INTERNATIONAL SOCIAL CARE WORKERS IN ENGLAND:
PROFILE, MOTIVATIONS, EXPERIENCES AND FUTURE EXPECTATIONS

FINAL REPORT
JANUARY 2010

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This research is funded under the Social Care Workforce Research Initiative, Department of Health. The views expressed in the report are of the authors only and not necessarily those of the Department of Health. Correspondence to: Dr Shereen Hussein, Social Care Workforce Research Unit, King’s College London, Strand, London WC2R 2LS, UK. Email: shereen.hussein@kcl.ac.uk
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ACKNOWLEDGMENTS

This research was funded by the Department of Health under the Social Care Workforce Research Initiative; any views expressed are those of the authors and are not necessarily shared by the Department of Health. The research team is grateful for funding received and for the support of the Initiative Co-ordinator, Prof Hazel Qureshi. We are most obliged to the General Social Care Council for facilitating the data on non-UK qualified social workers; in particular we have greatly appreciated the assistance offered by Helen Wenman, Cathrine Clarke, Valerie Hubbard, Carol Walker and Brian Wakeham. Our gratitude is also due to Skills for Care for providing and supporting our use of the National Minimum Data Set for Social Care; with special thanks to David Griffiths, Christine Eborall and Sarah Woodrow.

Without the support and effort of a number of dedicated researchers and fieldworkers this research would not have been completed. Our most sincere thanks go to: Dr Joan Rapaport, Nigel Charles, Phillip Rapaport, Maureen White, Margaret Addison, Ann Hartill, Tay Nagendran, Jenny Wilding, Mark Wilding, Carolyn Barber and Tim Chittleburgh. We are very grateful to colleagues at the Social Care Workforce Research Unit for their support with this research. In particular, Stephen Martineau who helped set up and undertook the systematic literature search and Jessica Hindes who spent many hours editing and proof reading the report.

We appreciate the kind and continuous support of the Unit’s Service User and Carers’ advisory group who shared their views and opinions. And, of course, we are very thankful to all the participants in this study; international care workers, employers, frontline workers, recruitment agencies’ representatives, policy stakeholders, human resource managers, refugees, asylum seekers, service users and carers, and chairs of refugee support organisations, who took the time to talk to us and share their experiences.
EXECUTIVE SUMMARY

About this study
This study explored the use and experiences of international workers in social care in England, within a complex and potentially conflicting national and international policy context. The study took place 2007-09 and was funded by the Department of Health’s Social Care Workforce Research Initiative.

This was a multi-method study, involving:
• A review of the literature,
• Analysis of data from the National Minimum Data Set for Social Care (NMDS-SC) and from the social work register, kept by the General Social Care Council (GSCC),
• Interviews with international workers, their managers, colleagues, employers, service users and carers in six selected research sites (chosen to represent a wide variety of English local authority areas),
• Interviews with national sample of 35 policy stakeholders and representatives of employment agencies.

In total 254 participants were interviewed, including 219 in-depth interviews with participants in the research sites.

Key findings
Using the NMDS-SC information we examined the profile of recently arrived international workers in the care sector in England (5118); people who these records revealed as having their immediate previous job abroad (excluding those identified as White British). We used this group as a ‘proxy’ or ‘good enough’ sample of recent arrivals who had their first job in the UK in the care sector. This group was significantly younger, more likely to have higher qualifications, more likely to be recruited in professional jobs and less likely to hold managerial/supervisory posts than English social care workers.

Looking at all non-UK qualified social workers who are registered to work in England by the GSCC (7200), we found a trend towards slightly fewer internationally qualified social workers coming to work in England than previously. Traditionally, most come from countries with similar social work traditions to the UK's but social workers who have qualified in different regions of the world have different profiles from UK qualified social workers.

Among the 96 international workers in the study sites, covering social workers and care workers, just under half secured their jobs while in their home countries, and the rest gained employment in the sector while in the UK. There are many variations in recruitment routes in relation to birth country of participants. However, many international workers said that support quickly faded away.
Very few employers, human resource managers, frontline workers or international workers felt that vacancies in the sector would be eliminated, even temporarily, because of higher unemployment rates among UK citizens. Most, however, were aware of the new thresholds for recruiting international workers from outside the EU, especially those with no formal skills. The impact of this was uncertain, although some international workers had already been affected by the increased criteria for renewing work permits and visas. Aspirations to work as nurses in the NHS remain strong among nurses from countries such as the Philippines and India who take up work in social care. However, once a move had been made, the prospect of moving to another country appeared attractive, especially for people with qualifications.

Most employers and human resource managers, whether in local authority, home care or care home settings, appreciated international care workers. They filled vacancies that were hard or even impossible to fill otherwise. International workers were sometimes seen to possess highly valued qualities, such as being hard-working, caring, polite and very appreciative of the job. Employers welcomed their qualifications, particularly those gained through health experience, which were particularly valued in care home staff. People using services and carers also valued international workers, although some voiced concerns about language abilities, turnover and cultural differences. Most were very pleased that staff were available and some were very positive about individuals.

International social care staff themselves had largely positive views of the UK as well as economic motivations to work in the UK. Reasons varied and included wanting to gain qualifications but also liking to work with people. There seemed to be a risk of exploiting this good nature and need to maximise earnings among staff who were sending money back home.

Evidence from the interviews suggests that refugees and asylum seekers may wish to join and could benefit the social care sector. However, barriers such as lack of UK experience, limited English language skills, difficulties with qualification recognition, and prejudice and racism, mean that they cannot easily participate, even when permitted. A number of practical problems around job-seeking approaches and interviewing processes were raised; well-designed support channels to increasing the employability of this group might be developed to address this.

Training and gaining qualifications are the main non-financial incentives for migrants in general and for international care workers in England. In terms of induction or preparation for the work, the majority of participants had some form of induction; however, international workers may need extra language and cultural support. We found that induction content and format varied. Equally, experiences of supervision and appraisal were widely different among participants, although, in general, international workers appreciated the formal and informal feedback they received from their colleagues and service users.
There was a general theme of commitment to caring for people among almost all international and UK frontline workers. Mutual respect and accepting individual personalities were said to be central when interacting with people from different cultures in the workplace. It was evident from the analysis that reducing stereotypes related to cultural expectations may help to build effective working relationships. Although working in the UK care sector offers many positive and enriching experiences, some international workers had experienced racism, bullying and discrimination from managers and colleagues. A far larger number of international workers had experienced racism and discrimination from service users and their carers. These experiences were also shared by some UK frontline workers from Black and Minority Ethnic (BME) communities and ‘colour’ was felt to be a significant explanation for this treatment.

Overall, international workers reported high job satisfaction; work in the English social care sector had generally met their expectations. However, experiences of prejudice and discrimination, the poor image, low status and poor pay of social care in England and, in a few cases, specific qualification opportunities which did not materialise were highlighted as negative aspects. Many international workers aspired to increase their skills and experience as one of their primary work priorities. However, the reasons for wanting such skills were diverse, from staying in the same job, to aiming for promotion or moving to another country. Other family members’ wishes and situations play an important part in international workers’ plans. Immigration restrictions were one of a set of priorities for many non-EU workers to address in the near future.

Other factors influenced international recruitment. Ability in English was of central importance, influencing recruitment, relationships and ability to undertake the work. Levels and types of experience were similarly important. These were linked to different experiences and perceived levels of competence. Historical and current links with different countries, in the form of different systems and relative levels of affluence, also played their part migration and recruitment. Over time as language skills develop, relationships grow and cultural understanding increases, some of these difficulties reduce.

The structure and composition of the workforce were predicted to be ‘undoubtedly’ different in the next 10 years. Many participants forecast a trend toward a younger workforce. Employers reported that workers were now coming from numerous countries, not mainly Africa and the Philippines, but a wider range of Eastern European workers.

**Key messages**

**For central government:** The adult social care workforce strategy needs to address the importance of international workers in social care and to monitor the impact of the new points based system for entry to the UK on social care.

Restrictions on eligibility to training for social care staff who have not been in the UK for three years need to be considered in light of the possible wider public benefit of such training.
Some international workers’ integration, skills, and understanding of cultural needs improve dramatically over time. Extending working visas for workers who are committed to the social care sector may be cost-effective and may improve the quality of care provided to service users.

**For sector skills councils:** It would be helpful for the NMDS to collect more information to enable the identification of international workers. Employers should be asked to help develop such data collection. Information could helpfully include some or all of the following: country of birth, nationality and length of stay in the UK. Such information would be invaluable in analysing volume, trends and changing characteristics of international workers in the sector. We are aware that Skills for Care is currently in negotiation about including these elements in the NMDS-SC and support this move. The support of employee representatives may be useful to this possible development.

Information for international workers needs to be available on websites as well as accessible written material. This could include information on employment and immigration rights, sources of support and fact sheets on career development.

**For service development and improvement agencies:** SCIE, the Social Care Institute for Excellence, should consider devising material for international workers, managers and human resources colleagues about managing situations of stress, conflict and racism and discrimination. Such practice guidance should be devised in conjunction with international workers.

**For regulators, such as the General Social Care Council:** Regulators could offer clear guidance and information about recognition of qualifications, and estimates of time needed for scrutiny.

**For social care providers:** A ‘duty’ of care is owed to all staff, including staff who are recruited specifically from abroad. Support needs to be provided beyond initial induction. Managers and supervisors may need human resources (HR) support if they are to better address conflicts, discrimination and expressions of racism by people using services. Equalities work needs to address international workers’ position and needs.

**For people using services and carers:** When directly employing individuals, responsibilities are owed to staff in terms of contracts and fair working conditions. Users should seek support from local councils or their agents, such as brokers. People using services may be asked to help develop messages of ‘zero tolerance’ of racism and abuse of staff.

**Acknowledgments and contact details**

We thank all those who helped with this study. The full report is available from scwru@kcl.ac.uk or the website of the Social Care Workforce Research Unit: www.kcl.ac.uk/SCWRU.
CHAPTER ONE: RESEARCH, METHODS AND ANALYTICAL FRAMEWORK

Background and policy context
Shortages of social care workers within the UK, and the growing demand for social care due to demographic changes, are widely reported (Department of Health 2007; Wittenberg et al. 2008). The need for labour in the care sector is expanding with population ageing, high levels of female employment and greater longevity among people with long-term health conditions and disabilities (Hussein and Manthorpe 2005; Redfoot and Houser 2008). Combined with lower birth rates and prolonged participation in education in developed countries, a care gap is evident. For these reasons, the social care sector has become an important employment magnet for qualified and unqualified migrants to the developed world (Cunliffe and Bahiraey 2006).

It is frequently observed that recruitment and retention of social care workers are problematic in many parts of England (Eborall 2005; CSCI 2006). High vacancy and turnover rates contribute to excessive workloads and a reliance on temporary staff (Eborall and Garmeson 2001). The impact upon service users and carers is detrimental (CSCI 2006). It is argued that employers need to focus as much on retaining their staff as on recruiting new employees, but with recruitment difficulties running at almost twice the rate of retention difficulties (Employers’ Organisation 2004) it is unsurprising that the emphasis to date has been on attracting new staff.

According to the 2006 Office of National Statistics, migrants comprise approximately 16 percent (100,000) of all paid care workers in England. There is great regional variation; for example, in London, 68% of care workers are non-UK born (Gould 2008). The Worker Registration Scheme shows that care work is one of the 8th most popular occupations amongst the new accession states of the European Union (A81) populations, with the Polish population at the top. Filipinos are the largest (10%) migrant group from any developing country in this sector (Gould 2008). A study by the Centre on Migration Policy and Society (COMPAS) of migrant care workers (Cangiano et al. 2009) found that the North of England has fewer migrant care workers overall, but differences between urban and rural areas were not discussed.

In England, international migration trends occur in a context of increasing globalization, with growing labour mobility a significant element of this process (Yeates 2009). At the same time, UK migration policies related to the care sector have undergone major changes, and the current policy and political atmosphere related to migration and care is highly contended (Ruhs and Anderson 2010). However, it is important to capture a wide range of views and experiences to understand the detail of labour flows in the social care sector and their relationship to national migration policy. It is of course important to consider

1 A8 includes The Czech Republic, Estonia, Hungary, Latvia, Lithuania, Poland, Slovakia and Slovenia.
social care in the larger labour migration context within and outside the European Union (EU), and not specifically as a UK phenomenon. The nature of workforce vacancies in the EU is also changing, often as a consequence of skills deficits, which cannot be met by unqualified or less educated ‘unskilled’ labour (Ackers 2004).

In July 2007, a research team at the Social Care Workforce Research Unit (SCWRU) at King’s College London was commissioned by the Department of Health (DH), under the Social Care Workforce Research Initiative (SCWRI), to conduct the current study. This study aimed to build upon various recent, but small scale, studies of international recruitment in England to the adult social care sector and in health care (where social care is sometimes included but often not identified as such). These include Evans and Huxley’s review (2004) of the literature, the individual interviews conducted by Firth (2004), the studies by Larsen and colleagues (2005) on nursing homes, and those in progress by Buchan and Young (a Department of Health-funded evaluation of international recruitment initiatives for doctors, nurses and allied health professionals entering the NHS from Europe and elsewhere), together with work being undertaken by Skills for Care. The DH itself has been focusing on this subject, with a group of policy makers exploring the issues. Many of these contributors were brought together at an Expert Seminar held in 2006 by the SCWRU where the ideas for this study were canvassed and supported (see Hussein 2006).

The literature reveals a number of distinct threads concerning international recruitment and social care activities. First, there is a concentration on professional staff, generally encompassing doctors, nurses, and occasionally social workers. There is little research on occupational therapists and virtually none reporting the views of people using services. The views of people working in the ‘grey’ (casual or illegal) economy have not been explored; neither have we much data about the experience of managers and supervisory staff, including those who may have useful experiences in respect of training and induction. International staff in social care are often seen as a homogenous group, with little distinction between those with/without English speaking skills, those with prior experiences or none and those who are using the social care sector as a first route into the labour market as a whole, or into professional activities or social enterprise. International workforce studies have often used the term ‘international’ to refer to large but diverse groups of workers, with little differentiation between those who are EU citizens, those who are from the EU Accession (A8) states, and those who are from other nations (Commonwealth and other). The role of refugees and asylum seekers in UK social care has not been considered.

Second, there is no study of the reactions to international social care workers or of contextual developments. These include the genesis and implementation of the voluntary Code of Practice on recruitment from overseas to the UK (IDEA); the impact of the new social work degree and thus the greater number of UK qualified social workers; and the impact of new ways of working, such as the introduction of greater numbers of support workers (Kessler and Bach 2007;
Manthorpe et al. in press_b) and new roles in social care (see Skills for Care\textsuperscript{2}), which may be affecting international recruitment. Concern over the expense of international recruitment has been evident and this may also be affecting employers’ decisions, particularly in the public sector, about the ‘best value’ of international recruitment. Their strategies for saving resources are not yet clearly identified or interrogated.

Third, there is a significant resource available for analysis that has not been used other than in descriptive accounts. This is in respect of social workers. General Social Care Council (GSCC) figures suggest that the ‘flow’ of social workers into the UK (i.e. the numbers coming to the UK from other countries) is substantial and has been increasing steadily. However, there are also many more students training to be social workers who have arrived relatively recently in the UK. Anecdotal reports suggest that recruits to the new social work degree now include larger numbers of people from the EU but also from West Africa (Moriarty in press).

In respect of both groups of social workers, those who arrive with qualifications and those who train in the UK, there is no information available about whether or where social workers enter employment, nor how long they stay, nor about their socio-demographic details. This study provides the first opportunity to compare anonymised data about social workers who possess qualifications gained outside the UK with social workers holding the English social work qualification, and draws on a unique analysis of social work student cohorts through the GSCC data.

Thus, despite the large numbers of international workers in England and their high profile in the professional press, a review of international recruitment in social care (Evans and Huxley 2004) highlighted that knowledge about the characteristics, experiences and suitability of international recruits to work in England, the characteristics and experiences of those employing them, the impact of their employment on English qualified colleagues and on service users and carers, was generally based on impression rather than a synthesis of empirical evidence. Evidence from one small-scale (n=15), localised, descriptive study focusing on the North-East of England (Firth 2004) and information from a review of practice gleaned from the professional press rather than systematically collected evidence, may not be representative or generalisable on a wider scale.

Finally, little is known about the impact of international recruitment on the existing workforce or the quality of service provision and outcomes for service users and carers. The quality of current evidence is inadequate for workforce planning, and there is a need to gather systematically more robust evidence about the process and impact of international recruitment. While further general lessons may be learned from the experiences of the NHS, particularly in relation to supporting a diverse workforce, competing internationally, recruiting ethically and making overseas recruitment a success (Buchan et al. 2004), the differences

\textsuperscript{2} http://london.skillsforcare.org.uk/research/New_Types_Of_Worker/New_Types_Of_Worker_(NT0W).aspx
between nursing and social care remain, particularly because of the independent
nature of most social care providers in adult services, and the growing numbers
of people being encouraged to make their own arrangements for care and
support through personal budgets (DH 2008; Putting People First). This study
has been designed to inform workforce planning at national, regional and local
levels, and assist those considering international recruitment to understand the
processes, impacts and implications of recruiting international social care staff. It
may also be used to inform social care recruitment campaigns, social work
degree and occupational therapy qualifying bodies, and provides information
relevant to the work of the regulatory sector about issues that may arise around
competence and discrimination.

Research aims
This study aimed to examine the contribution made by international social care
workers in England in adult services by:

• Investigating trends in the demand for international social care workers and
  any observed changes in their profile;
• Understanding current and previous experience, motivations and future
  plans of a sample of international recruits from six diverse geographical
  locations in England;
• Examining the dynamics and process of employment from the perspective of
  international workers themselves, their colleagues and employers, as well as
  service users and carers;
• Exploring and comparing the characteristics of social workers who have
  qualified outside the UK with those from England by studying GSCC records;
• Examining the characteristics of recently recruited workers from abroad
  using the National Minimum Data Set for Social Care (NMDS-SC);

As an additional aim we explored the potential contribution of refugees and
asylum seekers to the social care workforce, as a potentially untapped pool of
recruits. We did so by recruiting a small sample of refugees, asylum seekers and
chairs of organisations supporting them. The purpose of this element of the
research is to provide some initial findings which may facilitate and inform
further dedicated research into the contribution of refugees to the social care
workforce.

This study focuses upon social care staff working with adults in England. It was
undertaken in three separate phases, all involving the collection of primary data
to provide new evidence about:

• The motivations, expectations, plans and experiences of international social
care workers;
• Employers, colleagues and service users and carers’ experiences and
  perceptions about international recruitment and its effectiveness;
• Based on the above, possible barriers to or problems with international
  recruitment as well as possible good practice.
The methodology allowed the experiences of different stakeholders to be compared and offered information about different groups of workers, such as social workers, occupational therapists and those from refugee/asylum seeker backgrounds.

**Study design**

Given the scarcity of evidence about the international care workforce in England at the onset of the study, a collective qualitative research study approach was adopted (Tellis 1997; Yin 1994; Stake 1995). This was combined with quantitative national statistics related specifically to the social care workforce in England, namely the General Social Care Council register of non-UK qualified social workers working in England and the National Minimum Data Set for Social Care (NMD-SC).

We selected six ‘areas’ to form our research sites with maximum variation sampling, a special kind of purposive sampling of sites. Thus we were able to include ‘extreme’ cases, where local areas are known to be very diverse and attractive to migrant populations in general, and other areas with a less ethnically diverse population. This type of sampling is particularly useful when a random sample cannot be drawn, as is the case with migrant workers in social care (Maykut and Morehouse 2000). We aimed to conduct interviews with a large enough number of participants from each site to avoid the dependence on ‘single’ cases, which may reduce the generalisability of data (Hamel et al. 1993). The choice of six sites, rather than a single study site, known as multiple-study design, strengthened the results and will potentially increase the robustness of any theory developed from observed patterns (Yin 1993). Similarly, when approaching individuals within each site we employed the same concept of maximum variation; ensuring the diversity of participants in terms of age, country of origin, work settings and other characteristics.

The sampling of sites, as well as the design of research tools, was developed and informed by the initial phase of the study, which included a systematic review of literature and interviews with social care recruitment agencies and other stakeholders working at national level. Each of the study elements is detailed later in this section. The design of the study, with multiple sources of information, allowed for the possibility of data triangulation, where the same topics are explored among different groups, such as international workers, their colleagues and their employers, working within the same setting in the same local area. Data triangulation ensures data integrity in terms of reducing bias related to either recollection of events or out of context views. The findings of the qualitative interviews were then set in a national context using the quantitative data analysis related to the social care workforce.

We decided to employ in-depth one-to-one interviews with all participants in the sites, and avoided the use of focus group discussions, for a number of reasons. Although the focus group method has many advantages, particularly in the exploratory stage of any research, generalisation from focus groups may be problematic due to some methodological as well as epistemological difficulties, particularly at the empirical level (Sim 1998). In particular we wanted to avoid
any biases that may be generated through the ‘dynamics’ of the focus group. The aim was to capture as many varied experiences as possible; thus participants, even from the same site, were expected to vary in a number of characteristics such as language skills and educational level. An interview process is more likely to capture the experience of such individuals and was thus adopted despite the fact that it demanded more resources. In addition, the topic guide triggered discussions around many potentially ‘sensitive’ topics, such as the experience of migration itself, as well as the prevalence of discrimination or mistreatment. In many cases, participants, particularly international workers and refugees, were very emotional when they remembered some of their experiences and their families back home. Confidential interviews were thought to offer dedicated time for a relatively comfortable discussion as well as offering opportunity for any follow-up questions. Interviewers were reminded to offer interviewees enough time to collect their emotions before leaving them and in many cases they gave interviewees leaflets and contact details of local support groups and, in some situations, job centre information.

Service users were involved from the onset of the project, mainly through the Unit’s Service Users and Carers Advisory Group. The group met regularly, three to four times a year, and dedicated time was allowed for this project. The research team presented its plans and interim findings to the Group and consulted members on interview topic guides. We also held a focus group discussion to reflect on some of the early findings, with representatives from recruitment agencies and policy stakeholders, and their reflections and comments were incorporated into the interview guides for the study sites’ participants. A number of the group members showed particular interest and kept in contact between meetings through email; they have offered the research team valuable insights and comments. The research design included a number of interviews with service users and carers in each of the sites.

Recruitment agencies and policy stakeholder participants were approached after devising a sampling frame of social care recruitment agencies’ representatives, regulators, providers and interest groups according to a context and purpose frame (Bowling 1997).

**Phase 1**

The first phase of the study involved building on existing data about international recruitment in the social care workforce by conducting a systematic literature review. It also involved intelligence gathering through contacting a national sample of recruitment agencies (20) through semi-structured phone interviews. Following the recruitment agency interviews, we explored some of the findings obtained in relation to the wider context of social care in England through a set of national interviews with other stakeholders (15), such as policy makers, and user and professional groups’ representatives. A summary of each of these elements is provided below.

**Systematic literature review**

In the third quarter of 2007, the research team conducted a systematic search using the search terms compiled and presented in Appendix A. The following
databases were included: Applied Social Science Index and Abstracts (ASSIA); Health Management Information Consortium Database (HMIC); Social Care Online (SCO); Sociological Abstracts and Social Services Abstracts (SSA/SA). During piloting, thesauri in each database were mined for search terms across three facets (although in SCO the sector was omitted as unnecessary, because the database focuses exclusively on social care) that were combined as terms for 'social care sector' AND 'international/migration' AND 'recruitment' as detailed in the itemised search term list (see Appendix A). The same search strategy used for the systematic review in 2007 was repeated at the time of writing up of the final report, September 2009. The first search was conducted to cover all published material from 1995 to 2007; later on the period from 2007 to September 2009 was included. All abstracts of the review results were considered and read but only articles with relevant abstracts to the topic were fully retrieved and included in the study.

Publications included in the review were professional and academic journal articles, not limited to research studies, published in English. Articles focusing on the UK, but also ones examining this topic in other countries were included.

Table I.1 shows the number of abstracts considered from each database and the number of relevant articles included in the search in each of the two searches. In addition, using hand search and Google Scholar cross reference search the research team included a further 40 articles/reports obtained through contacts; the majority of which were reports of recently completed or ongoing relevant research resulting in a total of 86 articles/reports altogether.
Recruitment agency interviews

In order to gather some background intelligence about the field, 20 interviews with owners or managers of staff recruitment agencies were undertaken, using a topic guide (see Appendix B) to collect basic information on the sample that responded to the study’s invitation to participants. This included information on the type of recruitment agency and its activities, such as the range of work offered by the agency, and general information on numbers and characteristics of recruits. Two main sections were dedicated to discussions around international recruitment in social care; this included workers’ country of origin, their perceived motivations, and any barriers the agencies observed in recruiting or placing them. The topic guide was flexible enough to collect general information and perceptions of the social care market and workforce pools in case an agency was not recruiting or placing any international workers.

Two experienced researchers were temporarily employed and inducted to conduct telephone interviews with a sample of 20 recruitment agencies in England. Agencies were selected at random from those advertising their activities in the recruitment of social work, social care or occupational therapy staff, in the professional press (such as Community Care), local and national newspapers, and the Internet. On average, one in six agencies contacted agreed to take part in an interview. The validity of this kind of study is partly established in whether the views expressed resonate with readers (Whitemore et al. 2001) and if they accord with the literature. All interviews were conducted by phone and took an average of 30 minutes to complete, except one where the respondent preferred to respond by e-mail: this particular respondent was sent an electronic copy of the interview guide and the respondent filled in all responses. All fieldwork was completed during the period of August to October 2007; participation in the interviews was completely voluntary and respondents were offered the opportunity to withdraw at any point during the interviews. The transcripts were analysed thematically based on the structure of the interview schedule (Gomm et al. 2000).

Among the 20 participating agencies, six were local, three regional, ten national and one was national with some international branches. Four recruited social workers only; three recruited social care workers only; and the remaining 13 recruited both as well as other staff such as nurses, occupational therapists, psychologists, nursery staff, and domestic staff, such as cleaners and cooks, to work in the care sector.
Twelve of the participating agencies were established in or after 2000, four during the 1990s and four in the 1980s or earlier. All respondents were recruitment, branch or operation mangers at the agencies. The wide range of time the agencies had been established provided extensive experiences and perceptions that were valuable to the research. This element of the study was accepted for publication by the British Journal of Social Work (see Hussein et al. 2008a).

Policy stakeholder interviews
Fifteen representatives of social care organisations were interviewed to obtain a national perspective on the uses and processes of international recruitment. A semi-structured topic guide was developed using the results of the systematic review, and themes derived from recruitment agencies’ interviews (see Appendix B). Participants were asked about their perceptions of:

- General trends in the recruitment of international workers in the social care sector;
- The reasons for recruiting international workers;
- The advantages of employing international workers;
- The motives of these workers;
- The barriers to their recruitment.

Where relevant, representatives were asked to differentiate these issues in terms of international workers recruited directly from other countries and those recruited who were already in the UK. The interviews were recorded and transcribed verbatim. Themes and sub-themes were identified and coded to identify similarities and variations in respondents’ perceptions and opinions about the issues covered in the topic guide.

Five of the respondents were employed by organisations representing the interests of social care workers, two were from the main social care service regulators, one from a government department, four from voluntary organisations providing social care services, one from a refugee agency and two were consultants, one working with one of the regulators and the other with a service user organisation. One of the representatives of a social work organisation had also run an overseas recruitment agency and currently ran a social work research and consultancy organisation. These interviews were valuable in identifying and confirming some of the points made by the recruitment agencies but they also raised other issues. The findings from these interviews have been recently accepted for publication by the European Journal of Social Work (Manthorpe et al. in press; see Appendix C for full list of presentations and articles disseminated during the research period).

Phase 2
Quantitative data records were requested from the General Social Care Council and Skills for Care. The National Minimum Data Set for Social Care, December 2007, were initially analysed to provide information on the volume, distribution and trends of some migrant workers in the sector (this was reported in the interim report, see Hussein et al. 2008b). Using such information, as well as that
obtained from phase 1 of the study, the team developed criteria for selecting specific study sites including:

- evidence of high/low recruitment level or demand for international social care workers;
- varied geographical locations;
- diversity of service users in the area;
- and diversity of employment profiles i.e. high or low levels of social work staff.

However, the exact distribution of sites was very much dependent upon access and research governance agreements. After access was granted, in each site, a number of employers were selected to ensure the inclusion of the local authority, independent home care and care home sectors and providers. In-depth interviews, using semi-structured interview guides (detailed in Appendix B), were conducted with a number of participants from each group within each site:

- International workers;
- Frontline workers working alongside international workers;
- Managers/employers;
- Human resource managers;
- Service users and carers.

In addition, in each site in-depth interviews were conducted with chairs/managers of organisations working with refugees and asylum seekers and with refugees and asylum seekers themselves, exploring advantages and challenges of social care work.

**Phase 3**

**Site access/ethics**

Access to each site was by agreement with the local authority in each of the geographical areas. In addition to gaining full research ethics approval from the King's College London, local authorities required research governance agreement from senior managers. The research team submitted research governance forms to each of the selected sites. However, there were difficulties with two particular sites, where managers declined to take part in the study even after the research governance application in their authority had been approved. They cited a variety of reasons, including workload and in one case that there was an ongoing investigation involving international workers. This resulted in a delay to the fieldwork in two sites as attempts were made to recruit new sites, ensuring the same sampling criteria were used as much as possible. This also resulted in an expanded period of fieldwork from January 2008 to May 2009.

Local sessonal researchers were employed to conduct the fieldwork in each site, to ensure that local perspectives and knowledge of local contexts could inform the study. Fieldworkers were inducted by the research team and regular meetings were held to support them and discuss any unforeseen matters. Some of the sessonal researchers welcomed this support in light of the sometimes
emotive and harrowing experiences revealed by many of the international workers they interviewed about their journeys to the UK.

**Reaching participants**

Care (both residential and nursing) homes in the six study sites were identified through care directors and online, using search engines such as www.carehome.co.uk and www.yell.co.uk. In a couple of sites the local authority manager offered contact details of care providers when interviewed. Managers were initially contacted and asked if they would display posters and arrange the distribution of leaflets to their staff with information about the study as well as our contact details. We usually had a low response rate to such invitations until face-to-face contact was made with managers and staff. Home care agencies were contacted using the contact details on public websites. Care workers were most likely to volunteer to take part in the study when contacted through Day Centres, where it was easier to talk with them in a work setting without disrupting care activities. In order to attract participants, the researchers also attended job fairs and local colleges offering NVQ training and distributed leaflets containing their local contact details. Managers were contacted through a range of methods including email, fax and face-to-face visits. Human resource managers and employers’ representatives were sent the interview guide prior to the interview, in order to collect the required information on recent recruitment volumes and trends. Service users and carers were contacted through user ‘umbrella’ bodies or peer support groups, day centres and care homes. All participants were offered a £10 high street voucher as a ‘thank you’ for their time and assistance with the study. However, it was not possible to reimburse the employer organisations for their time in helping with recruitment, which stands in contrast to research undertaken in NHS settings.

Local authority engagement with the research varied dramatically, with some authorities providing access to their staff easily while others, particularly in one site, refused access to staff, so that we were unable to invite them to participate in the study.

Refugees and asylum seeker groups were particularly difficult to reach. They were contacted through service providers and agencies specifically for refugees, with success in some sites but not in others. Such difficulties were mainly due to refusal of many refugees’ umbrella organisations, or ‘gate keepers’, to access to their clients, refugees and asylum seekers, rather than a refusal of refugees/asylum seekers to participate. The researchers were only able to obtain some limited access to refugees/asylum seekers in four of the six study sites and in many situations relied on snowballing sampling techniques with this group once a successful contact was made. Difficulty with the participation of this group in research is widely recognised, particularly in relation to gaining initial access (Harrell-Bond and Voutira 2007; Tishkov 1992; Vouritra and Dona 2007). Nevertheless, the data obtained from other groups included several discussions related to refugees and the sector, including two international workers who themselves had first entered the UK as refugees. There were also interviews with chairs and directors of organisations working with refugees and asylum seekers, both within the national sample of policy stakeholders as well as from the study.
sites. Similarly frontline staff, employers and human resource managers who had worked with or employed refugees/asylum seekers in the care sector were also interviewed. Such data are combined with data obtained directly from interviews with refugees and asylum seekers at the stage of analysis. In total the research team was able to conduct interviews with 18 refugees/asylum seekers, two international workers who were refugees, two directors of refugees’ organisations working at a national level, five chairs of refugees’ organisations in three of the study sites as well as a number of other interviewees who had relevant experience of refugees in the care sector. The analysis of refugees as a potential social care workforce was based on all these sources.

Definitions

Throughout the reports we will be using different terms to refer to different groups of participants:

**International workers:** Are non UK-born workers who are currently working in the social care sector in England and were recruited during the five years prior to the survey.

**Frontline workers:** Are UK-born workers who are working in any job role in the social care sector in England at the time of the study; including both those working in professional roles, such as social workers, and those working in direct care, for example support workers.

**Human resource managers:** are the identified personnel responsible for human resources tasks at the time of the survey. In some care homes the human resource managers are also the employers but this is not usually the case.

**Employers:** are either the employers running large care homes or directors representing the employer (large care home groups or local authorities for example).

**Refugees:** Are individuals who have recently been granted refugee status in England.

**Asylum seekers:** are individuals who have entered the UK seeking asylum and have not yet been granted refugee status.

**Chairs of refugees’ organisations:** Are directors or chairs of organisations supporting refugees and asylum seekers.

**Service users:** Are people using the services where the interviews took place.

**Carers:** are informal carers, or family members, caring for users of the services where the interviews took place.

**Recent international workers:** Are social care staff in England identified through the NMDS-SC, at time of the analysis, as having had their immediately previous job abroad and not being White British.

**Non-UK qualified social workers:** are social workers registered with the General Social Care Council, at the time of analysis, to work in England and who obtained their social work qualifications outside the UK.

Data and participants

Selected sites profile

Table 1.2 provides a brief profile of the social care workforce and population profile in each of the six anonymised sites. As the data shows, using NMDS-SC returns, sites varied widely in terms of total number of employed social care
staff; ranging from 2,094 to 13,751 members of staff, with sites 05 and 02 considerably larger than the other four. The vacancy rate varied from two percent to over four percent in site 04, where it was higher. In terms of staff diversity by ethnicity, sites varied dramatically; in Site 01 Black and Minority Ethnic (BME) staff formed as little as three percent of the workforce whereas they constituted nearly 60 percent in Site 03 (an Inner London site). The distribution of BME staff in the sector was relative to the distribution of the local BME community as a whole, with the exception of Site 02, where the proportions of BME staff in the social care sector were relatively higher than that in the local population.

Table I.2 Selected sites' social care workforce and population: brief profile

<table>
<thead>
<tr>
<th>Social Care Workforce Statistics</th>
<th>Site code</th>
<th>Site code</th>
<th>Site code</th>
<th>Site code</th>
<th>Site code</th>
<th>Site code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Externs from NMDS-April 2009</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of establishments providing adult social care in addition to LA</td>
<td>Site 01</td>
<td>Site 02</td>
<td>Site 03</td>
<td>Site 04</td>
<td>Site 05</td>
<td>Site 06</td>
</tr>
<tr>
<td>Private</td>
<td>33</td>
<td>361</td>
<td>49</td>
<td>67</td>
<td>268</td>
<td>102</td>
</tr>
<tr>
<td>Voluntary</td>
<td>7</td>
<td>54</td>
<td>59</td>
<td>7</td>
<td>95</td>
<td>45</td>
</tr>
<tr>
<td>Other</td>
<td>7</td>
<td>28</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>14</td>
</tr>
<tr>
<td>Total number of staff employed</td>
<td>2,136</td>
<td>13,751</td>
<td>2,953</td>
<td>2,094</td>
<td>9,341</td>
<td>5,085</td>
</tr>
<tr>
<td>% Permanent staff</td>
<td>99.2%</td>
<td>96.6%</td>
<td>96.2%</td>
<td>96.8%</td>
<td>95.1%</td>
<td>96.1%</td>
</tr>
<tr>
<td>% Voluntary rate</td>
<td>2.1%</td>
<td>3.2%</td>
<td>2.2%</td>
<td>4.2%</td>
<td>2.8%</td>
<td>2.6%</td>
</tr>
<tr>
<td>% Turnover rate</td>
<td>25.2%</td>
<td>17.3%</td>
<td>17.6%</td>
<td>26.1%</td>
<td>20.3%</td>
<td>17.1%</td>
</tr>
<tr>
<td>% BME staff</td>
<td>3.4%</td>
<td>7%</td>
<td>59%</td>
<td>17.4%</td>
<td>14.8%</td>
<td>21.6%</td>
</tr>
<tr>
<td>Local Population Statistics</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Based on the 2001 census</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% BME</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of people 65+ (in thousands)³</td>
<td>2.3%</td>
<td>1.5%</td>
<td>37.6%</td>
<td>5.3%</td>
<td>3.4%</td>
<td>8.2%</td>
</tr>
<tr>
<td>Net inflow migration ⁴</td>
<td>-1.7</td>
<td>4.9</td>
<td>-5.9</td>
<td>-0.3</td>
<td>3.0</td>
<td>0.2</td>
</tr>
</tbody>
</table>

Interview participants

In total the research team interviewed 254 participants, 219 of which contacts took the form of in-depth interviews with participants in the study sites. Table I.3 provides a detailed breakdown of interviews by participant group and case study site. All site interviews were conducted face-to-face except in a very few cases where participants preferred to be interviewed over the phone. Interviews were conducted in private and in English, with a few exceptions among interviews with refugees and asylum seekers where either an interpreter was used (usually a friend of the participant's, or a support worker) or the

interviewers used their second language (only French and Arabic were used). All interviews were recorded with consent, except for a few instances among refugees where participants were not sure about the security or anonymity of this method and preferred that the researcher take notes.

Table I.3 Number of interviews by sites and interviewee groups

<table>
<thead>
<tr>
<th>Interviewee Group</th>
<th>SITE 01</th>
<th>SITE 02</th>
<th>SITE 03</th>
<th>SITE 04</th>
<th>SITE 05</th>
<th>SITE 06</th>
<th>National Sample</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asylum Seekers/Refugees/Chairs of organisations working with refugees</td>
<td>3</td>
<td>6</td>
<td>0</td>
<td>8</td>
<td>0</td>
<td>5</td>
<td>22</td>
<td></td>
</tr>
<tr>
<td>Service Users/Carers International workers</td>
<td>7</td>
<td>8</td>
<td>8</td>
<td>7</td>
<td>0</td>
<td>5</td>
<td>35</td>
<td></td>
</tr>
<tr>
<td>Human resources</td>
<td>11</td>
<td>23</td>
<td>12</td>
<td>21</td>
<td>14</td>
<td>15</td>
<td>96</td>
<td></td>
</tr>
<tr>
<td>Managers/employers Frontline staff not international</td>
<td>4</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>3</td>
<td>1</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>Recruitment agencies Policy stakeholders</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>5</td>
<td>6</td>
<td>3</td>
<td>26</td>
<td></td>
</tr>
<tr>
<td>NATIONAL SAMPLE</td>
<td>7</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>3</td>
<td>3</td>
<td>28</td>
<td></td>
</tr>
<tr>
<td>NATIONAL SAMPLE</td>
<td>20</td>
<td>20</td>
<td>15</td>
<td>15</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>37</td>
<td>48</td>
<td>29</td>
<td>47</td>
<td>26</td>
<td>32</td>
<td>35</td>
<td>254</td>
</tr>
</tbody>
</table>

In each of the six study sites we held targeted interviews with different participant groups from different sectors; mainly, the local authority (including care homes owned and run by the local authority), independent sector residential care and independent sector home care services. Out of the 219 completed interviews in the six study sites, 50 were with workers employed by local authorities, 29 with workers employed by the independent sector in home care services, 77 with workers from the independent sector employed in residential care and five with social care workers employed by the NHS. The other 58 interviews from the study sites related to service users, carers, refugees, asylum seekers and chairs of organisations working with refugees and asylum seekers.

