2019). As we found in our research (Radziwinowiczówna, Rosińska & Kloc-Nowak 2018) and as other authors have noted (Goździak 2016: 39), Polish migrants often view the British care culture as defamilialized, and this perception, although inevitably biased, is also common among Polish carers working in care homes.

## 2. Uncertain transnational care

The results of the Referendum came as a shock to many EU citizens living in the UK, who felt angry and betrayed (Duda-Mikulín 2018), grieving the loss of their secure status under FOM (Brahic & Lallement 2018). The sense of betrayal was exacerbated by the hate crimes shortly after the referendum and statements from high-profile UK politicians that contributed to building a hostile environment targeting EU citizens in Britain. In such conditions of perceived insecurity, it is difficult to make long term commitments, especially emotionally loaded ones, e.g. regarding family life or bonding with local communities. This socially constructed uncertainty and the anticipation of the changes in their own migration status and their family members' migration opportunities may shape the care intentions of the Poles living in Britain.

The Referendum was followed by uncertainty about the policies that would replace FOM. Government proposals leaked in September 2017 brought EU migrants into one overall category with the citizens of non-EU countries (D'Angelo & Kofman 2018), but closer to the scheduled Brexit date in March 2019, Theresa May's cabinet assured EU citizens they would be able to stay in the UK. The EU Settlement Scheme (EUSS) was fully opened on the 30th of March 2019. EUSS requires EU citizens living in the UK to apply for a confirmation of their residence that comes in the form of a settled status (provided after 5 years of continuous residence and granting a permanent right of residence) or a pre-settled status (for current residents who do not meet the 5-year requirement). Both statuses give right to work and education in the UK, as well as health and social care. If the UK and EU reach an agreement about the post-transition relationships, it is likely that EU citizens will keep the right to bring close relatives to the UK (dependent parents or grandparents will qualify). Importantly, though, if the negotiations fail, holders of the new statuses will be able to bring their relatives with a pre-existing relationship (as is the case with migrants' parents) to the UK only until 29 March 2022 (Yeo & McKinney 2019: 68). After this period, they will have to apply for more complicated UK family visas that may involve income requirements for the sponsor.

Restrictions on the mobility of settled and pre-settled status holders may have a profound impact on their transnational care arrangements. As pre-settled status expires after 5 years, a five-year continuity of residence in the UK will be necessary to apply for permanent settled status. This means that pre-settled status holders will be able to spend no more than 6 months away from the UK in a year. To avoid having their pre-settled status revoked, they may spend no more than 2 years abroad. The Home Office anticipates that settled status holders will be able to spend up to 5 years in a row abroad before losing their status.

Brexit represents a period of uncertainty and a (potentially) disruptive event happening not only at a particular historical moment but also at particular points in individual life courses. It thus has different consequences for young people from Central and Eastern Europe (CEE) in the UK (Tyrrell et al. 2019) than for British retirees elsewhere in the EU (e.g. Miller 2019). The 'sandwich generation' (Cheal 2000; Grundy & Henretta 2006) of EU migrants in the UK will especially face challenges relating to changing policies. To post-accession migrants who have lived in the UK for over a decade, Brexit may bring precariousness into a period of life during which stability is required to

e.g. educate children or invest in family homes. For those with vulnerable parents and/or parents whose health is deteriorating, these two elements affecting personal biographies may coincide, increasing unpredictability and conflicts of needs, loyalties or interests.

The existing research on Polish migrants has documented the complexity of their attitudes and practices regarding the provision of elderly care. According to Krzyżowski and Mucha (2014), Poles in Iceland observe traditional caring obligations through practices that can be implemented at a distance (emotional care over the phone, coordination of care tasks) or through intense effort during occasional visits. They also employ innovative ways of care provision by financially supporting either their parents or relatives who in turn provide care in Poland. Financial support is also a preferred solution for Poles in Germany, who see personal care provision as the responsibility of their siblings in Poland (Bargłowski 2019). At the same time, Polish aging parents themselves do not expect to be personally cared for by their migrant children; they are satisfied knowing their mobile children care about them, as demonstrated by their efforts to maintain emotional closeness. Yet other researchers provide evidence of the salience of family care norms among Polish migrants, especially women, some of whom travel to their home country for periods spanning several months to provide hands-on care to ill relatives (Pustułka & Ślusarczyk 2016). Return to provide care to parents in need disembeds migrants from their workplaces or local relationships in the country of residence (Ryan 2019), thereby disrupting their lives. Since the Referendum campaign, the majority of Poles in the UK have opted for a wait-and-see strategy and decided to stay in the UK (Moreh, McGhee & Vlachantoni 2016) in order to at least secure settled status, and if such individuals find themselves confronted with a need to provide personal care abroad or reunite with the care receiver in the UK, this may force them to make difficult choices. Leaving the UK for too long in order to provide personal care will interrupt the migrant's continued residency period. Although it comes with its own costs (the uprooting of elderly individuals), the alternative of parent relocation is often the only viable strategy for migrants settled in the UK to provide hands-on care for parents, also taking into consideration the scarcity of public care provisions in Poland. Yet, bringing an adult dependent relative in need of care over to the UK when their rights to social and health care in the future remain unclear may be a risky decision.

On the other hand, the current rights of Europeans to join their family members in the UK make such a move easier now than under the potential new legal framework with no privileges for EU migrants, which will probably reflect the present situation of non-EU migrants (D'Angelo & Kofman 2018; Kilkey 2017). Until now, the families of Polish and other CEE migrants have approached extended family reunification in a mostly fluid, open-ended way (with parents of migrants staying in the UK for long but not indeterminate periods to provide care to their grandchildren, for example), responding to and allocating their resources to particular family members' needs but also relying on the economic and social security provided by the country of immigration (Kay & Trevena 2018). However, the looming legal changes may be an incentive to make more decisive, unidirectional moves swiftly, while the current legal framework is in force.

### 3. Care intentions

Taking into consideration this shifting landscape, it is even more important than before to look at care from a multidimensional perspective, including not only concrete care provision but also plural and fluid values and dynamics of care intentionality. That is why in the analysis of post-Brexit care intentions we propose to analyze care as stretching between lived social norms defined in moral terms (moral beliefs), intentions and actions (care arrangements). The three dimensions are mutually dependent, embedded one within the other, and together compose what we call the ethnomorality of care (Radziwinowiczówna, Rosińska & Kloc-Nowak 2018). In short, beliefs are understood here as moral assumptions regarding the proper ways of conduct, connected to social norms, that individuals identify with.

Actions refer to actual care arrangements, often negotiated between various social actors including the elderly parents themselves, forming complex networks comprising local and transnational kin, informal carers, institutions (both public and private), and non-governmental organizations.

Intentions are viewed here as the loci of socially-embedded agency that mediate between what is considered morally right and what is perceived as possible within a given opportunity structure (capacities, Baldassar, Wilding & Baldock 2007). They appear in the interviews in the form of expressions like 'I would like to', 'I want to' or 'I will', and can pertain to the present and the future as well as the past (for relational and temporal dimensions of agency, see Emirbayer & Mische 1998; Karl, Ramos & Kühn 2017).

Researching care intentions brings us closer to understanding the experience of care from the point of view of engaged social actors. Often there is a discrepancy between moral beliefs and intended actions and that is why we analyze care intentions using the analytic approach of social accounting (Scott & Lyman 1968, see also Nichols 1990). Accounts are statements 'made by a social actor to explain unanticipated or untoward behavior – whether that behavior is his own or that of others, and whether the proximate cause for the statement arises from the actor himself or from someone else' (Scott & Lyman 1968: 46). In the narratives of participants in our study we identified several accounts, as well as, by contrast, declarations, the term we use with reference to plain statements announcing morally desirable behavior (see below and also Kordasiewicz, Radziwinowiczówna & Kloc-Nowak 2018; Radziwinowiczówna, Rosińska & Kloc-Nowak 2018).

People who do not intend to care for their elderly parents in person, regardless of location (destination country or home country), but who believe this is the norm, use various accounts to explain their intentions. There are seven basic accounts for these intentions (Radziwinowiczówna, Rosińska & Kloc-Nowak 2018). First of all, migrants regard 'local' siblings as caregivers by default. 'Local' can also cover internal migrants living as far as 300 km away from the parents. Part of the reason why they are designated as natural care providers is the fact that in many cases these siblings also benefit most from childcare provided to their own children by the parents. We call this type of account a 'moral equation of care' as it involves comparison and 'calculation' of who gets how much care from the parent and who should therefore reciprocate that care. This account is also applied in families where all children are abroad.