All participants from the international workers and frontline worker groups were asked to fill a pro forma collecting basic demographic characteristics. Interviewers made it clear that the provision of such information was optional and that it would remain confidential. Most participants agreed to provide such information but some refused. Table I.4 presents a summary of these demographics. The data shows that men were over-represented among international worker participants when compared to UK frontline workers. Six of the international participants were married but living apart from their families and only two reported any disability (out of 96) compared to 4 out of 27 among UK international workers. Four of the UK frontline participants identified themselves to be from BME groups. Around 30 percent (28 and 29 participants) of international participants identified themselves to be Asian or Black African each and 27 percent (n=6) identified themselves as of White Other ethnicity.
Table I.4 Distribution of frontline and international worker participants by different characteristics

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Participants</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Frontline not international</td>
<td>International worker</td>
<td></td>
</tr>
<tr>
<td>Gender</td>
<td>Male</td>
<td>1</td>
<td>20</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>25</td>
<td>76</td>
</tr>
<tr>
<td>Marital Status</td>
<td>Single</td>
<td>6</td>
<td>16</td>
</tr>
<tr>
<td></td>
<td>Married cohabiting</td>
<td>13</td>
<td>62</td>
</tr>
<tr>
<td></td>
<td>Married living apart</td>
<td>0</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>Divorced/separated</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>Widowed</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Any reported disability</td>
<td>4</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Ethnicity</td>
<td>White British</td>
<td>21</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>White Other</td>
<td>0</td>
<td>26</td>
</tr>
<tr>
<td></td>
<td>Mixed</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Asian British</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Asian</td>
<td>0</td>
<td>29</td>
</tr>
<tr>
<td></td>
<td>Black African</td>
<td>0</td>
<td>28</td>
</tr>
<tr>
<td></td>
<td>Black Caribbean</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Other</td>
<td>0</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>Chinese</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Highest Qualification level</td>
<td>Degree</td>
<td>3</td>
<td>43</td>
</tr>
<tr>
<td></td>
<td>Master</td>
<td>1</td>
<td>12</td>
</tr>
<tr>
<td></td>
<td>Diploma</td>
<td>4</td>
<td>18</td>
</tr>
<tr>
<td></td>
<td>NVQ 2</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>NVQ 3</td>
<td>7</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>NVQ 4</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Other</td>
<td>4</td>
<td>14</td>
</tr>
<tr>
<td>Job role</td>
<td>Care worker</td>
<td>17</td>
<td>65</td>
</tr>
<tr>
<td></td>
<td>Social worker/care manager</td>
<td>6</td>
<td>18</td>
</tr>
<tr>
<td></td>
<td>Other professional</td>
<td>1</td>
<td>12</td>
</tr>
<tr>
<td></td>
<td>Support staff/Ancillary</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Number of workers with an additional job</td>
<td>1</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>Mean age in years</td>
<td>44.6</td>
<td>36.5</td>
<td></td>
</tr>
<tr>
<td>Total number of interviews</td>
<td>27</td>
<td>96</td>
<td></td>
</tr>
</tbody>
</table>

* May not add to total due to missing values

International participants were significantly younger than UK frontline workers (F=13.6; P<0.001), with mean age 36.5 in comparison to 44.6 years. Ten of the international participants held more than one job, in comparison to only one among UK frontline participants. In terms of higher qualifications held, international worker participants appeared to be more qualified than the UK frontline participants, with 57 percent (n=55) possessing a first degree or postgraduate degree in comparison to 15 percent (n=4) among UK frontline workers. Only two of the international worker participants were ancillary staff (not providing care), while 65 were care workers (14 senior care workers), 18 social workers or care managers and 12 other allied health professionals (3 occupational therapists and 9 nurses). On average, international worker
participants had been in the UK for 5.1 years and had worked in the social care sector in the UK for an average of 3.8 years.

The majority of international worker participants were recruited from their country for a specific job or offered a work permit (38); this was followed by 24 participants who were accompanying their families. Thirty-two of the international worker participants were originally from one of the Commonwealth countries, 21 from the Philippines, and 13 from one of the EU A8 countries (see Table I.5 for details). Eleven of the participants joined the UK from a country different from their birth country.

Table I.5 Distribution of international workers participating in the interviews by reason for joining the UK and country of birth

<table>
<thead>
<tr>
<th>Reason for joining UK and country of birth</th>
<th>International worker participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>When arrived to UK have you been</td>
<td></td>
</tr>
<tr>
<td>Recruited from my country for a specific job</td>
<td>32</td>
</tr>
<tr>
<td>Offered a work permit to work in a specific job</td>
<td>6</td>
</tr>
<tr>
<td>Accompanying a family member</td>
<td>24</td>
</tr>
<tr>
<td>An overseas student</td>
<td>14</td>
</tr>
<tr>
<td>An asylum seeker/refugee</td>
<td>2</td>
</tr>
<tr>
<td>Holiday/short visit</td>
<td>12</td>
</tr>
<tr>
<td>Looking for work (moving from EU)</td>
<td>6</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Country of Birth5</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Commonwealth</td>
<td>32</td>
</tr>
<tr>
<td>EU14 (excluding UK)</td>
<td>8</td>
</tr>
<tr>
<td>EU A8</td>
<td>13</td>
</tr>
<tr>
<td>EU A2</td>
<td>1</td>
</tr>
<tr>
<td>Other EEA</td>
<td>1</td>
</tr>
<tr>
<td>Zimbabwe</td>
<td>5</td>
</tr>
<tr>
<td>Philippines</td>
<td>21</td>
</tr>
<tr>
<td>US</td>
<td>1</td>
</tr>
<tr>
<td>Nigeria</td>
<td>4</td>
</tr>
<tr>
<td>Other countries</td>
<td>10</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>96</strong></td>
</tr>
</tbody>
</table>

**General Social Care Council- non-UK qualified social workers register**

The General Social Care Council provided the research team with records of 7,200 social workers currently living in England who had achieved a professional social work qualification outside the United Kingdom (UK). The GS&C holds the register for all social workers working in England, including a separate register for those who have trained outside the UK and who satisfy its requirements. Three similar registers exist in the UK: Wales – Care Council for Wales; Scotland – Scottish Social Service Council and Northern Ireland – Care Council for Northern Ireland. The data reported here are from the register in England and were received by the research team in October 2008. They primarily reflect the ‘stock’ of international social workers in England at this point. A similar data set or register of social workers who received their training in the UK and were

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5 For full list of individual birth countries please see Appendix D
working in England was received at the same time, containing around 72,000 cases. The latter was used to analyse differences in social workers’ characteristics, particularly age and gender, among those trained in and outside the UK. We refer to the first register as the International social workers’ register and the latter as the English social workers’ register.

The international registration records include some demographic characteristics, such as date of birth, gender and ethnicity, as well as the country where social work training was received. The data do not provide any information on date of arrival to England, but for those who were in employment, date of first employment is included. The two records permitted an examination of the size and profile of the stock of international social workers in comparison to UK-trained social workers. The data also allowed some, albeit limited, opportunity to explore trends in international social workers by country of training.

The National Minimum Data Set for Social Care
Skills for Care has developed a National Minimum Data Set for Social Care (NMDS-SC), a standard set of data items about social care providers and their employees. This is currently used to collect standardised employment data from employers throughout England, which is fed into a national database of standard information about the social care industry and its workforce. The shortage of reliable information about the social care workforce has long been a source of frustration and it is hoped that the National Minimum Data Set for Social Care (NMDS-SC) may fill some of these gaps.

The NMDS-SC comprise of two sets of data; one based on the organisations’ responses, which includes aggregated information on workers by job roles, and the other based on individual employee responses. Skills for Care provided the research team with one of the earliest releases of NMDS-SC in December 2007. The data provided information on 13,095 establishments and were analysed at the first stage of the project to provide initial information on the social care workforce characteristics. The analyses of this stage were presented in the interim report submitted to the Department of Health (Hussein et al. 2008b).

At a later stage of the research, in May 2009, the research team requested updated returns of NMDS-SC, gathered by Skills for Care. These are based on returns received primarily from social care employers registered with the Commission for Social Care Inspection (CSCI) (now Care Quality Commission) in the independent sector. The team received the latest release at the time of the second round of analysis, which provided information up to April 2009.

By end of April 2009, the provisional level data set was completed by 24,130 establishments. They were asked to specify the total numbers of staff employed in different job roles, both permanent and temporary contracts, revealing an aggregated employment level of 708,308 (full time equivalent) members of staff. Each establishment is also asked to fill separate questionnaires relating to a sample of their staff providing more information on their age, ethnicity, qualifications and other information; these were completed for 355,401
individual employees. Around 40 percent of establishments provided information on 75 to 100 percent of their total staff.

Employers provide several sets of information about individual workers, including information on their source of recruitment. The available responses in the section on source of recruitment include a category of ‘from abroad’, although it is not clear whether this means recruiting directly from abroad or that the worker has come from abroad recently but may have been recruited in the UK (in the view of the research team it is more likely to mean the latter). A total of 5118 workers were considered to be international workers who had directly arrived from abroad, after excluding individuals whose ethnicity is reported as ‘White British’; who are most probably British workers who have been working abroad just before undertaking their current job. The data on these 5118 workers were analysed to provide a snapshot of the profile of recent arrivals to the sector; however, this does not necessarily represent the profile of ‘all’ international social care workers in England.

**Theoretical framework of analysis**

**Process of developing the framework**

The approach to coding the interviews evolved from twin processes of open coding and a review of the literature on international workers in the United Kingdom (UK) social care workforce. After about half the number of interviews had been undertaken in each area, the research team and field workers independently read ten interview transcripts each (a total of 40 interviews) and drafted recurrent themes mapped to different participants’ groups. These emergent themes were discussed within the research team and an initial coding frame was agreed. A conceptual or theoretical framework was also devised following the review of more general employment/labour migration theories.

The coding frame developed from an initial reading of the interviews was mapped onto the conceptual framework, which became the overarching structure of the analysis. In this way, the data were used to examine the validity of the theoretical relations suggested in the literature. By combining findings obtained from the analyses of both qualitative and quantitative data we developed the theoretical framework to reflect specific issues related to international workers in the social care sector in England.

**Theoretical framework**

Two separate but interacting theoretical frameworks of the flow of recruiting and integrating international workers in the social care sector in the UK were identified. The first reflects the social care sector perspective, or those in need of international workers; the second reflects the perspective of individuals who decide to move to the UK and work in social care.

These two frameworks are an attempt to capture some of the ‘laws of migration’, as originally identified by Ravenstein (1889), that are specific to the care sector in England. Adopting the concept of the ‘push-pull’ process, we aimed to identify the ‘pull’ factors or favourable conditions in the external location (England and
the care sector) and the ‘push’ factors or unfavourable conditions that ‘motivate’ migration. We employed Everett Lee’s (1966) thinking, which additionally emphasises personal factors such as a person’s education, family ties, and other factors that may facilitate migration.

It is important to realise that labour migration to the social care sector may be a direct and purposive move into this specific sector or, more generally, migration may have already occurred before joining the sector. Thus it was important for us to consider some ‘neoclassical economic theories’ (e.g. Sjaastad 1962, Todaro 1969), where the global supply and demand of labour are associated with international migration and movement (Rees and Stillwell 1982). Characteristics very specific to the care sector characteristics (female dominated, low pay, demanding work and generally poor image) relate to the ‘segmented labour-market theory’ (Piore 1979), which argues that immigrants are recruited to fill jobs that are necessary for the overall economy but are avoided by the indigenous population due to the poor working conditions with which they are associated. It is also important to highlight that, in the context of care work, gender is an important influence because care work in general is regarded as a feminine task, extending domestic duties into the public sphere (Lazaridis 2000, Hochschild 2002, Cheng 2003). The social structure of care work is thought to be stratified by various divisions, typically gender and ethnicity (Yeates 2009).

Detailed data sources relevant to each of the frameworks were used in the analysis. Themes and sub-themes were identified and coded, with attention to commonalities and variations in participants’ perceptions and opinions about the issues covered in the topic guide. A deductive approach to the data was appropriate for developing the codes used to present the analytical framework because the research team was familiar with the literature and the concepts being expressed (Bradley et al. 2007). Coding frames related to each of the frameworks and all interviews were coded using NVivo software version 8 by a number of researchers.

**English social care sector perspectives**

**Drivers**

The drive, or need, for migrants to fill specific roles is not a new phenomenon to the UK or other developed countries. Many developed countries in North America and Europe have experienced rapid increases in labour migration, in many cases related to shortage in health and social care sectors. The framework identifies two separate main drivers:

1. **Addressing shortages in the care sector due to current shortages in the workforce:**

   This is theoretically based on the dual or segmented labour market theory, where the social care workforce sector may be hypothesised as the secondary segment, with low wages and worse working conditions despite its importance to the whole British labour market. Given the unfavourable working conditions of the social care sector, it can be difficult to secure sufficient workforce from the indigenous population; particularly when the demand for the sector is increasing.
due to many interacting demographic, social and economic changes. In more developed countries, migrants have filled the secondary labour market for more than a century (Castles and Miller 2003, Collins 1991). In the UK, migration policies related to the care sector in particular have gone through major changes, and the current policy and political atmosphere related to migration and care is unsettled. It is important to capture participants’ views within this framework to understand any recent changes in drivers related to national migration policy.

2. Targeting a specific group of staff for a specific purpose:
This theme theorises the need to address shortages but with certain characteristics attached to the workers, such as meeting the needs of a diverse and ageing population. Targeting can be in relation to specific language needs, certain skills or culture knowledge. This is expected to be the main driver; however, it may be accompanied by a preference for certain groups of migrants over others (Massey et al. 1993). Figure I.1 presents an illustration of this framework and Table I.6 provides an outline of different data sources used to investigate each element of the framework.

**Figure I.1 Framework of analysis; recruiting international workers- English social care sector perspective**

**Process**
The processes of recruitment and support are highly interrelated and are differentiated according to driver:

It is predicted that each of the following groups, particularly group 1 when compared to the three other groups, will experience a different recruitment process including employer support, induction and training:
Group 1: Those recruited directly from their home countries to fill specific jobs;
Group 2: Migrants already in the UK;
Group 3: Refugees already in the UK.

Possible processes:
• Different recruitment approach, whether directly recruited from abroad or recruited from the UK;
• Induction and training;
• Availability and nature of continued support;
• Levels and degree of integration opportunities;
• Awareness (or lack) of recruits’ background, possibly provision of some specific induction and support;
• No awareness of recruits’ background, mixing between existing BME communities and recently arrived economic migrants or refugees.

Outcome
The framework of analysis aimed to examine different outcomes related to workforce in respect of three main groups: service users, migrant workers and non-international workers:

Workforce:
• Structure and composition;
• Stability and retention;
• Skills matrix, including different perspectives and new approaches;
• Interactions with the current economic situation and recession.

Service users:
• Satisfaction;
• Views on receiving care from international workers;
• Service standards.

Migrant workers:
• Expectations (matches and mismatches);
• Satisfactions;
• Future plans;
• Experiences of exploitation/discrimination;
• Working dynamics;
• Training needs;
• Gaining skills and new perspectives.
Table I.6 Data sources for analysis, English social care perspectives framework of analysis

<table>
<thead>
<tr>
<th>Drivers</th>
<th>Process</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recruitment agencies interviews - national</td>
<td>Recruitment agencies interviews - national</td>
<td>Recruitment agencies interviews – national</td>
</tr>
<tr>
<td>Policy stakeholders interviews - national</td>
<td>Policy stakeholders interviews - national</td>
<td>Policy stakeholders interviews – national</td>
</tr>
<tr>
<td>Employers interviews - sites</td>
<td>Employers interviews - sites</td>
<td>Employers interviews – sites</td>
</tr>
<tr>
<td>Human resources - sites</td>
<td>Human resources - sites</td>
<td>Human resources – sites</td>
</tr>
<tr>
<td>Frontline workers</td>
<td>International workers interviews - sites</td>
<td>International workers interviews - sites</td>
</tr>
<tr>
<td>Service users</td>
<td>Frontline staff interviews - sites</td>
<td>Frontline staff interviews - sites</td>
</tr>
<tr>
<td></td>
<td>Refugees/asylum interviews - (any who are working in the sector) sites</td>
<td>Service users/carers interviews - sites</td>
</tr>
<tr>
<td></td>
<td>People working with refugees/asylum seekers</td>
<td>Refugees/asylum interviews - (any who are working in the sector) sites</td>
</tr>
<tr>
<td></td>
<td></td>
<td>People working with refugees/asylum seekers</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Secondary data analysis - GSCC international workers</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Secondary data analysis - NMDS</td>
</tr>
</tbody>
</table>

**International workers’ perspectives**

This framework conceptualises the motivations and experiences of international workers joining the social care workforce in England as identified by the literature and different migration theories, particularly those related to labour migration with specific focus on gender. Motivations to join the English social care sector are usually different from those associated with gaining a job in social care while in the UK. Figure I.2 presents the theoretical framework of analysis related to international workers’ perspectives and Table I.7 lists the data sources used in the analysis.
Figure I.2 Framework of analysis: international workers' perspective

**Motives**

Several theories aim to explain and conceptualise the migration decision-making approach and process. Motivational theory is a 'micro' migration theory, focusing on the individual decision-making process. Some of these theories, such as those developed by Pryor (1975) and Sell and De Jong (1978), attempt to conceptualise migration as a process that begins well before the act of migration occurs. Others have suggested that separate decisions are involved for the act of moving and the choice of destination (McHugh 1984; Brown and Moore 1970). The latter relates closely to the drivers of the receiving countries: a person may have enough motives to migrate but the choice of destination is affected by the receiving country's expressed need of his skills.

In our theoretical framework of analysis, we aim to capture the different processes of employability, as well as integration, in relation to a number of groups who vary in their motivations for moving to the UK and joining the social care sector.

**1. Migrating to the UK**

The framework aims to separate expectations, career progress and future plans according to the original motive(s) for migrating to the UK. Some of the groups are:

- Economic migrants looking for better opportunities who may have previous experience of the social care sector, child care or hospitality work (e.g. those arrived recently from A8 countries);
• Economic migrants who have experience of health care work or social work or who are qualified (e.g. nurses and social workers) who move to the UK for better opportunities, although some may join the social care sector as a stepping stone to the NHS or as a stepping stone to other developed countries such as Canada or the United States (e.g. nurses from the Philippines or social workers from India);

• Economic migrants from previous Commonwealth countries who may or may not have qualifications in the field of social care or related fields, who have established communities of family and friends in the UK who can support them to some extent (e.g. those coming from India);

• Migrant workers from the same field and from countries with specific links, enabling easy conversion of professional qualifications with the UK social work or professions allied to medicine training systems (e.g. Australia, New Zealand), and those who are recruited for a specific contract in the UK;

• ‘Trailing’ migrants, or spouses/children of a migrating or student family;

• Migrants who fled their country due to hardship or fear of persecution but may possess high levels of skills and are not classified as refugees, such as from Zimbabwe;

• Refugees who have gained their right to work in the UK and asylum seekers with no permission to work.

2. Joining the social care sector in the UK

It is predicted that the ‘reason for migration’ and ‘reason for joining the sector’ will significantly alter the experience of migrants in the sector; so an additional set of intermediate factors may also play an important part. Such factors might include:

• Length of stay in the UK before joining the sector;

• Level of skills/qualifications;

• Historical and current economic and educational dynamics between home country and the UK;

• Other personal factors, such as age and gender, as well as more subtle factors such as personal motivations and characteristics.
Table I.7 Possible data sources to examine the conceptual framework of migrants’ perspective

<table>
<thead>
<tr>
<th>Motive</th>
<th>Experience</th>
<th>Other factors</th>
<th>Future plans</th>
</tr>
</thead>
<tbody>
<tr>
<td>International workers interviews - sites</td>
<td>International workers interviews - sites</td>
<td>International workers interviews – sites</td>
<td>International workers interviews - sites</td>
</tr>
<tr>
<td>Refugees/asylum seekers interviews – sites</td>
<td>Colleagues interviews - sites</td>
<td>More general factors obtained from quantitative data - NMDS records</td>
<td>Colleagues interviews - sites</td>
</tr>
<tr>
<td>People working with refugees/asylum seekers - sites</td>
<td>Employers interviews - sites</td>
<td>GCC records</td>
<td>Employers interviews - sites</td>
</tr>
<tr>
<td>Refugees interviews</td>
<td>Human resources - sites</td>
<td>Human resources – sites</td>
<td>Human resources – sites</td>
</tr>
<tr>
<td></td>
<td>Service users/carers interviews - sites</td>
<td>Employers interviews - sites</td>
<td>Refugees/asylum interviews - (any who are working in the sector) sites</td>
</tr>
<tr>
<td></td>
<td>Refugees/asylum interviews - (any who are working in the sector) sites</td>
<td>People working with refugees/asylum seekers - sites</td>
<td>People working with refugees/asylum seekers - sites</td>
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<tr>
<td></td>
<td>People working with refugees/asylum seekers - sites</td>
<td>Service users/carers interviews - sites</td>
<td>Service users/carers interviews - sites</td>
</tr>
</tbody>
</table>

National interviews with recruitment agencies and policy stakeholders as well as literature have also been used to contextualise the findings related to migrants’ perspective.

**Refugees and asylum seekers as a potential workforce pool**

Forced migration, including refugee and asylum seeker flows, has increased considerably in volume and political significance and is a major theme of political debate in many countries, including the UK (Castles and Miller 2003). Studies focusing on refugees’ labour market participation showed that they concentrate in certain segments or ‘niches’, with caring (particularly for the aged) as a major labour segment. In an Australian study examining the employment of recently arrived refugees, Colic-Peisker and Tilbury (2006) found that they were concentrated in the ‘secondary labour market’, including care work and cleaning services. Moreover, much of this segment is filled by undocumented migrants within an informal economy (Sassen 1994; Marcelli 2005). It may be difficult for undocumented workers to gain work through mainstream employment venues in the care sector, because of the necessary criminal and migration checks; however, there may be scope for less official employment with the implementation of the personalisation agenda.
In the UK many refugees and asylum seekers have trained and worked as doctors, nurses, midwives and other professionals allied to health and social care in their home countries (Jackson and Carter 2004). Despite this, unemployment is considerably higher among this group, as a consequence of a number of barriers and challenges, and without adequate support they can become a wasted resource (Berlin and Eversley 1997; Ong et al. 2004). In a survey of 400 refugees in the UK, Bloch (2002) provided evidence of very low levels of labour market activity amongst this group, and found that the minority who were working were indeed in secondary sector jobs. Bloch’s study also highlighted that many refugees to the UK are qualified and skilled to a high level: however, existing policy does not realise this potential, failing to employ the necessary strategies to ensure adequate employment integration among this group.

The analysis of this part of the data set is primarily exploratory, examining the potential for asylum seekers and refugees to consider social care work as a career or work opportunity, even during a transitional period, perhaps until gaining further qualifications or settling in the country. The analysis mainly uses qualitative data obtained from refugees and asylum seekers and those representing organizations that work with them. In addition, it draws on the interviews conducted with the national sample of policy stakeholders and other relevant data obtained from different participant groups.

The analysis explores particular local contexts and whether locality, characteristics and other factors seem to influence the perspectives of refugees and asylum seekers on social care as a potential path to employment and integration. We also aim to investigate key challenges in relation to joining the social care workforce. We used interviews with asylum seekers, refugees and people working with them to investigate the potential and perspectives of this group and to explore the challenges and benefits of employment in the social care sector. Some of the other interviews with policy stakeholders, employers and frontline workers included relevant information on the process of recruiting and retaining refugees in the care sector and are included in the analytic process accordingly.

In summary, the conceptual framework attempts to capture the pull factors from the English social care perspective, thought to emerge from the interaction between the position of the care sector in the labour market and its gendered nature. At the same time, the motives of international workers may be influenced by the same factors as well as (and as part of) the individual decision-making process. The latter in turn is likely to be influenced by a number of personal, environmental and cultural elements, where the migration process begins well before the act of migration occurs. Both the English care sector’s demand (pull) and migrants’ motives (push) affect the final choice of destination as well as the overall experience of migration and employment in England
CHAPTER TWO: PROFILES AND TRENDS

There's an endless amount of positions within the social work industry. Because the country, in a way, with the increasing population, is becoming more poverty stricken, there's so many positions out there for international social workers, because there's such massive demand for people to go into these positions and actually help out the community. It's a 'how long's a piece of string?' question, to be honest.

(Recruitment consultant, RA16)

In this chapter we examine national perspectives on the numbers and trends of international recruitment to social care in England, obtained through the analysis of interviews with recruitment agencies and policy stakeholders (35 participants) and quantitative analysis of national statistics. We used evidence derived from analyses of the GSCC records of non-UK qualified social workers and the National Minimum Data Set of Social Care (NMDS-SC) to provide detailed examples of the profile and characteristics of a subsample of international social care workers in England. These included social workers who had qualified outside the UK (international social workers), described as non-UK social workers, and people working as social care workers whose immediate previous job was abroad. While this may be an underestimate of international social care workers, it serves as a robust proxy of ‘recent arrivals’ to the sector. The findings of the quantitative analyses are set in the context of the national perspectives obtained from the analysis of 35 interviews with recruitment agencies and national stakeholders.

The last decade was a period of high level of international recruitment to the UK health and social care sectors. In both sectors, concerns about the morality of recruiting staff from countries where they may be badly needed led to agreements about ethical recruitment practices (Hayes 2004; Carson 2006; Chikanda 2006; Welbourne et al. 2007). In social care these are voluntary arrangements (see Manthorpe 2008). However, in contrast to registered doctors and nurses in the NHS, actually quantifying the scale of international recruitment in social care is particularly complex. Not only is this because of the different pictures presented by different datasets, but it is mainly due to the nature of social care work, for which there is no centralised form of staff registration that can accurately distinguish between home and international workers. An estimate derived from the Labour Force Survey (LFS) in spring 2000 identified around 27,710 care assistants and 38,560 nurses who were born outside the UK (Dobson and Salt 2006); these were based on work permit data, which do not include workers from the EEA, as work permits are not required for workers from these countries. As a baseline therefore this figure is likely to considerably underestimate the volume of international workers in social care.

However, social work registration systems, developed in England under the Care Standards Act 2000, now provide details about social workers possessing qualifications gained outside the UK. The General Social Care Council issues a letter of verification to certify that a person from a non-EU country has
completed a recognised social work qualification in their own country. The numbers issued are increasing annually, rising from 1,175 in 2001-02 to 1,390 in 2002-03 (Community Care 2004). By 2007, 6,400 had trained outside the UK, eight percent of those registered. Thus, in England, data are reliable about registered social workers, but not about social workers who are not working as such but may be employed in social care, or indeed, in other employment or none. Cuban (2008) found that some of the international social care workers in her study were highly skilled and well qualified; however, for a number of reasons, they had not taken up employment at the level of their qualifications in the UK.

Evans and colleagues (2006a) estimated that, at local authority level, in England, international recruitment (defined as recruitment activities aimed at potential workers outside the UK) is used by just over a quarter (28%) of councils in the field of childcare services and by 21 percent in adult social services. The literature reveals that international recruitment also occurs, but to a lesser extent, for care home work. Evans et al. estimated that seven and eight percent respectively recruit internationally for managers in children’s and older people’s residential settings, and eight and nine percent for care workers in children’s and older people’s residential settings (Evans et al. 2006a; Gilbert 2004).

Recruitment agency respondents were asked to estimate how many recruits were looking for jobs through their agencies, as well as an estimate of vacancies in the care market and demand for staff. Information was also requested about the types of workers sought by employers and comparisons of what recruits seem to be looking for in employment with what is typically on offer.

Participants from recruitment agencies were asked to identify the level of recent international recruits in their businesses. Nine reported that at any one point their agencies each have 30 to 50 people looking for jobs; five reported that they have at least 100 people and six estimated that they have at least 1,000 people on their books across all branches. The agencies therefore represented a range of businesses. In relation to vacancies, some reported that they fill any vacancy on the day it is notified to them, while, on average, the others indicated a range of 50 to 150 vacancies at any one point in time. Agencies offered a variety of jobs, such as children & families and adult social work; nursing/care home work; and work with people who have learning disabilities or mental health problems, not only within social care, but often in housing and other sectors.

Many participants, both from recruitment agency and policy backgrounds, highlighted changing demand for certain jobs, which they believed was related to shifting government priorities. For example, some respondents reported:

*Jobs for (i.e. working with) adolescents have decreased because the government has switched its emphasis to foster carers.*

(Branch manager, RA07)

*...we used to get a number of registered nurses – now we get less of registered nurse placements but more of residential care home assistants.*
think it might be changes in government regulations and the NHS and people come from the NHS into residential homes.

(Registered manager, RA08)

There were a large proportion of workers in the domiciliary care sector from South Africa and in the nursing sector from the Philippines. Changes in immigration and nationality rules will especially affect the role of senior care workers.

(Care inspector, PS04)

I would say three to five years ago international social care workers were from countries like the Philippines and some newer refugee arrivals and some other countries where there were specific arrangements. Since 2004, I would say that has largely changed with Eastern European migrants taking more of a dominant role in social care.

(Refugees’ organisation director, PS05)

The majority of respondents felt that the demand for staff to fill social care jobs, including both qualified and unqualified work, was almost limitless, owing to many factors, including population ageing. On the other hand, even given general agreement that jobs are changing and new roles appearing to offer wider options for recruits, a few interviewees (four) observed a declining trend in the number of vacancies:

There has been a decrease in the number of jobs available, on the whole, [and] a decrease in people from overseas because of red tape.

(Recruitment manager, RA03)

Up to last year, about July time, there was a lot of work from the NHS, and then it dropped to almost nothing until the middle of this year there weren’t any shifts at all. That was when the NHS decided to cut its costs. A lot of nurses have left the country; a lot of physios have gone back to Australia. Most nurses have gone to Australia and America where the conditions and remuneration are better. There is still a shortage of physios, midwives and specialist nurses.

(Contracts manager, RA19)

Another aspect concerned changes in immigration rules: for example, people are currently not permitted to work on their ‘holiday visas’ for more than a year, as opposed to the two years that they were previously allowed. Recruitment agencies’ respondents stated that this was affecting potential workers from countries such as Canada and the US:
But they changed the working holiday visa so it’s not so attractive for overseas people to come into the UK, so we have less and less coming in on working holidays. Previously they could work for two years, so long as they applied for their visa before their 31st birthday. They are still allowed to come for two years, but they are only allowed to work to a period of 12 months and it can’t be in their career.

(Branch manager, RA12)

In the next sections we analyse available quantitative data that are specific to non-UK workers in the social care sector, which will provide valuable insight into the profile of a subsample of international social care workers in England.

**Characteristics and trends of internationally qualified social workers in England using GCC data (complete census)**

The literature reports that the scale of movement among social workers from outside the UK into the UK has increased substantially within the past 20 years. Batty (2003) points to the increase in the number of non-UK qualified social workers, as reported by the General Social Care Council (GSCC), from 227 in 1990-91 to 1,175 in 2001-02.

This analysis uses the most up to date data: records of over 7000 registration records held by the GSCC, relating to social workers currently working or registered in England who gained their professional social work qualification (or equivalent – some non UK social workers do not have a qualification but have experience and training that is deemed equivalent by the GSCC) outside the UK. The GSCC holds the register for all social workers working in England, including a separate register for those who have trained outside the UK and who satisfy its requirements. Three similar registers exist in the UK: that in Wales – held by the Care Council for Wales; that in Scotland – held by the Scottish Social Services Council; and that in Northern Ireland – by the Care Council for Northern Ireland.

The data reported here are from the register in England and were received by the research team in October 2008. They primarily reflect the ‘stock’ of international social workers in England at this point. A similar data set of the register of social workers who had received their training in the UK and were working in England was received at the same time. The latter was used to analyse differences in social workers’ characteristics, particularly age and gender, among those trained in and outside the UK. We refer to the first register as: the international social workers’ register and the latter as the English social workers’ register.

The international registration records include some demographic characteristics, such as date of birth, gender and ethnicity, as well as the country of social work training. The data do not provide any information on date of arrival to England, but, for those who are in employment, date of first employment is included. However, we should not assume that the date of first employment corresponds to the date of a person’s entry to the UK because of several possible factors. First, the GSCC registration started in late 2004; therefore the vast majority (94%) of ‘date of first employment’ data was reported in 2004 or later and so this may include many social workers who had
been already in the UK for several years. Secondly, around 29 percent of records
did not include any information on date of first employment. Missing dates are
more likely to refer to earlier dates; however, it is not possible to be certain of
such an assumption. Nevertheless, the trend of registration numbers from 2004
to 2008 may be used as an indication of the ‘trend’ of employment of
international social workers.6

Year of first employment of international social workers in England

Focusing on non-UK qualified social workers and in relation to year of first
employment in England, Table II.1 shows that just under 40 percent of all
international social workers who provided date of first employment were
employed during or prior to 2005. Similar numbers and proportions (around 23
percent), began their first job in the two subsequent years: 2006 and 2007. The
number of international social workers starting their first jobs during 2008
dropped to 762, partly because the data only covers until October 2008 and
possibly because this year coincides with the graduation of the first full cohort of
students who had been enrolled on the new social work degree in England and
who then entered the workforce. This may have increased the supply of UK
qualified social workers, which may have reduced the demand for internationally qualified social workers; however, such a trend would have to be
observed for several years to confirm possible links between the two groups.

Table II.1 Distribution of internationally qualified social workers in England
according to year of first employment in England, GCC registration records

<table>
<thead>
<tr>
<th>Year started first employment in England</th>
<th>Number of international social workers</th>
<th>Percent§</th>
</tr>
</thead>
<tbody>
<tr>
<td>2004 or earlier</td>
<td>252</td>
<td>4.9</td>
</tr>
<tr>
<td>2005</td>
<td>1754</td>
<td>34.4</td>
</tr>
<tr>
<td>2006</td>
<td>1151</td>
<td>22.6</td>
</tr>
<tr>
<td>2007</td>
<td>1176</td>
<td>23.1</td>
</tr>
<tr>
<td>2008</td>
<td>762</td>
<td>15.0</td>
</tr>
</tbody>
</table>

Number with available date

5095                                      | 100

Missing

2105                                      |

Total number

7200                                      |

§ Among all international social workers who provided date of first employment

Country of training of international social workers

In terms of the country of training of international social workers in England,
Table II.2 shows that around 32 percent were from two countries: Australia and
South Africa (16.4 and 15.5% respectively). This was followed by 13 percent
from the United States and 12 percent from India. Around 5 percent (N=372 and
370 respectively) obtained their social work training in Canada and Germany
respectively.

6 It is expected that both years 2004 and 2005 would include larger numbers of registrations as
many who were already in England would have been more likely to have registered during these
two years and there is a possibility that they did not indicate the dates of their first employments
in England but rather the most recent ones.
Table II.2 Distribution of international social workers in England by country of training, GSCC international SW register

<table>
<thead>
<tr>
<th>Country of Training</th>
<th>Number of social workers</th>
<th>Percentage of all international social workers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Australia</td>
<td>1107</td>
<td>16.4</td>
</tr>
<tr>
<td>South Africa</td>
<td>1051</td>
<td>15.5</td>
</tr>
<tr>
<td>United States</td>
<td>882</td>
<td>13.0</td>
</tr>
<tr>
<td>India</td>
<td>797</td>
<td>11.8</td>
</tr>
<tr>
<td>Canada</td>
<td>372</td>
<td>5.5</td>
</tr>
<tr>
<td>Germany</td>
<td>370</td>
<td>5.5</td>
</tr>
<tr>
<td>New Zealand</td>
<td>302</td>
<td>4.5</td>
</tr>
<tr>
<td>Zimbabwe</td>
<td>262</td>
<td>3.9</td>
</tr>
<tr>
<td>Romania</td>
<td>244</td>
<td>3.6</td>
</tr>
<tr>
<td>Philippines</td>
<td>162</td>
<td>2.4</td>
</tr>
</tbody>
</table>

Table II.3 Distribution of international social workers in England by world region where SW qualifications were obtained, GSCC international SW register

<table>
<thead>
<tr>
<th>World region where social work training was obtained</th>
<th>Number of international social workers</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Australia &amp; New Zealand</td>
<td>1409</td>
<td>20.8</td>
</tr>
<tr>
<td>North America</td>
<td>1254</td>
<td>18.5</td>
</tr>
<tr>
<td>Southern Africa</td>
<td>1067</td>
<td>15.8</td>
</tr>
<tr>
<td>South Central Asia</td>
<td>810</td>
<td>12.0</td>
</tr>
<tr>
<td>Western Europe</td>
<td>506</td>
<td>7.5</td>
</tr>
<tr>
<td>Eastern Africa</td>
<td>372</td>
<td>5.5</td>
</tr>
<tr>
<td>Eastern Europe (excluding A8)</td>
<td>317</td>
<td>4.7</td>
</tr>
<tr>
<td>Western Africa</td>
<td>219</td>
<td>3.2</td>
</tr>
<tr>
<td>Southern Europe</td>
<td>195</td>
<td>2.9</td>
</tr>
<tr>
<td>A8</td>
<td>181</td>
<td>2.7</td>
</tr>
<tr>
<td>South Eastern Asia</td>
<td>169</td>
<td>2.5</td>
</tr>
<tr>
<td>Northern Europe</td>
<td>125</td>
<td>1.8</td>
</tr>
<tr>
<td>Caribbean</td>
<td>45</td>
<td>0.7</td>
</tr>
<tr>
<td>Western Asia</td>
<td>39</td>
<td>0.6</td>
</tr>
<tr>
<td>South America</td>
<td>32</td>
<td>0.5</td>
</tr>
<tr>
<td>Eastern Asia</td>
<td>16</td>
<td>0.2</td>
</tr>
<tr>
<td>Northern Africa</td>
<td>8</td>
<td>0.1</td>
</tr>
</tbody>
</table>

Subtotals
- EU 14- excludes UK: 807, 11.9
- EU A8- Accession countries: 181, 2.7
- EU A2: 272, 4.0
- Other EEA: 29, 0.4
- Commonwealth: 3931, 58.1
- US: 882, 13.0

Total: 6764, 100

Considering these countries in terms of world regions (Table II.3), four regions provide around 67 percent of all international social workers in England: these are, in order, Australia and New Zealand, North America, Southern Africa and
South Central Asia. It is worth noting that ‘South Central Asia’ is based almost entirely on those who gained their qualifications from India (see Table II.2 for top 10 countries and Appendix E for details). This was then followed by Western Europe, East Africa and Eastern Europe, excluding the new accession states of the European Union – the A8 countries.

Table II.4 provides data on the distribution of non-UK qualified social workers by country, grouped so as to indicate whether workers are: free to seek employment in the UK (the European Economic Area, EEA); from traditionally sending countries (where the literature shows a tradition of worker mobility in relation to the social work profession); or from a new set of countries. It is also important to acknowledge the changes in immigration policies and the expansion of the EU. After EU expansion in 2004, the UK, the Irish Republic and Sweden were the only EU states to allow workers from the A8 accession states to enter their countries and seek employment freely, although most other countries have since removed some of these restrictions and all will be compelled to do so by 2011. When Bulgaria and Romania (A2 accession states) joined the EU in 2007, the UK placed restrictions on their employment, meaning that most A2 nationals still need to apply for an accession worker card and work permit.

Table II.4 Distribution of non-UK qualified social workers by whether country of training is a traditionally sending country or not

<table>
<thead>
<tr>
<th>Traditional sending countries to UK</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>New – EU</td>
<td>1251</td>
<td>18.5</td>
</tr>
<tr>
<td>New - Non EEA</td>
<td>1345</td>
<td>19.9</td>
</tr>
<tr>
<td>Traditional - India, Caribbean etc</td>
<td>1126</td>
<td>16.6</td>
</tr>
<tr>
<td>New – Commonwealth</td>
<td>3041</td>
<td>45.0</td>
</tr>
<tr>
<td>Total</td>
<td>6764</td>
<td>100.0</td>
</tr>
</tbody>
</table>

The analysis shows clear differences in the characteristics of social workers trained in the European Economic Area (EEA, who have the right to freely enter and seek employment in the UK) mainly in relation to age and gender. The percentage of male social workers was significantly higher among non-EEA than EEA trained workers (20% vs. 16%; \( \chi^2 = 12.9, P=0.002 \)); and social workers trained in EEA countries were significantly younger, with a mean age of 34.7 compared to 36.8 years (\( F=54.9, P<0.001 \)).

**International social worker trends by region of training**

The qualitative interviews undertaken in this study suggested some recent trends in source countries over the past few years in respect of social care and social workers, particularly an increase in workers from Poland and other A8 countries (Hussein et al. 2008a). There was a general consensus amongst the policy stakeholders (15) and recruitment agency representatives (20) interviewed, that the number of international social care workers has increased in the previous three to five years. One respondent reported that over half of those registered with private recruitment agencies were international workers.

---

7 A8 includes The Czech Republic, Estonia, Hungary, Latvia, Lithuania, Poland, Slovakia and Slovenia
Respondents referred to the recruitment of those already in the UK as well as to workers directly recruited from other countries. The intake in the earlier period was seen to be mainly from ‘White’ Commonwealth countries (Canada, Australia and New Zealand), other Commonwealth countries such as India, South Africa and Zimbabwe, the US, and the Philippines. Respondents suggested that this trend has recently altered, with an increase in the number of Eastern Europeans, especially those from Poland but also from the Czech Republic, Hungary and Lithuania, as a consequence of European Union (EU) enlargement. A participant from a refugee agency also reported recruitment from French speaking African countries, such as the Congo and Cameroon.