A particular account was put forward by people whose ideas of what constitutes good care were shifting towards non-familial arrangements – namely an appeal to the good quality of institutional care to present institutional care as a valid substitution for at-home care. There were also two accounts that centered around a common Polish figure of speech which literally translates as ‘you do not replant old trees’. In cases where migrants were considering relocating a parent to stay with them, they used this proverb speech to underline the perceived risk to the parent’s wellbeing in the ‘uprooting’ process. Some people also felt that having a parent moved in threatened their own or their partner’s wellbeing.

In specific cases of past family trauma, parental neglect or conflict, participants in our study claimed that their family history was an account for lack of intention to provide care in its own right (resentment). Other migrants have merely suspended their visions for the future as if they were saying ‘*que sera, sera*; whatever will be, will be’. They simply do not want to reflect on their parents’ future vulnerability, as it appears to be an implicit source of fear and stress for them. They want their parents to be well as long as possible, and we interpret statements to that effect (e.g. ‘I hope that my mother will remain healthy for many years to come’) as performative attempts to conjure the reality.

#### 4. Research methods

The results presented in this paper are part of Mig/Ageing<sup>2</sup>, a four-year multidisciplinary research project that studied the effects of international migration on ageing in Poland. The work packages we were responsible for focused on elderly care in the families of Polish migrants. Between 2014 and 2016, we studied elderly people in two towns (Końskie and Kluczbork), as well as migrants originating from these localities (Radziwinowiczówna, Rosińska & Kloc-Nowak 2018). For this paper, we have selected only the interviews with migrants living in the UK (31 migrants in 15 English localities (Radziwinowiczówna, Rosińska & Kloc-Nowak 2018: 23–27)). As the fieldwork in the Mig/Ageing research project concluded in early 2016, we decided after the Referendum to conduct previously unplanned follow up interviews (Ryan, Trevena & Lopez-Rodriguez 2016) with migrants that had been previously interviewed<sup>3</sup>.

The research question that guided the second wave of interviews was: how does the perception of future UK bordering influence caring intentions in Brexit families? We carried out the follow-up interviews between May and July 2018 using various communication channels (WhatsApp, Skype, both with and without video transmission). All in all, we re-interviewed 13 migrants (see table 1). As women were more eager to take part in the successive interview, our sample in 2018 is more feminized than in 2016. The

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2 The full title of the project was: ‘Unfinished migration transition and ageing population in Poland: Asynchronous population changes and the transformation of formal and informal care institutions’.

3 In the first round of interviews, we obtained verbal consent from the research participants who agreed to be contacted in the future, as we intended to follow up on the care developments in their families within Mig/Ageing or future research projects. The second round of interviews was conducted within the duration of the Mig/Ageing project.



most-represented group are people aged 40-49, around which age one begins to be directly faced with the problems of parental ageing. Almost all of our interviewees live in southern regions of England, which could affect their perception of Brexit and their social environment's attitudes towards them. The percentage of 'Leave' votes in this region was lower than in most other parts of the UK, and it therefore constitutes a more favorable environment for Polish migrants.

Since the two waves of interviews were separated by two years, we obtained information about many new developments in the lives of our interviewees and their families. However, despite these developments, the interviewees themselves often asserted, both at the beginning and throughout the interviews, that nothing had changed in general as well as with regard to their intentions regarding future care. Such assertions proved to be a discursive attempt to maintain a coherent vision of one's life-world, the experienced common sense reality of the social world (Schütz 1932), as being change-proof in spite of the passage of time (according to a cognitive model by research participant Sulek 2001; see also illusion of biography, Bourdieu 1994; and coherence in narrative interviews, Prawda 1989).

In some interviews we encountered a methodological challenge — when we asked about their current outlook on prospective elderly care, the participants asked, 'But what did I say last time?'. On the one hand, we did not want to condition the response by informing them of their previous answer because we feared to reinforce the tendency towards coherence. On the other hand, it seemed improper to refuse the answer as this could imply we simply did not remember what they told us during the first interview. We briefly outlined participants' previous general statement on care intentions, which consistently elicited the response of, 'Oh, nothing has changed really'. However, and most crucially, in what followed, the participants revealed many actual changes both in care arrangements and in their intentions; as such, we believe that the quality of the interviews was, on balance, unaffected.