To examine if this experience was confirmed by data relating to international social workers who registered during the past few years, the following two graphs (Figures II.1 and II.2) present the trends of those who arrived from the top 10 regions listed in Table II.2 by year of their first employment in England. Figure II.1 presents these as percentages of total international social workers who started first employment in each year, while Figure II.2 presents their absolute numbers.

**Figure II.1 Percentage of international social workers who gained their training in different world regions by year they started their first employment in England, GSCC international SW register**

Figure II.2 reveals a decline in the number of international social workers in England after 2005. This can mainly be explained by the fact that registration only started in late 2004 and therefore records for the two years 2004 and 2005 reflect many workers who had already been employed in England, perhaps for
several years. However, when examining trends over the three years from 2006 to 2008 (Figures II.1 and II.2), several important changes emerge.\footnote{Figures for 2008 only reflect part of the year up to October only, and thus may underestimate the total for 2008.}

Firstly, in the past few years both the proportion and numbers of social workers working in England who trained in North America exceeded those from Southern Africa. Secondly, although the proportion of social workers working in England who qualified in Australia and New Zealand remains the highest when compared to those qualified in other regions, their absolute numbers have declined from around 276 starting in 2006 to 62 starting in 2008. Similarly, the proportion of social workers trained in India declined from 16 percent (175) in 2006 to 13 percent (95) in 2008. On the other hand, there was a slight increase in both the proportion (2 to 5 percent) and absolute numbers (23 to 37) of social workers in England who had been trained in any of the A8 countries from 2006 to 2008. However, as indicated in other research, the overall migration level from A8 countries has decreased over the past three years (Cangiano et al. 2009) and it remains to be seen whether the care sector will continue to benefit from the opportunity to recruit migrants arriving from these countries. Figure II.2 also shows that there has been an increase in the proportion (but not the absolute numbers) of social workers qualified in Western Europe other than the UK, from 5 percent in 2006 to 8 percent in 2008.

\textbf{Figure II.2} Number of international social workers according to which world region they gained their qualifications and year they started their employment in England, GCCC international SW register

![Diagram showing the number of international social workers by region and year of first employment]
Type of current employment of international social workers
The GSCC international social workers’ register includes information on current type of employment; such information was available for 6,837 internationally qualified social workers. Similar information was obtained for social workers in England who qualified in the UK (n=78,823). Figures II.3 and II.4 show the distribution of social workers in England by current type of employment among those who were internationally or UK qualified.

Figure II.3 Distribution of internationally qualified social workers in England by current employment at October 2008, GSCC international SW register

![Internationally qualified](image)

Figure II.4 Distribution of UK qualified social workers in England by current employment, October 2008, GSCC English SW register

![Qualified in the UK](image)
Figures II.3 and II.4 show that the vast majority of social workers (whether UK or internationally qualified) are employed directly by local authority social services (children & families and adult social care) departments in England: this was followed by other employment in social care. However, the proportion of UK qualified social workers working in the latter setting was higher than that among internationally qualified social workers (21% vs. 13%). On the other hand, slightly higher percentages of internationally qualified social workers were working in social services, but working for an agency (temporarily or as a locum), when compared to UK qualified social workers (9% vs. 5%). This is consistent with findings obtained from interviews with personnel from recruitment agencies, who perceived agency work to be particularly attractive to internationally qualified workers as an entry point to the UK employment market (Hussein et al. 2008a).

Interestingly, a larger proportion of internationally qualified social workers were recorded as ‘unemployed’ when compared to UK qualified workers (12% vs. 4%). This might be due to the timing of their registration, and whether they are likely to register immediately after arriving in the UK (before securing a job) or later on, as indicated in some of the stakeholders and agency interviews (see Manthorpe et al. in press a).

**Ethnicity of international social workers**

Most – 78 percent (5,647) – of all internationally qualified social workers in England provided information on their ethnicity. Figure II.5 shows that nearly three-fifths (57%) of all internationally qualified SWs who provided information on their ethnicity identified themselves as ‘White’; this was followed by equal proportions of 18 percent ‘Asian’ and ‘Black’. Similar, smaller proportions identified themselves as of Mixed or ‘Other’ ethnicities (3 and 4 percent respectively).

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9 Other ethnicity includes Chinese
Trends in ethnicity of international social workers
A total of 4,101 internationally qualified social workers provided both their ethnicity and date of first employment. Based on these 4,101 social workers, Figure II.6 presents trends in reported ethnicity by year of first employment. The data show that the distribution of internationally qualified social workers by ethnicity has remained almost the same over the past few years, with some slight increase in the proportion of ‘White’ social workers; again, this is in line with observations obtained from the qualitative interviews.
Gender of international social workers

It is well known that there are more women than men in the social work profession in England. Women constitute a marginally higher proportion of internationally qualified social workers in England compared with UK qualified social workers: see Table II.5. Around 22 percent of internationally qualified social workers are men, in comparison to 24 percent of UK qualified social workers in England. However, there were significant differences in distribution of gender by world region of training. Table II.6 shows the distribution of internationally qualified social workers in England according to gender and world region of training. Around half (52, 50%) of social workers who qualified in Eastern (372) or Western Africa (219) are men and over half (55%) of those trained in South Central Asia (n= 810; mainly India) were men. On the other hand, 90 percent or more of those trained in Southern Africa (1067), South East Asia (169) and the Caribbean (45) are women.

Table II.5 Distribution of all social workers in England, October 2008, by gender and whether they were internationally or UK qualified, GSCC international and UK SW registers

<table>
<thead>
<tr>
<th>Gender</th>
<th>Internationally qualified social workers</th>
<th>UK qualified social workers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women</td>
<td>77.5%</td>
<td>75.5%</td>
</tr>
<tr>
<td>Men</td>
<td>22.5%</td>
<td>24.5%</td>
</tr>
<tr>
<td>Total</td>
<td>7035</td>
<td>74736</td>
</tr>
</tbody>
</table>

Some variations were also observed in terms of ethnicity and gender. The proportion of men among those who identified themselves as Asian or Black was
higher than average (45% and 36% respectively), while it was lower among those reported as White or Mixed (14% and 16% respectively).

Table II.6 Distribution of internationally qualified social workers in England by world region of training and gender, GSCC international SW register

<table>
<thead>
<tr>
<th>World Region</th>
<th>Gender</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Female</td>
<td>Male</td>
</tr>
<tr>
<td>Australia &amp; New Zealand</td>
<td>86.4%</td>
<td>13.6%</td>
</tr>
<tr>
<td>North America</td>
<td>85.1%</td>
<td>14.9%</td>
</tr>
<tr>
<td>Southern Africa</td>
<td>90.1%</td>
<td>9.9%</td>
</tr>
<tr>
<td>South Central Asia</td>
<td>44.7%</td>
<td>55.3%</td>
</tr>
<tr>
<td>Western Europe</td>
<td>81.0%</td>
<td>19.0%</td>
</tr>
<tr>
<td>Eastern Africa</td>
<td>51.6%</td>
<td>48.4%</td>
</tr>
<tr>
<td>Eastern Europe (not A8)</td>
<td>83.6%</td>
<td>16.4%</td>
</tr>
<tr>
<td>Western Africa</td>
<td>48.9%</td>
<td>51.1%</td>
</tr>
<tr>
<td>Southern Europe</td>
<td>81.5%</td>
<td>18.5%</td>
</tr>
<tr>
<td>A8</td>
<td>77.9%</td>
<td>22.1%</td>
</tr>
<tr>
<td>South East Asia</td>
<td>90.5%</td>
<td>9.5%</td>
</tr>
<tr>
<td>Northern Europe</td>
<td>79.2%</td>
<td>20.8%</td>
</tr>
<tr>
<td>Caribbean</td>
<td>93.3%§</td>
<td>6.7%§</td>
</tr>
<tr>
<td>Western Asia</td>
<td>74.4%§</td>
<td>25.6%§</td>
</tr>
<tr>
<td>South America</td>
<td>78.1%§</td>
<td>21.9%§</td>
</tr>
<tr>
<td>Eastern Asia</td>
<td>87.5%†</td>
<td>12.5%†</td>
</tr>
<tr>
<td>Northern Africa</td>
<td>25.0%†</td>
<td>75.0%†</td>
</tr>
<tr>
<td>Total</td>
<td>77.5%</td>
<td>22.5%</td>
</tr>
</tbody>
</table>

† Based on less than 25 cases; § based on 25-50 cases

Age of international social workers

The median age of all internationally qualified social workers in England was 33.8 years. In terms of age and ethnicity, Table II.7 shows that among internationally qualified social workers, the median\(^{10}\) age was lowest among those identifying themselves as White (32.6 years), followed by Asian (around 33.2 years), and highest among Black social workers (38.2 years). The standard deviation of the mean was lowest among Asian social workers, indicating that variations in age are lowest among this group. Figure II.7 shows significant variation in median age by ethnicity, using Tukey’s notches technique.\(^{11}\)

\(^{10}\) We used median rather than mean age as comparative as the median is less sensitive to extreme scores, very young or very old individual workers, than the mean. The median age reflects the middle of the age distribution.

\(^{11}\) The notches are drawn as a ‘waist’ on either side of the median and are intended to give a rough impression of the significance of the differences between two medians. Boxes in which the notches do not overlap are likely to prove to have significantly different medians (Rousseeuw and Ruts, 1998).
Table II.7 Mean and median age, at October 2008, of internationally qualified social workers in England by reported ethnicity, GCCCI international SW register

<table>
<thead>
<tr>
<th>Ethnic Group</th>
<th>Mean age</th>
<th>Number social workers</th>
<th>%</th>
<th>Std. Deviation</th>
<th>Median age</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>35.5</td>
<td>3197</td>
<td>57.1%</td>
<td>9.2</td>
<td>32.6</td>
</tr>
<tr>
<td>Mixed</td>
<td>37.3</td>
<td>139</td>
<td>2.5%</td>
<td>10.0</td>
<td>34.1</td>
</tr>
<tr>
<td>Asian</td>
<td>35.1</td>
<td>993</td>
<td>17.7%</td>
<td>7.7</td>
<td>33.2</td>
</tr>
<tr>
<td>Black</td>
<td>39.3</td>
<td>1013</td>
<td>18.1%</td>
<td>8.5</td>
<td>38.2</td>
</tr>
<tr>
<td>Other</td>
<td>37.5</td>
<td>253</td>
<td>4.5%</td>
<td>8.9</td>
<td>34.9</td>
</tr>
<tr>
<td>Total</td>
<td>36.2</td>
<td>5595</td>
<td>100%</td>
<td>9.0</td>
<td>33.6</td>
</tr>
</tbody>
</table>

Figure II.7 Box plot\(^{13}\) of median age of non-UK qualified social workers in England by ethnicity with Tukey's notches and mean indicated

\(^{12}\) Excluding extreme age values greater than 65 and less than 16 years old

\(^{13}\) The middle (or waist) of each box indicates the median age, the top of the box is the 3rd quartile while the bottom of the box is the 1st quartile of age distribution among each group (in this case reported ethnicity group). The 'blue dash' represents mean age while the 'pink arrow' represents +/- of standard deviation of the distribution; the same description applies for other box-plots presented in this report.
In relation to **age and world region** of training, Table II.8 shows that median age, in October 2008, was lowest (30.9 years) among social workers who gained their qualifications in one of the A8 countries, followed by those trained in Australia & New Zealand, and other Eastern European countries. On the other hand, the median age of social workers was 40 years or higher among those who qualified in Eastern Africa, the Caribbean, South Eastern Asia and South America.

Figure II.8 shows the age trend of internationally qualified social workers (among those who provided both age and ‘date of first employment in England’, n=5,084). It reveals that the median age has declined over the past few years, from 33.2 years among those who started their first jobs in England during or before 2004, to 30.5 years among those starting in 2007.

Again this is consistent with findings obtained from our qualitative interviews with representatives of employment agencies, who observed a recent trend of more ‘White’ and younger international social care workers. However, many of their views referred to the whole international social care workforce and not specifically to social workers.

**Table II.8 Mean and median age of internationally qualified social workers by world region of training, GSCC international SW register**

<table>
<thead>
<tr>
<th>World Region where SW training obtained</th>
<th>Mean age</th>
<th>Number of social workers</th>
<th>Std. Deviation</th>
<th>Median age</th>
</tr>
</thead>
<tbody>
<tr>
<td>A8</td>
<td>31.7</td>
<td>181</td>
<td>4.50</td>
<td>30.9</td>
</tr>
<tr>
<td>Australia &amp; New Zealand</td>
<td>35.7</td>
<td>1408</td>
<td>10.31</td>
<td>31.9</td>
</tr>
<tr>
<td>Eastern Europe (not A8)</td>
<td>33.5</td>
<td>317</td>
<td>5.56</td>
<td>32.2</td>
</tr>
<tr>
<td>South Central Asia</td>
<td>33.7</td>
<td>810</td>
<td>6.74</td>
<td>32.3</td>
</tr>
<tr>
<td>North America</td>
<td>36.2</td>
<td>1248</td>
<td>10.36</td>
<td>32.4</td>
</tr>
<tr>
<td>Southern Europe</td>
<td>33.6</td>
<td>193</td>
<td>6.11</td>
<td>32.7</td>
</tr>
<tr>
<td>Western Europe</td>
<td>36.3</td>
<td>506</td>
<td>7.94</td>
<td>34.1</td>
</tr>
<tr>
<td>Northern Europe</td>
<td>37.4</td>
<td>125</td>
<td>8.96</td>
<td>35.0</td>
</tr>
<tr>
<td>Western Asia</td>
<td>39.1$</td>
<td>38</td>
<td>12.45</td>
<td>35.1</td>
</tr>
<tr>
<td>Southern Africa</td>
<td>38.2</td>
<td>1062</td>
<td>9.26</td>
<td>35.9</td>
</tr>
<tr>
<td>Northern Africa</td>
<td>36.4$</td>
<td>8</td>
<td>7.25</td>
<td>36.7</td>
</tr>
<tr>
<td>Eastern Asia</td>
<td>37.6$</td>
<td>16</td>
<td>7.36</td>
<td>37.7</td>
</tr>
<tr>
<td>Western Africa</td>
<td>38.7</td>
<td>219</td>
<td>6.97</td>
<td>37.9</td>
</tr>
<tr>
<td>Eastern Africa</td>
<td>41.5</td>
<td>371</td>
<td>9.55</td>
<td>40.1</td>
</tr>
<tr>
<td>Caribbean</td>
<td>42.1$</td>
<td>45</td>
<td>10.03</td>
<td>40.2</td>
</tr>
<tr>
<td>South Eastern Asia</td>
<td>41.6</td>
<td>169</td>
<td>9.19</td>
<td>40.4</td>
</tr>
<tr>
<td>South America</td>
<td>42.6$</td>
<td>32</td>
<td>9.01</td>
<td>41.5</td>
</tr>
</tbody>
</table>

$†$ Based on less than 25 cases; $§$ based on 25-50 cases

Participants in the recruitment agency and stakeholder interviews estimated that the age groups being recruited varied slightly between being “mainly” in their 20s to being in the 20s-30s range (or “young, mainly under 40”). One felt that they “tend to be in the middle years and not the very young”. Also, some observed that social workers tended to be in the younger age groups while social care workers were older, that those from Eastern Europe tended to be younger and that the younger workers tend to be single. This is consistent with the finding that EEA trained social workers are significantly younger. Similarly Table
II.8 shows that, indeed, the youngest group comprises those who were trained in A8 countries.

**Figure II.8 Median age of internationally qualified social workers by year of first employment in England, GSCC international SW register**

In relation to *age and gender*, internationally qualified women were significantly younger than men; women’s median age was 32.9 years while that of men was 35.7; similarly their mean age was significantly different (see Figure II.9; women mean age 35.7 and men 37.9; $F=58.58, P<0.001$).
Figure II.9 Box plot of median and mean age of non-UK qualified social workers with Tukey’s notches indicated

Comparing the *age distribution of UK and internationally qualified* social workers in England; the data confirm that, on average, internationally qualified social workers are significantly younger than UK qualified social workers. The median age of the first group (internationally qualified social workers) was 33.6 years, compared to 48.2 among UK trained social workers; the mean age for internationally qualified social workers was 36.2 and among UK qualified social workers it was 47.4 years ($F=8478.8; p<0.001$).

Figure II.10 shows the median and mean age of UK and non-UK qualified social workers and Figure II.11 shows the distribution of internationally and UK qualified social workers in England by 10-year age group distribution. The data reveal that over half of internationally qualified social workers in England were aged 25 to 34 years, while only 11 percent of UK qualified social workers were in this age group. Similarly, very few international workers are (yet) above the age of 55 years.
Figure II.10 Median age of UK and non-UK trained social workers

Figure II. 11 Distribution of social workers in England by age and whether qualified in or outside of the UK, GSCC international and UK registers
Reported disability among international social workers

Around 82 percent (5,930) of internationally qualified social workers provided information on their disability status and less than one percent (38) of them indicated having any forms of disability. Such a proportion is lower than that reported by UK qualified social workers (2.4% based on the GCC UK social workers register) and considerably lower than the 18 percent reported by the general population in England and Wales in 2001 (ONS accessed online). This may reflect migration pattern theories, where people who are most healthy are more likely to migrate (Graefe et al. 2006); or it may be an indication of internationally qualified social workers’ reluctance to declare or disclose any hidden disabilities, due to fears of negatively affecting their employment opportunities, for example; or a combination of both of these factors.

Characteristics of less qualified international workers

The systematic review of existing research on the international recruitment of unqualified staff in social care produced less than a handful of small-scale research studies or accounts. This was similar to the situation indicated by Evans and Huxley (2004) who emphasised that knowledge about the characteristics, experiences and suitability of international recruits to work in England, the characteristics and experiences of those employing them, the impact of their employment on English qualified colleagues and on service users and carers, was generally based on impression rather than a synthesis of empirical evidence.

Datta and colleagues (2006) conducted a questionnaire survey of 340 workers in five low-paid employment sectors in London, including home care employment, of whom 90 percent were migrant workers. They also undertook in-depth interviews with migrant low-paid workers. A total of 59 questionnaires and 18 interviews were related to workers who provided care for ‘the elderly and disabled’. They found a distinct gender, ethnic and racial pattern. Most of the respondents were women (85 percent, n=46, of those included in the questionnaire interviews and 12 of the in-depth interviews); a high proportion of the respondents were of African origin and especially from Nigeria and Ghana (11 and 9 respectively of the questionnaire respondents, with 11 of the in-depth interviews being conducted with Ghanaian nationals). They highlighted some of the dilemmas as well as the sacrifices made by migrant care workers, such as balancing caring for their own families either in the UK or in their home countries with their work in the UK, as well as accepting work which may not match their qualifications (one of the care workers was a doctor in his home country).

Cangiano and colleagues (2009) estimate that migrants account for 18 percent of all care workers, which is a higher proportion than the 13 percent contribution of foreign workers in the overall UK labour force. Their research shows that, based on the Labour Force Survey (LFS), the top five countries of birth of recent migrant care workers are Poland, Zimbabwe, The Philippines, Nigeria and India. However, the LFS estimates of care work in particular should be used with

caution, because the categories used do not accurately distinguish care work from other employment. The same research also shows that although the gender imbalance is still evident amongst migrant care workers, the prevalence of male workers is higher than within the UK care workforce.

**Characteristics of social care workers recently arrived from abroad - the National Minimum Data Set for Social Care**

Interviews with a national sample of recruitment agencies and policy stakeholders indicated a clear theme of recent and sometimes sudden change in the characteristics of non-UK citizens working as social care staff. This was mainly due to the inclusion of the A8 countries in the EU, particularly Poland: most respondents had observed an 'influx' of Polish workers; but also because of changes in visas and migration rules. However, many respondents observed that such changes affect unqualified rather than qualified workers: ‘[T]he qualified market is about the same really’ (National manager, RA01); ‘since the EU there has been a large influx of applications [for social care jobs] from Poland’ (Recruitment Consultant, RA05 and also Managing Director, RA15).

The most dominant observation was the shift in the profile of (mainly) unqualified international care workers to become a more ‘White European, younger group of workers’:

*More from the Eastern European countries than we ever used to have. Possibly some more people from Zimbabwe where there are troubles. Otherwise I’ve noticed a decline in Irish applicants – they tend not to now – I think things are a lot more affluent over there now – a lot more jobs.*

(Operations manager, RA04)

*There are more and more unqualified Polish workers coming through as well. We see very few from the other [Eastern bloc] countries.*

(National manager, RA01)

*I think 5 years ago we had a lot of applications from Africans and people from the Philippines, and recently on the social care side it’s Polish workers.*

(Managing director, RA20)

The NMDS-SC is a workforce data collection system operated by Skills for Care in collaboration with the Department of Health, the Commission for Social Care Inspection (CSCI) (now Care Quality Commission), the General Social Care Council (GSCC), the Local Government Association (LGA) and other major stakeholders in social care. Launched in October 2005, it is now producing extensive and reliable data about social care providers and their workforces. The NMDS-SC questionnaires collect aggregated information on the total numbers of workers in different job roles and some of their characteristics, as well as overall turnover and vacancy rates. In addition, social care employers are requested to complete further information on a sample of their workers providing more detailed characteristics, such as qualifications. They are also asked to provide details of the sources of recruitment of their staff. Such information was potentially very useful to the current project as one of the options for employers
is to record recruitment as ‘from abroad’. The proportion of workers with a previous job abroad can therefore be used as a proxy of recently arrived international workers.

However, as established from the qualitative interviews with employers and recruitment agencies, many international social care workers are recruited after arriving to the UK, in most cases through agencies. Therefore, this group reflects only a small proportion of international social care workers. Nevertheless, the data on workers identified as having been recruited ‘from abroad’ provide valuable insight into the profile and characteristics of the most recent ‘directly’ recruited international social care workers; particularly those considered to be in the ‘non-professional groups’, such as care assistants and senior care workers. In the following section we provide some analyses based on the NMDS data, with a particular focus on the group of workers who are identified by their employers as having been recruited from abroad. These analyses, combined with the analysis of all internationally qualified social workers in England derived from the GSCC records, paint a more detailed picture of the whole internationally recruited social care workforce in England.

**Analysis of NMDS-SC**

The NMDS-SC comprises two sets of data: one based on employers’ responses, which includes aggregated information on workers by job roles, and the other set based on individual employee responses. By end of April 2009, the provisional data set had been completed by 24,130 establishments. Each establishment was asked to report the total numbers of staff employed in different job roles, both on permanent and temporary contracts, revealing a total of 708,308 members of staff. Each establishment was also asked to complete separate questionnaires, relating to a sample of its staff, providing more information on their age, ethnicity, qualifications and other information; these were completed for 355,401 individual employees. Around 40 percent of establishments provided information on 75 to 100 percent of their total staff.

Table II.9 presents the distribution of the 24,130 establishments according to sector. The data show that the majority of responses were collected from the private (58%) or voluntary sectors (22%), with 17 percent from the statutory sector. This reflects the overall distribution of adult social care provisions in social care (Eborall and Griffiths 2008).
Table II.9 Distribution of organizations according to sector, NMDS April 2008

<table>
<thead>
<tr>
<th>Establishment Type</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not recorded</td>
<td>166</td>
<td>0.7</td>
</tr>
<tr>
<td>Statutory local authority (adult services)</td>
<td>3032</td>
<td>12.6</td>
</tr>
<tr>
<td>Statutory local authority (children's services)</td>
<td>366</td>
<td>1.5</td>
</tr>
<tr>
<td>Statutory local authority (generic or other services)</td>
<td>105</td>
<td>0.4</td>
</tr>
<tr>
<td>Statutory local authority owned</td>
<td>209</td>
<td>0.9</td>
</tr>
<tr>
<td>Statutory health (NHS)</td>
<td>159</td>
<td>0.7</td>
</tr>
<tr>
<td>Private sector</td>
<td>14022</td>
<td>58.1</td>
</tr>
<tr>
<td>Voluntary or third sector</td>
<td>5263</td>
<td>21.8</td>
</tr>
<tr>
<td>Other</td>
<td>808</td>
<td>3.3</td>
</tr>
<tr>
<td>Total</td>
<td>24130</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Source of recruitment

The NMDS-SC of April 2009 contained information on 355,401 individual workers. Employers had provided profile information on individual members of staff, including information on source of recruitment to main job. As Table II.10 shows, there was a good distribution of returns across all regions, with the highest proportion of returns from the South East.

Table II.10 Distribution of social care workers by region of employer, NMDS-SC April 2009

<table>
<thead>
<tr>
<th>Region</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eastern</td>
<td>49383</td>
<td>13.9</td>
</tr>
<tr>
<td>East Midlands</td>
<td>44691</td>
<td>12.6</td>
</tr>
<tr>
<td>London</td>
<td>33520</td>
<td>9.4</td>
</tr>
<tr>
<td>North East</td>
<td>21064</td>
<td>5.9</td>
</tr>
<tr>
<td>North West</td>
<td>47178</td>
<td>13.3</td>
</tr>
<tr>
<td>South East</td>
<td>54951</td>
<td>15.5</td>
</tr>
<tr>
<td>South West</td>
<td>37208</td>
<td>10.5</td>
</tr>
<tr>
<td>West Midlands</td>
<td>30892</td>
<td>8.7</td>
</tr>
<tr>
<td>Yorkshire &amp; Humber</td>
<td>36514</td>
<td>10.3</td>
</tr>
<tr>
<td>Total</td>
<td>355401</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Table II.11 presents the distribution of source of recruitment by different job roles, excluding individuals where source of recruitment was unknown to the employer (N=148,374). Source of recruitment included a category of ‘from abroad’; it was not clear whether this meant recruiting directly from abroad or just that the worker had come from abroad; it is more likely to mean the latter. A total of 5,118 workers fell into this category, after excluding those whose ethnicity was reported as ‘White British’; these last were most probably British workers who had been working abroad just prior to undertaking their current job.

It is notable that larger proportions of ‘care workers’, particularly ‘senior care workers’, were ‘from abroad’ than social workers (3.5% and 5.5% vs. 1.7%), while none of the occupational therapists and only one percent of social workers were from abroad. The relatively higher percentage of ‘senior care workers’ from
abroad may reflect some recruitment problems identified in the agency interviews and, in particular, the need for senior care workers in care homes that can be met, to some extent, by employment of nurses from the Philippines, who are able to gain work permits under certain conditions.

Table II.11 Distribution of employees by main job and source of recruitment to main job, excluding those with unknown source of recruitment, NMDS-SC end of April 2009

<table>
<thead>
<tr>
<th>Source of recruitment</th>
<th>Social workers</th>
<th>Senior Care Workers</th>
<th>Care Workers</th>
<th>Registered Nurse</th>
<th>All workers</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>%</td>
<td>N</td>
<td>%</td>
<td>N</td>
</tr>
<tr>
<td>Local authority (adult)</td>
<td>229</td>
<td>24.6</td>
<td>895</td>
<td>6.3</td>
<td>6759</td>
</tr>
<tr>
<td>Private or voluntary (adult)</td>
<td>85</td>
<td>9.1</td>
<td>6144</td>
<td>43.5</td>
<td>29823</td>
</tr>
<tr>
<td>Local authority (Children)</td>
<td>99</td>
<td>10.6</td>
<td>117</td>
<td>0.8</td>
<td>856</td>
</tr>
<tr>
<td>Private or voluntary (children)</td>
<td>11</td>
<td>1.2</td>
<td>230</td>
<td>1.6</td>
<td>1082</td>
</tr>
<tr>
<td>Health sector</td>
<td>23</td>
<td>2.5</td>
<td>804</td>
<td>5.7</td>
<td>4677</td>
</tr>
<tr>
<td>Retail sector</td>
<td>8</td>
<td>0.9</td>
<td>479</td>
<td>3.4</td>
<td>4370</td>
</tr>
<tr>
<td>Other sector</td>
<td>40</td>
<td>4.3</td>
<td>838</td>
<td>5.9</td>
<td>7763</td>
</tr>
<tr>
<td>Internal</td>
<td>137</td>
<td>14.7</td>
<td>921</td>
<td>6.5</td>
<td>1495</td>
</tr>
<tr>
<td>From abroad</td>
<td>16</td>
<td>1.7</td>
<td>777</td>
<td>5.5</td>
<td>2929</td>
</tr>
<tr>
<td>Not previously employed</td>
<td>10</td>
<td>1.1</td>
<td>325</td>
<td>2.3</td>
<td>3300</td>
</tr>
<tr>
<td>Returner</td>
<td>10</td>
<td>1.1</td>
<td>262</td>
<td>1.9</td>
<td>1461</td>
</tr>
<tr>
<td>Agency</td>
<td>23</td>
<td>2.5</td>
<td>275</td>
<td>1.9</td>
<td>2081</td>
</tr>
<tr>
<td>Student placement</td>
<td>15</td>
<td>1.6</td>
<td>121</td>
<td>0.9</td>
<td>877</td>
</tr>
<tr>
<td>Voluntary work</td>
<td>2</td>
<td>0.2</td>
<td>37</td>
<td>0.3</td>
<td>426</td>
</tr>
<tr>
<td>Other sources</td>
<td>224</td>
<td>24.0</td>
<td>1898</td>
<td>13.4</td>
<td>15140</td>
</tr>
<tr>
<td>Total</td>
<td>932</td>
<td>100</td>
<td>14123</td>
<td>100</td>
<td>83039</td>
</tr>
</tbody>
</table>

Characteristics of workers who were abroad before taking up their current job

As explained above, employers who completed the NMDS reported that 5,118 staff, or 3.4 percent of all reported staff whose source of recruitment was known, were recruited from abroad. We will focus on these 5,118 staff members in this section, to examine their characteristics in relation to all reported staff. As has been explained, those whose source of recruitment was reportedly ‘from abroad’ may not have been recruited directly from abroad, but were previously working overseas. In our view it is likely that they were recruited outside the UK and that the category ‘agency’ is more likely to cover international staff who have been living in the UK and then sought temporary work.
Job role of recent international care workers

Table II.12 presents the distribution of staff who reported that their previous job was abroad (outside the UK) by current job. We will refer to them as recent international workers; however, it is certain that they constitute only a very small proportion of this group. Table II.12 shows that around three quarters of the recent international workers identified in the NMDS are currently working as care workers (16 percent as senior care workers and 57 percent as care workers). This was followed by 17 percent working as ‘registered nurses’ and seven percent as ‘ancillary staff not care-providing’; the remaining four percent being distributed evenly among the remainder of the jobs.

Table II.12 Distribution of workers who had their previous job abroad by current job role, NMDS April 2009

<table>
<thead>
<tr>
<th>Job Role</th>
<th>From Abroad</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not recorded</td>
<td>1</td>
<td>0.0</td>
</tr>
<tr>
<td>Senior Management</td>
<td>6</td>
<td>0.1</td>
</tr>
<tr>
<td>Middle Management</td>
<td>16</td>
<td>0.3</td>
</tr>
<tr>
<td>First Line Manager</td>
<td>18</td>
<td>0.4</td>
</tr>
<tr>
<td>Registered Manager</td>
<td>25</td>
<td>0.5</td>
</tr>
<tr>
<td>Supervisor</td>
<td>29</td>
<td>0.6</td>
</tr>
<tr>
<td>Social Worker</td>
<td>14</td>
<td>0.3</td>
</tr>
<tr>
<td>Senior Care Worker</td>
<td>758</td>
<td>15.7</td>
</tr>
<tr>
<td>Care Worker</td>
<td>2736</td>
<td>56.7</td>
</tr>
<tr>
<td>Community Support and Outreach Work</td>
<td>20</td>
<td>0.4</td>
</tr>
<tr>
<td>Employment Support</td>
<td>1</td>
<td>0.0</td>
</tr>
<tr>
<td>Advice Guidance and Advocacy</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Educational Support</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Youth Offending Support</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Counsellor</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Occupational Therapist</td>
<td>1</td>
<td>0.0</td>
</tr>
<tr>
<td>Registered Nurse</td>
<td>833</td>
<td>17.3</td>
</tr>
<tr>
<td>Allied Health Professional</td>
<td>1</td>
<td>0.0</td>
</tr>
<tr>
<td>Nursery Nurse</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Childcare Worker or Childcare Assistant</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Teacher</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Educational Assistant</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Technician</td>
<td>5</td>
<td>0.1</td>
</tr>
<tr>
<td>Other care-providing job role</td>
<td>45</td>
<td>0.9</td>
</tr>
<tr>
<td>Managers and staff in care-related, not care-providing</td>
<td>8</td>
<td>0.2</td>
</tr>
<tr>
<td>Administrative or office staff not care-providing</td>
<td>18</td>
<td>0.4</td>
</tr>
<tr>
<td>Ancillary staff not care-providing</td>
<td>250</td>
<td>5.2</td>
</tr>
<tr>
<td>Other non-care-providing job roles</td>
<td>38</td>
<td>0.8</td>
</tr>
<tr>
<td>Total</td>
<td>4823</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Age, gender and disability of recent international care workers

Overall, 20 percent of international workers were male, which is higher than the average proportion of men among all social care workers (15 %). Less than one percent was reported to have some form of disability, which is similar to the 1.2 percent among all social care staff.
Looking at particular job roles, the main differences appear amongst care workers and other workers. More than one fifth (22%) of care workers whose source of recruitment was from abroad were men, compared to only 13 percent among those who are not from abroad. Gender differences are much larger among those working in other jobs (other than care workers, senior care workers and registered nurses); in this category, 40 percent of workers from abroad were men, compared to only 21 percent amongst those who were not from overseas (see Table II.13).

**Table II.13 Distribution of workers from abroad by gender and current job role, NMDS April 2009**

<table>
<thead>
<tr>
<th>From abroad or not and gender</th>
<th>Care Worker</th>
<th>Senior Worker</th>
<th>Registered Nurse</th>
<th>Other</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>%</td>
<td>N</td>
<td>%</td>
<td>N</td>
</tr>
<tr>
<td>Not from abroad</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>23124</td>
<td>13.1</td>
<td>2836</td>
<td>12.9</td>
<td>1860</td>
</tr>
<tr>
<td>Female</td>
<td>152939</td>
<td>86.9</td>
<td>19201</td>
<td>87.1</td>
<td>12534</td>
</tr>
<tr>
<td>Sub total</td>
<td>176063</td>
<td>100.0</td>
<td>22037</td>
<td>100.0</td>
<td>14394</td>
</tr>
<tr>
<td>From abroad</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>593</td>
<td>21.9</td>
<td>90</td>
<td>12.0</td>
<td>96</td>
</tr>
<tr>
<td>Female</td>
<td>2104</td>
<td>78.1</td>
<td>657</td>
<td>88.0</td>
<td>731</td>
</tr>
<tr>
<td>Sub total</td>
<td>2697</td>
<td>100.0</td>
<td>747</td>
<td>100.0</td>
<td>827</td>
</tr>
</tbody>
</table>

Figure II.12 shows that workers who had their previous job abroad were significantly younger than those who did not. The median age of the first group is 35 years, in comparison to 42 years among those who did not have their previous job abroad.
Figure II.12 Box plot of median age among social care workers who had their previous job abroad and other workers, NMDS-SC April 2009

Figure II.13 presents the distribution of international workers by 10-year age groups in comparison to that of all staff, from staff members whose date of birth was available. The data show that international workers are more concentrated in the middle age groups, from 25-44 years old. Fewer international workers were younger than 25 years old than was the case amongst all workers (7% vs. 11%); on the other hand, the proportion of international workers aged 55 or above was dramatically lower than that amongst all workers (5% vs. 20%).
Social care workers who had their previous job abroad were, on average, younger than those who had not, with the largest age gap (of 9 years) observed among ‘other workers’, followed by 8 years among registered nurses (see Table II.14).

**Table II.14 Mean and median age of workers who had their previous jobs abroad by job role, NMDS April 2009**

<table>
<thead>
<tr>
<th>Job role</th>
<th>Not From Abroad</th>
<th>From Abroad</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>Mean</td>
</tr>
<tr>
<td>Care worker</td>
<td>179080</td>
<td>39.9</td>
</tr>
<tr>
<td>Senior care worker</td>
<td>21654</td>
<td>42.4</td>
</tr>
<tr>
<td>Registered nurse</td>
<td>15634</td>
<td>45.3</td>
</tr>
<tr>
<td>Other</td>
<td>92597</td>
<td>44.4</td>
</tr>
<tr>
<td>Total</td>
<td>308965</td>
<td>43.0</td>
</tr>
</tbody>
</table>

As is the case in the overall workforce profile (Hussein 2009), care workers who had their previous job abroad were most significantly younger than colleagues who had not, followed by senior care workers. The median age of those working as registered nurses or ‘other’ job roles was not significantly different (Figure II.14).
Figure II.14 Box plot of age statistics of social care workers who had their previous job abroad by current job role

Ethnicity of recent international social care workers
Table II.15 presents the ethnicity profile of international workers, as identified by employers who completed the NMDS and recorded ethnicity (N=4313). The table separately presents the ethnicity distribution of international workers who are currently working as senior care workers, care workers, registered nurses and other workers for whom ethnicity data were provided.
Table II.15 Distribution of ‘recent’ international social care workers by ethnicity and job role, NMDS April 2009

<table>
<thead>
<tr>
<th>Reported Ethnicity</th>
<th>Care Worker</th>
<th>Senior Worker</th>
<th>Registered Nurse</th>
<th>Other</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N   %</td>
<td>N   %</td>
<td>N   %</td>
<td>N   %</td>
<td>N   %</td>
</tr>
<tr>
<td>White</td>
<td>928 37.2</td>
<td>115 19.5</td>
<td>37 4.8</td>
<td>233 50.7</td>
<td>1313 30.4</td>
</tr>
<tr>
<td>Mixed</td>
<td>134 5.4</td>
<td>7 1.2</td>
<td>70 9.1</td>
<td>21 4.6</td>
<td>232 5.4</td>
</tr>
<tr>
<td>Asian</td>
<td>865 34.7</td>
<td>319 54.0</td>
<td>456 59.2</td>
<td>131 28.5</td>
<td>1771 41.1</td>
</tr>
<tr>
<td>Black</td>
<td>256 10.3</td>
<td>38 6.4</td>
<td>171 22.2</td>
<td>34 7.4</td>
<td>499 11.6</td>
</tr>
<tr>
<td>Other</td>
<td>309 12.4</td>
<td>112 19.0</td>
<td>36 4.7</td>
<td>41 8.9</td>
<td>498 11.5</td>
</tr>
<tr>
<td>Total</td>
<td>2492 100.0</td>
<td>591 100.0</td>
<td>770 100.0</td>
<td>460 100.0</td>
<td>4313 100.0</td>
</tr>
</tbody>
</table>

Figure II.15 Distribution of all international senior care and care workers by ethnicity, NMDS April 2009

Table II.15 and Figure II.15 clearly indicate different ethnicity distributions depending on job role. Over half, 59 percent, of senior care workers were identified as ‘Asian’ while the corresponding proportion among care workers was only 35 percent. On the other hand, 38 percent of care workers were identified as ‘White Other’, compared to only 18 percent of senior care workers. The data show that 59 percent and 22 percent of registered nurses were of Asian and Black ethnicity respectively (see table above). 'White other' workers were
also over-represented among ancillary, not care providing, international workers (data not shown).

**Highest qualifications of recent international social care workers**

Employers provided information on the qualifications of 114,833 of all staff and 1,950 of those whose last job was abroad. Table II.16 and Figure II.16 present the distribution of care workers and senior care workers who were recruited from abroad, or not, by recorded highest level of qualifications. Among care workers, those from abroad are on average significantly more qualified than those who did not have their previous job abroad (Pearson's Chi-squared test 378.4, p<0.001). For example, the percentage of international workers with NVQ 3 or 4+ is 43 percent compared to 23 percent among all staff. The gap is similarly wide among senior care workers (Figure 19; $\chi^2 = 139.5$, p<0.001).

**Figure II.16 Distribution of care workers recruited from abroad with different highest qualification levels, NMDS April 2009**

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15 These categories reflect those who have gained NVQs or other comparable level of qualifications. The list of internationally and nationally qualifications which are comparable to each NVQ level was obtained from Skills for Care (SfC) and reflects the same grouping used by SfC in its internal analysis.
Table II.16 Distribution of social care workers who had their previous job abroad by highest qualification level compared to other workers, NMDS April 2009

<table>
<thead>
<tr>
<th>Highest qualifications</th>
<th>Not From Abroad</th>
<th>From Abroad</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>%</td>
</tr>
<tr>
<td>Entry/1</td>
<td>847</td>
<td>0.8</td>
</tr>
<tr>
<td>Level 2/2+</td>
<td>44282</td>
<td>39.2</td>
</tr>
<tr>
<td>Level 3/3+</td>
<td>31152</td>
<td>27.6</td>
</tr>
<tr>
<td>Level 4/4+</td>
<td>14031</td>
<td>12.4</td>
</tr>
<tr>
<td>Other relevant qualifications</td>
<td>22571</td>
<td>20.0</td>
</tr>
<tr>
<td>Total</td>
<td>112883</td>
<td>100</td>
</tr>
</tbody>
</table>

Figure II.17 shows that the percentage of senior care workers from abroad with NVQ 3 or 4+ is 71 percent, compared to 55 percent amongst those who were not recruited from abroad.