Having conducted post-referendum follow-up interviews, we could identify changes in care intentions. Not all of them were due to Brexit, as some were a reaction to emerging care needs. On the other hand, after another two years in the UK, many of the interviewees are more embedded and cannot imagine migrating back to Poland in order to provide personal care. However, in accordance with the ethnomorality of care framework, we argue that the research participants' attitudes also changed over time because the extended duration of their migration means that they have been exposed to the British care regime and care culture for a longer period of time. A comparison of the two waves of our in-depth interviews leads us to the conclusion that some research participants have even changed their beliefs as a result.

Table 1: Research participants in 2018

	Name <sup>4</sup>	Sex	Age group	Economic activity	A parent in Poland?	A grandparent in Poland?	Personal care needs in Poland?	Town of origin	Location in UK
1	Anna	Female	40-49	Full time job	Yes	No	Yes	Końskie	London
2	Nina	Female	30-39	Full time job	Yes	No	No	Końskie	London
3	Beata	Female	30-39	Full time job	Yes	Yes (in-law)	Yes	Końskie	East of England
4	Darek & Melania	Male & female	40-49	Full time job	Yes	Yes (Darek)	Yes	Końskie	East of England
5	Marek	Male	40-49	Full time job	Yes	No	No	Końskie	East of England
6	Kinga	Female	30-39	Part time job	Yes	No	Yes	Kluczbork	South East England
7	Anita	Female	20-29	Full time job	No, migrant parents (UK, NE)	Yes	Yes	Kluczbork	South East England
8	Sylvia	Female	30-39	Part time job	Yes	Yes (in-law)	Yes	Kluczbork	West Midlands
9	Edyta	Female	40-49	Full time job	Yes (one, but no contact)	No	No	Końskie	South East England
10	Patrycja	Female	40-49	Full time job	No	Yes	Yes	Kluczbork	South East England
11	Hubert	Male	20-29	Part time job	Yes (one)	No	No	Kluczbork	London
12	Martyna	Female	40-49	Full time job	Yes	Yes	Yes	Końskie	West Midlands
13	Amanda	Female	20-29	Part time job	No	Yes	Yes	Kluczbork	South England

## 5. Post-referendum care intensions

The socio-economic characteristics of Polish migration to the UK are crucial to understanding migrants' elderly care intentions. Economic migration to the UK began after 1989 and was linked not only to the liberalization of Poland's emigration regime but also to the neo-liberal economic reforms in Poland. Everybody could now obtain a passport, but travelling to the UK required visas. Starting in the early 1990s, Poles were allowed visa-free entry as visitors, but access to the labor market was still limited and they often worked without the required permissions and risked deportation (Garapich 2008). Poland's EU accession in 2004 and FOM granted new rights to the Poles in the UK, including access to the UK labor market and family reunification. However, migrating from increasingly neoliberal Poland, post-accession migrants often accepted positions below their qualifications (Grabowska-Lusińska & Okólski 2009). Economic precariousness affects the way they perceive the Brexit process, their agency in it and future legal changes.

<sup>4</sup> Names of all informants have been changed.

Our interviewees did not complain about their inability to participate in the Referendum, in spite of the fact that that result would affect their trans-border lives. When asked about the legal consequences Brexit would have, they often answered that they believed they would be able to stay in the UK. They then spontaneously enumerated reasons that built up their deservedness to stay: they worked, paid taxes and were not a burden to the welfare system (see also Moreh, McGhee & Vlachantoni 2019). None expressed resistance against the prospect of losing rights they are guaranteed now under the 2004 Citizens Directive. This lack of resistance shows how the looming Brexit has again re-classified Polish migrants as disposable workers.

### *5.1 The dualizing effect of Brexit within accounts and declarations of care commitment*

When asked about Brexit and prospective personal care for aging parents/grandparents, participants in our research often asserted that their families would cope with the new UK migration regime targeting Brexit families.

MAREK: I don't have slightest idea, it's difficult to imagine anything what will happen. I don't even try to guess what will happen, whatever will be, will be. I leave it to the people who are responsible for the negotiations. I think that UK will manage.

RESEARCHER: Do you think that arrivals such as your mother's, who could visit you, will it be more difficult?

MAREK: You know what? Maybe temporarily, but I don't think it will get much more difficult. Maybe there will be more papers to fill in, longer lines at the border. But generally, I don't think it will be that bad. Even if Brexit happens, I think there will be a transition period. So, I don't think there will be obstacles. It makes no sense to think about these issues, it's very difficult to foresee. (man, 42, from Końskie)

'Whatever will be, will be', previously identified by us as an account for not providing care (Radziwinowiczówna, Rosińska & Kloc-Nowak 2018), is also a strategy to cope with the chaos related to Brexit, a way of making sense of the uncertainty deriving from the prospect of a future UK migration regime targeting EU migrants (similarly, Anita said, 'They [British people] don't know, we don't know, so there is nothing to wonder about'). Uncertainty is linguistically marked in these accounts with phrases such as: 'I don't know' [repeated], 'my guess is', 'I guess', 'I think', 'I don't think', 'maybe', 'it is very difficult to foresee', 'nobody knows', or expressions of indeterminacy, like: 'of sorts', 'something like that'.

When we were revisiting participants in our research, the UK government was considering the 'hard Brexit' scenario, i.e. leaving the EU without a withdrawal agreement, and future immigration policies regarding the UE citizens and their family members had not been officially announced yet. When asked about the possible consequences as regards contact with their parents, our interviewees indicated that their parents would now need passport in order to visit UK:

RESEARCHER: Do you think that the new rules can affect visits of people like your mother?

KINGA: Before the European Union it was possible to enter England, a passport, a permission, I don't know what was that ... But, who knows? My mother will have to apply for a passport, this will change for sure, because now she comes with her identity card. I don't know, I haven't thought about that. (woman, 34, from Kluczbork)

Kinga, a young post-accession migrant, could recall that even without the FOM privileges, the Polish people coped and were mobile before the EU accession. In spite of fifteen years of FOM, material components of the UK bordering (passports, visas) have never ceased to be a part of the Polish migration culture. Our interview partners also assumed that EU citizens would be equal with all other migrants:

ANITA: I think that even after Brexit it will be necessary to get a visitor visa, like for other countries. Like [the people] from India, that their parents come for six months, or from the Philippines, to help with small children. It would be the same, I guess. (woman, 28, from Kluczbork)

SYLWIA: There will be an obstacle, because if my mother wants to visit me, she'll have to apply for a visa, according to what they say. Because she doesn't work here, she doesn't have any English documents, of sorts. (woman, 30, from Kluczbork)

Brexit has a dualizing effect on elderly care intentions; that is to say, it triggers one of two distinct reactions. The majority of interviewees in our research viewed UK bordering as a compelling argument to explain the absence of intention to reunite with elderly family members in the UK. For others, however, Brexit constituted a trigger to bring their aging parents to the UK while FOM is still in effect. The interviewees believe that future access to healthcare for aging parents of migrants may be an issue in the post-Brexit UK.

RESEARCHER: As regards the people who consider bringing their parents to UK, do you think those parents will have access to their pensions, or they will get free prescriptions?

MAREK: I guess it will depend on when they arrive. I don't know how it will be fixed. But my guess is that not. For instance, if I want to bring my parents here after Brexit, they can come as tourists ... When you travel abroad, you have to buy insurance. (man, 42, from Końskie)

MELANIA: Even if we wanted [my mother] to come, she will not get free health care. ... Because she would have to be at least two years here. No, a year, or two years, something like that.

DAREK: I don't know what will be after Brexit, I don't know what will be after Brexit. Nobody knows what will be after Brexit. (a couple, woman, 40, from another Polish town; man, 42, from Końskie)

When we did the interviews in 2018, proposals of regulations concerning the future mobility of EU citizens were changing. Today, in January 2020, we know that in the event of a fail of EU-UK negotiations, relocating an elderly parent to the UK will likely prove

challenging after the 29th of March 2022. Marek mentioned Brexit as presenting difficulties should he need to relocate his parents because they require personal support. During the interview two years before, Marek already did not intend to bring his parents to England, which he explained using the account of 'local' siblings as default caregivers (Kordasiewicz, Radziwinowiczówna & Kloc-Nowak 2018: 85-86). Two years later, his intentions had not changed, but the account he gave to explain his intentions now centered on Brexit.