Figure II.17 Distribution of senior care workers recruited from abroad with different highest qualification levels, NMDS April 2009

Pattern of work of recent international social care workers

Those recruited from abroad are significantly ($\chi^2$ = 2417.2, P<0.001) more likely to be recruited to a full time post. Among those recruited from abroad, the work pattern differs significantly by job role ($\chi^2$ = 186.7, p<0.001). The percentage of full time work is highest among senior care workers, while the highest percentage of part time work is observed amongst care workers (see Tables II.17 and II.18).
Table II.17 Distribution of workers with previous job abroad and those who are not by pattern of work, NMDS April 2009

<table>
<thead>
<tr>
<th>Pattern of work</th>
<th>Not From Abroad</th>
<th>From Abroad</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full-time</td>
<td>46.9</td>
<td>83.0</td>
</tr>
<tr>
<td>Part-time</td>
<td>39.7</td>
<td>12.2</td>
</tr>
<tr>
<td>Other flexible arrangements</td>
<td>13.3</td>
<td>4.8</td>
</tr>
</tbody>
</table>

Table II.18 Distribution of workers with previous job from abroad by job role and work pattern

<table>
<thead>
<tr>
<th>Job role</th>
<th>Full-time</th>
<th>Part-time</th>
<th>Neither of these</th>
</tr>
</thead>
<tbody>
<tr>
<td>N</td>
<td>%</td>
<td>N</td>
<td>%</td>
</tr>
<tr>
<td>Care Worker</td>
<td>2120</td>
<td>79.5</td>
<td>394</td>
</tr>
<tr>
<td>Senior Care Worker</td>
<td>711</td>
<td>94.4</td>
<td>31</td>
</tr>
<tr>
<td>Registered Nurse</td>
<td>727</td>
<td>89.2</td>
<td>40</td>
</tr>
<tr>
<td>Other</td>
<td>358</td>
<td>73.8</td>
<td>111</td>
</tr>
</tbody>
</table>

We investigated the observed associations between having previous job abroad and different characteristics using a logistic regression model as explained in the next equation:

$$\logit(\text{Abroad}) = \alpha + b_1\text{Gender} + b_2\text{Age} + b_3\text{Qualification} + b_4\text{Jobgroup} + b_5\text{Region} + b_6\text{Sector} + b_7\text{Workpattern} + \epsilon$$

**Equation 1**

The model aims to examine how well the listed variables can contribute in explaining the binary variable ‘Abroad’, which indicates whether a worker had had his/her previous job abroad or not. All records which contained missing values for any of the variables included in the model were excluded from the analysis. The model used 58,181 valid records including 1,581 cases where the worker’s previous job was abroad. A stepwise forward approach was used; after two steps the model reached the optimal level and the variable ‘gender’ was excluded from the analysis, as there was no significant association between gender and previous work being abroad after controlling for the rest of the variables. The final model achieved a smaller AIC of 11854. To test the overall fit compared to the null model we calculated the P-value from the Chi-square density curve for the difference between the residuals of the null model and the final model, for the corresponding difference in degrees of freedom the model is significantly different from the null model. We conclude that there is no evidence to suggest the model poorly fits the data. We further tested the model fitting using Area Under the ROC Curve (AUC) criteria resulting in a value of 0.84\(^{16}\) indicating that the model had ‘excellent’ discriminatory power (Hosmer and Lemeshow 2000) (see Appendix F for illustrative chart).

\(^{16}\) This area is interpreted as the likelihood that a case will have a higher \(\pi\) than a control across the range of criterion values investigated. The nearer the value of AUC to 0.5 the more likely that the results are not more than random, the closer to 1 the more likely the results of the model reflects true associations and thus have high discriminatory power.
The results of the logistic regression model are presented in Table II.19. Gender was the only variable not significantly associated with having had a previous job abroad. The results show that those who had a previous job abroad were significantly younger, more likely to have higher qualifications, more likely to be recruited in professional jobs and less likely to hold managerial/supervisory posts. In terms of the sector and region, those who had their immediately previous job abroad were significantly more likely to be working in the South and the Midlands than in the North. Their odds of being recruited to the private sector were much higher, followed by the voluntary sector, and they were least likely to be recruited to local authorities. The same group was also significantly more likely to be working full time than part time, or through flexible arrangements, when compared to workers who did not have their immediate previous job abroad.

**Table II.19 Results of the logistic regression model presented in equation 1**

<table>
<thead>
<tr>
<th>Independent variables in the final model</th>
<th>Odds Ratio</th>
<th>Std. Error</th>
<th>95% Confidence interval</th>
<th>Pr(&gt;z)</th>
<th>Level of association</th>
</tr>
</thead>
<tbody>
<tr>
<td>AGE</td>
<td>0.95</td>
<td>0.00</td>
<td>0.95</td>
<td>0.96</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Highest qualifications (ref: Lev2/2+)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Entry level</td>
<td>2.54</td>
<td>0.32</td>
<td>1.28</td>
<td>4.56</td>
<td>&lt;0.005</td>
</tr>
<tr>
<td>Lev3/3+</td>
<td>2.50</td>
<td>0.07</td>
<td>2.16</td>
<td>2.90</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Lev4/4+</td>
<td>3.65</td>
<td>0.09</td>
<td>3.03</td>
<td>4.38</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Other qualifications</td>
<td>2.33</td>
<td>0.09</td>
<td>1.94</td>
<td>2.79</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Job role (ref: direct care)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Manager/Supervisor</td>
<td>0.13</td>
<td>0.14</td>
<td>0.09</td>
<td>0.16</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Professional</td>
<td>3.38</td>
<td>0.07</td>
<td>2.94</td>
<td>3.90</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Other</td>
<td>0.45</td>
<td>0.15</td>
<td>0.33</td>
<td>0.60</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Work pattern (ref: full time)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Part-time</td>
<td>0.18</td>
<td>0.09</td>
<td>0.15</td>
<td>0.21</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Flexible</td>
<td>0.35</td>
<td>0.13</td>
<td>0.27</td>
<td>0.44</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Region (ref: North)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Midlands</td>
<td>1.77</td>
<td>0.08</td>
<td>1.51</td>
<td>2.08</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>South</td>
<td>2.13</td>
<td>0.07</td>
<td>1.84</td>
<td>2.46</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Sector (ref: local authority)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LA owned</td>
<td>0.00</td>
<td>15.41</td>
<td>0.00</td>
<td>0.00</td>
<td>0.94</td>
</tr>
<tr>
<td>Private</td>
<td>6.48</td>
<td>0.22</td>
<td>4.31</td>
<td>10.38</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Voluntary</td>
<td>3.04</td>
<td>0.24</td>
<td>1.95</td>
<td>5.00</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Other</td>
<td>1.75</td>
<td>0.34</td>
<td>0.88</td>
<td>3.39</td>
<td>0.10</td>
</tr>
</tbody>
</table>

17 Region is recoded as following: ‘North’: North East, North West and Yorkshire and Humberside; ‘Midlands’: Eastern, East Midlands, and West Midlands; ‘South’: London, South East and South West.

18 Including children, adult and generic services
Summary of international workers’ profile and trends

The findings obtained from the qualitative national interviews with recruitment agency staff and policy stakeholders were consistent with those obtained from the quantitative data analysis. There was a general agreement that the volume of international workers in the sector has increased, with some significant changes in relation to sending countries and personal characteristics, such as age and gender.

The analysis of internationally qualified social workers in England data highlights several important observations in terms of their profile, as well as some possible trends. Firstly, over half (57%) of international social workers were trained in only four countries: Australia, South Africa, the United States and India. However, some recent changes are observable, although they may not be large in magnitude, with a recent decline of social workers qualified in India and a slight increase in those from A8 countries.

Social workers qualified in different regions of the world have different profiles from UK qualified social workers. In terms of age, the youngest (median age 30.9 years) qualified in an A8 country and the oldest (median age 40.4 years) qualified in South East Asia. Men were greater in number among those trained in non-EEA countries, and those trained in EEA countries were significantly younger, by an average of two years. Median age was highest among those who identified themselves as Black (38.2 years) and lowest among those reported their ethnicity as White (32.6 years). More women were qualified and arriving from South Africa and South East Asia than average (90% vs. 75%), while more men than average come from South Central Asia and West Africa (55% and 51% vs. 25%).

Consistent with the findings obtained from interviews with employment agency staff and other stakeholders, the age profile of internationally qualified social workers in England is significantly younger for those qualified in the UK. Moreover, there is an observed trend of younger and more ‘White’ cohorts entering the English workforce over the past few years, reflected in findings obtained from the qualitative data.

Slightly larger proportions of internationally qualified social workers than UK-qualified social workers were employed through agencies (9% vs. 5%). A larger proportion of internationally qualified social workers were recorded as ‘unemployed’ when compared to UK qualified ones (12% vs. 4%): this may be due to the timing of their registration and whether they are likely to register immediately after arriving in the UK, before securing a job, or later on. Less than one percent of internationally qualified social workers reported any form of disability, compared to 2.5% of UK-qualified social workers. Both proportions are much lower than the disability rates among the British population as a whole.
The analysis of the NMDS-SC provides valuable and unique information on a snapshot of relatively recent arrivals: social care workers who had their immediate previous job abroad and were not identified as ‘White British’. Such data provides a snapshot of the characteristics of workers who are working in their first job in the UK. This is a very small sample of international social care workers: it is expected that many more may have moved jobs or indeed been recruited after arrival in the UK, possibly gaining and ceasing employment in other fields. However, the data provide detailed information on this group.

The NMDS data showed that the majority of recent international workers were employed as care workers, registered nurses and senior care workers. The profile of recent international workers was significantly different from those who did not have their previous job abroad. The proportion of men among the first group was significantly higher, with the main difference appearing to be among care workers and other workers.

Recent international workers were significantly younger, by an average of seven years. The largest age gap, of nine years, was observed amongst ‘other workers’ followed directly by eight years among registered nurses. Asian recent international workers constituted a significantly large group among senior care workers and nurses; Black recent international workers were more concentrated among registered nurses. ‘White other’ recent international workers were over represented among ancillary, not care providing, staff.

Overall, recent international social care workers had significantly higher qualifications than those who are from the UK. Among care workers, those from abroad were on average significantly more qualified than those who did not have their previous job abroad: the gap was similarly wide among senior care workers. Recent international workers were significantly more likely to be recruited on a full time basis and less likely to work part-time or to have flexible working arrangements than other workers. The highest proportion of recent international workers in full time work was among care workers.

A logistic regression model examining the associations between different personal and employers’ characteristics and the probability that workers are recent international recruits shows no significant difference in terms of their gender. On the other hand, the same group were significantly younger, more likely to have higher qualifications, particularly level 4/4+, and more likely to be working in professional or direct care job roles. Those who had their immediate previous job abroad were significantly less likely to be working as managers or in supervisory roles. There were significant regional variations in the distribution of workers who had had their previous job abroad; with the greater probability that these workers would be in the South and Midland regions than in the North of England. Perhaps the strongest associations were found between sector and recent arrival from abroad, with the odds ratio of this group being in the private sector standing at 6.5, followed by 3 for the voluntary sector (both p<0.001), relative to the odds of being recruited in local authority settings (whether adult, children or generic).
CHAPTER THREE: DRIVERS FOR RECRUITING INTERNATIONAL WORKERS

The literature revealed longstanding interest from the professional press in the need for international workers in England, particularly social workers, with *Community Care* articles on this topic dating back to 1995. Justification for seeking out international social workers was usually found in the persistent high vacancy levels within social services departments and the difficulties in recruiting UK social workers. The focus of most articles was on qualified social workers and the need to ‘import’ more (George 1995), particularly from countries such as Australia, Zimbabwe and South Africa (Sale 2001; Eden *et al.* 2002; Sale 2002; Valios and Thompson 2000), where social work training seemed to be consistent with that given in England. More recently there have been reports, again related to social work and usually anecdotal, of schemes targeting social workers from countries such as the United States (US) and Canada (Sale 2005; Brady 2007; Ahmed 2007). Different approaches to recruiting international social workers include reports of initiatives such as overseas exchange schemes (Tarpey 2003); temporary contracts for ‘overseas workers’ who are being granted leave by their home employers (Eden *et al.* 2002); targeted recruitment campaigns abroad (Gulland 2003; Brady 2007), and targeting applicants among existing migrant groups (Priester and Reinardy 2003). In 2003, Tarpey reported that two local authorities, Essex and Kent, had adopted overseas exchange schemes as a way of solving their major recruitment and retention difficulties. However, some commentators were sceptical that international recruitment campaigns will produce a workforce that is committed to the UK in the long term (Sale 2002).

In 2007, the Institute for Public Policy Research (IPPR) published a report on the economic profile of Britain’s immigrants with a breakdown of estimated proportions of each migrant group working in ‘health and social work’; this proportion varies from five percent to 49 percent of different migrant groups and accounts for a large proportion of most groups’ total employment. The dominance of ‘healthcare’ employment was found to be greatest amongst those born in the Philippines, 49 percent of whom work in this sector. The IPPR estimates were based on migrant groups living in the UK and did not focus on initiatives that bring foreign workers to specific jobs. Moreover, such estimates are not particularly revealing of the contribution of migrant workers to social work and the social care sector in particular, as they also include doctors, nurses and other professionals working in the health sector (IPPR 2007).

More recently Cangiano and colleagues’ (2009) survey of social care employers indicated that one of the main reasons for employing migrant care workers is the difficulty in finding UK born workers to fill the jobs, mainly because those born in the UK can ‘earn more in other jobs’ or ‘demand higher wages’. This highlights the dual or segmented nature of the UK labour market and the position of social care jobs in the ‘secondary’ sector.
The broader literature focuses on professional staff, although this mainly centres on doctors and nurses and rarely includes social workers. There is exceptionally little about occupational therapists and unqualified social care staff and virtually none reporting the views of people using services. The views of people working in the ‘grey’ (cash in hand) economy have not been explored; neither have we much evidence about the experience of managers and supervisory staff, including those who may have useful experiences in respect of training and induction. Moreover, international staff in social care are often referred to as a homogenous group, with little distinction between those with or without English speaking skills, those with or without prior experience, or those who are using the social care sector as a first route into the labour market as a whole or into professional activities or social enterprise. Studies and commentaries have often used the term ‘international’ to refer to large but diverse groups of workers, with little differentiation between those who are European Union (EU) citizens, those who are from the EU Accession, or A8 States, and those who are from other nations (Commonwealth and other). To the best of our knowledge, the role of refugees and asylum seekers has not been considered.

It has frequently been observed that recruitment and retention of social care workers are problematic in many areas (Eborall 2005; Commission for Social Care Inspection (CSCI) 2006). High vacancy rates and turnover rates render work increasingly difficult as they further contribute to staff shortages, excessive workloads and a reliance on temporary staff (Eborall and Garmeson 2001; Redford 2005). The impact upon service users and carers is perceived to be negative (CSCI 2006). Employers are reported to need to focus as much on retaining their staff as on recruiting new employees, but with recruitment difficulties running at almost twice the rate of retention difficulties (Employers’ Organisation 2003) it is unsurprising that the emphasis to date has been on attracting new staff.

Responding to continual shortages in social care staff, in 2007 the Department of Health published a report on recruitment solutions in social care, highlighting the significance of collaboration across statutory and non-statutory sectors and the importance of including new pools of recruits (Department of Health 2007). This was followed by the development of the voluntary Social Care Code of Practice for International Recruitment in 2006, which recognised the importance and prevalence of international workers in the social care sector (http://www.sccir.org.uk/). The latter has some similarities with the Department of Health’s code of practice for recruiting health care professionals (Department of Health 2004).

**The English social care sector perspective**

Since 1986, the UK has been a net importer of migrants, with the net inflow growing year by year. For example, net inward migration to the UK was estimated at 223,000 people in 2004 (Experian 2006). Overall, young, single adults are over represented in UK inward migratory population, comprising a large and potentially employable group. The Worker Registration Scheme and National Insurance data provide ample evidence that the social care sector, as well as other sectors, is successfully attracting international migrant workers to
its payrolls. Although these workers may move on, either occupationally or geographically, there currently appear to be no shortage of willing replacements from A8 countries (Experian 2006). Pemberton and Stevens (2006) confirmed such willingness to work and their interviews with migrants revealed that those from Central and Eastern European countries were most likely to cite economic reasons as the key driver for their decision to come to the UK.

In the UK, international migration trends occur in a context of increasing globalization, with growing labour mobility a significant element of this process. Several research studies have highlighted the importance and advantages of international learning and the creation of a more dynamic health and social care workforce (Kornbeck 2004; Moran et al. 2005; Larsen et al. 2005). In relation to more skilled jobs, such as social work and occupational therapy, some evidence can be drawn about the advantages gained through exposure to different societies and welfare systems (Martin 2003; White 2006; Lyons 2006).

The main benefit of the availability of international workers, as reflected in the literature, is the degree to which they can be used to address staff shortages in social care services working with an increasingly ageing population (Hussein and Manthorpe 2005). There is little doubt that the UK government would have failed to achieve its 2004 target to increase the nursing workforce by 20,000 without the sustained increase in overseas nurses employed in the UK (Bach 2003). International workers are often employed in posts that are hard to fill, either in terms of particular specialities or geographical areas. They are also employed in low-skilled, low-paid work that is sometimes unattractive to host country nationals (De Beij 2000).

A wide range of literature highlighted the importance of skilled migrants (Martin 2003; Velde and Grimm 2005), and the significance of rigorous examination of accepting low skilled people to sustain net economic benefit. Many UK migration management practices, such as the new points-based five-tier system (http://www.pointsbasedvisa.net) and the potential work permit system for Romanian and Bulgarian workers, are based on such arguments. However, the validity of qualitative differences between people identified as ‘low skilled’ is usually missed. Some research has highlighted the good qualities of low skilled migrant workers and the fact that many are highly motivated and willing to do work that UK residents are not prepared to undertake (Experian 2006; Datta et al. 2006; Pemberton & Stevens 2006). The literature also revealed that in many cases qualified migrant workers are obliged to take up lower skilled jobs, as a consequence (for example) of their initial lack of spoken English; something which can conceal the fact that they form a potentially skilled and useful workforce, particularly once they have gained the necessary language and cultural skills (Pemberton & Stevens 2006; Experian 2006; Evans et al. 2006a).

A fairly common view among recruitment agencies and policy stakeholders was that international workers are harder working, more productive, more reliable and more likely to stay in post for longer than local workers. One respondent said that they are much less likely to take sick leave than indigenous workers, to the extent that companies recruiting in residential care will mainly use staff from
overseas for this reason. Another respondent attributed their work attitudes to an increased focus resulting from a lack of family commitments, while another said that international workers’ dedication might be because they are recruited on fixed term contracts. Staff recruited through Job Centres might be less motivated and committed than staff recruited from overseas. This might also mean that recruiting from overseas might be cost-effective because workers recruited in this way show greater loyalty and are more likely to stay in the post for longer than those recruited in the UK. Other respondents, however, questioned whether the costs of recruiting from overseas were justified.

Perhaps another advantage of international workers was that they

    ...are less likely to quibble and will accept worse conditions than established citizens; getting on with the job and not complaining too much.

    (Refugee organisation director, PS07)

National interviews revealed a relatively common belief that those recruited who were already in the UK might have better English language skills than those recruited directly from other countries. It was also suggested that workers might be more likely to stay in post if they had been trained by the employer, although it was not clear why a UK recruited worker would be more likely to receive training than one recruited from another country. UK recruited international workers might be more assimilated and therefore more committed to remaining in the UK than those recruited directly from overseas. It might also be more straightforward and less costly recruiting international workers who are already in the UK. But those recruited directly from other countries might have a ‘fresher perspective’ and be more willing to question entrenched opinions and ways of doing things. Whether this assertion is contradictory to claims about the hard work and compliance of international workers is not clear.

The majority of recruitment agency respondents reported that international workers are usually ‘exceptionally hard workers’ who appreciate and value their earnings, as they need them in many cases to send ‘money back to their families’. Respondents also stated that international workers have good attitudes to work. At the same time, international workers were identified ‘as extremely accommodating and willing to do anything’: One noted:

    We want hard-working people and people coming in from the Eastern bloc are more hard-working, or can be, than some of the people who are already existing in the market here. Those people have become complacent and often want to use the system for their own benefits rather than for the benefits of the clients – the workers are not so reliable as the people who are coming into the country and are not used to the social system.

    (Agency director, RA18)

In this section we will investigate the views of different participant groups about the important ‘drivers’ or needs for international workers in the social care sector within the conceptual framework of analysis. The findings presented focus on the information obtained from employers, human resource managers and
other frontline workers, contextualised with the national perspective of recruitment agencies and other policy stakeholders as well as service users. The aim is to provide a picture of the drivers to recruit international social care workers from the perspective of the English social care sector.

**Addressing shortages in the care sector**

The main reason for international recruitment identified in the literature was a shortage of care workers within the UK and the growing demand for social care services due to demographic changes and the continued transfer of ‘care’ from the private family sphere to the public domain. The need for labour in the care sector is expanding with population ageing, high levels of female employment and greater longevity among people with long-term health conditions and disabilities (Hussein and Manthorpe 2005; Redfoot and Houser 2008). Combined with lower birth rates and prolonged participation in education in developed countries, a care-gap is evident. The poor image and working conditions of the care sector, which define it as a secondary labour market, renders social care an unattractive employment sector for the UK population. For these reasons the social care sector has become an important employment magnet for qualified and unqualified migrants to the developed world (Cunliffe and Bahiraey 2006).

As indicated earlier, the interviews with recruitment agencies and policy stakeholders attributed the need for international care workers directly to the chronicled shortages within the sector; findings which echo those of other research (e.g. Cangiano et al. 2009). The stakeholder interviews highlighted other benefits from recruiting international migrants; nevertheless, the main drive was seen as filling shortages. It is important to consider this in a larger labour migration context within and outside Europe, where the profile of migration is changing. Workforce vacancies are often now related to skills deficits, which cannot by met by unqualified or less educated ‘unskilled’ labour, with skills gaps in areas such as medicine, information-technology and science (Ackers 2004). However, the care sector is a prime example of an industry that continues to experience specific labour shortages (Eborall and Griffiths 2008), often because of the sector’s position as a secondary labour market.

In all the study sites, interviews with human resource managers and employers revealed that the main drive for recruiting international workers was to address workforce shortages. However, employing international workers was, in most cases, said to offer other advantages than merely filling vacancies. Most felt that international workers possessed skills and motivations not easily found among local populations. A clear theme that ‘people from this country don’t want to work in social care’ was identified across all sites:

> I suppose the obvious one [benefit for recruiting international workers] is the reason they are employed, because of their skills. The gap that’s there amongst the English workers. The lack of local staff with knowledge and skills and motivation wanting to do that sort of work, social care work. Your initial motivations. The benefits are more diverse work and they bring lots of experience and skills.

(Site 01, HR - 123)
Most employers and human resource managers, whether in local authority, home care or residential care settings, appreciated the importance of international care workers. This applied to social workers and other care staff:

Well, I think, actually, if it wasn’t for the people from abroad, sometimes we would have major gaps in our staff team, because we don’t actually get that many people from England applying for the jobs.

(Site 02, HR - 223)

For qualified staff, that’s where we find it difficult to recruit. It might be occupational therapists or it might be qualified social workers. And then, that’s when we’ll go out and have a targeted campaign.

(Site 04, Employer - 405)

In some areas there had been a distinct recruitment drive for international workers in particular, for example to recruit workers from the Philippines to fill vacant care worker roles, but this was not the norm. Variations in recruitment process will be discussed in detail in Chapter Six.

In one particular site, where the local population is predominantly White and levels of unemployment are higher than average, there was a view shared by some human resource managers and employers that the only reason for international recruitment is to fill vacancies. There was little enthusiasm about possible benefits and advantages of international workers. This site stood out in this respect and the views expressed by our respondents were in contrast to those obtained from other sites:

That [recruiting international workers] was because, at that time, we just couldn’t get carers. We couldn’t get decent carers. Now, of course, we are heading for a recession, it’s not going to be so difficult to recruit at all.

(Site 01, HR - 124)

Presently there are no benefits but in the past when we could not recruit they filled that gap.

(Site 01, Employer – 104)

Additionally, some frontline staff from the same site felt that employers should not be actively recruiting staff from abroad, and that the local population should be targeted first. When asked whether they felt that employers should advertise abroad some of them felt this was unjust:

I found that unfair. Because then there is local people who are maybe brilliant at this type of work and they are not given an opportunity.

(Site 01, Frontline staff - 111)

Similar views were expressed by service users and carers from this site:

I think it would just be better just getting local people.

(Site 01, Service user - 136)
Service users and carers at other sites appreciated the role of international workers in the care sector and were very much aware of current difficulties in finding and retaining suitable recruits:

*I think people who are recruited in the care environment have to look, have a broad range of avenues to explore and recruit carers. We are always being told by our care agencies, sorry, we are short staffed through sickness, etc.*

(Site 06, Service user - 626)

As in the interviews with recruitment agencies and policy stakeholders, study sites’ discussions with employers, human resource managers, service users and carers mentioned a number of sub-drivers motivating the recruitment of international workers, relating to the attributes and qualities international workers are perceived to possess. These are discussed in some detail in this section and are ordered by the number of references made to each of the attributes, with the most frequently mentioned first.

**Hard-working**

One of the attributes of international workers most frequently referred to by employers and human resource managers in the study sites was the fact that such employees were ‘hard-working’. International recruits were thought in most cases to work harder than other staff and in some instances it was reported that a particular group of migrants work harder than other international recruits. The views gathered from the study sites’ interviews are closely consistent with those obtained from the national sample of recruitment agencies and policy stakeholders. The majority of recruitment agency respondents reported that international workers are *‘exceptionally hard workers’* who appreciate and value their earnings, as they need them in many cases to send *‘money back to their families’*. Similarly, all policy stakeholder participants declared that international workers were harder working, more productive, reliable and likely to stay in post for longer than local workers.

*They are generally committed hard workers – the cost benefits – it’s the market – the cost benefit is to the employers because they can’t get UK workers for the wages they are paying.*

(Professional body representative, PS01)

*A manager in a care home in (area) talked about the fact that the young women from abroad were hard-working and were not hard work for her – they didn’t need close supervision, constant chiding to do the job properly.*

(Social care inspector, PS04)

Among the study sites interviews, more than 100 references were made (by around 75 separate interviewees, across various participant groups) to the fact that international workers are perceived as ‘hard-working’. Human resource managers and employers showed an understanding of migrant workers’ need for job security and argued that this need is expressed positively in their work ethic
and attitude when compared to other workers. There were many other attributes attached to being hard-working, such as a willingness to accept shift work or to work in settings where UK workers are reluctant to be employed. Several positive attributes such as ‘keen to work’; ‘very reliable’, ‘very honest’ were repeatedly mentioned by many interviewees, usually in direct comparison to UK-born workers:

The actual professionalism and work ethic is, quite often, a lot stronger. They are quite different to a number of the people we’ve recruited not from abroad, in the sense that they are very often a much more driven workforce.

(Site 05, HR - 526)

They [international workers] are very reliable, very honest. They want to work every hour that’s available.

(Site 04, Employer - 441)

Even among interviews from Site 01, where there was less enthusiasm about international social care workers, employers and human resource managers also felt that they were generally hard-working.

I do find them to be very hard-working and very conscientious and reliable.

(Site 01, Employer - 122)

Many non-international frontline workers shared similar views and regarded international workers as hard-working, polite and very appreciative of the job:

Yes [they are team players], they work well and very obliging and very willing. Nothing is too much trouble. Probably sometimes more polite than your English person. You shouldn’t compare, I know. They seem more grateful of having a job, sometimes.

(Site 05, Frontline worker - 524)

They are always willing, that’s for certain. They are always willing. They are just a nice lot. We’ve been really lucky, I suppose.

(Site 02, Frontline worker - 214)

However, there were some indications of preference, with respondents stereotyping groups from certain countries as more hard-working than others. This was the case in a few interviews: some participants felt that workers from A8 countries were more mobile than other workers, for example from the Philippines or Africa, and that the latter group might thus work even harder, not only to keep their job but also to pay back the agencies which had recruited them from their home countries.

Caring approach

The next most common attribute of international care workers, seen as another reason for recruiting from this group, was their approach toward older people and other service users. Many participants, both in the national and study sites’ samples, ascribed such attitudes to the workers’ home cultures, where ‘they still
respect older people’ (Director of a government body, PS09) and where the norm is for family care of older people. A caring attitude was also seen to reflect the fact that care work itself enjoyed a better image in many of the workers’ home countries than it did in the UK, a fact which was thought to impact on workers’ behaviour in British employment settings. This theme was evident among different groups of participants, including service users and other frontline workers. Many made statements like: ‘they are genuine carers. They do care about people.’ (Site 05, Frontline worker - 524); ‘they’ve been very very caring staff members.’ (Site 04, Employer - 405); ‘[international workers have] Empathy. Understanding. Caring... I think social care is the best way to integrate with people who are coming from abroad.’ (Site 04, Service user - 408). These comments were generally made in relation to most international workers; however, there was greater emphasis when it related to workers from the Far East and Africa.

**Higher qualification levels**

Another attribute that attracts employers in the care sector to recruit international workers is the fact that these workers tend to be better qualified (usually in health) than staff recruited from the local population. Interviews with international recruits themselves revealed that many of them had been nurses in their home countries and a few were doctors. In most cases, employers regarded these higher qualifications and training levels as an asset to the care workforce:

*A lot of the people from Poland they obviously had, I don't know, a hundred, a lot of them actually have a background in sort of like physiotherapy, so a lot of them did come with certain qualifications.*

(Site 05, Employer - 507)

*We found that a lot of people who were qualified nurses who are care assistants, so we got very qualified, very well qualified people being care assistants.*

(Site 02, Employer - 213)

Employers realised that it was difficult for international workers recently arrived in England to find a job equivalent to that for which they were qualified for in their home countries, and that social care work would often act as an entry point, particularly because it was easy to get into:

*We have got overqualified people not getting their jobs they are trained to do.*

(Site 02, Employer - 213)

Having a nurse as a care worker was also appreciated by people using services: one carer felt that her son benefited from this:

*In actual fact, they are trained nurses in their own country. But they are working here as care workers. So, consequently my son is getting the benefit of some very trained ladies, looking after him.*

(Site 01, Carer - 110)
However, such over-qualification sometimes posed a dilemma for employers when they were approached by physiotherapists and doctors applying for care work in England. One employer had a consultant surgeon working as a care assistant and another was reluctant to make an offer to an applicant who was qualified as a doctor in his home country, fearing for his career prospects, but at the same time wanted to offer the applicant the opportunity of work. This employer was relieved when the applicant secured a more suitable job in England. Concerns related to employing over-qualified workers in the care sector were echoed in some of the policy stakeholder interviews, where it was felt to be unfair to international workers:

I am frustrated in the extreme about the employment of highly qualified people from the A8 in the health service, and I imagine this applies in the social care sector, in lower status jobs. I think there is significant discrimination and ignorance in the system.

(Director in a government department, PS09)

Over-qualification may be regarded by some frontline workers as frustrating for international workers and may pose some challenges in interactions between colleagues. A frontline care worker working with international care workers who were trained nurses in their home countries felt that ‘they are mostly bossy... maybe because they are in a lower position here’ (Site 02, Frontline staff - 216).

Valuing the job
An analysis of the qualitative interviews showed that employers and human resource managers understood and appreciated the fact that international workers value their jobs and work hard to keep them:

The main advantage we saw about that [recruiting international workers] was how they had grown up with completely different attitudes to some of the people in Britain about the respect of having the job. They gave you 100% of their time and nothing less.

(Site 05, HR - 519)

They need it [the job], it helps them stay here. They want the job no matter what and so they will take anything and do anything.

(Site 05, Employer - 505)

Valuing the job was also seen by some frontline colleagues as arising from international workers’ apparent inability to secure other employment. The fact that they were willing to take what appeared to UK-born workers to be low paid jobs was seen as symptomatic of the extremely low wages these workers would earn in their home countries. These views were sometimes shared by other employers and human resource managers:

Maybe, you know, quite in terms like value for their money in their country and then coming here maybe, you know, to them it’s precious to them, that money.

(Site 03, Frontline worker - 304)
Transferable and wider range of skills

Transferable skills are one of the benefits reported when recruiting international social care workers. In some cases, it may be one of the reasons for recruiting a particular group from certain countries. However, this was not widely mentioned, reflecting the status of social care work as a culturally sensitive service, making cross-national skill transfer less than straightforward. Only a few recruitment agencies and policy stakeholders thought that international social care workers offered “new talent and skills and a fresh way of doing things.” (Consultant, PS02). In the study sites, transferability of skills was viewed in many cases in its narrower form, where international workers could transfer their informal care experience into their work practice in the UK. Nevertheless, in a few cases a wide range of previous skills was highlighted:

*They bring a different flavour to the services, some training they have done is superior to ours so can end up with a clinician with a broader skill set at an earlier age.*

(Site 05, Employer - 525)

*Some of them are actually more skilful than us. You get the Filipinos and they come over and they actually come over as nurses... they are trained nurses.*

(Site 02, Frontline worker - 224)

Targeting a specific group of international workers

The second main recruitment drive identified in the theoretical framework of analysis is the targeting of a specific group of international workers to meet specific needs. The analysis of the qualitative interviews showed that this recruitment drive exists in the care sector but to a much lesser degree than the need to fill gaps and meet recruitment shortages. The analysis identified 45 references made by different participants in the study sites to this specific recruitment drive. There were three main themes in relation to targeting specific groups: one related to language skills; the second to specific knowledge of the culture of the local population; and the third, for a more general cultural exchange.

When employers talked about targeting a specific group this usually related to particular roles where shortages were severe; this was linked to the main driver, the need to fill vacancies. However, at other times, employers had clearly addressed the need for a diverse workforce to meet the needs of the local community and had included the value of international workers, whether directly recruited from their home countries or from existing groups in England, in the equation:

*I think because [local area] is changing, the demographics of the population are changing so it is nice to be able to get a bit more of a cultural fit.*

(Site 02, HR - 411)
Other employers stated that the demand for international workers to meet the local community needs and profiles had not yet materialised, due to population age profiles:

*A time will come in the not too distant future when we've got more of an overseas population that we are actually care for. At that point, it will be interesting to see where we stand. But mostly most of the overseas people over here don’t require care. They are still of a particular age.*

(Site 02, Employer - 229)

**Language skills**

Thirteen interviewees in the study sites identified language skills as a reason for targeted recruitment of international workers. In some cases, employers and frontline workers valued the language skills of international workers when working with specific user groups:

*There is some benefits specifically in a couple of our residential homes where we have a specific client group and we have the ability then to be able to communicate with that client group, if English is not their first language.*

(Site 04, HR - 403)

*We had a Polish young girl here, but she’s recently left. She was a key worker and she was speaking to them [Polish residents] in Polish.*

(Site 02, Frontline worker - 242)

In one particular site the local authority had run a scheme of active recruitment from recently arrived communities, to meet the needs of the local population of older people and service users. However, this scheme was no longer in operation. Most respondents from this site were very positive about this former scheme and saw it as a vehicle for integration and career progression. As a recruitment drive, it had also been appreciated by employers as a way of addressing staffing needs:

*They [international workers] were recruited based on (region) being a very diverse area and I suppose, the managers of the time picking up on the need of these communities, and I think the main reason, at the time was the language barrier [to understand local service users]... I’ve seen them [international workers] as kind of bridging the gap.*

(Site 06, Employer - 610)

**Knowledge of culture**

A few employers identified the need to recruit workers from a particular culture to understand and appreciate the diverse cultures of local service users. This was particularly so when the client groups themselves were, for example, refugees. This was not expressed as an active drive for recruitment but as a lucky opportunity or a possibility for the future rather than a deliberate strategy:
One of the [international] workers was originally from the Congo and had spent time in the camps and had been a refugee himself; he certainly understood the culture of the people [service users] that came through.

(Site 01, Frontline worker - 101)

I think if there is one thing we are always mindful of, population or demographic here in (local area) is one of great diversity in terms of different cultural groups. In terms of the people we actually support who are perhaps from different ethnic minorities and different cultures, it's great if actually we can have a worker working with them who perhaps shares that same cultural identity.

(Site 06, HR - 603)

**Summary of the English care sector’s drivers**

The analysis shows that by far the main driver for recruiting international social care workers is to address current staff shortages in the care sector. Human resource managers and employers reported that it was difficult to find willing recruits from the local population and that many applications to care work posts come from international workers, whether they are applying from their home countries or from within the UK. In some cases, employers were actively recruiting from overseas. However, in addition to the direct desire to fill vacancies, international workers were seen to possess several important attributes which represented added value for the organisations which employed them. As presented in Figure III.1, where the size of each shape is proportionate to the identified theme, the most commonly mentioned benefit was the belief that international workers are ‘hard workers’, followed by a perception that such workers offered a ‘caring approach’. The high level of qualifications possessed by many international workers was perceived as another important positive attribute, followed by the view that they value their jobs, for a number of reasons, and are thus easier to retain. The least cited attribute was the wide range of transferable skills that that international workers could bring to the care setting.

Another linked driver is the targeting of specific groups of international workers to meet the needs of local service users. This was mentioned by a minority of participants (representing the English social care perspective), mostly as a subcategory when discussing the main driver, the need to address staff shortages. One site had operated targeted recruitment, with a scheme that had specifically aimed to recruit recently arriving communities, including refugees, to address the needs of the diverse local population of service users. In relation to this targeted recruitment, the main sub-drive was possession of language skills, followed by cultural knowledge.
Figure III.1: English social care sector’s drivers for recruiting international social care workers in England
CHAPTER FOUR: INTERNATIONAL WORKERS’ MOTIVATIONS TO WORK IN THE CARE SECTOR

There are a number of theories that aim to explain motivations in terms of the value placed by individuals on certain objectives (Deci et al. 1999; Breen and Lindsay 2002). It is well recognised that in order to understand the motivations for migration, specifically, it is necessary to adopt the perspective of the migrating individual whilst also taking into account the macro or wider variables that may have affected their behaviour. A number of models have attempted to theorise motives for migration: economic maximization theories, mobility transition, economic motives within household decision models, and social mobility/social status migration motives, among others (De Jong and Fawcett 1981).

Given the gender bias of the social care workforce in England (Cameron and Moss 2007), it is important to examine migration motivations for this group with women at the centre of the theory. Within a general context of increased global movement, the number of migrant women in Europe has been increasing rapidly, especially during the last two decades (Kofman et al. 2000). However, most migration theories explore migration motivations primarily from an individual perspective, and focus predominantly on men; to the extent that, until recently, the literature on migration was described as ‘a male affair only’ (Sharpe 2001). Women’s decisions and motives to migrate are likely to reflect more than an individual process of decision-making and thus an individualistic model on its own may be incomplete when analysing the behaviour of this group. For example, De Jong’s work on internal migration (2000) showed that family norms were major predictors of an intention to move, and that this was particularly true for women.

Expectations about the costs and benefits related to migration are central in understanding migration intentions. Although research reveals that economic reasons are a very important motive for migration among people living in African countries, as well as most of the developing world, Dalen and colleagues (2004) showed that microeconomics were less important to women than family considerations, with the latter regarded as a more central drive for emigration. Of course, these two elements often interact: for example, Filipino immigrants are well known for their remittance behaviour, sending back their earnings to or for the use of close family members (Menjivar et al. 1998).

In related fields, such as nursing, Aboderin (2007) concluded that the main motivations for Nigerian nurses to migrate have a number of facets including economic, work and status decline. Their motivations also centred around their families and children; workers hoped to improve the standards and prospects for themselves and their children through migration. Similar, financially focused motivations have been recorded for the migration of health workers from Sub-Saharan Africa (Sly and Wrigley 1985; Connell et al. 2007). Regarding the UK experience, Alexis and Vydelingum (2007), showed that the initial motivations of many overseas nurses working in the NHS were desires to improve status and
prospects; however, there was considerable evidence of unfair treatment and a lack of equal opportunities experienced by the participants in their study. Henry (2007) and Larsen (2007) highlighted similar institutional disadvantages among Ghanaian and other overseas nurses in the NHS, which directly affected their career progression.