MAREK: In our case, if anything happened to my parents, God forbid, it would be difficult to return to Poland. On the other hand, it would be hard to bring parents here, obviously — is it possible? ...

RESEARCHER: Why could there be a problem to bring them here?

MAREK: Their health condition could be an obstacle, and, second, you know, I don't know how the situation will be after the UK leaves the European Union. (man, 42, from Końskie)

For others, however, the prospect of Brexit can serve as a trigger to intend to relocate elderly parents while FOM is still in effect. Patrycja, for example, declared she and her husband were planning to relocate his mother Izabela to the UK. However, in 2016, she had not mentioned any intentions to provide personal care for Izabela. In 2018, they were planning to apply for a National Insurance Number for Izabela in order to get her access to local health care and registration via the EUSS. Patrycja and her husband wanted to follow their friends' example, who already had applied for National Insurance Numbers for their mothers when relocating them to the UK. When asked about the feasibility of their plans, she answered:

PATRYCJA: I don't think there will be any obstacles, because they need to be aware that foreigners also have family members, whom they have to care for. And, obviously, you can't leave them behind in a different country. We have a couple of acquaintances here who live with their mothers and they arranged all those NINOs and NHS Number. So if they fixed it, I'm sure we'll be able to get it done too. (woman, 41, from Kluczbork)

Patrycja and her husband put a lot of faith in the State's (conveyed here as an impersonal 'they') understanding of migrant family care obligations, but they were also thinking ahead. They were planning to buy a bigger house with an extra bedroom for Izabela. Brexit, together with the increasing frailty of 64-year old Izabela, may well have contributed to the change in Patrycja and her husband's care intentions, triggering them to plan a relocation of the parent.

In the second wave, two research participants declared their intention to return to Poland, whereas no such intention had been present in the first wave. Their return would facilitate the provision of care for their parents, should this prove necessary in the future.

BEATA: Now we are thinking to finally return to Poland. After all, there's this longing for the country, for the family. But for now, we're only considering doing that ... The family presses on us. Yeah, especially my mother, she lives in Końskie. She is not all by herself there, because my sister and my brother live there, so there always will be someone who will care for her. She misses our children, and she

always cries over the phone, 'Child, return, you are so far away'. (woman, 37, from Końskie)

For Beata, who eventually returned to Poland in 2019 (post-research follow-up communication), her longing for Poland and the emotional burden of separation, here portrayed from the perspective of her aging mother (see also Sun 2017), were also important reasons to consider the return migration.

## 5.2 *Pre- and post-referendum care intentions compared*

Declarations of care commitment and accounts for the non-intention to provide care need to be analyzed throughout the whole of each interview. While in 2016, the interviewees' narratives regarding their intentions around future personal elderly care for their parents were often self-contradictory, mixing accounts with declarations of care commitment, in 2018 they were often more coherent, which may indicate a more clearly defined intention towards elderly care.

Among the 31 migrants interviewed during the first wave of our research in 2016, we recorded three declarations of personal care commitment, namely in the interviews with Nina, Anna and Melania. In 2018, the intentions expressed by these three women were different. They no longer declared any intentions to provide personal care for their parents (stay-behind mothers), but instead provided a long list of accounts explaining their inability to do so. For example, in 2016, Nina declared firmly that if need be, she would bring her mother to the UK to stay with her:

RESEARCHER: Have you ever wondered what will happen when your mother is no longer self-reliant?

NINA: I'll just bring her here ... we have not discussed it [with my brother] ... but if there is a need, I'll just bring her here. I'll arrange for all the benefits and [health] care here, I think they have a very different [better] approach than [in Poland]. (woman, 34, from Końskie)

In 2018, Nina initially repeated her previous general declaration ('If need be, they [parents] might come to stay with me'), but when we asked further questions on this subject, her reservations and hesitations were shown to outweigh this intention:

NINA: Well, it is a very distant topic, and I don't know how, I don't know at all, I never inquired how to go about it, etc. I think of myself as a positive person ... that does not take a negative scenario into account. All will be fine...