Ryan and Coughlan (2009) found that motivations of overseas care and health workers in Ireland were mostly personal, professional or economic. They highlighted the importance of facilitating factors such as established contacts in the country and organisational support. However, Humphries and colleagues (2009) found that many migrant nurses in Ireland were considering emigrating again due to lack of sufficient stability, particularly in relation to citizenship and family reunification, highlighting the need for a long-term approach not only towards recruiting but also retaining overseas workers.

In relation to social care work in the UK context, the systematic literature review revealed very little on the motivations of more qualified workers, such as social workers, and virtually nothing on those who are less qualified. The motivations of international social workers are various and relate to the characteristics and profile of workers, such as age and family responsibility. Evans and colleagues (2006b) suggested that there were two different groups of international social workers and a third group of international care workers. The first group joined the UK workforce in an early stage in their careers, usually from countries such as Australia and New Zealand, and their work experience in the UK was likely to be temporary. Another group was also young and single but might be slightly older, with some family commitments, having been in social work for a longer period, and while permanent resettlement for this group might not be an overt goal it could become a reality. The third group of social care workers, from the EU Accession States, entered the UK to obtain better labour opportunities and might start in social care work as an entrance point.

In 2005, Moran and colleagues conducted an electronic survey (the exact date of the survey is unknown) where questionnaires were sent to the research team’s personal contacts as Word documents attached to an e-mail, inviting them to participate or ask a colleague to take part. These questionnaires were sent to international health and social care professionals who were working or had worked in the UK, exploring their motivations and perspectives on their work experience in the UK. They recruited 11 physiotherapists, four speech therapists, ten social workers, one occupational therapist, five podiatrists and three others. These were from Australia, South Africa, New Zealand and the Republic of Ireland. Motives cited for relocating to the UK included travel, better pay and different career opportunities. Respondents felt that by working in the UK they had accumulated skills and knowledge that would benefit their career progression when they returned home.

Sale (2002), in an article in the professional press, found that some social workers, mainly from Zimbabwe and South Africa, consider working in the UK, where there is a lighter workload, because it allows them to handle smaller caseloads while earning considerably more than in their home countries. In the
professional press as well, Valios (2008) highlighted the ease with which social workers from countries such as Australia, New Zealand, Canada and the US could move across and gain social work employment in the UK. McGregor (2007) showed that many highly educated Zimbabweans take up care work after they move to the UK as a means of coping, and finding opportunities, and as a consequence of financial necessity. However, she also emphasised that these workers usually experience high level of stress and deskilling.

The national interviews with recruitment agencies and policy stakeholders conducted for this study emphasised that some of the assumptions motivating workers to move to the UK and join the social care sector might be illusory. For example, social workers might find that they lose career progression when they return to their country of origin. Others might find that the experience of living in the UK does not meet their expectations. One policy stakeholder respondent was involved in providing financial support to social workers in hardship. She found that local authorities could be unsympathetic to international staff obliged to support their families in their home countries, if there was a crisis such as illness or death, and might not allow them sufficient time off.

The sector was seen as particularly attractive for those given refugee status. This was because such migrants were effectively re-starting their lives, were struggling to find employment that matched their qualifications and would find it hard to find any form of employment. However, the social care sector required personal qualities and skills rather than formal qualifications and therefore might be attractive as a starting point for refugees. The potential of refugees as social care workers is discussed in more detail in Chapter Five, which focuses on the analysis of the refugee and asylum seekers sample.

As illustrated in the theoretical framework of the analysis, it was expected that different people would have different motives for moving to the UK and joining the social care sector in England. The in-depth interviews in the study sites collected detailed information on international workers’ motives for moving to the UK as well as their reasons for seeking employment in the care sector. The interviews with other participant groups, such as employers, human resource managers, frontline workers and service users and carers, explored the perceived motives for international workers to join the UK social care sector. The next analysis sets out the findings related to each set of motivations, then draws out common themes and links between various scenarios seen to prompt an international worker into joining the UK and the social care sector.

**Motivations to join the UK**

In this section we provide the analysis of international social care workers’ motivations to join the UK as a whole. These are examined in relation to birth country as well as stated reasons for initial migration. We will also explore the perceptions held by other participant groups of international workers’ motives in joining the UK and highlight variations in such observations.

One third (n=32) of the 96 international social care workers interviewed in the six study sites were recruited from their home countries for a specific job, 21 of
them were working as care workers (including senior care workers) and they had mainly arrived from Commonwealth countries or the Philippines. Tables IV.1 and IV.2 present the distributions of international workers who participated in the study, by their region of birth country and current job role.

Table IV.1 Distribution of international workers participants by type of UK entry route and region of birth country, study sites (N=96)

<table>
<thead>
<tr>
<th>Country of birth</th>
<th>Recruited from home country</th>
<th>Offered a work permit</th>
<th>Joined family</th>
<th>Overseas student</th>
<th>Asylum seeker/refugee</th>
<th>Holiday / short visit</th>
<th>Looking for work (EU)</th>
<th>Total</th>
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<td>7</td>
<td>3</td>
<td>1</td>
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<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Nigeria</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>Other countries</td>
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<td>0</td>
<td>4</td>
<td>3</td>
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<td>1</td>
<td>10</td>
</tr>
<tr>
<td>Total</td>
<td>32</td>
<td>6</td>
<td>24</td>
<td>14</td>
<td>2</td>
<td>12</td>
<td>6</td>
<td>96</td>
</tr>
</tbody>
</table>

Table IV.1 shows that 44 percent of the international workers who were born in one of the Commonwealth countries were either recruited directly from their home countries or offered a work permit for a specific job. Over half of the workers who were born in one of the A8 countries (n=7) were recruited from their home countries for a specific job.; a few of them had been recruited as au pairs and had moved to work in the social care sector when in the UK. The majority of workers from the Philippines were also recruited directly from their country or were offered a work permit for another job when in the UK.

Table IV.2 presents the distribution of international workers working in different job roles according to their stated initial main entry route to the UK. Two thirds of international care workers were either recruited directly from their home countries for a specific job or were accompanying a family member on arrival to the UK. In contrast, nearly two thirds of those who were working as social workers or care managers were either recruited directly from their home countries or were overseas students when they entered the UK. This highlights the importance of possessing UK -recognised qualifications as a way of entering the UK workforce; such qualifications are particularly necessary for certain job roles, such as social workers. Just under half of the other professionals, mainly occupational therapists and nurses, were recruited directly from their home countries for specific jobs.
<table>
<thead>
<tr>
<th>UK entry route</th>
<th>Current job role in social care</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Care worker</td>
<td>Social worker/care manager</td>
</tr>
<tr>
<td>Recruited from my country for a specific job</td>
<td>21 (33%)</td>
<td>5 (28%)</td>
</tr>
<tr>
<td>Offered a work permit to work in a specific job</td>
<td>3 (5%)</td>
<td>0 (0%)</td>
</tr>
<tr>
<td>Accompanying a family member</td>
<td>20 (32%)</td>
<td>3 (17%)</td>
</tr>
<tr>
<td>An overseas student</td>
<td>2 (10%)</td>
<td>0 (33%)</td>
</tr>
<tr>
<td>An asylum seeker/refugee</td>
<td>7 (3%)</td>
<td>3 (0%)</td>
</tr>
<tr>
<td>Holiday/short visit</td>
<td>4 (11%)</td>
<td>3 (17%)</td>
</tr>
<tr>
<td>Looking for work (moving from EU)</td>
<td>4 (6%)</td>
<td>1 (6%)</td>
</tr>
<tr>
<td>Total</td>
<td>63</td>
<td>18</td>
</tr>
</tbody>
</table>

The qualitative data analysis of international workers’ interviews revealed a number of motivations for joining the UK. These motivations are ordered in Figure IV.1, where motivations for joining the UK are organised in four sets according to how often each of these motives recurred in the analysis. The first set of motives contained a number of different reasons, mentioned by an almost equal number of interviews, for migrating to the UK. These reasons included: positive views of the UK as a country; building on previous work (outside the UK); following spouse or other family member; and financial motives.
Figure IV.1 Main motivations discussed by international social care workers for joining the UK ordered according to how strongly each theme was represented in the study sites’ interviews

**Positive views about the UK**

The most common motive for moving to the UK was having a general positive impression of the country, cited by over a quarter of interviewees. Some respondents simply stated that ‘it’s my dream to come here to England’ (Site 05, international worker - Philippines; 506) while others mentioned the specific characteristics that were most appealing to them, such as the mix and diversity of the UK population:

*I like the fact that it’s much more multi-cultural here. You get much more varied work with a much bigger variety of people, which I really enjoy.*

(Site 05, International worker [Social worker, EU14] - 503)

Others valued the close relationships between their home countries and the UK:

*(My country) has always been a British colony [until recently]. England came into my life. Later on, my sister got married to somebody from England and settled [here]. So, my interest in England just grew and grew and grew.*

(Site 04, International worker [Nurse, Commonwealth] - 410)

Some also expressed a positive perception of English culture and the attitudes of English people in general:

*I found general good things because English people just general. They used to say “don’t worry.” It doesn’t even mean much but in (my) culture nobody tell you don’t worry, they just tell you you’re doing wrong or doing like that.*

(Site 06, International worker [Care worker, A8] - 606)
I’m really happy with the British people, because they are polite as well.
(Site 04, International worker [Senior care worker, Philippines] - 434)

Building on previous work
As indicated in Figure IV.1, another motive for moving to the UK frequently mentioned during interviews with international workers was the opportunity to build on their previous work. Many had experience either in the care sector or in the nursing sector. Those with previous nursing qualifications (mainly from Africa and the Philippines) saw the opportunity to come to England and work in the care sector as a way of building on and applying their previous experience and knowledge.

I read in the newspapers and watching the television. I’ve heard of loads of nursing home in this place [in England]. I decided [to come to England] because before in my country, I’m working in the hospital and I’ve experience in home for the aged as well.
(Site 04, International worker [Nurse, Commonwealth] - 412)

Following spouse/partner
Following a spouse who was already in the UK was also mentioned by a relatively high number of interviewees as their main motive for moving to the UK. This highlights the importance of migrants already resident in the UK who might be attracted to work in the care sector. There were a number of situations where an international worker was following a spouse, whether the spouse was studying or working in the UK or because the person had married a British citizen.

Economic and financial motives
Financial motives were cited by a considerable number of interviewees, but less often than positive views of the UK and the opportunity to build on previous work. Some workers originally came for the money and found that they liked care work; others were not satisfied working with a particular group of service users and were thinking about moving to other jobs in the care sector or outside it:

It [my main motive to come to the UK] was more about money, I would think, in the beginning. I thought I wouldn’t stay here longer in care. I got a job in youth care.
(Site 05, International worker [Senior care worker, A8] - 518)

Interviewees highlighted the fact that the value of the British pound seemed very attractive in the beginning, when compared to their home country’s currency, but pointed out that it was not that high in reality, particularly when living expenses were considered. Some mentioned that their main motive had changed over time, for example, they were now seeking to increase their knowledge, which could be an asset if moving to another country.
Perhaps unsurprisingly, the most commonly perceived motives, among the national sample of recruitment agencies and other stakeholders, were economic. These covered the relatively poor economic circumstances, employment opportunities and pay in workers’ countries of origin, their need to send hard currency back to their family in their home countries, to pay for their children to go to university, or the desire to save enough to buy a house or other investments that they could not afford if they stayed in their home country:

...we get a lot of workers coming through from Poland for instance who’re exceptionally hard workers and I think their motivation is to send money back to their families. And for the African nationals as well.

(Managing director, RA15)

[Motives are] the ability to send remuneration in hard currency home; also, having international experience gives them enhanced opportunity when they return to their country of origin.

(Care association director, PS12)

However, some policy stakeholders indicated the potential for economic factors to halt international recruitment. One reported that the Polish currency was currently performing so strongly that Polish workers’ English savings were being eroded to the extent that these workers might start to return to Poland in large numbers.

Similarly, when managers, frontline workers and service users were asked to suggest international workers’ main motive for moving to the UK, the majority cited financial reasons as well as positive views of the UK as a country. Frontline workers felt that an important motivation for international workers was to build on their previous work outside the UK, while employers and human resource managers felt that broadening one’s horizons was an important additional motive.

**Other motives to join the UK**

In terms of international recruits themselves, the second most cited set of motives to join the UK related to a wish to ‘broaden their horizons’ or to return to their original profession, which in almost all cases was nursing or medical training. The second motive can be linked to ‘building on previous skills outside the UK’ but not all of those who mentioned the latter as a motivating factor linked this to a wish to return to their own profession.

The last set of motives for moving to the UK included an expressed ‘passion’ to learn the English language, bringing their own family/spouse for a better life in the UK and the opportunity to gain prestigious qualifications. Only two or three interviewees mentioned coming to the UK for a working holiday or being keen to work in the care sector in the UK as their main motives for moving to the UK.

**Variations in motives for moving to the UK by country of birth**

An analysis by birth country showed interesting variations in what interviewees perceived as their main motivations for moving to the UK. However, positive
views about the UK in general remained in the most frequently cited motivations (not necessarily the top motive) among all groups, except for those arriving from EEA countries (EU14, A8, A2 and other EEA). For workers who came from the EEA (23 care workers) and ‘other countries’ (20 care workers) one of their stated top motives to join the UK was a ‘passion for the English language’. The same motive was much less pronounced among workers from the Commonwealth (32 care workers) or the Philippines (21 care workers).

Figure IV.2 International workers’ motivations to join the UK according to birth country region, study sites’ interviews

It is no surprise that one of the main motives among workers from the Philippines was to build on previous work and skills, as the global demand for Filipino nurses has generated a rapidly growing nursing education sector in the Philippines (Lorenzo et al., 2007). There are approximately 20,000 graduate nurses annually in the Philippines, in high excess of local demand, and the three main destinations for Filipino nurses are Saudi Arabia, the United States and the UK (POEA 2005).

On the other hand, financial motives remained a top influence for those from the Philippines and EEA countries, but were less important among workers from the Commonwealth and were not mentioned by any international workers from ‘other countries’. For workers from Commonwealth countries, a move to the UK was often motivated by a hope to build on previous skills and to return to their own profession; while no workers from any of the EEA countries considered building on their previous work to be an important motive. This is mainly

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19 Includes workers from Zimbabwe, Nigeria, the US and other countries as detailed in Table IV.1
explained by immigration control policies: most workers from the EEA are free to join the UK and look for work once they arrive, unlike those from Commonwealth countries, who need (in the majority of cases) to prove that their skills are required in order to secure jobs in the UK prior to their arrival.

**Motivations to work in the social care sector in England**

The interviews collected information about international workers’ main motives for working in the care sector in England. Interviews with other stakeholders also discussed their perceptions of different motives for international workers to work specifically in the care sector. Thematic analysis of international worker responses revealed four main motives to work in the care sector; these were ordered in terms of how strongly each theme prevailed:

- Altruism (wanting to help others in difficult situations);
- Better than previous UK jobs (mainly factory jobs);
- Social care sector is easy to get into;
- Social care is a good career.

The idea that social care work could fit with workers’ previous skills was identified as an additional motive but was not as frequently mentioned across the interviews as those already listed.

Further motivations were reported by a relatively small numbers of interviewees: these included gaining more experience, earning money while studying, seeking flexibility in terms of working hours, needing the money, and seeing the work as fitting personal experience and pleasing God.

It is worth noting that ‘money’ or ‘financial motives’ were not frequently mentioned when motivations to join the social care sector were discussed, contrary to discussion about joining the UK as a whole. Financial motives to work in the English care sector were mentioned by only a few international workers from the EEA. It is possible that migrant workers have separate sets of motivations for moving to the UK and for joining the social care sector once they get here; however, it is more likely that the two sets overlap, particularly among workers who have been recruited from their home country specifically to work in the care sector in England.

The analysis showed that all these motivations usually interact with each other, and most participants talked about more than one motive. However, some motivations, as indicated above, were more pronounced. Some differences in which motives were perceived to be more important were observed in relation to country of birth. Figure IV.3 presents an illustration of different motivations discussed by international social care workers for joining the English care sector. The graph also presents main motives according to country of birth with the thickness of arrows representing how strongly the theme was presented among different groups. It is worth noting that the main five motives interact with each other as well as with more general motives for joining the UK.
Altruism

The literature reveals that the wish to help others – being altruistic – is one of the main motives for working in or qualifying to work in the care sector (Stevens et al. in press; England, 2005). England argues for a theoretical framework which conceptualises care work within both ‘love and money’ aspects, which combines but not dichotomises the two elements as motives to work in the care sector. The interviews revealed a strong theme of altruism as a motive for working in the care sector in the UK. Many participants seemed to ‘connect’ with older people and feel satisfied to be able to help those in need:

*It’s that, whenever I see vulnerable people or old aged people, it’s that it really touches my heart.*

(Site 05, International worker [Senior care worker, Commonwealth] - 508)

*In the first place, it was this big idea of helping people. Obviously, once I’d studied, I’d had a much, much clearer idea. I like being in contact with people.*

(Site 04, International worker [Social worker, EU14] - 447)
Many international care workers explained the differences between the care systems in England and their home countries, where in the latter, they usually look after their elderly relatives at home; such workers felt that looking after older residents at work was a natural expansion of such duties:

*Like, in our place, we keep our own elderly at home.*

(Site 01, International worker [Nurse, Philippines] - 118)

In some cases this was more specifically articulated as the wish to help others because migrants could not help their own families:

*That’s why I decided to go to the nursing home, maybe I can help, if I can’t serve even my mother, just to serve the elderly that is my purpose... I really love the residents and treat them as my own mother.*

(Site 06, International worker [Care assistant, Philippines] - 604)

Some had worked in jobs outside social care in the UK and reported more satisfaction in relation to care work:

*Well, I did work in a different place, at first when I came to the UK, I worked in a restaurant and then in the office and so on. I took this on as an extra role. It’s very flexible hours and everything, plus I did find myself quite caring and I think I’m responsible.*

(Site 06, International worker [Care manager, A8] - 630)

Altruistic motives were strongly expressed by workers from many different countries, particularly among those from the Commonwealth, the Philippines and other countries, but they were only second highest among workers from any of the EEA countries. This perhaps resonates with some of the policy stakeholder interviews, where some respondents suggested that those recruited directly from their home countries were more likely to be altruistically motivated than those who had arrived from EEA countries in a speculative search for work. In the former case, the workers’ choice to come to the UK to work in social care was seen to be part of a planned process, where in the latter workers were perceived to be in search of a better job and life more generally.

Employers’ and human resource managers’ perceptions were consistent with findings from international recruits themselves, who also reported altruistic motivations as the top reason for international workers to take up work in the care sector in England. UK frontline workers and service users shared similar views, perceiving international workers as motivated by the desire to help others, a consequence of their altruistic nature. However, frontline workers frequently mentioned that one of the most important motives for international workers is the ease of finding jobs in the care sector.

**Better than previous UK jobs**
The second most cited motive for joining the English social care sector was the perception that it offered better working conditions and higher satisfaction levels than previous jobs in the UK. Many international workers narrated details
of their first jobs in the UK, working as cooks, cleaners, factory workers and waitresses, with some disappointment and a relief that they were currently doing care work. Workers acknowledged that the care sector demanded hard work involved and offered relatively poor pay: however, they felt that care work was much more rewarding than their previous jobs. The interaction with service users was key to their satisfaction, as was the feeling of doing something ‘valuable’, which last links back to the main motive, altruism:

...when I came to England I look for job so I try waitress something like that, I try there, I got a job there but I don’t like it, so I took one other job in an agency and I didn’t enjoy it, so one of my friends told me you can try caring, so I thought it would be good and I gave it a try and it really work so I choose that one.

(Site 04, International worker [Care assistant, other countries]- 430)

I was doing work in a factory, chicken factory. Because it was not easy – why I went to do all these jobs I tried applying for social work job, and I was called, one day they read my CV they called me, I was short listed for.

(Site 02, International worker [Social worker, other countries]- 205)

Some reported that they had wanted to work in the care sector since their arrival in the UK but that it took some time to obtain a job in the sector, for a number of reasons; for example, the need to become more proficient in the English language or the time taken for qualification recognition. A nurse explained this process:

I was doing factory jobs. I was working in so many factories, manufacturing, baking... bakeries, warehouses. I was doing that but I knew that would be temporary because I knew where I was going, so no matter how it goes doing that, to keep going and to keep the family together while pursuing my registration for nursing. So at the end of the day, they eventually came and that was how I got into it.

(Site 06, International worker [Care worker, Nigeria] - 602)

Some of the international workers had a first job in the care sector but were not satisfied with their working conditions. They had decided to move to another job, still in the care sector:

When I came to the UK my first job was in a nursing home. I stayed there only for six months. The wages were too low. I transferred to learning disabilities.

(Site 05, International worker [Care assistant, Philippines] - 502)

The only workers who stated their motive for working in the care sector as the fact that it was better than their previous job in the UK were those from the EEA and other countries, mainly due to variations in the recruitment process among different groups of workers by country of birth. Those who arrived from the EEA or other countries were less likely to have been recruited for a specific job in social care or to be following a spouse/partner or another family member. Their
choices and decision-making process when joining the care sector were less straightforward than those recruited directly from their home countries.

**Social care easy to get into**

International workers perceived the English care sector to have a high vacancy rate, with increasing demand making it relatively easy to find work in the sector. This was a particular motivation for workers from the Philippines and, to a lesser extent, among workers from the EEA and other countries. On the other hand, it was mentioned by only a handful of workers from Commonwealth countries. Most of the UK frontline workers, who participated in the study sites, presumed that the constant availability of jobs was one of the main motives of international workers to work in the care sector; but this view was not shared by most of the employers, human resource managers or service users and carers participating in this research.

For international workers, the ease of finding jobs in the care sector was sometimes expressed as part of a 'package' of motivations and was combined with other factors that were equally or more important to the worker:

*The best thing about my job apart from it being what I want it to be is that it's really flexible and I find it easy to get work.*

(Site 05, International worker [Care assistant, Commonwealth] - 501)

International workers appreciated the training opportunities attached to care work, which meant that previous relevant experience was not essential, unlike in other jobs – even those for which the workers had already undertaken training in their home countries:

*I did some engineering stuff but I can't even get into being an electrician, but for the social care if you want to be a social care assistant, sometimes experience is not necessary because they will give you training, so anyone is suitable for the job once they get their training.*

(Site 02, International worker [Care worker, Zimbabwe] - 210)

In a few cases, social care work was simply the only available job:

*I started to work as a care worker. It was the first job I could get. The first available one.*

(Site 02, International worker [Nurse, A8] - 244)

**Social care as a career**

Some migrant social care staff may wish to become professionally qualified. The large increase, almost double, in Black African men on English social work programmes may stem from earlier experiences in social care work on arrival to the UK (Evaluation of the Social Work Degree Qualification in England Team, 2007). Being able to have a career in the care sector was cited as a motivating factor by 15 of the international care workers, the majority of whom were from Zimbabwe, Nigeria and Commonwealth countries. In most cases it was viewed as
a stepping-stone back to their original profession, such as nursing, occupational therapy (OT) or social work:

*I think, for me, coming into social care it was it was aiming to get out of the NHS, really, if I’m totally honest.*

(Site 05, International worker [OT, Commonwealth] - 516)

*It [original job] offered me good career progression I am a senior Occupational therapist and there are few places to go in the professional line.*

(Site 01, International worker [OT, Zimbabwe] - 128)

Many viewed social care work as an opportunity to enhance their English language skills and gain necessary experience in the sector before applying for a university degree in social work or other related fields. Others viewed their experience as a more generic benefit that might allow them to move sectors or to have more choices and opportunities:

*Working in one sector will make you ready to work in another sector. You don’t need other training to work in one place. With your experience you can work in other places.*

(Site 06, International worker [Social worker, Nigeria] - 615)

**Social care fits with previous skills**

The importance of social care as being able to fit with previous skills was mentioned by relatively few (n=10) participants as an important motive for seeking work in the sector. As illustrated in Figure IV.3, this motive was mainly cited by workers from Commonwealth countries, followed by those from the Philippines; it was not mentioned by any workers from the EEA and only by a couple of workers from other countries. The majority of respondents who highlighted this as a motive had previous work experience as nurses or nannies for young children and felt that the care sector might provide an opportunity to build on their experiences:

*I was a registered nurse in (home country), so I decided to come over here. I didn’t want to do nursing in England, so I decided I would change to something related to nursing. Somebody told me about an advertisement for social services home care. That’s how I got onto it.*

(Site 02, International worker [Care worker, Commonwealth] - 248)

**Summary of international workers’ motivations**

This section has revealed a multiplicity of motivations among international social care staff. These include positive views of the UK as well as economic motivations. There are differences depending on whether or not workers possess professional qualifications, and on whether they are recruited for specific positions. There were also observed differences in relation to country of birth.
The main motivations discussed by participants were in order: altruistic (wanting to help others in difficult situations); better than previous UK jobs (mainly factory jobs); social care sector is easy to get into; and social care is a good career. The idea that social care work could fit with workers’ previous skills was identified as an additional motive but was not as frequently mentioned across the interviews as those already listed. On the other hand, ‘financial motives’ were not frequently mentioned when motivations to join the social care sector were discussed, contrary to discussion about joining the UK as a whole. Financial motives to work in the English care sector were mentioned by only a few international workers from the EEA. It is possible that migrant workers have separate sets of motivations for moving to the UK and for joining the social care sector once they get here; however, it is more likely that the two sets overlap, particularly among workers who have been recruited from their home country specifically to work in the care sector in England.

These findings are important for social care providers for a number of reasons. Firstly, if we are to seek to retain international workers in the sector, then it may be important to consider what their motivations were in joining the sector and whether these are being fully met. This might include, for example, enhancing opportunities to gain qualifications; but it could also mean devoting thought to ways of sustaining the aspects of the work that international workers find rewarding, such as personal contact with people using social care services. Secondly, knowledge about which features of social care work are seen to be attractive is likely to be useful to those seeking to recruit to specific posts, when devising marketing and recruitment strategies. It is worth considering that whilst some of these features may be instrumental (wages, terms and conditions), others are likely to be more relationship-centred.
CHAPTER FIVE: REFUGEES AND ASYLUM SEEKERS AS POTENTIAL SOCIAL CARE WORKERS

Literature from across the developed world highlights the potential of refugee communities who are, on average, well-educated but under-employed, stressing the potential loss for their host labour market (for example, Krahn et al. 2000; Newman 1999; Africa Educational Trust 1999; Cown 2003). There are usually many interacting structural and individual factors that contribute to high levels of unemployment and downward employment mobility among this particular group (Hauff and Vaglum 1993). Some of these relate to the length of the process by which people move from asylum seeker status to refugee status, which includes the right to work. Even after acquiring the right to work, refugees still face a number of barriers in obtaining employment, such as the loss of qualification certificates during the process of fleeing their home countries or the difficulty of getting their home qualifications recognised within the host system (Korac 2003). Social inclusion is a key factor in the ability of refugees to obtain and retain employment. At the same time, employment in itself is considered one of the most successful strategies for integrating refugees into a host community (Valtonen 1999); to the extent that some researchers consider it the most important aspect of social inclusion and successful resettlement (Colic-Peisker 2003).

Refugees’ participation in the labour market is of equal importance to the host country in terms of generating income through taxation and reductions in state benefits. This may be particularly so if participation occurs in sectors where difficulties in recruitment and retention persist. In Australia, Colic-Peisker and Tilbury (2006) found that the majority of refugees had taken up employment in the secondary labour market, including caring for ‘the aged’. High levels of unemployment among different refugee communities prompted a chain of regional resettlement initiatives set up by the Australian government. Colic-Peisker and Tilbury explained how government policies welcoming refugee settlement (2002) resulted in high economic benefits to local communities, generated by refugees working, paying taxes and not claiming benefits. The increase in employment participation was, however, largely confined to low-status and low-paid work.

It is important to recognise that refugees and asylum seekers are not a homogenous group. Their reasons for seeking asylum, their cultural norms, religious beliefs, gender, education and age all contribute to their diversity. However, despite this diversity, there is a certain commonality in their labour market participation. Bloch (2002) surveyed a sample of 400 refugees for the Department of Work and Pensions, about the opportunities and barriers to their taking up of employment and training in the UK. The majority of participants were literate, but in their home language, and over half had comparable qualifications. Like participants in other refugee studies, Bloch’s sample had low labour market participation and those who were working were mostly employed in secondary labour market sectors, such as catering and cleaning. Moreover,
terms and conditions of their employment were poor and notably worse than that experienced by the UK-born population, including those from Black and Minority Ethnic (BME) groups. In a study of forced migration and employment in the UK, Anderson and Rogaly (2005) found that some refugees working in the care sector had poor working conditions, including payment below minimum wage levels.

In 2008 the UK received 25,930 asylum applications (excluding dependents), an increase of 11 percent from 2007. Including dependents, the number of asylum applications was 31,315 in the same year: 90 percent of these applications were made in-country, i.e. after entering to the UK and not at a port. In the same year the UK issued 148,740 grants of settlement, a rise of 19 percent from 2007; out of these there were only 3,720 asylum related grants, a huge fall from the peak of 67,810 in 2005 (Home Office 2009). These statistics provide a sense of the considerable number of refugees and asylum seekers in the UK and their potential for the labour market.

Part of this research was dedicated to exploring the potential of the existing refugee and asylum seeker communities to work in the care sector, whether temporarily (as part of the integration process), or as a career. A semi structured interview guide was designed to explore issues around the suitability of care work for refugees and asylum seekers and to discuss practical barriers and possible solutions. Recruiting this group was difficult for a number of reasons discussed in Chapter One, including the difficulties in locating participants as well as their anticipated reservations about taking part in research. The research team was able to complete interviews with a sample of 20 refugees/asylum seekers, including two international care workers who were originally refugees and were accessed via their employers; the other 18 were accessed via refugee support organisations in four of the six study sites and snowballing as explained in Chapter One. We also recruited five chairs of organizations offering support to refugees in the study sites and two at national level. A number of other participants had worked alongside care workers who were refugees and their views are drawn upon.

We included asylum seekers in the interviews, even though their right to seek paid employment was removed from July 2002 to 2005, leaving them with the right to volunteer:

Asylum seekers are prohibited from taking employment (paid or unpaid). However there is a distinction to be made between voluntary activity and unpaid employment. Asylum seekers are allowed to undertake voluntary activity, as long as they are carrying out the work on behalf of a registered charity, voluntary organisation or body that raises funds for either.

(UK Border Agency 2005)

Moreover, from February 2005, as a result of an EU directive on reception conditions for asylum seekers, asylum seekers who have not had an initial decision on their asylum claim within a year have been allowed to apply to the Home Office for permission to work (Thorp 2009).
Out of the 20 refugee/asylum seeker participants, 13 were women and seven men; only one reported a form of disability and the majority, 11, described themselves as Black Africans. Three were in paid employment in the care sector, working as care assistants. Only two participants had no formal qualifications; the others held a range of qualifications, including six with university degrees or higher (in engineering, accountancy, nursing and other disciplines). Their ages ranged from 25 to 46 years with a mean age of 33.3 years (women’s age was not significantly different from that of men). They spoke a number of different languages, with eight different first languages amongst them, and arrived from a total of eight different countries (namely: 9 from Congo; 2 from each of Zimbabwe, Iran, Eritrea; and one from each of Iraq, Uganda, Afghanistan and Sudan). Their length of stay in the UK varied from as little as a few months to as much as 10 years; with a median length of 2 years (only 3 had been in the UK for eight or more years, with the total mean length of stay at 3.8 years).

**How attractive is care work to refugees and asylum seekers?**

Participants in the interviews with the national sample of recruitment agencies and policy stakeholders regarded the care sector as particularly attractive for those given refugee status. This was because such migrants were effectively re-starting their lives, would find it difficult to find employment that matched their qualifications and would struggle to find any form of employment. The social care sector required personal qualities and skills rather than formal qualifications and was therefore attractive as a starting point for refugees:

> I suppose that they [refugees] are an available workforce who are quite eager to work and I think that the social care sector is a fairly low paid sector, it’s fairly low paid work, and I suppose it is attractive as an immediate source of employment for those people who have a reasonable command of English.

(Chair of a voluntary organisation, PS11)

It was felt that refugees’ circumstances meant that they would be willing to take up any available job and that, given the high demand and vacancy levels in the care sector, this might be particularly appealing to many of them. This was despite the recognition that many refugees would be over-qualified for most care work:

> If you’ve come as a refugee you might feel that taking any employment would be desirable. You find a lot of people are possibly over-qualified looking for any kind of work.

(Director of a refugee organization, PS07)

Interviews with chairs of organisations supporting refugees and asylum seekers in the study sites indicated similar findings to that reported by the national sample. They conveyed an increased interest in care work among recently arrived refugees, particularly women. In one area this had resulted in setting up an advisory service, related to NVQ training, in a refugee support organisation:
I think it [working in the care sector] is an option for them because a lot of people we work with [refugees] I can tell you this for sure, a lot of them work in care homes.

(Site 01, Chair of organization - 106)

Some of them perceived the flexibility and requirements of care work to be particularly attractive to some groups of refugees. For example, refugees from African countries usually have informal experience in caring for older people and sick relatives at home, which might motivate some to transfer these existing skills and take up paid jobs in the care sector. Care work was also considered to be a source of reward and satisfaction, which might be particularly important to those refugees who have encountered traumatic events and difficult personal experiences:

If they have lost their own father or mother, sometimes there might be some level of comfort that they can provide that care for somebody else who is elderly, particularly if rapport is developed and, you know, nice and friendly.

(Site 02, Chair of organization - 204)

Another chair of a support organisation felt that the opportunity to receive training while working in care could make the sector appealing to refugees, not only as an entry step to employment, but as a possible long term career:

Talking to people [refugees] who are working as care workers in agencies they sometimes do seem to get quite good in-service training and get put onto NVQs and so on. If you can get the jobs, sometimes there is a way forward in terms of doing the job well and maybe being promoted.

(Site 06, Chair of organization - 619)

Refugees’ and asylum seekers’ experiences in joining the UK and during the period of their transition from asylum seeker to refugee, including the social care services which they received first hand, were perceived to motivate many of them to work in the sector. This was certainly the case for the two international care workers participating in this study who were originally refugees. They reported that their transitional period had helped them understand and appreciate the nature of social care work in the UK and that they sought employment in the sector once they were granted the right to work:

Moving to a new country is not easy so I decided to go first for care work because it is where I have got experience and also having a start point, here, yes that is why I decided and because I have the skills of caring for people that is why.

(Site 04, International worker - 407)

The qualitative analysis of the interviews with refugees and asylum seekers reflected a general tendency among this group to be willing to work in the care sector. Sometimes this was observed as a clear wish to consider care work as a future career or as temporary work experience while gaining further qualifications and perhaps eventually returning to an original profession.
Among the refugees and asylum seekers participating in the research, eleven refugees had already applied for jobs in the care sector and seven were working in sectors related to care work. In addition to the three refugees who were currently working in the sector, a further seven asylum seekers/ refugees were volunteering in the care sector. Fifteen were very keen to work in the care sector and hoped to have or keep it as a future career and thirteen knew other refugees/asylum seekers who were working or volunteering in the sector.

**Refugees’ motives to work in the care sector**

The refugees and asylum seekers who were working, volunteering or looking for work in the care sector expressed a sense of debt to the UK; they saw social care work as a way of integrating and gaining money while repaying UK society:

*I like older people. My God will bless me if I help to look after them. If I look after older people I can contribute to this country.*

(Site 02, Refugee/asylum seeker - 202)

Their motives to work in the care sector appeared to be mainly altruistic, meaning that they felt it to be a rewarding type of work and one that reflected their own personal experiences:

*Personally for me, I would say it gives me satisfaction looking after other people you know, and I think it is – I will just say you know that is the main reason [to work in social care] just to help other people, you know, yes basically yes.*

(Site 04, Refugee/asylum seeker - 421)

It was evident from the interviews that the refugees and asylum seekers participating were keen to have any type of work, even if it was unpaid or voluntary. All participants, even those who had arrived in the UK only a few months prior to the interviews, had applied for a number of jobs or were seeking voluntary work while waiting for their refugee status to be determined, and, if it was, to gain the right to work.

When those who were not already working in the care sector were asked if they would consider working in it, many answered *any job, I want to work*; *I will do any job*. It also seemed that some, albeit few, of the participants took part in the research in the hope that it might offer some sort of work opportunity.

Some hoped to pursue further education in the future but were realistic that this would require time, greater skill with the English language and knowledge of UK systems and culture. This group was also interested in care work, although they saw it as providing a temporary, but acceptable, transitional phase:

*Looking after people, and as in your life you have considerable experience I know maybe I don’t have any qualifications or things like that I would be happy in the future to study some qualification and deal with people*
scientifically but I would be happy to help people at the same time sometimes I feel because I still have a lot of problems, yes sometimes I feel like I should be doing work.

(Site 04, Refugee/asylum seeker - 419)

Benefits of recruiting refugees and asylum seekers to the care sector

As exemplified above, one of the main benefits of recruiting refugees and asylum seekers to the care sector is the very fact that they are willing to take up jobs in the care sector and to learn new skills. They also show clear interest in the sector, considering it to offer rewarding and satisfactory work opportunities. Such willingness to work usually incorporates other positive attributes such as hard work and commitment. Moreover, a number of the participants in this study had personal experiences of care, either in refugee camps in their home countries or as providers of informal care to other relatives, which could be built upon to develop skills relevant to the English care sector.

The interviews gathered information on the perceived benefits of recruiting refugees and asylum seekers into the sector from chairs of support organisations and from refugees and asylum seekers themselves. The main benefits reported by refugees and asylum seekers were their own personal experiences, as well as their flexibility and ability to adapt and learn new skills. Some of them listed attributes such as being polite, respecting older people as part of their culture, and being prepared to work hard. Some also emphasised that caring work is not only a source of money but is emotionally rewarding.

Chairs of support organisations shared most of these views and felt that the care sector, due to the continuous demand for workers and the nature of jobs, could provide attractive work for this group. They also shared the views that refugees and asylum seekers are hard-working, have cultural respect for older people and possess other positive qualities:

Refugees and asylum seekers, you know they are people who have respect for the elderly, work hard, always prepared to do extra shifts and you know co-operative and helpful, so they do very well as employees for people.

(Site 02, Chair of organisation - 206)

One UK frontline worker, who had worked alongside an international worker who was originally a refugee, felt that this colleague’s knowledge of the experience of their client group and his personal experience were a great asset to the job, which benefited both co-workers and service users.

On a number of occasions, refugees and asylum seekers possessed very relevant work experience in their home countries that was easily transferrable to the English care sector. Some were nurses and others had undertaken creative charity work with both adults and children. A couple of relevant examples of indirect experiences are provided below:
I was art photographer. When I was in university, I had a lot of exhibitions about people and different people and people who has a young mental age. I go to these places and I get some photographs of them and then open exhibition for the people and help them for charity to support these people. They are people, but the other [people] didn’t know about their situation then.... People didn’t know about them to support them [and my work raised awareness].

(Site 06, Refugee/asylum seeker - 621)

At (home country) I study a lot of psychology books. Because it was helping in the field I was doing. First when I go to university to do engineer chemical, I never think about being a teacher or caring. It was so boring. When I go and do the teaching and find that people give me feedback. The children say, I never had a teacher like you...

(Site 06, Refugee/asylum seeker - 622)

**Barriers and challenges in seeking and gaining employment**

It clearly emerged that refugees and asylum seekers faced a set of barriers in relation to seeking and securing employment. These were in addition to the common barriers and challenges observed among other migrant groups in seeking and gaining employment. One of the main barriers to employment are any restrictions related to immigration status, particularly among asylum seekers (Bloch 2006). However, even with permission to work a number of barriers exist. For example, many refugees have experienced traumatic events before moving to the UK, which may include imprisonment or torture of themselves or their families, and have high levels of anxiety (Pittaway 1991; Taylor 2004a). Their escape rather than planned departure may pose particular barriers in seeking employment in the host countries, for example if documents are lost; and, in some cases, it may be virtually impossible to obtain references from previous work. As discussed above and reflected by previous research, refugees usually experience higher unemployment rates and lower earnings than other immigrants. In this section we provide some examples of practical barriers when seeking social care or other employment as discussed by participants in the research.

**Job-seeking approach**

The literature shows that kinship networks are the most important method of job-seeking among refugees, and that they are less likely to use formal job-seeking schemes such as Jobcentre Plus (Bloch 2002). This partly explains the ‘enclave economy’; where refugees are usually concentrated in immigrant-owned businesses usually serving ‘ethnic’ clientele (Light 1979; Barth 1994). Refugees and asylum seekers usually compensate for their lack of UK experience and the difficulties in getting their qualifications recognised, by turning to their immediate social networks, using what has been referred to as social capital (Bourdieu 1985; Coleman 1990; Portes 1996). In particular, family networks, support service providers and ethnic-group members are the first sources of aid sought out by refugees when they attempt to find employment.
This highlights the importance of the availability of information about certain employment sectors within refugee communities, in order to increase the labour participation in this particular sector. This is important if the social care sector wishes to attract potential workers from this group.

Consistent with the literature, many of the participants relied on friends and other family members to tell them about suitable and available jobs. They found Job Centres difficult to approach, with a mass of forms and paperwork making the job-seeking experience even more stressful. All participants were keen to participate in the labour market but were very aware of the difficulties in recruitment processes, which appeared a ‘complete minefield’ from the earliest stages of enquiring about a job to securing an offer. Some felt that basically they had nowhere to look for a job:

_The Job Centre I do go there, but you know it is making forms, and then say they will contact you. They don’t contact. It is not [helpful], it is making stressful; it is not as easy as you think. Yes you have to work, but to get a job is a problem. If you haven’t work you have nowhere to look for a job, it is just stressful, yes stressful._

(Site 02, Refugee/asylum seeker - 220)

None of the participants reported a positive experience with the Job Centre. At best some managed to get job information from there but none of this resulted in interviews:

_It is difficult to get a job. I get information from the Job Centre on jobs. I phone the person up and leave my details and they say that they will get back to me. But they never do phone me, I don’t know why._

(Site 02, Refugee/asylum seeker - 203)

Moreover, recent research in the US shows that reliance on informal networks in accessing employment may result in under-employment and decreased earnings, particularly for female refugees (Allen 2009). From the literature and the interviews it appears that refugees have limited job-seeking approaches, which may reduce their chances of gaining employment in most sectors, including social care.

**Language skills**

Lack of language skills is one of the main barriers to employment for refugees and asylum seekers in the UK and other developed countries. This was recognised in previous UK research (Bloch 2002, Cowen 2003) and by all participants in our research, who sometimes questioned whether it was only language skills they lacked or whether the difficulties they faced in finding work resulted from a combination of poor language and being of a different ‘colour’:

_Some people say they need people with previous experience. Some people say my English is not good enough. I went to an interview at the hospital and they said that my English is not good and I need to improve it. There are_
White people at the hospital who don't know how to speak or write English, but they have a job. It may be because of the colour of my skin.

(Site 02, Refugee/asylum seeker - 203)

Language barriers usually result either in total unemployment or in downward employment mobility: when refugees who held skilled jobs in their home countries, such as doctors and engineers, accept lower grade jobs such as cleaners, or care workers. One interviewee explained how, even after completing English courses and enrolling for a teaching qualification, there were still problems in finding suitable placements, related to his level of English proficiency:

After I did this A Level maths and I did English. I go and do teaching training course and then they didn’t want to accept me. Your English is not good enough and take exam to show my English is good. They had to take me, because [my results were high enough]. When I started that course there was always problem, they tell me you had to find a placement yourself and I cannot find a placement, because I couldn’t find a placement. I go to adult education to a school and everybody said to me, no, cannot take you. Why? Because your English is not that good enough.

(Site 06, Refugee/asylum seeker - 622)

Although the above experience was not in the care sector it highlights the importance of continuity of support in terms of language as well as finding placement and career opportunities for those who wish to gain further qualifications.

Qualification recognition

Problems with the recognition of foreign qualifications, or lost documentation verifying occupational and educational status, are commonly encountered by refugees seeking employment in their host countries (Lamba 2003; Archer et al. 2005). Most of the participants in our study who held professional qualifications in their home countries were faced with the difficulty of gaining a job in their original profession without gaining further qualifications and experience in the UK. They were practical in discussing this and explained their priorities clearly, which generally started with improving their English skills, gaining UK experience through volunteering or ‘any’ other work, and then gaining further qualifications to return to their professions or, in most cases, in other directions:

Interviewer: Why are you looking for care work rather than nursing?
Interviewee: Because I do not have any UK experience. [My nursing certificate is no good here.’

(Site 06, Refugee/asylum seeker - 623)

Chairs of support organisations were aware of the difficulties presented by qualification recognition and accreditation. One chair gave an example of a system of transnational accreditation, but highlighted that it is only accessible online, a difficulty in itself, and still requires refugees to have their certificates
and documentation. In his experience, the result is usually that a refugee ends up with a lower qualification equivalent level than is justified:

*We’ve got a service called NARIC. It’s just a national academic recognition information centre. It’s an online service that you pay and subscribe and you can take some certificate from their own country and put it into NARIC and they’ll give you an equivalent level in this country. You can print off a certificate that says what the level is equivalent to. Usually it comes out lower than their own. At least it’s something that they can share that gives someone else an idea of what sort of level they are at. So that can help. Often people need to do a lot more training.*

(Site 06, Chair of organisation - 619)

Even when qualifications were accredited, chairs of support organizations felt that there was not enough liaison with higher and further education institutions to ‘top-up’ refugees’ qualifications to an equivalent level and that, due to a number of complications, in most cases it was easier ‘to start from the beginning’; i.e. as if they did not have a degree in the first place.

**Lack of UK work experience**

One of the most important barriers to both gaining employment and enrolling onto courses where placements are required is not having UK experience. Many refugees were clear that lacking UK work experience was a pronounced barrier on the way to any employment:

*I have already applied more than fifty application forms but it is very difficult to find a job in England, because many companies and many people ask for experience for England so I don’t have experience for England, I only have experience for Africa.*

(Site 02, Refugee/asylum seeker - 206)

*I need experience to get a job but without a job I do not have experience. My voluntary work will I hope help me to get a job.*

(Site 02, Refugee/asylum seeker - 202)

Similar views were expressed by chairs of organisations and employers in the sector, explaining that *‘people don’t quite trust you if you don’t have any UK work experience’.*

**Interview process**

Several elements make the interview process challenging for refugees and asylum seekers. The first one relates to the fact that many refugees are not fluent in the English language: this directly affects their performance both in any verbal and particularly in any written interview process:

*A lot of the barriers also the language many people don’t succeed because when they were interviewed they were interviewed in English which isn’t so much a problem but the written language often deters employers from*
interviewing them because they think the level of written English isn’t to a high enough standard.

(Site 01, Chair of organisation - 105)

Lack of cultural capital, or knowledge of the culture gained from living and working in England make the process of interviews, which includes completing application forms, and being quizzed by a number of authoritative people, in a style which is likely to be unfamiliar, very stressful. This is evident even when refugees have a good command of English, because the whole process of job interviews may be new to them.

People from refugee communities also come from countries where traditionally people don’t have to have interviews but what happens is they get pre trials they do two weeks work and if the work is good enough then they will be taken on, so a lot of them fail at the interview process because they lack interview skills - they lack the experience of interview skills.

(Site 01, Chair of organisation - 105)

Interview processes are culturally variable and for refugees coming from countries where interviewing is not a formal process and access to employment may rely on a trial period or personal recommendation, the process can be very difficult to comprehend. The above example illustrates a very supportive organisation, which attempted to offer some guidance about this process through ‘mock’ interviews; however, this was not common among the other organisations we interviewed. There seemed to be little attention given to the importance of such ‘soft skills’ and emotional intelligence about how to present oneself and respond in perturbing situations such as interviews, in a second or third language and within an unfamiliar culture.

Studies have also showed that many refugees lack ‘cultural intelligence’ related to job-seeking processes, such as writing CVs and ‘selling’ their experience at interviews. Their behaviour may also be misinterpreted by employers, who can perceive refugee applicants as lacking confidence, possibly as a result of their personal experiences or an over-respectful attitude to authority (Brown 1997, Sargeant et al. 1999).

CRB checks and references

Obtaining a job in the care sector requires a Criminal Records Bureau (CRB) check in addition to the usual requirements and references. For refugees and asylum seekers obtaining a CRB check may be particularly problematic, and this was highlighted by different participants as causing either limited access or considerable delays to recruitment to the sector:

The restrictions and CRB checks and the length of time that the CRB checks if you have to be in the country for five years in this authority so that limits what work refugees can do.

(Site 01, Chair of organisation - 105)
In addition to references needed as part of the recruitment processes, CRB checks also entail obtaining references, which in itself can be problematic:

*My CRB was okay, but it wasn’t easy, because you first need to have references and they want you, the experience, even though you’ve got experience and they wanted UK experience like, references, I only had one.*

(Site 01, Refugee/asylum seeker - 111)

**Cultural differences**

Although both refugees/asylum seekers and people working with them had positive views about their suitability to work in the care sector, some chairs of support organisations highlighted potential cultural issues to be considered when recruiting some refugee groups to the care sector. Such observations are relevant to recruiting other international workers or indeed workers from BME groups already in the UK. Most of these observations can be considered stereotyping and should not be thought to represent all people from certain groups; however, it is important to recognise the effect of cultural differences in seeking, gaining and continuing in different jobs in the care sector:

*There is a stigma attached but only to certain Eastern Europeans, [there] isn’t so much a stigma attached to care because there is in their own countries elements of care and social care but in Asian communities it is less recognised because care is supposed to be given by family members and therefore you would very rarely except in certain circumstances have somebody that is Asian Chinese or Indian or Pakistani in a residential care home - now that could be a number of reasons.*

(Site 01, Chair of organisation - 105)

Other examples given were that Muslim men or women might find it difficult to provide personal care to someone of the opposite sex. In addition to cultural differences in personal care and what people can do to help others, there were more practical issues that could be culturally inflected. Mainly these were around time keeping and punctuality:

*There are cultural issues of less personal kind like time keeping, I mean a lot of people from the poorer parts of Africa do not very much use clocks and watches... it is a bit of a learning curve for them to learn that if you say 3.30 you mean 3.30 and not 3.35 not 3.40 and certainly not 4.40.*

(Site 04, Chair of organisation - 418)

**Prejudice and racism**

It is difficult to establish the effects of prejudice and racism within a community, as they usually interact with other factors such as poor language skills, cultural differences or lack of UK experience. However, there were several references to the negative impact of racism on the process of obtaining, as well as the experience of, employment. Because refugees are often desperate to gain and keep a job they generally lack information on their rights to challenge discrimination, meaning that their usual coping strategy when they encounter racism is to do nothing:
You find people don’t like you, maybe if people don’t like Black people and this leads to harassment. If this happens I can do nothing about it as I like my job.

(Site 02, Refugee/asylum seekers - 202)

This chair of a support organisation provided an example of how racism impacts on refugees’ daily activities, including when they are doing their jobs, as in this case in the care sector:

*A young Zimbabwean man* [refugee] was out on a one to one with a client, a learning disabled man, who had to have medication, and they stopped in a café, they had a cup of tea. Nice little social thing, he produced the medication and started to give it to the guy, and a few minutes later he thinks must be something happening out there, police cars screeching to a halt. He has no idea at all that they are there for him, somebody in the café had rung up and said there is a Black guy dealing drugs in here – and he was handcuffed and taken to police station before they checked the credibility, so he was aghast and horrified.

(Site 02, Chair of organisation - 204)

Some participants felt that refugees were refused employment just because they were ‘refugees’:

You could call it prejudice. I guess it looks a better word [than racism]. Potentially, there is prejudice where people say, I don’t want to employ a refugee.

(Site 06, Chair of organisation - 619)

Similar attitudes toward employing refugees are documented in the literature (Brown 1997; Bloch 2004). This found that employers’ prejudiced attitudes could lead them to regard refugees and asylum seekers as high risk and potentially problematic. Such bias can be institutionally and structurally embedded, so that unconscious biases against refugee applicants arise: for example, if employers set certain requirements to secure a job which are less likely to be held by refugees, such as a lengthy UK relevant work experience. In one of the study sites the chair of a local refugee support organization sharply criticised the local authority for not advertising for jobs in newspapers and support groups that refugees are likely to access: when it did send job adverts to the group, this usually occurred after or near the closing date for applications. However, as explained by ICAR (2004), it is very difficult to establish for certain ‘whether employers may be discriminating against refugees on racial grounds’.

The issue of structural racism is very important but rarely fully discussed in research, where it is usually combined with other elements. Nevertheless, the problems of racism and prejudice against refugees in England, in terms of access to employment, are highlighted and acknowledged by a number of reports including one from the Home Office (2000) and other research (e.g. Archer et al. 2005).
Other barriers
There was a range of other practical barriers that also affected the employment opportunities of refugees and asylum seekers, such as the lack of a valid driving licence:

"I have a friend here who works in the mental health [service] and she told me, you drive I said no, I don’t drive, well if you don’t drive you have a difficulty to come back to city."

(Site 02, Refugee/asylum seeker - 220)

In some situations there were conflicts between gaining employment and the potential loss of benefits, including housing:

"The only thing that did worry me once was it came up and I job offered a couple of staff at different times and they were actually living in hostels, they were people who were political refugees and they were living in hostels and they weren’t able to take up my offer of employment because it meant that they would have to leave the hostel or their rent would increase. They weren’t actually able to take up the work. It was quite a shame, really."

(Site 01, Employer - 122)

Possible strategies to utilise refugees in the social care workforce
It was clear from the analysis that there is a considerable potential for the care sector to attract suitable refugees and asylum seekers as workers. Their personal qualities, motivations and experience are all potentially relevant and beneficial to the sector. However, the analysis also revealed a number of particular barriers and challenges to achieving this. In this section we aim to reflect on these and to provide some ideas extracted from the data and the literature to enable the sector to attract, prepare and utilise refugees and asylum seekers’ potential within the care sector.

As a starting point it is important to refocus the discussion away from what refugees and asylum seekers lack, on to what potential they have and what they can offer. This is an attempt to move away from the ‘human capital’ approach, which assumes a deficit view of refugees (Rosenkranz 2002a, 2002b), to a more holistic approach that addresses wider inequalities such as institutional and structural biases that may affect refugees’ labour participation. It is also important to recognise the role of well-designed and targeted support, advice and guidance in seeking and gaining the necessary skills and qualifications in order to secure employment in the sector.

It is appreciated that the care sector, with its current characteristics of low wages and high level of job vacancies, falls within the secondary labour market and that there is a need to raise its image and improve its working conditions. At the same time, it is unlikely that the sector will be able to attract sufficient employees to face the increasing demand from an ageing population in particular, even with the current economic downturn. A report by the Department of Health (2007) highlighted the difficulties in recruiting into the care sector from the limited traditional labour pool and advised targeting non-
traditional groups of workers, including marginalised groups. Within such a context, it appears sensible to reach out for refugees and asylum seekers as existing groups of potential workers in England and to provide them with the necessary support and information to tackle any existing structural biases or stereotypes.

Barriers to refugees’ participation in the workforce are multidimensional and often interact; the process of integration would require an increase in both their cultural and social capitals. It is important to provide information about the suitability and availability of various job opportunities within the social care sector to support groups as a bridge to refugee communities. We provide below some key facilitators to increase refugees’ employability in general (with a focus on the care sector), obtained from the analysis of the in-depth interviews and the literature.

**Training and support**

Chairs of support organisations talked about various government schemes to provide educational and training opportunities to refugees and asylum seekers. They felt that some of these schemes were still at an early stage, such as the specific activities of Refugee Action (http://www.refugee-action.org.uk), a national charity which is funded by the government to offer support to refugees for a number of months, intended (amongst other functions) to improve access to employment. They also pointed to the support offered by Job Centres and local charities. However, they were sceptical about the relevance of some of the support on offer: for example, one charity offered support to refugees to set up their own businesses, but it was felt that refugees were not in a position to benefit from this as they generally do not have any capital to start up their own business.

Take-up of training among refugees is particularly low across the UK, although studies show the high demand for training amongst this group (Bloch 2002; 2008). The lack of information about training and support schemes is one explanation for this. Even among chairs of support organisations, already offering support and training provision for refugees and asylum seekers, there was a sense that such opportunities were simply ‘a general rather than specific support’. Some had more explicit support groups in place for certain professions such as doctors or teachers, but there was also a view that these need expanding for those groups of refugees and asylum seekers who would like to join other sectors.

The interviews with chairs of support organisations showed that many had little knowledge about the variety of jobs and career opportunities offered by the care sector. It is important to communicate with support groups and to provide adequate information about employment opportunities and requirements. It is equally important to set accessible routes into work to suit the needs of refugees, in terms of support and mentoring as part of the recruitment system.

An interview with a local authority human resources manager in one of the study sites showed that there was no awareness of existing refugees and BME
communities in this locality. This was consistent with an earlier interview with a chair of a support organisation in the same area, who expressed disappointment that the local authority did not make enough effort to reach local BME and refugee communities. The chair of this organisation strongly condemned the authority practice that in effect prevented refugee groups from accessing jobs in the local authority, simply by failing to advertise them where refugees usually seek employment. Bridges need to be built between the people who are involved in recruitment processes and local refugee support networks and organisations.

Volunteering opportunities for asylum seekers

Volunteering in general is seen to enhance human capital and social inclusion and in turn may lead to paid employment, particularly among refugees and new settlers in a society (Corden and Ellis 2004; Taylor 2004b). Personal assets gained from voluntary work, such as social skills and knowledge of client groups, are particularly applicable to the social care sector, where experience in the sector, whether formal or informal, and personal qualities are favoured, and where the role of volunteering is at the heart of the sector (Humphries 2004). Moreover, it is well known that the demand for this workforce is growing at its fastest levels in England, owing to a number of factors, as explained earlier in this report and in other research (Cox 2006).

The availability of both voluntary and paid work opportunities within the sector can be a means of attracting suitable refugees and asylum seekers to this type of work, resulting in a valuable opportunity for both the sector and the individuals concerned. Frontline care workers, who worked with refugees and asylum seeker communities as clients, observed asylum seekers’ desire to work, even while they are not permitted to do so, and noted how many of them were volunteering in the sector:

Now if you look at them like this group just came from the Congo most of them are now working as volunteers because they want to work, so they say how will I get the experience?, let me go and do volunteer at (local care home), but that is a different way if you volunteer to work in shop, it is not the same as. I think there should be some opportunities for volunteering in social care.

(Site 02, Frontline worker - 206)

Refugees and asylum seekers acknowledged the great difficulties they faced in securing a job without having any UK work experience and felt that volunteering was a path to gain such experience:

It is so difficult to get a job directly. You have to volunteer first to get work experience and a good reference. In a couple of weeks I will start doing voluntary work at the hospital to get experience and to improve my English, so in future I can get a paid job in social care. I want to help care for other people.

(Site 02, Refugee/asylum seeker - 201)
Some of them volunteered to work with more recently arrived refugee groups as they felt empathetic with them and could utilise their own experiences in an ‘honourable’ cause.

_Since I've been in England, I have been working here with the Refugee Council, as a client advisor. Just mainly for refugee and asylum seekers. This is an honourable job. Not a job, but also a service to someone’s needs._

(Site 06, Refugee/asylum seeker - 620)

**English language provisions**

The most common support offered to refugees was the English language courses designed for the International English Language Testing System (IELTS) classes. However, accessing language classes can be particularly challenging to some refugee groups; including women, who usually have family commitments and childcare responsibilities, with very limited financial or social support. The lack of affordable childcare provision was cited as a barrier by some of the participants and highlighted by a few chairs of support organisations. Archer and colleagues (2005) encountered similar barriers in their study of refugees and employment in inner London. Moreover, even when access to language courses was initiated, Bloch (2002) found that the main difficulty was often completion of courses among refugee women, due to a number of similar factors.

English support needs to be a continuous process, with affordable, flexible and appropriate top-up opportunities after completing basic levels. Additional languages spoken by refugees should be considered as assets and utilised within the work place. These language skills can be particularly important for the care sector, where an increasing number of service users from BME communities, whose first language may not be English, are using formal care services.

**Before and after support**

Refugees were keen to have support in finding jobs, expressing an attitude similar to that held by asylum seekers towards voluntary opportunities. But there was a sense of being let down, as participants stated that they needed more support channels to help them find work:

_For us, refugees, they have to help us to look for it. They have to prepare somebody who will look for us, the jobs, to find [the jobs] because they know us, they are the ones who brought us here, they know us._

(Site 02, Refugee/asylum seeker - 220)

Practical support in writing CVs, knowledge of cultural clues and appropriate attitudes and behaviours during the interview processes are very important.

Other aspects of support, such as facilitating social networks, are also very important for refugees who may lack social and cultural capital. Training for all staff and employers in integration, equality and diversity issues is paramount and may have positive effects on the job satisfaction, communication levels and productivity of employees.
Summary of findings: refugees and asylum seekers as a potential workforce pool

The analysis demonstrates the clear potential of refugees and asylum seekers to join and benefit the social care sector in England. However, a number of particular barriers were highlighted, including a lack of UK experience, language skills, qualification recognition and prejudice and racism in the sector. A number of strategies are summarised, which aim to focus on recognising the potential of this group while supporting and addressing their needs. We emphasise the importance of moving the focus and image of refugees from a deficit ‘human capital’ model to a more holistic model that can utilise, integrate and support refugees within the sector. Reaching out early with a clear path to volunteering or job opportunities may be an effective strategy. A number of practical issues around job-seeking approaches and interviewing processes are discussed; well-designed support channels addressing these issues are central in increasing the employability of this group.

It is also important to understand that refugees and asylum seekers are a heterogeneous rather than a homogeneous group and particular access issues may be gender related. Provision of flexible, accessible and continuous English language support is highlighted. With appropriate support in place the care sector is likely to gain a great deal from individuals who are willing to learn and adapt, who are hard-working and who have experience and skills, including language skills, which are relevant to the sector.
CHAPTER SIX: RECRUITMENT PROCESSES OF INTERNATIONAL SOCIAL CARE WORKERS IN ENGLAND

The importance of international recruitment to the social care sector is evident from the literature and the findings of this research. This is not only in terms of responding to the increasing demand on the sector, but also the potential importance and advantages of international learning and the creation of a more productive social and health care workforce (Kornbeck 2004; Larsen et al. 2005; Moran et al. 2005). In relation to skilled jobs, such as social work, some commentators have suggested that there are potential advantages for service users and professionals through exposure to different cultures and welfare systems (Lyons 2006; White 2006).

International workers are often employed in posts that are hard to fill, in terms of specialties or geographical areas. They also engage in low-skilled, low-paid work that is unattractive to many receiving country nationals (De Beiji 2000; Datta et al. 2006; Experian 2006; Pemberton and Stevens 2006; Craig 2007). Sometimes qualified migrants undertake lower-skilled work while gaining language and cultural skills (Evans et al. 2006a; Experian 2006; Pemberton and Stevens 2006).

There are very few accounts in the literature on the process of recruiting international workers into the care sector, on whether there are a number of recruitment processes for different job categories, or on the different processes involved in recruiting directly from abroad, through a recruitment drive for example, or targeting a group of recent migrants already in the UK.

This is in contrast to other fields, such as nursing, where UK recruitment processes of international nurses are much better established and researched. In the case of nursing, the demand for overseas nurses is well recognised, and the UK has historically played a significant role in the international nursing labour market (Mejia et al. 1979; Buchan et al. 1997; Buchan 2002). In 2001 the Department of Health stated that international recruitment would be part of the solution to meeting its staffing targets and set up ‘a network of recruitment co-ordinators... to speed up the recruitment process’ (DH 2001: p.15).

In this chapter we provide an analysis of different recruitment processes of international workers in the care sector in England, using data obtained from participants in the six study sites as well as the national sample of recruitment agencies and policy stakeholders.

**Recruitment processes**

The first step in recruitment is linking potential employees with positions. A number of processes were involved in this step. Firstly, individual international workers, their families and their social networks all played a role in seeing opportunities and obtaining advice about the nature of the work and the processes of migration and settling in another country. Recruitment agencies
and employers participating in the study advertised and mitigated the administrative hurdles to securing work, as well as checking on international workers’ overall suitability for the job. In recruiting international workers greater complexity may be expected in checking references, obtaining CRB or police checks and in establishing the relative worth and formal acceptability of qualifications achieved in other countries. If people are employed in their first jobs in the UK, extra support is often needed in terms of the practicalities of settling in a new country: individuals and their families and social networks, employers and agencies all play a role in these final stages. This section gives some of the experiences and accounts of international workers, employers and human resources personnel of each of these stages.

**Recruitment routes**

Among the 96 international workers in our study, some had more than one job in the care sector in the UK. Table VI.1 provides details of all jobs secured from within and outside the UK by recruitment route and birth countries. Just under half the participants, 42, had secured these jobs while in their home countries, while 86 jobs were secured from within the UK. Those 86 jobs included taking up a second job after an international worker secured their first job when abroad. Among those who secured their social care jobs from abroad, 21 did so through an overseas recruitment agency, and only two were directly recruited by a UK employer; the rest searched and applied for the UK jobs through other routes such as the internet, friends and relatives. Among international workers who secured their jobs while already in the UK; the largest number, 45, were gained through informal networks such as relatives or friends, 17 responded directly to an employer’s advertisement, 17 via UK based recruitment agencies, and six via the internet.

**Table VI.1 Distribution of all secured jobs in the care sector in England among international care workers by recruitment route and country of birth, study sites’ interviews**

<table>
<thead>
<tr>
<th>Recruitment route</th>
<th>Birth country</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Commonwealth</td>
<td>EEA</td>
<td>Philippines</td>
<td>Other countries</td>
<td>All</td>
</tr>
<tr>
<td>Job secured overseas</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recruitment agency</td>
<td>8</td>
<td>1</td>
<td>10</td>
<td>2</td>
<td>21</td>
</tr>
<tr>
<td>Employer</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Informal networks</td>
<td>7</td>
<td>4</td>
<td>3</td>
<td>5</td>
<td>19</td>
</tr>
<tr>
<td>Subtotal: all overseas jobs</td>
<td>15</td>
<td>5</td>
<td>15</td>
<td>12</td>
<td>47</td>
</tr>
<tr>
<td>Job secured in the UK</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recruitment agency</td>
<td>8</td>
<td>2</td>
<td>5</td>
<td>2</td>
<td>17</td>
</tr>
<tr>
<td>Website</td>
<td>1</td>
<td>2</td>
<td>0</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td>Employer</td>
<td>8</td>
<td>3</td>
<td>2</td>
<td>4</td>
<td>17</td>
</tr>
<tr>
<td>Informal networks</td>
<td>16</td>
<td>13</td>
<td>8</td>
<td>12</td>
<td>45</td>
</tr>
<tr>
<td>Subtotal: all UK Jobs</td>
<td>33</td>
<td>20</td>
<td>15</td>
<td>20</td>
<td>88</td>
</tr>
<tr>
<td>All jobs</td>
<td>48</td>
<td>25</td>
<td>30</td>
<td>32</td>
<td>135</td>
</tr>
</tbody>
</table>

Among those who secured their job in social care while outside the UK, equal proportions of 36 percent were from the Commonwealth and the Philippines.
Around half of those who secured their social care post from their home countries through overseas recruitment agencies were from the Philippines. As might be expected, the vast majority, 80 percent, of workers from any of the EEA countries (A8, A2, EU14 and other EEA countries) obtained their jobs in the care sector while in England.

Examining the characteristics of those recruited from their home countries via overseas recruitment agencies: the vast majority were workers with nursing qualifications in their home countries, who were offered care or senior care assistants’ posts in care homes. A small number of workers with nursing qualifications were recruited by overseas agencies to gain further qualifications in the UK while doing care work, thus their entry status to the UK was as overseas students. Among the same group there were also a few workers with professional social care qualifications, mainly occupational therapists and social workers, who were from countries with historical and cultural links to the UK such as Canada, South Africa and the US, and who approached recruitment agencies in their home countries to obtain work in England. The two participants who were recruited directly by their current employer from their home countries also held nursing qualifications and were recruited as care or senior care assistants.

Over a third of those who relied on friends, relatives and other sources to obtain information and secure jobs in the English social care sector while they were in their home countries were from Commonwealth countries, followed by other countries. Very few (three) from the Philippines relied on this method. Similarly, among the same groups who were already in the UK, from the Commonwealth and other countries, they relied more on their personal contacts rather than recruitment agencies or employers to gain employment in the care sector while in England.

In the next section we discuss findings related to the characteristics, processes and level of support often attached to different recruitment routes.

**Seeing opportunities**

Whether in their home countries or in the UK, opportunities to work in the UK were frequently seen by individuals, their families or friends and a simple process of applying for jobs through adverts or the internet was described. As explained above, many international workers reported that friends and family had facilitated getting work by seeing opportunities or giving advice about the kinds of work available. Such help was often the trigger to engaging with employers or agencies:

* A friend gave me this newspaper article saying, England were desperately searching for social workers and there was some sort of organisation/association who kind of helped German social workers finding jobs in England.

(Site 04, International worker [Social worker, EU14]- 447)
Recruitment drives and agencies

The national interviews indicated varying attitudes among different employers towards explicit recruitment drives for international workers. Nine out of the 20 recruitment agency managers said that employers’ attitudes often posed considerable difficulties when seeking to place international workers. Moreover, workers from different countries seemed to stand different chances of employment in the UK depending on where they came from. The majority of participants, of recruitment agencies’ representatives, indicated that UK employers would prefer workers with UK experience and/or from countries where the social care system is substantially similar to that in the UK, such as Australia. This was particularly true in the case of qualified workers.

In the study sites, three human resources managers described travelling abroad for specific recruitment exercises and one mentioned a recruitment campaign at a local university. Two mentioned the fact that previous attempts to recruit abroad had not been very successful, because the people recruited had not stayed very long:

_We found historically with our Canadian social workers for children’s services I think out of probably twelve recruited only one stayed, so it is a very expensive and time consuming and didn’t work for us and the Indian ones we – much the same sort of thing but because (Site 02) itself has got low BME groups culturally they have found it very difficult to living in (Site 02)._  

(Site 02, HR - 211)

Explicit drives to recruit international workers directly from overseas through agencies was not a common approach among employers in the study sites. Only three employers reported that their organisations had used recruitment agencies, recruiting specifically from abroad, or had been on recruitment drives overseas. However, many employers were not sure whether the recruitment agencies they used were involved in overseas recruitment. The national interviews with recruitment agencies’ managers indicated that a high proportion of them were. The following account reflects the experiences of recruiting international workers, who also reported agencies managing the administration issues and managers coming over simply to do the interviews. Such approach was seen greatly to facilitate recruitment:

_The process involved these recruitment agents advertising in Australia and New Zealand. They then acquired all the application forms and made recommendation to us and we sifted through what we were going to be prepared to interview and what we weren’t. And so we were short listed in order to take cognisance of the fact that we’d have some people dropping out. We’d have some people that wouldn’t be suitable at all. So we really did go over, because we wanted a decent number to come back with. Then once we got out there, we started off by giving them an overview of the [area], the population and some demographics. The nature of our service users, the staff, compliments and what sort of budget we managed, terms and conditions and so on and so forth. Then we got them to do a presentation on_
a specific area. Then they had some short testing session. And then we carried out interviews. It was quite thorough, really.

(Site 03, HR - 329)

Twenty-one international workers described registering with agencies based in their home countries. After undertaking basic recruitment processes, these agencies found them positions in the UK and managed the processes of applying for visas and other aspects of the recruitment, including CRB checks. The following account is typical of the experiences of these international workers. Several mentioned that they had had to pay for the services, although only one mentioned the amount, £5,000:

I went to an agency. They call it a... agency. They are recruiting for care home assistants or something like that. They explained to me what’s the job of the care home, which is going house to house, and then you take care of the residents and give them personal hygiene, giving medication, and what they need for daily living. Before I was interviewed, they told me that if you know about dementia, and then I explained to them what is dementia. I also know what was dementia before but not broad. I told them and they told me that, ‘Okay, you are fitted to this job.’ That’s why I went through this processing, which I have also to pay some money so that I could get an employer. They process it and they were able to get the employer, which I think from one hundred applicants only four have been chosen. Then when we came here in the United Kingdom, I didn’t know we were staying in a residential home. It’s different. They told me I am going house to house.

(Site 03, International worker [Senior care worker, Philippines] - 316)

A further thirteen international workers described obtaining work through agencies based in the UK. Recruitment agency employers indicated that an increased number of newly arrived Eastern European young people were seeking social care employment through them and of course, there were others who wished to find different posts or to move into social care work from other kinds of employment:

I really was working in England [not in social care]... I got through from the agency and you do need to interview and some papers for the agency. When the employer is taking it from agency, everything is done.

(Site 04, International worker [Care assistant, A8] - 437)

A small number of employers and human resource managers also noted the benefits of agencies organising and vetting potential staff members:

We were guaranteed experienced care assistants. They came through qualified and the references and their CRB, no, we did their CRB. But they were all vetted and were suitable for the job. When you are interviewing, you want to know what experience people have got. These girls all came very experienced.

(Site 04, Employer - 441)
**Interview process**

Interviews typically covered experience, skills and interest in doing the job, and were not in general seen by international workers as any different to interviews in other countries:

> Basically, gone through all the basic things really about regarding administration of drugs and can you manage a shift and that sort of questions.

(Site 06, International worker [Care worker, other countries] - 629)

The small number of employers/managers who commented on interviewing international workers also felt it was fundamentally similar to that with other workers. The main differences were in terms of practical arrangements, including video interviewing and interviewing groups of workers in their home countries. For example, this employer described setting up a video interview for candidates ‘from the Far East’.

> When we had somebody – looking at from the Far East we were going to look at videoing if they had actually been short listed and got a procedure where we would just arrange a video cam link/web cam link, and we would have undertaken the same procedure with the same [approach] over the net.

(Site 01, Employer - 104)

A small number of international workers recounted their interview process, which started in being interviewed in their home country before coming to the UK, typically as part of a recruitment drive or through an agency:

> It was—I found it quite nice. It was very very friendly atmosphere and I was asked to come to like 100 miles from my place where I lived. We have like a little chat and the people who were interviewing were very friendly. They were my managers, then, afterwards. It was all nice and then they organised everything for us to come, because it was like group of [xxx] people coming.’

(Site 05, International Worker [Senior care worker, A8] - 518)

Given the importance of language skills, identified by the national sample of recruitment agencies and policy stakeholders, a surprisingly small number of international workers and managers focused on language skills as a key factor in the interview process. Only one human resources manager spelled out the emphasis on establishing good language skills at interview:

> As I said, we went over and did the interviews with the same criteria that we would use here. The strong emphasis on that is communication skills. Their understanding of verbal and non-verbal communication. Being able to convey verbally and non-verbally to a user group that primarily have English as their first language. The interviewing process is different in that sense.

(Site 05, HR - 526)
National interviews with recruitment agencies identified language skills as a difficulty more likely to arise among care workers than qualified staff and explained the process of language checks prior to interviews, whereby those with pronounced English difficulties were excluded at this stage.

It was clear from the interviews, however, that language barriers become more of a concern after starting the job, in relation to communicating with colleagues and service users; this is discussed in more detail in Chapter Eight. In terms of the interview process itself, it was indicative from interviews with recruitment agencies that they undertook an initial screening before involving employers in the process of further selection, as explained by this agency’s director:

_We have turned quite a large number [of Polish workers] away. We’ve had quite a few applications but because of the language problem we’ve had to turn people away. We’ve said, ‘when your English improves come back to us, but your standard of English isn’t adequate at the moment._

(Managing director, RA20)

A small number of employers described basic literacy tests being used as part of the interview processes for all care assistant posts. While being convinced about the value of such a test, one manager also noted a tension in the need to have workers who can speak good English (seen as a necessary skill for the job) and in meeting requirements of equal opportunities:

_We used to feel a little bit, because there is so much about equal opportunities and not being politically correct, but you kind of, in a way we felt ourselves employing people because they were foreign and you felt you were going to be told you were doing wrong by not doing it, [language test] if you like. I think County Council and HR now realise, if someone actually can’t speak English then it’s quite dangerous to have someone here, because communication-wise they are not going to know what the resident is saying._

(Site 02, Employer - 223)

International workers viewed social care interviews as being a more in-depth process compared with interviews for other kinds of work, focusing on personal qualities as much as skills and personal experiences. For example, this international worker noted differences in interviews for social care work compared to the interviews for catering work:

_It was different in the way that—because it’s social care, it’s like it’s more based on who you are as a person. And they were—we spent a whole day there. It was much more about how do you feel about things than this is your job and do you think you can do it. Have you got the experience that’s required to do touch typing, for example, which is what happened in any other interview. But here, it’s more about my opinion and my approach to things. And how do I see if something like this would happen and how would_
I respond to that. It was more about me, as a person. I quite liked that, actually.

(Site 06, International worker [Care worker, EU14] – 628)

Employers valued observable or visible efforts of international workers to prepare for their interviews, and a small number made favourable comparisons against UK candidates; this was considered a very important factor in their judgment. This view chimes with the perception that international workers are more willing to undertake social care work and are generally harder working:

When we went to [A8 country], one young guy had travelled ten hours on the train from the other end of [A8 country] to come for a job. He [international worker] came early enough to go change his clothes, put on his aftershave and prepare himself ready for his interview and he got the job. When I came home, I had a girl on the books from literally just around the corner, she arrived twenty minutes late, chewing gum, and then proceeded to answer her phone.

(Site 05, Employer - 509)

References

Obtaining references proved no problem for many international workers, especially those who had worked in other jobs in the UK before starting work in social care, although many also reported no problems in getting references from their home countries.

For my reference, because I had very good reference, where I worked before, it was my manager at [name] Council, she sent it straight away. My previous job in [name] resettlement project, I got the reference straight away. There wasn’t any issue about that...

(Site 06, International worker [Social worker, Nigeria] - 615)

A small number reported delays getting employers’ (as opposed to character) references, when they first arrived, especially if they came without having been recruited overseas:

I just filled it out and then I just bring it here personally and then they just told me, since I don’t have any reference... write on my form, you just ask my references in [home country], you know, my previous employer. That takes time. It takes two months to wait. I was eager to work and they just told me that I need to wait for my reference back home. It so happened, after a couple of months, one of my supervisors sent a fax with reference.’

(Site 06, International worker [Care assistant, Philippines] - 605)

A small number of human resource managers and employers reported similar problems in obtaining references, again mainly as a delay and a need for perseverance:

References can be difficult where we tend to have to chase a number of times and but we tend to get them in the end, we might have to use a variety
of means of doing it through emails or faxes, just to get the detail to us but it is do-able.

(Site 02, HR - 211)

**Criminal records checks**

All workers employed in social care services are required to have a Criminal Records check. For UK citizens and international workers who have been in the UK for some time, the Criminal Records Bureau (CRB) will provide these checks. However, the CRB cannot make checks on the criminal records (or otherwise) of potential international workers. The guidance on the CRB website\(^{20}\) indicates that it is good practice for employers to obtain police checks from candidates’ home countries in addition to a CRB check, although it stresses that this is the responsibility of the employer or the individual worker.

In the study sites, CRB checks for international workers were not seen as a particular barrier to recruitment and many people reported no problems at all. Time was the main difficulty identified by 15 of the 67 international workers who commented:

> There was no problems with the CRB. It just takes a lot of time, simply. It just takes time.

(Site 02, International worker [Care assistant, A8]- 226)

Respondents from recruitment agencies and policy stakeholders in the national sample and research site managers identified difficulties in ensuring the validity of CRB checks, in particular when people had just entered the UK and they had to rely on the home country police report. Delays were attributed mainly to the difficulties of international communication, especially in situations where international workers had been recruited from abroad and police checks had not been completed before they came to the country:

> CRB do take a lot longer. We have staff that actually don’t have a set of addresses in the UK. They do take longer.

(Site 01, HR - 124)

> They came with some references and they came with relevant checks before their system started, but they came with police clearance certificates from their own countries. And then, when CRBs came in here, they were applied for.

(Site 01, HR - 123)

Doubt was expressed by a small number of employers in the study sites about how overseas checks for criminal records were to be obtained, mainly over who was responsible for making checks, with some believing that the CRB was not able to check overseas criminal records:

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In fact, the young lady I spoke of earlier who came from Thailand, I do believe that her CRB disclosure form, I do believe that the police in Thailand were contacted and her disclosure form was a little while coming back.

(Site 05, HR - 519)

The CRB checks are difficult in the sense that the CRB will not have any information and we don’t have access. We apply for the check, but they me back with, nothing known. We don’t have access to any other systems.

(Site 05, HR - 526)

However, many international workers were clearer about the processes: where they had been recruited directly from their home countries, they described how they had needed to obtain a police check before travelling to the UK:

I had no difficulties, because before we could even travel to this country, we had initial assessment back home and we were cleared and there was not any allegations or any problems.

(Site 01, International worker [Care worker, Commonwealth] - 116)

CRB check was done by the company. First of all, yes, before we came, we are told to have our police check, within our country, which were sent with the plane tickets came over with those things.