RESEARCHER: I'm sorry but we have to ask about it...

NINA: It is hard to say, I would probably need to change the flat for a bigger one, this will be maybe not a difficulty, but an organizational issue, and what, buy the ticket, she comes, and what next, I don't know... Usually if people come, they come together and the parents they also work here, so this is a bit different ... it is hard to say.

RESEARCHER: And have you talked to your mother about it?

NINA: No, no. Because, what could she say, she is not going anywhere, leave everything, I guess she does not think about it as well, she has her house, her

allotment, that she needs to tend to, she has her small grandson, so she would have to abandon all this ... So I don't know, hard to say. (woman, 34, from Końskie)

Nina provided the following accounts to explain her lack of intention to reunite with her mother in the UK: appeals to her own well-being (need to change a flat), appeals to the parent's well-being (her mother's attachment to her hometown and grandson living in Poland), 'whatever will be, will be', and the fact that her mother, as a person without employment history in the UK, would have an unfavorable insurance situation.

In their rhetorical construction, these utterances are enumerations which, on the one hand, are persuasive (towards the listener, towards self) and confer emphasis (Dubois & Sankoff 2008). On the other hand, they may prove counter-productive and insufficiently convincing. This was the case with Nina's narrative, in which the enumeration sounded like a list of accounts (more precisely, excuses<sup>5</sup>, or accounts used when a person views an act as untoward yet denies full responsibility, Scott & Lyman 1968: 47). Rather than having a persuasive effect, excessive enumeration makes every new argument redundant. They can weaken the value of the overall message and, while they enhance the expressivity of talk, they also lower the efficiency of the message (Dubois & Sankoff 2008).

Melania's enumeration of arguments as to why she could not provide personal care to her mother commenced with a list of reservations and hesitations that make reference to housing conditions and a general 'whatever will be, will be' account, followed by a direct appeal to Brexit:

MELANIA: And what's more, all this Brexit, it ruined everything, because even if we wanted to have her here, she won't be eligible for the free [medical] healthcare ... medical care above all, this is forfeit, it seems to me ... and she is getting older, so she will need more of that care, exactly. (woman, 40, from another Polish town)

If appeals to Brexit appear alongside other accounts in interviews, we must treat 'Brexit' as another account explaining the lack of intention to provide care, a rhetorical tool to alleviate the responsibility imposed by familialism by default. It marks a more fundamental process underlying such utterances – a gradual distancing of migrants from the norm of filial personal care. Interviewees who did not question this norm, yet did not intend to conform to it, found Brexit a rhetorical opportunity to account for their lack of intention to provide hands-on care to their parents should this be necessary in the future.

In order to explain the more frequent use of accounts and more coherent enumerations in the follow-up interviews, we might point to the advancement of the process of embedding (Ryan 2018) of migrants in the UK over the course of two additional years of residence. For Polish migrants who gradually achieve a sense of security by developing multiple anchors, which frequently include home-buying, home-making, having children, and the education of those children in the UK (Grzymala-Kazłowska 2018), giving up these anchors (even temporarily) and returning to Poland in order to

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5 We are aware of the moral load of the term 'excuse' in everyday language and hence we want to underline that we use it analytically, following Scott and Lyman. Excuse, as a form of account, appears in connection with the perspective of the speaker that something needs explaining because it is perceived by them as non-normative or unexpected. This term does not confer our evaluation as researchers, but the actor's/speaker's perception of their own action as untoward (Scott & Lyman 1968).

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provide care to elderly parents could mean risking the loss of their recently achieved state of stability. Our interviewees, employed in England and often embedded in their workplaces, are reluctant to consider returning to Poland (Ryan 2019), despite strong emotional ties to their parents. Moreover, having spent more time in the UK, research participants were more likely to have acquired new ideas (Grabowska et al. 2017) concerning elderly care. They had been exposed to the British care regime, which places less burden on family carers, and more on institutions. The use of accounts suggests that our assumption about the change in Polish migrants' beliefs concerning elderly care may be correct.