(Site 01, International worker [Senior care worker, Commonwealth]-117)

As a consequence of the time needed to obtain CRB and police checks, some workers were spending long periods able to work only under direct supervision, as described by this manager:

Yes, it’s... we found that we were in a position where we had people shadowing for 30 weeks in some instances. Obviously, I think the shadowing and on the job training is invaluable. But, you can’t afford to be paying somebody for that long. So, but now the CRB have started to come through a little bit faster and we are tending to recruit much earlier in advance and getting the CRB application sent off earlier, which means that we can give each carer round about three or four weeks, dependent on their CRB.

(Site 01, Employer - 135)

Such delays may not be solely linked to difficulties of recruiting from abroad, as CRB checks can also delay recruitment within the UK:

As far as CRBs in general or CRBs do take a long time, anyway. But if you know your way round the systems it is not difficult.

(Site 01, Employer - 135)

While some international workers felt that obtaining CRB and police checks might have been easier for people from the European Union, there was no pattern in the numbers of international workers from different regions reporting
delays. Furthermore, no clear impression of variations by sites emerged from interviews with employers and human resources managers.

**Immigration status**

Introduced in September 2008, the new points-based system for granting work permits for non EEA workers resulted in increased difficulties for such international workers currently in the UK, and for employers seeking to recruit people from outside the EEA (Cangiano et al., 2009). Initially, the new system required senior care assistants to be paid at £8.80 an hour and to be working in posts requiring NVQ III in order for them to be allowed to request leave to remain in the UK upon expiry of their work permits. In April 2009, after lobbying by the care industry, these requirements were dropped to £7.80 an hour and NVQ II. Interestingly, few of the participants appeared to be aware of the increased salary requirement for new appointments to senior care posts. However, they were aware of the transitional arrangements put in place to allow senior care assistants not in NVQ III level posts to apply for leave to remain in the UK if they were being paid at £7.02 and had NVQ II or above.

Immigration status was an issue for many participants from different groups. Rapid changes in immigration policies not only cause confusions and possible mistakes, but are considered by recent research to fail to take into account migrants’ equality implications (Kofman et al. 2009). Well over half, 58 of the 96 international workers, talked about the importance of their immigration status. Understandably, this issue was more complex for people from outside the EU: only six out of the 21 international workers from the EU raised this as an issue, compared with 24 of the 31 International workers from Commonwealth countries and 14 out of the 21 international workers from the Philippines.

A range of immigration restrictions on international workers were noted and made recruitment more complex for employers, in terms of:

- Working hours;
- The time that international workers are allowed to stay in the country;
- Where they could work;
- The costs of obtaining visas and work permits; as well as
- The requirement to have continuous service at a certain rate of pay increasing from four to five years in 2006 (HMG, 2006).

The different regulations had impacted on a number of international workers who had been in the UK for less than five years, although those who had been in the country for longer reported fewer problems:

*When I came here 2004 and then again the law has been changed to five years. Now, again, it has been proposed to eight years. In only three months time I need to be applying for five year permanent residency. The law is changing to eight years that is really difficult for my life and my job.*

(Site 01, International worker [Nurse, Commonwealth] - 115)
No. I came here as... what is it now? Work permit holder. And that has been renewed, periodically as necessary over the six years, so... I didn’t really have a problem there.

(Site 04, International worker [Nurse, Commonwealth] - 410)

Having a time limited visa, and limits placed in terms of employer, generated problems for mobility (see Chapter Eleven). Some international workers found this limited their ability to change jobs and caused difficulties for employers in recruitment:

...every job you apply for when you really really close and then they ask how many months do you have on your visa and that is a set back you know, so that is really stressing... But the thought that you cannot get a job because you have a particular amount of months in your visa and you are told you can do any job but then you can’t actually do any job.

(Site 04, International worker [Care worker, Commonwealth] - 432)

And obviously all her paperwork had gone off to HR because they scrutinise everything because obviously they are fine and everything. That’s just this one piece of paperwork [limited visa] that she shouldn’t have... she said that she didn’t realise that she couldn’t transfer.

(Site 02, Employer - 223)

The costs of securing work, residency permits and visas were mentioned by several international workers and employers, although the amounts quoted varied from £100 to £1000. According to the Home Office Border Agency website,\(^\text{21}\) the actual cost of a visa to the UK for work permit holders is £215, rising to £265 for those applying under the new points-based scheme. For ‘Tier 2’ workers, which includes senior care assistants, a work permit costs £265 for an initial application from outside the UK and £190 if an employer applies from within the UK, for most non EEA citizens. International workers from the A2 Accession countries (Romania and Bulgaria) need to pay for ‘Accession cards’ before they can start work, which also cost £190. A small number of international workers also reported paying agencies to secure these documents. While a small number of employers reported paying these costs, most international workers who mentioned this had to pay these costs themselves, which was quite a financial strain:

**Interviewer:** Really? Who do you pay that £1,000 to get a work permit?

**Participant:** We are from agency, but they said, they are going to pay that money to the Home Office for a work permit. I think that’s not too much money, less money.

(Site 05, International worker [Care assistant, Philippines] - 502)

We were aware that he had actually travelled from overseas and we applied for relocation for him and supported him with his costs for renewing his visa. Every time he had a new position he had to pay costs and report that

\(^{21}\) http://www.ukba.homeoffice.gov.uk/workingintheuk/tier2/general/cost/fees/#header1
into immigration or whatever and to get their authorisation re-signed. We supported him with that and we obviously were seeing it as an investment having interviewed him.

(Site 06, Employer - 610)

Several international workers mentioned problems in establishing their immigration status with employers. This caused delays and confusion in entitlement to publicly funded training, for example:

I came [to the interview] with my passport because I have dependent visa - my wife had a work permit which was 5 years. They didn’t understand what dependent visa means which really gave me a problem. They said they don’t understand what it means and that they need to call the Home Office, because it was clearly written in my passport that I’m not entitled to recourse to public funds and which the programme, the training for those were kind of mixed up.

(Site 06, International worker [Social worker, Nigeria] - 615)

The changes in immigration systems noted in the introduction to this section, such as the introduction of points based salary and qualifications scale, were identified by the national sample of recruitment agencies as complicated and preventing the employment of some good quality applicants. Employers also indicated that this was made more difficult by the rapid and recent changes in the immigration system, sometimes referred to as ‘changing the goalposts’:

Process of employing from overseas can be off-putting... Government should make overseas employment procedures more streamlined – visa and sponsorship requirements are burdensome.

(Recruitment agency manager, RA03)

...sometimes the immigration service do change the goalposts a bit about who is entitled to be here and who isn’t. There was, I know, a number of years ago, they were allowing senior care assistants to come in without formal qualifications, and then all of a sudden they have now changed the requirement.

(Site 02, HR - 211)

Establishing whether potential employees were eligible was seen as a complex task, particularly for recruits from outside the EU or for those who had come to the UK as dependents:

Some people are quite straightforward; if they are from the European Union it is easy, if they are from Hungary and Poland it is still fairly straightforward. It is just other people who come in on the back of somebody else’s work permit, that we have to be more careful with, obviously if we apply for a work permit we know what you have applied for but it... could be that they have perhaps come in with a partner who has got entitlement to be in the UK and they have entitlement to be in the UK
because they are a dependent, so then you have to work out what they are entitled to do or not to do.

(Site 02, HR - 211)

However, among the small number of workers who arrived accompanying their families, this was seen as an advantage in terms of immigration status:

I'm on a spouse visa. So that's not a problem. I've got indefinite leave to remain in the UK or into UK or something.

(Site 02, International worker [Support worker, Commonwealth] - 231)

This employer acknowledged that confusion about immigration status sometimes happened within the participant's organisation, echoing the experience of some international worker participants. Such confusion usually results in delays in employment but can have wider implications for the workers themselves:

Participant: But we had problems because people didn't understand the visa requirements.
Interviewer: Who didn't understand visa requirements?
Participant: Our personnel section – [laughter] – that is not what I should say [laughter].

(Site 01, Employer - 104)

The level of support offered to workers, in terms of immigration status and completing necessary work, varied. When people were recruited through agencies or specific recruitment drives, help was offered with many aspects of securing work permits and visas.

Immigration status from that side we were sent a work permit with a ticket of which, from there we had no problems. There was no problem, whatsoever, because of our previous experience and even the CRB check back home and the references I think they must have advised the government from here and that's like with the recruiting.

(Site 01, International worker [Care worker, Commonwealth]- 116)

Qualification recognition and skill transferability

On average, non-UK born workers in any sector tend to be more qualified and skilled than UK born workers (IPPR 2004), with the economic contribution of non-UK born staff estimated as higher than that for UK born workers (Sriskandarajah et al. 2005). Some studies indicate that such observations are also evident among unqualified social care workers (Datta et al. 2006) and this may be attributable to the use of the sector as a stepping stone to other employment, once experience and language skills are refined.

However, the nature of social care work is different from that in other sectors, such as engineering; social care work is human services' work and is culturally sensitive, making skill transferability less than straightforward. An expert seminar on international recruitment held by the Social Care Workforce
Research Unit (2006) indicated that the type and nature of social work and other social care work vary widely across different countries and cultures; therefore, the definition of what constitutes social care work also differs from one country to another. Consequently, professional judgments, for example when social workers assess families, depend on understanding both explicit and implicit clues, which in themselves are very culturally sensitive (Hussein 2006).

The national sample of recruitment agency representatives identified qualification recognition as being sometimes difficult for agency staff to manage and understand, particularly when the social care/work education system of a person’s home country was considerably different from that in the UK. The sometimes lengthy and expensive process of getting qualifications obtained overseas assessed and recognised was identified as a barrier to recruitment by policy stakeholders and recruitment agency representatives.

Among participants in the study sites, hugely variable experiences were recounted by international workers about the processes of qualification recognition. There was an indication that the process of recognising qualifications from Commonwealth countries was more straightforward and there were no stories of situations where Commonwealth citizens had their qualifications completely rejected, as there were among participants from other countries. All nurses have to do a six month adaptation course and social workers working in England need to get their qualification recognised by the General Social Care Council (GSCC). The onus is on the social worker to establish that the qualification they have is acceptable in the UK, which was seen by all the international social workers as quite a laborious process, causing delays and expense:

*When we had to register for the GSCC for the first time, we had to do a lot more vigorous processes than an English social worker and that we had to prove; which was long paper proving all of our... competencies or give examples, one was like 85 pages in the end. We don’t have to do that anymore, it was just for your first registration. Once we got a letter from the GSCC saying that which I keep on showing, which explains that it is the equivalent to the English version that was Bachelors of Social Work.*

(Site 03, International worker [Social worker, Commonwealth] - 312)

A small number reported working in social care on a temporary basis while they were waiting to get their qualifications recognised, which was a strong motivation for those in this position:

*Interviewer:  You want to go back into nursing?*
*Participant:  Yes, of course, which I really dream of. I really like the job here. Like to do anything to get it back into nursing.*

(Site 01, International worker [Senior care worker, Commonwealth] - 117)

While almost all of the nurses taking part in this study commented on the need to do the adaptation course in order to practise in the UK, two from South Africa
reported that their nursing qualifications were accepted without the need to undertake the adaptation training:

*So what they do, they want to send those things to me or to the office, they’ll send it over. Now they will start liaising with overseas nursing and midwifery councils (NMC). So that is where until then NMC say, “Okay, we’re satisfied with everything for the category that she has applied for.” Then that is when they will tell you to pay for the PIN [Personal Identification Number, indicating a nurse is registered and can practice in the UK], then when you get the PIN, whatever the signature and entry to UK, I got it. Everything I got it while I was not signed so I had to tell them, when I want to start.*

(Site 03, International worker [Social worker, Commonwealth] - 310)

A small number of international workers noted a level of confusion about the status of their qualifications in psychiatry nursing, social work or physiotherapy, as well as accountancy and indicated this had not been made clear before they had moved to the UK:

*I had assurance, when we went for interviews [in home country] to say, if we’d got to England would work as a senior carer just for some time. If I wish to convert to nursing, then it would have been a problem. I think, from that time, I had just come into this country, things were becoming so difficult. You wouldn’t get a PIN number from NMC, because that phased out all the ward nurses [State Enrolled Nurses; Nurses with two year nursing qualifications were previously able to do an adaptation course qualifying them as Registered Nurses].*

(Site 01, International worker [Care worker, Commonwealth] - 116)

Employers and human resources managers gave accounts of checking and validating and exploring the equivalence of qualifications, which gives a valuable extra perspective on the process. One HR manager gave an account of some of the dilemmas, which covers some of the confusions faced by international workers, where qualification level and content do not match with the requirements either of social care or nursing:

*However, I don’t think in a million years you could say it [2 year qualification in nursing] was equivalent to an NVQ III... They wanted to do it, most of them, because most of them have aspirations to go and do their nursing and they know if they got their Level II literacy and numeracy, their NVQ III in care, they’ll be able to apply to go to university, that’s their agenda in what they want to do, which is fine... Your core units and your issues about things like equality and diversity and safeguarding adults, they are all things that are quite alien to them as concepts in care that they’ve got to get their heads round and they’ve found it really difficult.*

(Site 01, HR - 123)
**Practical support on arrival in the UK**

Once recruitment and vetting processes have been completed, many of the ordinary practicalities of life are more problematic for those coming to the UK for the first time. Matters such as accommodation, driving tests and financial issues, such as bank accounts and National Insurance numbers, were all identified as potentially problematic:

*People can get caught up in kind of loops... especially, they’ve just relocated and they are trying to get bank accounts open. They can’t have a bank account until they’ve got at least the offer of employment. And then they’ve got to get a National Insurance number. It just goes on and on and on.*

(Site 06, HR - 603)

*There needs to be more financial advice, banks offer credit and credit cards, we are unused to such things and do not understand about high interest paybacks, this causes many problems.*

(Site 02, International worker [Care assistant, A8]- 230)

Extra support was also commonly seen to be needed by some in terms of coping with language and cultural issues:

*They just need a bit more support— their English is usually really really good. They do struggle with local accents and that kind of thing. You just need to take your time with them, really. Just a little bit more support if they are not sure, explain it. Just make it really clear to them.*

(Site 05, Employer - 515)

One service user stressed the need for extra supervision and support for international workers to ensure that they were suited to the work and not just employed because they needed work or were willing to undertake the job:

*I feel that it is not a universal skill that we can expect of people and you can’t just shoehorn people in because they are willing workers for services to be of the quality that service users need for their wellbeing and for their resource management or they need management to be more correct. I feel that it has to be done with a higher level of supervision and regular reviewing.*

(Site 06, Service user - 625)

It was noted that support offered by employers was mainly focused on international workers directly recruited from abroad, who seemed more obviously to need help adapting to the new environment. However, some of the directly recruited international workers felt that the level of support they got prior to entering the UK was much higher than support received after arriving:

*When we first came here, we, meaning the group that was recruited, we felt like we got a lot of support when we were in the States but then when we got here, that sort of tapered off and you know coming to a new country and maybe not having, you know, support network, I think it’s important for the*
employer to sort of touch bases with the individuals just to see how things are going and how they’re settling in and we didn’t get that.

(Site 06, International worker [Social worker, USA] - 601)

Lack of advice about financial issues could lead international workers to make decisions against their best interests, although this was only mentioned by a small number of international workers as causing problems. For example, this worker had not been advised about the benefits of a local authority pension until a colleague happened to mention it some time after she had started work. Receiving advice when the worker had started would have been of value to ensure that choices were informed:

It was this guy [colleague] that he will explain to me that the employer pays some money in addition to the little that they take away from my salary. I never knew. So it was this guy that enlightened me on everything. So that was why, and now I’m going back into it again. So if not for that, if someone had come, like the experience I had in the NHS, so it would be different because someone would come and they would do it, your pension, payroll, leave, and everything.

(Site 06, International worker [Care worker, Nigeria] - 602)

**Summary of recruitment processes of international social care workers in England**

The analysis of data obtained from different groups of participants on the national level and in each of the study sites provided valuable information on the different processes of recruiting international social care workers whether from abroad or within the UK. Among the 96 international workers who participated in this study, just under half secured their jobs while in their home countries, and the rest gained employment in the sector while in the UK. Very few participants secured their employment from their home countries directly through employers; the main route seemed to be through overseas recruitment agencies, followed by informal networks. UK based employment agencies also played an important role in facilitating international workers already in the UK to gain employment in the care sector.

However, there were variations in recruitment routes in relation to birth country of participants. Workers from the Philippines seemed to be more likely to secure their jobs while in their home country and through overseas recruitment agencies, while workers from the European Economic Area (EEA) were likely to use UK-based recruitment agencies after arriving to the UK. These variations can be explained by the immigration as well as economic policies in different countries. As explained earlier in this report, the Philippines is very active in providing nursing training which is designed for overseas exportation (Lorenzo et al. 2007), and most workers from the EEA countries have the right to enter UK and search for work. On the other hand, workers from Commonwealth countries seemed to be more likely to rely on informal networks, such as families and friends, to gain employment in the care sector whether from home or after arriving to the UK.
In this chapter we discussed the experience of recruiting international workers as well as being recruited and gaining employment in the sector through different routes. Among employers and human resource managers in the study sites there were varying attitudes towards explicit recruitment drives from abroad. Only few participating employers had travelled specifically to recruit a group of workers or been involved in recruitment campaigns abroad, while the majority either relied on recruitment agencies which they were aware to be recruiting from abroad or simply did not give much attention to where employees were recruited from. Such knowledge was crucial in the level of awareness and support offered to new recruits’ practical and integration needs. Integration processes will be discussed further in Chapter Nine. Employers’ support was mainly focused on workers directly recruited from abroad who seemed to have more visible need to adapt to the culture and system of the UK. However, even among international workers who were directly recruited from abroad there was a sense of fading support levels once they arrived to the UK.

The findings clearly highlight the need for more support to international workers, whether recruited directly or from within the UK. Both work-related and practical support are very important to facilitate their integration process and enable them to provide high quality care, which is reflected on the service users and carers.
CHAPTER SEVEN: INDUCTION, TRAINING AND SUPERVISION

*International social care staff will receive appropriate information, support and induction to enable them to settle in and operate effectively in the role to which they have been recruited.*


The *Social Care Code of Practice for International Recruitment* (DH et al. 2006) was developed on the earlier model of the Department of Health’s code for overseas health care professionals (DH 2004). However, signing up to the code is done on a voluntary basis and is not compulsory for employers. Principle 8 of the same code states that international workers should have ‘*the same support and access to training and continuing professional development as all other employees.*’

The development of this code of practice followed a Department of Health report on recruitment solutions in social care highlighting the significance of collaboration across statutory and non-statutory sectors and the importance of including new pools of recruits to meet the continual shortages in the sector (Department of Health, 2007).

However, the literature reflects limited accounts of induction for international workers in the social care sector, unlike other fields such as nursing where adaptation and induction programmes are found to facilitate international workers integration (Gerrish and Griffith 2004). Research indicates that specific induction for international workers is not widespread and that, when available, it varies considerably from authority to authority (Community Care 2002; Thompson 2004).

The need for proper and specific induction for international social care staff is asserted in the literature, with the importance of ongoing supervision and co-worker support highlighted by Thompson (2004). Churchill (2005) emphasised the different training needs of international workers. Similar conclusions were drawn by Evans and colleagues (2006b) who emphasised the need for specific training aimed at migrant workers. They called for improved access to information, with dedicated initial support, and stressed the importance of awareness among co-workers and supervisors. Interviewees in Sale’s article for Community Care magazine (2002) reported that ‘*inductions are the most effective way of informing overseas social workers about how social care operates in the UK.*’

The importance of induction for international workers was highlighted by a number of research projects. In 2007, Skills for Care South West conducted a small-scale online survey targeting employers and international workers, followed by a consultation event. Based on this survey and event, they produced a ‘managers’ guide on employing overseas workers’, which emphasises the need
for appropriate induction and continual supervision (Skills for Care South West 2007).

Brown and colleagues (2007) conducted another small-scale online survey of 20 internationally qualified social workers. Workers expressed varying opinions on how helpful their induction had been. Similarly, the reported length of induction ranged from only one day to a programme spreading over six months. However, this study did not provide data on how many of the workers sampled had received no induction at all, or how many felt that induction did not meet their expectations. In the same report, Brown and colleagues recommended further research into progression opportunities for international social workers; their research did not cover other posts within the social care sector. In this chapter we provide detailed findings on the induction, training and supervision experiences of international social care workers in the six study sites.

**Induction**

In the study sites, almost all participating international workers described having some kind of induction, even if it was just a quick explanation of who, what and where, and a book to read about working with older people. However, only eight of the 12 international recruits in Site 03 had some sort of induction. The vast majority of those who received induction felt it prepared them for the job; with some feeling it was ‘superb’. However, a number of participants (18) had some mixed feelings about their induction and very few (four) felt that it was inadequate or did not prepare them at all. Although all participants from Site 01 received some induction, this site had the highest number of participants with mixed or negative opinions about their induction process. Participants in all groups gave similar accounts of induction processes: unsurprisingly, the main differences were in the content of induction for care workers and social workers, who had less practical training.

**Period of induction**

Typically one or two weeks were spent on the initial induction, although periods varied from a few days or shifts to over a month, including a residential period. This international worker had experienced different levels, from none at all to detailed and comprehensive induction practice:

*Some did and some didn’t [have an induction]. I have now worked in many areas of social care, some employers explain what you are expected to do and then you have to get on with it. Others, some will sit you down and go through everything with you and spend time on showing you what is what.*

(Site 01, International worker [Support worker, Nigeria] - 137)

Shortages of experienced staff could make it difficult to run induction properly, because of the lack of staff to shadow or to give uninterrupted time to the induction, as described by the following worker:

*I don’t know how it is in different homes. But people who, let’s say, have got a lot of experience can shadow me. The only problem is the time... if you
don’t have time, how are you going to show properly, everything. You don’t have time to answer all the questions.

(Site 04, International worker [Care assistant, A8] - 437)

Content
Most of the employers and human resources managers who took part in the study site interviews indicated that induction processes were not fundamentally different for international workers and UK frontline workers. Employers and human resources managers referred to a set of ‘mandatory’ elements of induction for care workers, which most international workers recalled having been part of their induction. The main topics of induction training included:

- Use of equipment
- Health and safety
- Fire safety
- Moving and handling
- Food and hygiene
- First aid
- Medication
- Safeguarding (often termed POVA – protection of vulnerable adults)
- Infection control

In addition, many international workers, human resources managers and employers described a basic introduction to service users and their particular needs:

You have to know who is incontinent, who needs this and who does have sugar in their tea, and does have coffee, who does like this and sort of and who is diabetic among them, so it doesn’t really take me too long to get to know them. If you really eager and learning or like with the work it is very easy, yes.

(Site 04, International worker [Care assistant, Philippines] - 429)

Language and culture were one of the major differences in induction offered to international and UK frontline workers described by employers, human resources managers and international workers, for whom they were important aspects:

You think when you are coming... to England, well, at least it’s the same language and it’s really not. So much of the terminology is so different. Just phrases and just I think the way the systems work and there is so much of that that’s just so very different, but it’s way more foreign than you would ever expect, coming to a country.

(Site 02, International worker [Social worker, Commonwealth] - 217)

For international workers we have training about the culture and differences, but they are generally very respectful of older people.

(Site 06, Employer - 616)
The training and induction is the same as for all new staff. They receive the mandatory training. The only additional needs are language. At interview, applicants have to be able to communicate at a level to do the job. Sometimes in this country, we have advised people to sign up for a college course in English and then re-apply.

(Site 06, Employer - 612)

Many international workers also recalled being given manuals by their employer, containing policies on issues such as safeguarding, receiving gifts and working with people who present challenging behaviour:

All the standards about confidentiality, treat resident with respect and then now about the legislation the basic legislation to work with residency care home. I think with, I think like six standard basic policies that we need to know and regulations we needed to know when working in the residency care home.

(Site 02, International worker [Care assistant, other EEA] - 247)

For social workers participating in the study (12), the general induction covered a different set of issues. Typically this included introductions to different parts of the authority, other agencies and policies and procedures as well as shadowing:

Because especially working within social services and being health, within a health facility and working on a multidisciplinary team, it is important to know who all the players are and so that probably could have been dealt with or managed a bit better than what it was.

(Site 06, International worker [Social worker, USA] - 601)

One human resources manager, in a local authority setting, saw understanding the legislative framework as crucial for international workers if they were to avoid misunderstandings based on false assumptions about the requirements of the service:

People that are extremely competent, but I think making that move from one country to another, it’s fundamental for people to get that understanding [of the legislative framework], just to avoid... from time to time we can actually make our own assumptions without necessarily checking back.

(Site 06, HR - 603)

In addition to the basic training, shadowing was a very common method used in induction for all kinds of workers. Shadowing involves a graduated process of being shown by another worker how to do the job, rather than doing any care work. Periods where workers were only allowed to shadow varied from a few days to about two weeks:

You have to go with another carer and then you have got, let’s say, end month of training. Basically, you have to observe and watch and learn by observing. And then, again, with that carer or several carers to the same
places, but you have to do the job and then you are supervised. There is a, let’s say, a month of learning or sometimes longer, it depends on you.

(Site 02, International worker [Care assistant, A8] - 226)

When I like induct someone, I will like show them how to dress a resident, bath a resident and like getting dressed and let them watch you, and the next resident I’ll let them do it. Till they’ve got the confidence of doing it by themselves.

(Site 06, UK frontline worker - 611)

Written exercises and workbooks giving information and helping workers to develop deeper knowledge also were part of induction packages described by a small number of international workers, human resources managers and employers:

They have got some workbooks to work through as well that just go through general knowledge questions about personal care and illnesses and just sort of... so we know that they can spot things that are going on.

(Site 02, Employer - 223)

Quality of induction

Having a structured induction was explicitly mentioned as important by a small number of social workers. Where such structure was absent it was felt to be a tremendous impediment to practice:

[The induction was good] because although it’s not so much time it was planned and organised, what you’re doing in the two weeks. It was like moving steps forward to get to know the process slowly, who are the people, everything there. It’s planned and a strategy there.

(Site 06, International worker [Social worker, Commonwealth] - 609)

Absolutely shocking. The people were fantastic - the team. They didn’t mind you asking a million and ten questions. Somebody in the team who was the UK social worker, she says she found it a very deskill ing experience. I said, I just felt like a numpty. One social worker was on the training, also from the UK and she was on the mental health team. She said she got so embarrassed about needing to ask the whole time.

(Site 06, International worker [Care manager, Commonwealth] - 618)

A small number of international workers felt they had not had enough of an induction about working with people with specific needs, such as dementia or autism:

...but here a lot of people they got just quite bad stage dementia, they don’t know who you are... because when we had the introduction we didn’t have this experience, I wish if I could have that experience, I would be prepared.

(Site 02, International worker [Care assistant, other countries] - 245)
Probation
As with initial induction, there were few differences in the probation procedures mentioned by employers and human resources managers in relation to international workers. After probationary periods were completed, workers were expected to have a good understanding of the work:

*We generally find that, to get the underpinning knowledge that everybody needs, takes about six months and then they go into NVQs. That would be whether they are from another ethnic background and everybody gets the same.*

(Site 01, HR - 124)

Probationary periods were typically about six months, although they varied from three months to about a year, during which time more training would be given to the worker:

*Probation was good. They had a first year officer programme. So they employ you, conditionally, on part of the first year officer programme. They have very structured milestones that you have to pass. You have a review after six months and then after twelve months you kind of move to the next status... In practice that really didn’t happen. They would put in the work and they would—I know someone else who had got deferred for another half year until they’d met the competency.*

(Site 04, International worker [Social worker, EU14] - 446)

...yes, three month probation period also, I got training from manager and senior care workers, that is why it is easy for me to manage yes, because I am first time here so it is very different from my country so I got training from manager and also from senior staff so it is easy for me.

(Site 02, International worker [Care assistant, Commonwealth] - 208)

Training
Professional development and training is particularly important for skilled migrant workers. This includes an element of acquiring specialist training that may not be available in the home country or is internationally valued, in order to improve future prospects (Reynolds 2002; Kingma 2001; Bach 2003). Sometimes, professional and career opportunities in a host country are a very important factor in attracting migrant workers to the health sector (Xaba and Phillips 2001). Studies have also highlighted training as one of the most important non-financial incentives for healthcare workers to emigrate (Korte et al. 2003; Stilwell et al. 2004).

Training provided by employers for international care workers participating in this study covered a number of topics in addition to the basic induction training outlined in the previous section. All of these topics were mentioned by at least one international worker or participant, although there was some indication that workers in local authorities were offered a wider range of training than those in the independent sector:
• Food and nutrition
• Wellbeing
• Dementia awareness
• Brain injury issues
• Palliative care
• Counselling skills
• Challenging behaviour
• Sensory support
• Mental Capacity Act
• Dignity and respect
• Control and restraint
• ASW
• Diversity issues
• Language and literacy skills

Topics covered were sometimes linked to the needs of particular service users as well as the broader needs of larger groups such as people with dementia:

_There is sensory support, because we’ve got a blind and deaf man, so everybody learns hand signing, so they can communicate with him._

(Site 02, Employer - 223)

**Value of training**

Almost all international workers who had received training valued it as a means to improve their practice:

_It’s good. It’s enough to get me by and it’s helped me a lot. I can see where I’m going wrong or should be acceptable or what’s not._

(Site 02, International worker [Care worker, Commonwealth] - 248)

International workers appreciated and valued training even if it related to work they were qualified to do in their home countries. This international worker appreciated being given the opportunity to undertake training in dementia and medication, in addition to training received before she came to the UK.

_But now I have a course about dementia and also now I have a course six months handling medication, and because when I came here I had already complete my courses, but when they offer me a course I like to do courses, I like to do more, giving more, it is fortunate for me; I like to do it, yes._

(Site 03, International worker  [Senior care worker, Philippines]- 324)

Training that gave an understanding of UK legislation and regulations was seen by a small number of international workers as important in order to perform their work properly:

_The rules and regulations and government legislation, it’s really much different compared to here, so I wanted to have some training and make aware with the UK legislation for me practice in my job. I’m aware what is happening and if I am doing the right thing or no that is in line with my job_
or no. It’s very hard, because you are dealing with elderly people. Maybe you’ve done something and you didn’t realise that it’s a form of abuse. That’s why I wanted to have continuous training to update my knowledge.

(Site 06, International worker [Social worker, Commonwealth] - 609)

Qualifications

Just under half (40) of the International workers had achieved or were working towards NVQ qualifications at the time of the interviews, most of whom (17) had at least NVQ III or were working towards NVQ IV (see Table VII.1).

Table VII.1 Number of international care workers working towards or who achieved different NVQ levels, study sites’ interviews

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<th>Working towards</th>
<th>Achieved</th>
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Only one international worker complained of being unable to take a NVQ, which was attributed to working for an agency rather than any particular discrimination. Most of the international workers who had achieved or were working towards different levels of NVQ reported positive experiences taking them and mentioned the advantages these qualifications would have for their practice and career prospects:

It’s very good. You know many things from your training. But from NVQ you know repeat everything and all units and every single thing. It’s very good. You can use in the practice just at home.

(Site 02, International worker [Care assistant, A8] - 230)

A small number of international workers reported some confusion about whether those with nursing qualifications needed to take NVQs:

Even the work where I am now, they say, NVQ in nursing is different to an NVQ in care. I don’t see the point. I don’t see the point in it. I don’t see the difference, myself. I can’t see the difference because nursing is care. If you can wash somebody in the ward you can do it in the home. If you can give medication in a ward, you can administer it at home.

(Site 02, International worker [Care worker, Commonwealth] - 248)

Studying and working was a significant stress for many international workers, which added to the general stresses of work, discussed in Chapter Eight.

Just try to juggle because I have two younger children, juggle, try to help my children with school and I have everything to prepare for them and come to work and make arrangements for them to go to after school and study during the night.

(Site 02, International worker [Care assistant, other EEA] - 247)
Accessing Training

Employers and human resources managers reported little difference in terms of access to training for international workers. International workers themselves also did not describe any particular barriers in relation to accessing and gaining training:

Every... I was doing training and it was like if something new comes up with (my current care agency), the nice thing about them is that they let you know and they are up to date.

(Site 02, International worker [Support worker, Commonwealth] - 231)

There is ongoing training bulletins come through all the time, so if there is anything that I think someone would be interested in.

(Site 02, Employer - 223)

The small number of problems that were raised tended to be more about the general availability of training, rather than being excluded because of being an international worker:

She’s English and she starts working here and she gets no training at all. She’s shadowing for a week or two and then she’s been left on her own. I think that’s one of the reasons they lose staff, because they do not prepare people very well.

(Site 01, International worker [Ancillary Staff, A8]- 114)

However, one international worker was unsure about whether the problems experienced in accessing training were related to her being an international worker, or because she worked nights. Kerr et al. (2008) found that night staff tended to be excluded from training because of difficulties in attending courses run during the day after or before shifts. Funding their training was consequently more expensive and difficult to organise:

I’ve seen staff nurses and carers on days going out for study and all that. That’s one area, I feel like you are kind of sidelined. I don’t know whether it’s by virtue being a foreigner or by working on nights. Opportunities, as employers, I believe they should consider both sides... They would maybe send you on one of them. Basically, I have to do it on my own time as a requirement for my registration; I have to maintain my training. The only way I have to do it is myself.

(Site 04, International worker [Nurse, Commonwealth] - 412)

One or two international workers noted the issue of compatibility of training undertaken in their home countries, in a similar way that establishing the validity of qualifications proved problematic in some cases, as described in the Chapter Six in relation to recruitment:
Like if they accept our certificate from our country, we have done lots of training when you come here they say you have to have a certificate and we’ve done it in our country.

(Site 01, International worker [Nurse, Commonwealth] - 119)

Similarly, cultural issues were identified by a small number of international workers as potentially leading to misinterpretation, which (it was feared) could result in inadvertent abuse. More training was felt therefore to be necessary to minimise this possibility. Again, only one person raised this as an issue specifically in relation to training, but the ideas about culture difference explored in Chapters Nine and Ten of this report suggest that this may be of wider relevance.

In some situations, international workers were required to work for the company for six months before they would be supported in accessing literacy courses at the local college. In this case, the courses were not needed for people to come to an acceptable standard in terms of spoken English, but were obviously crucial to developing skills in understanding care plans or any recording that might need to be done. More generally, having conditions on access to training clearly makes sense to employers, but may be discriminatory if international workers are treated less favourably than their UK frontline colleagues:

I gather the college does run courses, yes. If the level [of English] is... if it’s sufficiently high, but is below normal standards, as it were, then we can, after six months, offer them a literacy skills training... We have to have employed them for six months. I think that’s making sure we are not using the money on someone who will immediately go someplace else and just come to us for the training. It has happened in the past.

(Site 02, Employer - 229)

Feedback
Feedback on performance comes through three routes. At its most simple and informal, feedback can come from colleagues and service users. Managers and supervisors offer informal feedback as well as supervision and appraisal, through which more formal feedback, support and direction are given.

Informal feedback
A small number of international workers described positive feedback received from service users, colleagues and managers, which was valued as a sign of being appreciated:

Didn’t get any feedback from the manager, but from the senior nurse, who was on the shift, yes, she told me I was doing the things and that sort of thing. In a good way. Nothing written or anything.

(Site 05, International worker [Nurse, Commonwealth]- 520)

I always get positive feedback even from when I go to tribunal reports and feedback that I get from panel members. The consultant here also given me
a positive feedback, as well as my manager and so that’s good to know as well. So that makes you feel as though that your standard work is being appreciated.

(Site 06, International worker [Social worker, USA] - 601)

**Supervision**

Many international workers had good experiences of supervision, although this meant very different things to social workers than to care home or domiciliary care staff. In these social care contexts, when asked about supervision, international workers gave examples of practically focused input, relating to specific issues or direct observation of practice. Such a picture tends towards what Nolan and colleagues (2008) referred to as coaching, rather than supervision in the form of positive or negative feedback given at a specific meeting, and tended to be *ad hoc* rather than planned regular meetings:

*I didn’t, no. I know a few colleagues who have had some difficult situation and they could call the supervisor and come over and just help out. It’s very good, it give you this confidence [laughter] they can come and help you out.*

(Site 06, International worker [Care manager, A8] - 630)

Supervision was important for those who commented on it – valued when it was seen as good and felt to be a serious problem if not:

*The manager I have now is absolutely... and she’s run off her feet. She’s in so many things. But always has time to stop and ask you how you are doing and have a little chat. Haven’t missed supervision since I’ve gotten on her team. Never heard a bad word about her from anybody. That’s absolutely different than any experience I’ve had since I came here. That’s the country and not just.*

(Site 02, international worker [Social worker, Commonwealth] - 217)

Social work supervision was more likely to be regular and to focus more widely on cases, ongoing training needs and theoretical application as well as on personal issues, which have been typically seen as part of social work supervision over many years (Noble and Irwin 2009). For example, this international worker valued the opportunity to explore issues in more depth rather than being too ‘task oriented’:

*The supervision that I got here was much more ... we discussed cases but it wasn’t task-oriented like, “What did you do?” “You need to do this” sort of type of supervision... here we were able to talk more in-depth about cases in terms of the thinking and formulation, applying a bit of theory to the supervision. And then also the manager would check in with me to see how I was doing. So it was wonderful.*

(Site 06, International worker [Social worker, USA] - 601)

Fewer international workers discussed appraisals and some of the comments about appraisals seemed to be very similar to supervision, although possibly with a more formal flavour. For example, this international worker described
having ‘appraisals’ every three months, which involved an overall check on progress and identification of training needs:

_Just sometimes they just... for three months, they are just telling you you’ve done this one and I cannot... like sometimes a machine or like that they are going to update you. Are you happy to do the training?... Yes [they tell you how you are getting on]. If they are happy with the way you work._

(Site 06, International worker [Care assistant, Philippines]- 605)

**Summary of induction, training and supervision of international workers**

Research from the Department of Health and elsewhere highlighted the importance of proper induction and training for social care workers. The findings from the interviews of this study did not show clear differences between inducting UK frontline workers and international workers. Not surprisingly, the only difference was seen in the form of extra language and cultural support to some international workers. However, length and content, in addition to basic or core element, of induction varied dramatically across employers. There were no observed patterns to these variations in relation to sites of type of settings, local authorities or independent sectors.

Training and gaining qualifications is one of the main non-financial incentives for migrants in general and for international care workers in England. Just under half of the international worker participants in this study had achieved or were working towards NVQs, with 17 having achieved at least NVQ III or working towards NVQ IV. The analysis of the interviews showed that most international workers had equal access to training to their UK frontline worker counterparts. There was no strong evidence to suggest that international workers were discriminated against in terms of accessing training.

Experiences of supervision and appraisal also varied widely among participants. International workers appreciated the informal feedback they received from their colleagues and service users. Many international workers had good experiences of supervision: however, their reflection on such experience may relate more to ‘coaching’ than to supervision.
CHAPTER EIGHT: INTERMEDIATE FACTORS

As discussed in Chapter One, the theoretical framework of analysis identifies a set of ‘intermediate factors’, which interacted with both motives and experience in the sector to influence international workers’ levels of satisfaction and future plans. The relationships between motives, intermediate factors and experience in the sector are multi-directional and by no means ordered; they are also dynamic, in the sense that they are likely to change over time. In this chapter we analyse evidence from the in-depth interviews in relation to some possible intermediate factors, such as: international workers’ levels of skills and qualifications; historical and current links between workers’ home countries and England; and personal factors, including coping strategies, as well as any reported non-work related stress. The purpose of this analysis is to explore the effects of these factors and to examine the theoretical framework in relation to the data provided by participants.

Level of skills and qualifications

Language skills

Being proficient in English was seen to be essential for good social care and social work practice by participants from all groups. A good grasp of English was felt to be necessary in order to build relationships with service users, to work properly with colleagues and to understand verbal and written instructions. People with dementia in particular were identified as potentially finding it more difficult to understand workers with strong accents:

“They need to be able to speak clearly or clearer, because of elderly. They don’t often understand how a person from abroad talks, for example. Even myself, you know, how I speak and sometimes if I ask them one way, I have to rephrase it and say it differently, so they then understand me.”

(Site 02, International worker [Senior care worker, EU14]- 225)

“I think the nursing staff were Bangladeshi. They had two Indian nurses and they were very good, but they are quite difficult to understand. I found that a bit hard. Whereas it was easier to talk to the Irish nurse. One of the nurses was pretty good, but her English was less good than the other one and she was sometimes quite difficult to understand. That did make things a bit stressful.”

(Site 02, Carer - 229)

Working in a second language has been identified as problematic for students for whom English is a second language (O’Connor et al., 2006), and was seen by international workers as an extra stressor. Despite the efforts made by employers when recruiting international workers (see Chapter Six), many had difficulties in terms of understanding and being understood. Often this related to regional English accents.
So at first I don’t understand some words because there are some words not familiar to me, but it doesn’t take time to really understand them, just like here now, even now when they talk about something like they on a [county], they said [county] accent, so I said, oh don’t talk to me like that, I don’t really understand I said [laughter].