## 6. Conclusions

The post-referendum period can be considered a 'natural experiment' to study how relatively abruptly enacted 'immobility regimes' influence the everyday lives of EU citizens whose mobility to the UK has until now been privileged. This study explains how people confronted with bordering make sense of new excluding regimes that will target their families. By focusing on migrants' relationships with their parents, it offers an indication of how Brexit may affect stayers in Poland. Brexit has a dualizing effect on the participants, leading them to either consider re-unification more seriously, or to point to the looming chaos as an impediment to their engagement in personal care provision.

The postponement of the UK's withdrawal from the EU and the resultant prolongation of Brexit-related uncertainty about the future made life planning a challenging endeavor. Enjoying the privileged status of EU citizens, Polish immigrants may not be aware of the conditionality of the right to family reunification for British citizens and other migrants in the UK and, at the time of our interviews in 2018, they might not have realized that these conditions may apply to Europeans following the transition period. References to potential difficulties in bringing over elderly parents focused more on the practicalities (like the number of bedrooms) than the level of income of the 'sponsors'. Intentions to bring frail parents over to the UK in order to provide personal care may soon come to depend less on emotional attitudes and family configurations, and instead be conditional on the economic situation. This will put low-earning migrants or family caregivers with little or no job history (more probably women) at risk of not being able to give their loved ones the care they would like to. This will also be the case should they be unable to obtain the new pre-settled or settled status.

The UK's new immigration policies are being shaped without EU citizens' involvement, and the new borders of the UK will re-frame them as economic migrants (Brahic & Lallement 2018). Their right to unconditional family reunification may be revoked, and some may be unable to demonstrate the financial ability to sponsor a dependent parent in the UK. Additionally, applications to the EUSS are challenging for those EU migrants who do not speak English, are unable to provide the necessary documents or have criminal record. The migrants whom we interviewed did not discursively resist the possible negative scenarios that may have a profound impact on their lives. Their narratives in 2018 reflected acceptance of their future roles as denizens,



likely to be deprived of the right to family life. They seemed to have internalized the identity of the economic migrant, seeing themselves as hardworking contributors to the UK economy and deserving to stay in their capacity as economic migrants.

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## Information in German

### Deutscher Titel

Immobilität nach dem Brexit ins Auge fassen: Die Absichten polnischer Migranten, sich um ihre Eltern zu kümmern.

### Zusammenfassung

Der Austritt des Vereinigten Königreichs aus der Europäischen Union wird die europäische Freizügigkeit und den privilegierten Migrationsstatus von EU-Bürgern im Vereinigten Königreich beenden, was wahrscheinlich Auswirkungen auf die sogenannten „Brexit-Familien“ und ihre transnationalen Betreuungsvereinbarungen haben wird. Dies ist eine Fallstudie der größten Migrantengruppe in Großbritannien, nämlich der Polen. Vor dem Brexit-Referendum ermittelte die erste Welle der ausführlichen Interviews die Absichten verschiedener Migranten in Bezug auf die Altenpflege für ihre Eltern, die in Polen geblieben waren. Die Forschung näherte sich diesen Absichten als diskursive Strategien an: Erklärungen zur Fürsorgeverpflichtung und Erklärungen zur Fürsorgeverpflichtung und Aussagen über die Abwesenheit von Fürsorgeabsichten. Die zweite Welle wurde durchgeführt, nachdem das Vereinigte Königreich beschlossen hatte, aus der EU auszutreten, und neue Richtlinien in Bezug auf die EU-Bürger entwickelt wurden. Der Brexit beeinflusst die Intentionen, die altgewordenen Eltern zu betreuen, auf zweierlei Weise: Erstens führt dies zu einer höheren Unsicherheit über zukünftige Migrationsregularien und zu einer Desorientierung der Migranten hinsichtlich der Möglichkeiten einer Wiedervereinigung mit ihren Eltern im Vereinigten Königreich. Zweitens erscheint der Brexit in den Interviews als eine diskursive Konstruktion, um die Verpflichtung der Übernahme der direkten Versorgung von den Migranten abgeschwächt wird, wenn sie es nach wie vor für normativ angemessen halten, diese kulturelle Norm zu befolgen, dies jedoch nicht umzusetzen beabsichtigen.

**Schlagwörter:** Altenpflege, transnationale Familien, transnationale Pflege, Brexit-Familien, Ethnomoral der Pflege, Migrationen, polnische Migranten

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