(Site 02, International worker [Care assistant, Philippines] - 246)

Understanding colleagues with accents from different parts of the world was seen as an extra difficulty by a small number of international workers:

The challenges, like most people working here from different countries and we all speak English. Sometimes, it’s just problem with understanding others. Because we’re from Poland, Philippines, India and in all world.

(Site 06, International worker [Care assistant, A8] - 606)

Different terminology and slang was also an issue for many workers, including some from English speaking countries, who reported difficulties in understanding requests from supervisors, staff or service users:

The difficulty, because even though in our country we used to speak English, English and American English. When we are coming in here, you are using the Oxford English.

(Site 04, International worker [Senior care worker, Philippines] - 434)

Reading and writing English were also problematic for many of these international workers and several reported support received with developing their written skills. For example, this international worker felt that she had to work harder because of her difficulties in report writing:

Sometime you need to writing, compared to a native speaker who is more fluent, I have to spend more time when I’m thinking about it and writing about it and then to make sure it’s readable. It’s not fantastic, but it’s readable.

(Site 06 International worker [Social worker, Commonwealth] - 609)

Difficulties over accents could interact with other aspects of the use of language, and indeed cultural issues, which could create misunderstandings that could potentially make it more difficult to develop good relationships with colleagues or service users. Issues of speed, tone and volume of speech were all mentioned as potentially contributing to such problems. For example, this international worker described how she had consistently misinterpreted a colleague’s attitude towards her because of her manner of speech. Ironically, this worker also gave an account of having herself been misinterpreted as being abrupt, which she put down to her typical way of expressing herself:

I have had an experience of working quite closely with an Italian social worker and I always think she’s angry with me. I always feel like I’ve done something wrong. I’ve learned that it is actually her way of expressing herself. But it does sounds, quite often she sounds very angry when she isn’t,
I realise that. There are sometimes, you can sound more abrupt and your accent can make you sound more abrupt. I’ve heard that about somebody else that they felt I was a bit abrupt and afterwards when we’d thought it through, it probably was a language thing and it was the way I was expressing myself.

(Site 05, International worker [Care assistant, Philippines] - 502)

Positive relationships with colleagues were seen by several international and UK workers as essential to overcoming some of these difficulties. For example, this worker stressed the importance of good teamwork in this regard:

...one can work as team work, we have team work you have everything, so I don’t find it a problem. The only problem sometime is the language, ‘cause I tell them that I might speak a little bit fast but when I am speaking to them, or they are speaking to me and I don’t understand, they must ask me to repeat myself and I am going to do the same thing cause it don’t make sense with speaking to each other not getting the words the right way. I am going to give you the wrong answer so that is the only thing, the language barrier that is the only thing that, if you met them, you say ‘Hello’, when you talk ‘I don’t understand, can you repeat what you say?’ and so about myself, I say something to them and before you accuse me of the wrong, ask me what I say and I repeat myself again, that is what I say. However teamwork is the key.

(Site 04, UK frontline worker - 426)

As with other aspects of working with international workers, time was felt to improve understanding, both because international workers’ English improved and because UK colleagues became accustomed to understanding accents and ways of speaking:

I think they’re alright. The communication isn’t [wasn’t] as good as it is now when they first came, but they’re fine now. They’re just like us; they just fit in.

(Site 04, UK frontline worker - 442)

No, because all the ladies, they are English speaking and I speak English. Maybe not as plain as they do. But eventually, working with them you learn from them. It’s fine.

(Site 03, International worker [Care assistant, other countries]- 317)

**Skills and prior experience**

Many international workers had been employed or had undertaken voluntary work in social work or social care, and related professions such as nursing, before coming to the UK. Over one quarter (26) of international workers had social work (11) or nursing (15) qualifications, although more international workers (26) referred broadly to experience in nursing. As we saw in Chapter Six there was some confusion about whether and how overseas qualifications could be recognised in the UK and what kind of further training or education was necessary.
Furthermore, many international workers had also worked in a very wide variety of unrelated occupations before starting in social work and social care. Consequently, such workers are likely to bring with them many different skills and experiences. The most common sector in which international respondents had worked was retail, followed by accountancy. Given the age profile of the social care workforce, and age range of people starting their first jobs, it is likely that UK social care workers have a similarly broad range of prior experience. This is the full list, in descending order of popularity:

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<td>Hotel and Catering</td>
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<td>Journalism</td>
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<td>19</td>
<td>Medical technologist</td>
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<td>20</td>
<td>Working with racehorses</td>
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**Professional skills and knowledge**

Many of the international workers had social work or nursing qualifications and had worked for several years in their home countries as nurses or social workers before deciding to come to the UK.

> Most social work jobs in Africa is, counselling, counselling, counselling, then capacity building, telling them, advising them on how to manage, how to do family planning, no kids, and they will make sure you get the children that you can spend for financially, and all that.

(Site 06, International worker [Care worker, Nigeria] - 602)

Having a nursing or health related qualification was often seen by international workers to be an advantage in terms of the skills and experiences they brought to social care work in the UK. This benefit was also explicitly noted by several UK frontline workers:

> It’s like I’m qualified. I was a qualified health worker. So, if someone has a problem, a health problem, so I know that he has that kind of problem. Just like one lady, she has a colostomy and I know the social services she has and what kind of nursing needs. That makes me very easy to work.

(Site 02, International worker [Care assistant, other countries] - 238)

> It can be an advantage, I suppose. We are not actually a nursing home, but it’s surprising the little things that you can pick up, just from hearing them talk.

(Site 02, UK frontline worker - 214)
Other benefits of nursing experience included good relationships with medical staff and an understanding of systems that could change the attitudes of other staff members, for example in promoting the value of recording:

...even before I came and [joined] that home to be a manager the home was having so many many problems and the medical people like the doctors and the district nurses and so many people were on the verge of trying to close it down, but we have built a really good relationship with the whole health professionals as well social workers.

(Site 02, International worker [Social worker, Zimbabwe] - 212)

In here, if you see like you’ve got one English carer who doesn’t appreciate anything, any paperwork, anything. I can see why is it good and why is it necessary. I think the fact that I can actually encourage others to do that as well.

(Site 02, International worker [Nurse, A8] - 244)

However, being prevented from practising professional skills in the UK (usually because of difficulties in qualification recognition) was frustrating, for some international workers, particularly when it meant having to attend training for things they had been doing for years in their home countries:

...but here, no – entirely different here – if now I go also, I can’t do injections, if I want to do injections I have to go through procedures – separate courses, may be only one or two day course but I have to go for them if I want to do these procedures, not like that back home.

(Site 02, international worker [Nurse, Commonwealth] - 313)

Other previous experience in related fields

Many international workers had worked with people with a broad range of needs, in different kinds of caring professions and health and care settings. However the nature of these settings might not map perfectly to similarly named agencies in the UK, as noted by one international worker:

I have finished from the university Physiotherapy, and but I have taken part in what we call back home, care giving practices, it is almost the same as carers here, the names, the title of it is different.

(Site 04, International worker [Care assistant, Philippines] - 429)

I work – I started working in HIV and Aids and I join in a non-governmental organisation as I did not want to work with the government because I wanted to really work very closely with the community.

(Site 02, International worker [Social worker, other countries] - 205)

A small number of international workers had been working in care homes as nurses or nurses’ aides in a variety of health and social care fields on a voluntary basis before coming to the UK. In some countries, international workers reported that much social work was undertaken voluntarily.
Before I go into work, I do voluntary work. In Malaysia, social work is not something that’s a paid job. It’s something people do on their own basis and on their own interest, which is highly respectable.
(Site 06, International worker [Social worker, Commonwealth] - 609)

**Historical and current links between home country and England**

International workers from certain countries may have some historical and cultural links with England in general, while others, such as those from the Philippines, have specific links in terms of the long-standing provision of qualified health and social care workers for exportation. In relation to the care sector, such links have an effect on some important factors such as how similar/different service organisations are, cultural differences in care approaches and their corollary, learning new policies and legislations. Similarly, economical and political relations impact on how international workers perceive their distance from home and also in terms of the practice and importance of remittances. Workers from former British colonies in Africa, for example, generally felt comfortable with the English language as many went to schools which followed something resembling the English system. However, these workers still struggled with local accents, terminologies and other language nuances, as is discussed above.

As is discussed in more detail in Chapter Nine, one of the main issues highlighted across different groups of participants was the impact of cultural differences in the assumed duty of care. Among a number of international workers, as well as employers, expectations about ‘who’ should provide care for older people and adults with learning disabilities were important, and the shift of such responsibilities from the informal to the formal domain was seen to be crucial in the process of international workers’ employment in the sector. The UK’s formal system of care was new or unusual to a number of international workers; others found that care was provided in a considerably different way to their home country. This was observed among workers from Africa, as well as from other countries, as these workers from Kenya, and the Czech Republic explained:

*You don’t get so many care homes back home. The families which are coming up we tend to take care of our parents when they get older and grandparents.*

(Site 04, International worker [Care worker, Commonwealth] - 432)

*It’s just probably in Czech Republic by the time I left Czech Republic there was still the culture of nurse or carer is the boss. The resident has to listen. And that’s what I like in this country [England] that, the residents is actually the person who you work around, who is the one who is starting the care plan and everything.*

(Site 02, International worker [Nurse, A8] - 244)

One of the main themes identified in this context was the difference between the organisation and management of services in England and in workers’ home countries. Many international workers recalled that it took some time for them
to grasp these differences; this was particularly the case for social workers, where extensive knowledge of systems, regulation and legislation are essential:

I think the emphasis is just different, simply because, in Holland we don’t have Social Services. It’s a completely different system. It just means that the education is different, because it’s tailored to the country that you are in. I think the main aspects, the social work models and the communication skills and the main things have all been the same as the university, I think. It really is the little bits, the legislations and stuff like that that’s different.

(Site 04, International worker [Social worker, EU14] - 414)

Social work and nursing in the UK were felt by several international workers to be more specialised compared to practice overseas. Furthermore, UK social work was felt to involve less direct intervention with service users and also to be more narrowly defined. Partly this was seen to be about the different systems and ideas, but also about different levels of infrastructure:

... this side, when you do general nursing and nursing, you can’t do general problem. You have to be an adult, concentrate on adults, others will specialise on kids here.

(Site 03, International worker [Social worker, Commonwealth] - 310)

[In Canada] we were the people that did behaviour modification with the children, so we did a lot of hands on stuff. When I came over here, I just felt that I was totally de-skilled and absolutely... it was really really difficult.

(Site 02, International Worker [Social worker, Commonwealth] - 217)

Differences in decision-making processes were also described by a number of international workers who felt that in England they had less decision-making power, and that they would like to have more responsibility. A number of them, (eight), when asked what would make them more satisfied with their jobs, simply answered ‘I want to have more responsibilities’. This South African worker expressed an aspiration to have more independence and autonomy:

So that’s the difference, [here] we are more dependent. [Here] you cannot take your decision, you can, but in terms of how much is less decided ... makes you [want] to be updated all the time. You know, to exercise your mind and to learn even more.

(Site 03, International worker [Social worker, Commonwealth] -310)

In contrast, some workers from countries where social care education and organisation is similar to that in Britain, or those who attended courses originally designed to meet British standards, did not feel such transitional needs and were able to ‘hit the ground running’:

Yes. We are taking nursing course in the Philippines for us to go abroad because if we’re going to work there then it’s useless. It’s in our mind if you’re going to work outside.

(Site 04, International worker [Senior care worker, Philippines]- 440)
I did my diploma in social work in Malaysia, because that diploma it's like a DipSW here. The course was developed by the University of Oxford Brookes, working together with one of our leading, old, like here Oxford or Cambridge, from one of the leading universities in Malaysia. They developed the course and I was one of the first batch and I got my degree, my diploma in social work from that.

(Site 06, International worker [Social worker, Commonwealth] - 609)

A small number of international workers emphasised the comprehensive nature of the professional qualifications achieved in their home countries, which they felt provided good preparation for working in social work or social care in the UK:

I did a Masters Degree in... social work, which was 100% research thesis, which I believe is quite different again in to the UK experience. I believe the course work has a shorter dissertation. It was a two year course... The social work training has a reputed counselling input, very very strong. Case management and we had role playing with all sorts of things in terms of the casting process. We took supervision in terms of the actual interviewing skills, etc.

(Site 06, International worker [Care manager, Commonwealth] - 618)

**Length of stay in the UK**

As discussed in relation to many aspects of working in the care sector, including relationships with colleagues and service users, knowledge of British culture, language skills, and familiarity with the care system and legislation, 'time' usually improves outcomes and is part of the integration process for international workers. However, participants with variable lengths of stay in the UK had been able to secure jobs in the social care sector for a number of reasons, mainly related to demand and supply, as discussed in Chapter Three. Being in a new country brought a number of burdens to any migrants in itself, and working in a demanding and culturally sensitive job such as social care could exacerbate what was already a stressful time. Some workers' early experiences in the UK could have a lasting effect, as this recollection shows:

Because I now know what it's like to be discriminated against, if that makes any sense. I think when you are on your own it's all... You are just you and I think that was quite a shock when I first joined. I wasn't just me, I was actually, that foreigner. It has been quite eye opening, really. I think, it's something that made me understand discrimination a bit better, because I've been on the receiving end of it. It made me more careful.

(Site 04, International worker [Social worker, EU14] - 414)

A longer length of stay was felt to bring many other practical benefits, largely resulting from a more secure immigration status, which in turn opens up a number of opportunities, including the potential to pay less for studying:
The thing is that, a lot of people, I’m telling you international students struggle to—sometimes you can’t imagine how people are coping, honestly. Maybe you want to do a degree in social work. You have to pay close to £10,000/£8,000.

(Site 04, International worker - 439)

A lack of experience in the UK was identified by a small number of international workers as a barrier to getting work in the country. Two felt that not enough weight was given to experience gained in their home countries, which prevented good workers coming to the UK to fill gaps in the social care workforce:

It [equal opportunities] is there on paper but in reality it is not really an opportunity, I don’t know whether it is the – I don’t know whether it is the criteria they are using, or this experience thing, that they want you to have experience in the UK, is what put a lot of people out.

(Site 02, International worker [Social worker, other countries] - 205)

As we describe in Chapter Eleven, many international workers had aspirations to develop their experience and skills in social care. Many international workers in the research sites gave accounts of having already moved posts between areas or to different kinds of social care, in order to gain experience and skills:

In a care home, yes. Working with learning disability. I went in the learning disability for quite a long time, about five years. Now I’m working with young adults.

(Site 04, International worker [Social worker, Nigeria] - 445)

As discussed Chapter Ten, many international workers had moved away from particular posts to escape racism or bullying. One worker explicitly connected the fact that she now had three years’ experience with a lower likelihood of being ‘bullied’ by colleagues and managers:

But when I moved in here because I’ve got three years experience working in nursing homes so they can’t do that to me because I know what I’m doing and they’re starting to bully me I can - I know what I’m going to do. I can fight back now because I know what’s wrong or what’s right.

(Site 06, International worker [Senior care worker, Philippines] - 607)

**Personal factors**

In addition to the difficulties of fitting into a new culture, and considerations relating to the culture of a worker’s home country and the organisation of its systems; individual factors affecting international workers are numerous and can be directly linked to the experience and integration process as well as to workers’ levels of expectation, satisfaction and future plans. International workers participating in the study reflected on a number of personal or individual factors that were important to their experience in the sector. More than half of them (50) talked about non-work related stressors in their lives; workers from the Commonwealth and the Philippines seemed to endure more non-work related stress than others. However, many other workers explained
how living in a new country without credit or bank history, for example, complicated basic life essentials such as renting a flat, installing a phone line and so on. We described in Chapter Six how employers often gave support and help to newly arrived international workers in these kinds of areas. As this Polish worker explains, however, these kinds of stressors are likely to alleviate as a worker’s length of stay in the UK increases:

In the beginning, especially in the beginning when you don’t have a credit history. I found it many times, because I’m Polish, people didn’t trust me to rent flat or even to take a loan for a car, for a first car. I couldn’t get it because I haven’t been here long enough. It’s just difficult.

(Site 05, International worker [Senior care worker, A8]- 518)

Non-work related stress
The major non-work related stressor mentioned by participants was ‘money’, necessary either to complete a course of study, to look after a family in the UK, or, in a considerable number of cases (22), to send home for partners, parents or children. The latter appeared to be particularly important for workers from the Philippines. Indeed, the low paid nature of social care work was a very common complaint and a cause of some disappointment about social care work, as discussed in Chapter Eleven. However, money was not the only stressor; for a number of workers who were away from their families, particularly their children, this was a major source of anxiety and distress. Similarly, those who had decided to immigrate due to unrest in their country of origin might have gone through traumatic events that were difficult to overcome:

It was soon after a tragedy, I’d lost my mum and dad and my sister’s two kids. They all died at the same time. So, I was quite distressed in that moment of which I never thought that one day I might travel and have an opportunity to come over here.

(Site 01, International worker [Care worker, Commonwealth] - 116)

Some employers were aware of the possible emotional burden of separation from family and loved ones, as this employer indicated:

So we obviously kept an eye on them [international workers], that they weren’t low or depressed or really pining for home.

(Site 05, Employer - 509)

The implications of economic needs are various and international workers adopted different strategies in addressing them. Data analysis showed that many international workers were employing ‘positive’ strategies, ‘income-maximising’ in the form of working in more than one job, working in higher rate shifts such as at night and at weekends, and working as many shifts as possible. However, the interviews did not reveal much of what are called ‘negative’ strategies or ‘expenditure-minimising’, as identified in the literature (Beneria and Roldan 1987; Gonzáles de la Rocha 1991; Datta et al. 2007). It is possible that some of the international workers employ ‘expenditure-minimising’ as well; however, they did not discuss this in detail. The need for money was acknowledged by
employers and there was an understanding of why international workers were willing to take up more shifts; in some cases this willingness was seen to be misemployed or taken advantage of:

_I don’t know what we’d do without them [international workers], really. If ever anyone goes on holiday, one member down- we’d had a couple of girls [UK frontline workers] off sick and they’ve covered their shifts. They need to send this money home, so they look for the extra money all the time._

(Site 04, Employer - 441)

_Sometimes they [international workers] are taken advantage of by the managers and work shifts maybe that they wouldn’t be expected of their English counterparts._

(Site 05, Employer - 505)

**Juggling work, family and study**

The social care workforce often have to juggle many responsibilities in addition to their work, which is emotionally demanding, as explained in other parts of this report. Many international workers in this study had to undertake a number of courses and qualifications, either to get their original qualifications recognised or to gain UK -recognised qualifications above those of the average UK frontline worker. In addition, they were usually faced with higher financial demands, as explained above, and took on a higher workload in order to meet them. Given that child-care in England is expensive, and that to maximise income all the adults in a household tended to work more than one job or longer hours, it was no surprise that a large number of workers felt that juggling work, study and family commitments caused them considerable stress:

_Just try to juggle because I have two younger children, juggle, try to help my children with school and I have everything to prepare for them and come to work and make arrangements for them to go to after school and study during the night so._

(Site 02, International worker [Care assistant, other EEA] - 247)

However, even those with high workloads were willing to take on more work, where possible, for financial reasons:

_I only have this job. I’m working for 46 hours. I’ve been in college last year and I’m in college this year already that’s why I couldn’t do a second job._

(Site 06, International worker [Care assistant, A8]- 606)

As discussed in Chapter Nine, many international workers gave accounts of positive relationships with managers, who had offered support in terms of flexibility when they needed time off to study or for a family matter:

_My manager has been very supportive. Last, a couple of months ago, my dad has been very ill over the last year, really. They’ve been very flexible with_
giving me time off when I needed to, to allow me to fly home. Very flexible around leave at Christmastime and things.
(Site 04, International worker [Social worker, EU14] - 414)

This was mirrored by some employers’ comments:

I always make it clear that if they have any problems or feeling down, because you are so far away from home, my office door is always open and they can always come and speak to me. I may not help as they would like but at least they have somebody who they can come and talk to, and by talking it sometimes helps.
(Site 02, Employer - 213)

Coping strategies
The main coping strategy that international workers described using to deal with both work and non-work related stressors was to take things ‘home’ and in many cases just ‘cry it out’ with their partners.

No I didn’t tell [about an abusive incident] because I was still new and I, it’s not nice talking about somebody else. I just was upset in my heart and I was sometimes crying at home. But I couldn’t go to my manager and say, look, because I don’t want it. Because I told them, what was going to change?
(Site 06, International worker [Care assistant, A8] - 606)

Employers identified the presence of existing communities of people from the same background and the availability of family and friends as key elements in determining how international workers would cope with different stressors, including incidences of discrimination:

There is that culture difference and feeling being discriminated against as the Polish girl express that but she is really okay because she has a lot of people from Poland that she can mix with and communicate.
(Site 03, Employer - 301)

Length of stay in the UK was an influential factor here as well, where those who had been in the country and in the sector for longer acquired more skill in identifying problems and better knowledge of how to access support.

Some workers wanted to feel included, to do their best to integrate with other workers and not to be seen as causing any trouble. They were very keen to mix with the English community and not only to rely on existing local communities of their own background. As these international workers explained very eloquently:

I force myself to do that [to be included]. I force myself to do it, because it wasn’t easy. When we first started, people were not talking to you. They won’t come to you and talk to you. You have to pave your own way, first.
(Site 01, International worker [Care worker, Commonwealth] - 120)
If you really want to understand them [British people] well, interact, mix very well with them and you’ll get it out. So that has been what I’ve been doing and it has been very, very helpful. So that’s just one of the advice I will give people, not saying, “Oh, no, I can’t do with this one.” No, no, no. The church that I attend, most of them are White and I’m involved with so many activities as a TV cameraman, video cameraman, I take photographs. I do everything, so I will understand the way they speak. I will understand what they eat. I will understand everything. So indirectly, it’s helping me with my job. So that I’ve been doing, I’ve been coping. And I always advise people, especially Black Africans, don’t run away from people. It won’t help you.

(Site 06, International worker [Care worker, Nigeria] - 602)

Sometimes just working hard and staying busy is a coping strategy:

Participant: Sometimes just you try to keep yourself so busy. I like to be busy but because last one and half year I was working for two jobs and I was working for actually three days off per month so it was hard at the same time, I had family.

Interviewer: You are doing everything aren’t you?

Participant: Yes, and do driving - everything just found it a little bit difficult now, I need a little bit come down and to have some more days off.’

(Site 02, International worker [Support worker, Commonwealth] - 231)

Summary of intermediate factors

This chapter presents an analysis of how different factors such as skills, historical and cultural factors, length of stay and personal factors affect motivations, experiences and outcomes for international workers, the quality of service that they provide, and the workforce more generally. There are many overlaps with other parts of this report, because of the multi-directional and fluid nature of relationships between these elements and each part of the theoretical framework. In terms of skills and qualifications, language appeared to be the most important element. Language skills were found to be vital to ensure good relationships with employers, staff and service users as well as helping international workers to integrate and feel confident in their work.

Before moving into social care work, international workers had a wide range of experience across a wide range of related and non-related fields. Many international workers come to the UK having had social work and nursing experience: such experiences did not always translate directly into the UK context, although the differences were often seen as advantageous. Difficulties arose for some international workers, however, in understanding the system and the culture. For example, some social care workers found it hard to adjust to the formal nature of much care for older people in the UK, which was usually provided informally in their home countries. As we have seen elsewhere in the report, some connected this cultural difference with a more caring approach. ‘Time’ was seen to reduce some of these difficulties as international workers learned coping strategies and better relationships built up with colleagues and service users.
In addition to the difficulties of working in a second language and different culture, international workers faced stressors in terms of finance and family pressures. International workers participating in the study reflected on a number of personal or individual factors that were important to their experience in the sector. More than half of them (50) talked about non-work related stressors in their lives; workers from the Commonwealth and the Philippines seemed to endure more non-work related stress than others. Data analysis showed that many international workers were employing ‘positive’ strategies, ‘income-maximising’ in the form of working in more than one job, working in higher rate shifts such as at night and at weekends, and working as many shifts as possible. However, the interviews did not reveal much of what are called ‘negative’ strategies or ‘expenditure-minimising’, as identified in the literature (Beneria and Roldan 1987; Gonzales de la Rocha 1991; Datta et al. 2007). Despite the support from some managers, who had often been supportive and flexible, many international workers felt they had no outside support to deal with problems at work or at home.
CHAPTER NINE: INTERNATIONAL WORKERS’ EXPERIENCES OF SOCIAL CARE WORK

This chapter describes facets of international workers’ experiences of social care work in England. In order to throw light on issues of particular relevance to international workers, the first section outlines a set of common experiences and perceptions, which cover familiar issues such as satisfaction with the caring nature of the work and a strong sense of commitment to the role, which have also been found in other studies of social care workers (Coffey et al. 2004). Common sets of demands and challenges were also evident from the interviews with international workers and their UK counterparts. High workload levels, emotional demands, challenging service users, administrative work and low pay were frequently cited as making the work more difficult. Again these are typical of difficulties faced by UK social care workers (Coffey et al. 2004).

The following section outlines perceptions of relationships between international workers with managers and colleagues, respectively. This mostly focuses on the positive elements of the relationships; bullying, mistreatment and racism are covered in Chapter Ten. Many international workers gave positive accounts of working relationships and how they have been treated, although for some, isolation was a problem.

Working with people from different cultural backgrounds has been identified both as creating the potential for learning opportunities and as bringing possibilities of conflict and misunderstanding (Torry 2005). Here we explore themes emerging from the interviews in the study sites, about the interaction of workers with different cultural backgrounds. The value of mutual respect and understanding, the complex nuances of interpersonal interactions and the perceived impact of personality and familiarity were all felt to contribute to the level of harmony between workers or between workers and service users.

**Common experiences of social care work**

Many of the accounts given by international workers of working in social care services reflect common experiences in the sector. International and UK workers reported satisfaction with their work and enjoyed the sense of caring for people. These findings are very much in line with existing evidence about job satisfaction among social care workers (Coffey et al. 2004). The basic challenges of the job, which have been shown to be stressful (Coffey et al. 2004), might lead to shorter working lives in relation to other occupations (see Curtis et al. advance access in respect of social work).

**Valuing the Caring Role**

A commitment to caring for people was at the heart of many international and UK workers’ experience of social care. International workers reported deriving great satisfaction from the work, as did many UK workers, although there was a slight suggestion that this aspect was stronger for international workers:
That particular woman said to me, she said, she said, you are the only one I remember who stood there and spoke to me and she smiled at me. I thought, you couldn’t have seen me. She said she could. You never know the unconscious mind. She was unconscious, but she was sedated. She said you were the only one who treated me like a human. That means such a lot. I’ve never forgotten it. I’ve never forgotten it.

(Site 02, International worker [Care worker, Commonwealth] - 248)

What I get out of it is the fact that you’re looking after somebody for somebody else, and you’re doing everything for them, and even if you just clean their glasses they say ‘thank you very much.’ It just makes you feel you’re doing something good. I love that.

(Site 04, UK frontline worker - 443)

A sense of emotional connection appeared to be central to this satisfaction with the work. For some international workers, this entailed developing understanding and working out good ways to provide care:

With him, it was different, because there are so many things that I had to challenge myself on how to come up with things or how to encourage him to take walks and going to the gym and going swimming, those kind of things that I had to find a different way of how to think and how to be with him.

(Site 02, International worker [Support worker, Commonwealth] - 231)

Treating care home residents as ‘family’ was another common theme, again more typically expressed by international workers (as noted by Gordolan and Lanani 2009). For a small group, working with older people reminded them of parents or grandparents, which, in itself, created a positive emotional connection:

They are really fun, sometimes. I miss my grandmother. They look like my grandmother, so I think they are special.

(Site 06, International worker [Care assistant, Philippines] - 613)

Demands and stress

The perception of a positive emotional connection, as described in the accounts given in the previous section, has sometimes led to social care and other caring occupations being termed ‘emotional labour’ (Barron and West 2007: 2160). However, this emotional aspect of the work can lead to many demands and stressors. High workloads were identified as stressful, partly because of a consequent sense of inability to provide good care. Further, when service users die, this may be emotionally painful for workers, again partly because of the level of emotional attachment. Working with people with high levels of need or who are lonely is emotionally demanding for similar reasons. These emotional responses are intensified by the demands of working for low levels of pay, with service users who have challenging behaviour. Similar accounts of these kinds of demands and stresses were given by UK and international workers.
Workload
Many international workers described highly pressured work, often created by staff shortages or high service user to staff ratios, which generated stress: ‘We don’t have octopus hands’ (Site 02, International worker - 228). Social care was also commonly identified as being heavy and tiring work. Having to complete home care visits within a certain time or having to adjust to the different needs of service users and their families were identified as causes of stress by international workers. Being expected to ‘cut corners’ and not undertake what was perceived as good care was another stressor, viewed by some as a more important element of stress. Similar to UK social workers, international social workers also reported the stress of high workloads and staff shortages (Coffey et al. 2004):

Everybody wants to go to toilet first. Everybody wants to go to bed, first. That’s not possible. If they want it should be one to one carer. It’s not possible to provide one to one care... They are not happy with me. That makes for stress. I’m trying to help everyone and they don’t understand me, so that makes me stressed.

(Site 02, International worker [Care assistant, other countries] - 238)

I mean, we work with people and if something goes wrong, you could potentially really mess up someone’s life. And, that sometimes means that you have to do other things at the same time. Everything is urgent. Sometimes that’s stressful. Sometimes you have very long days, because of that.

(Site 04, International worker [Social worker, EU14] - 414)

Such views were echoed by several employers, who recognised the stresses and workload, particularly in residential care:

Yeah that’s big reason when you say to people why would you want to come out of residential care, a lot of people - I mean some homes are wonderful, yeah but a lot of people just can’t stand it. They say it’s just awful... I think in some homes, I mean you’ve got half an hour to get twenty people’s breakfast... I think you might have an old lady crying and saying "I feel lonely, can you sit with me for ten minutes," and you just can’t.

(Site 02, Employer - 234)

Emotional demands
In addition to a sense of overload, social care work by nature is emotionally demanding, which was another important aspect of the work experienced by all workers. Together with the general emotional response to the needs of service users, a small group of UK and international workers spoke movingly about their feelings after the death of people they were working with. Their accounts suggest a common element of response to such situations and illustrates how the positive sense of caring obtained in the social care role is interwoven with the more distressing and demanding nature of the work:
I think there is one part of this job that you've got to be strong about, which is when you know someone is on their deathbed. That is the hardest job. We have got someone now and it's heartbreaking because they say to you 'Don't get close to them,' but you do. You get close. When you know that person you've been looking after for years, having a chat to, having a laugh with, and you know they're lying in bed dying, and then they die, that is the hardest thing because it still hits you.

(Site 04, UK frontline worker - 443)

But I just make them feel that I'm sort of like their family looking after them. But aside from that I said because if you, I have ones that I get really attached with them but it's really very hard when you lose one. I nearly lost her, so I said no, no, no anymore, it's a lesson for me. Although before having been told to us not to do that, you shouldn't do that. I don't know you get some sort of like emotional attachment to a particular person, sort of like the favourite one.

(Site 02, International worker [Care assistant, Philippines] - 246)

**Working with challenging service users**

Working with service users with particularly high-level needs for support or challenging behaviour, for example, some people with dementia, was another source of stress for participants in this research and is identified as a stressor in other research as well (Coffey et al. 2004; Gordolan and Lalani 2009). For example, this international worker found the behaviour and the unpredictability of some people with learning disabilities quite stressful, which was echoed by another UK worker:

*It's very difficult to accept everything. We've clients that have memory problems and learning difficulties people that you expect, they've got difficulties in different areas and we get those words [swears], you know, like they will call you all sorts of names. But when you go back, you find it's a different person.*

(Site 01, International worker [Care worker, Commonwealth] - 116)

*Everything – the full package. It can be, because your residents can be challenging and upset and other days, it can be all calm and serene and nice. From one day to another, you don't know what you are going to get.*

(Site 01, UK frontline worker - 111)

**Administrative work**

Increasing paperwork was a common complaint, identified as a problematic issue in social work particularly (Curtis et al. 2009), and exacerbated by the perceived inadequacy of administrative support. This social worker explicitly recognised that such problems were generic rather than being related to being an international worker:

*We need to accommodate to the change. As a practitioner, not as a foreigner, as a social worker, because a social worker, they don't have enough time, because they keep changing and loads of paper... I know they*
are trying to be everything in writing and everything, yes. It is true. We are spending more time on the paperwork than we are spending time on the social work.

(Site 06, International worker [Social worker, Commonwealth] - 609)

But whilst you are doing all your paperwork, you are not doing your caring that you should be doing. I’d much rather be doing something physical than paperwork.

(Site 02, UK frontline worker - 214)

Low pay
Unsurprisingly, low pay was a source of dissatisfaction for many international and UK workers, who tended to feel that the work was underpaid in the light of some of the stresses outlined above:

Pay, I think looking at the job is the hard job, so it should be paid a little bit more. Stressful mentally and physically and stressful.

(Site 02, International worker [Care assistant, other countries] - 238)

The only things that would put me off is that some sectors in social care are very lowly paid, very badly paid, and do you know such as working in some private residential homes and things like that it can be quite difficult.

(Site 01, UK frontline worker - 101)

Working for agencies
There has been an increasing use of agency workers to cover staff shortages in many sectors of the workforce, including social care (Forde and Slater 2006; Cornes et al. 2009) on an ad hoc basis (Lyons and Manion 2004). Furthermore, there is some evidence that migrant workers are over-represented in agency work (Jayaweera and Anderson 2008), as identified by the interviews with recruitment agencies, who spoke of this type of work as a stepping stone into the UK and/or social care (Hussein et al. 2008a). As recent research suggests, agency workers’ experiences may differ from those of staff working in permanent or even temporary posts (Cornes et al. 2009). A small number of workers in this study described their experiences working with agencies, including a number of positive aspects such as good pay, flexible hours and the chance to experience a wide variety of settings. Negative aspects included a lack of training and supervision, and the difficulty of learning to operate in a succession of different areas. All of these issues are typical of the general experience of working for agencies:

I worked for an agency to start with and that really helped me, because it put me in different positions and it helped me develop an overview of different areas of social care and social work and that was useful for me.

(Site 05, International worker [Social worker, EU14] - 503)

I think just a longer term placement, really. I find with... You are finding your feet. And the thing comes to an end.

(Site 06, International worker [Care manager, Commonwealth] - 618)
Working relationships

Overall impressions of the relationships with employers and colleagues are a key facet of the experience of international workers in social care work. This section outlines the general quality of relationships, including working with people from different cultures. In Chapter Ten we describe some of the specific problems encountered, including experiences of racism and how international workers were supported in addressing such difficulties.

Relationships with employers

Many international workers described supportive relationships with managers and supervisors. Positive factors valued in such relationships included: openness; a supportive attitude; direct help with aspects of the work, including language skills; and a respect for managers’ skills and qualifications.

Support was often described as just being available to talk through problems, as well as more direct help with managing cases or particular skills. Being flexible about childcare responsibilities and the potential need to fly home for family emergencies were also valued. For example, one international worker described how her mentor had helped her use a new piece of equipment, something which she had experienced as very supportive, because of the mentor’s personal approach. Many international workers also gave accounts of receiving considerable personal support, which was very highly valued:

No, because she is so kind to me, my mentor, so I am confident enough to do it. If I don’t know what to do, I will ask her, “Is it the proper thing, am I doing the right way or what?” I have to ask because the first time I used this Arjo hoist I said, “Why is she lying like this?” She said, “Just put it down.” So she put it down. I said, “Ah, right.” I was so scared; I was just holding the resident. Then, “Don’t worry, I’ll sort it out.”

(Site 06, International worker [Care assistant, Philippines] - 604)

Sometime they even see if you have problems at home and you just let them know and they will just find the right people to come in. They are really, really good.

(Site 04, International worker [Care assistant, Commonwealth]- 444)

A small number of international workers stressed the fairness with which they had been treated, and pointed out the lack of discrimination in their workplace, which they described in very positive terms:

Well, actually the management here are very equal. Everybody gets support from them. They give all the trainees all the hours if you want, you know. There’s no limitation. Of course there’s always limitations, but what I mean is they are always giving us equal opportunities. I’m happy that I am working with them in this place.

(Site 03, International worker [Senior care worker, Philippines] - 316)

However, another small group of international workers described very unsupportive or authoritarian managers, who were a source of additional stress.
Some of these participants had moved on from posts in which they had experienced these problems and also gave accounts of more positive relationships with current managers:

> Well, the home I started with... the manager there, I should think she was more of authoritative in a way, whatever she says because this is how she feels and that's it. But even when you say no, I don't think that way, I think this would be better than that way, so it's like we are not really taking her instructions. You know, she interpret that way and yet, maybe whatever you say, you didn't mean to you know say it in a manager's way. You just further if you have to clarify things, but because this is what she wants that's it. You know, she is a bit more authoritative and bureaucratic.  

(Site 03, International worker [Social worker, Commonwealth] - 310)

**Relationships with colleagues**

Positive accounts of relationships with colleagues were given by over half the international worker participants, including people working in social work teams, independent sector care homes and domiciliary care services. Similar numbers gave positive accounts of their relationships with managers and supervisors. Many UK workers also gave similar stories of positive relationships. Such accounts tended to include good communication, good team working and being able to call on support when needed, as typified by this international worker:

> I like my team colleagues. They are very friendly. It's nice, always everybody say nice bunch of people... Sometimes you don't understand, you just ask, up to you if you want to get things rolling, so you can ask rather than sitting. Otherwise you can't do it. So if I don't understand, I can ask anybody or ask manager.  

(Site 06, International worker [Social worker, Commonwealth]- 609)

Several UK workers also described positive experiences of working with international workers, praising their commitment and knowledge, which were often felt to be as good if not better than their UK colleagues:

> To be honest most people I have worked with have been quite knowledgeable, they have been – they have known about it, they might have worked previously before in the same area, so most of them have been quite knowledgeable.  

(Site 03, UK frontline worker - 302)

Team working was stressed by a number of these UK and international workers as the basis for good relationships:

> We all just work together anyway, we normally have three staff so like today I have been with two Filipinos this morning and myself this afternoon it will be two Filipinos and (name), Jamaican, just a variety really but I get
on with any of them really, just work as a team, that is what it is all about working with a team.

(Site 03, UK frontline worker - 323)

Such mixed teams were felt to bring benefits for the standard of service, as discussed further in Chapter Twelve. For a small number of international and UK workers, working in teams with people from many different nationalities and ethnicities was highlighted as a positive experience:

I think it adds loads to a team to have people from different countries, working. You have a different background and you’ve got different, you can have a different outlook on life and everybody brings something to a team and I think if you were from a different country, you do add a lot. For it’s always been positive and not problem.

(Site 05, International worker [Social worker, EU14] - 503)

However, many international workers also felt that they tended to work harder than their UK colleagues and this could be a source of friction, as described in Chapters Ten and Eleven. Such views were, unsurprisingly, not voiced by many UK workers, although some of the employers and human resources managers shared this impression:

Sometimes, I’ve been telling, we are different nationalities, different you know, the hardest the work - I don’t know how they work, as Filipinos, we are the one who is always pushing – or when the resident call, we are the one who is always answering them. So we have to always, always - that’s why there is sometimes argument.

(Site 06, International worker [Care assistant, Philippines] - 604)

Social inclusion

Social exclusion has been identified as a problem for migrant workers (Martínez-Lucio and Perrett 2009). One aspect is inclusion in social events relating to work; Many international workers (32) made specific reference to being included in invitations to work-based social events, and about half of them described participating. In other cases, it was the decision of the international workers not to attend social events, because of family responsibilities or other personal reasons. This international worker was typical of those who appeared to be most socially included in this way:

No. I always join with the group. I always—I always contribute myself to every activity and I do want to segregate myself to them. I’m a type of person who is always enjoying myself being with the group.

(Site 03, International worker [Care assistant, Philippines] - 322)

A small number tended not to go when asked because of the tendency for social outings to be related to alcohol; such patterns of socialising can lead to unintentional exclusion:
...because I am not smoking and drinking, I was sometimes surprised, ah this is the culture, because when I work in [area] my colleagues they are always asking me let us go out for a night out, so that is the one I don’t like.

(Site 03, International worker [Senior care worker, Philippines] - 324)

Relationships take time to develop and several international workers noted how it took time before they felt properly part of a team or were included in social outings. Feeling comfortable with the culture was also seen as important:

Yeah. I think, in my last job, I couldn’t socialise so easily. At that time, I was quite, I was absolutely unfamiliar with the British culture and the way they talk and everything was totally different. It has taken me nearly two months to get on with them. But now, I can get on quickly. In a month, I was like, I have been here for a long time, I was like that.

(Site 02, International worker [Care assistant, other EEA] - 247)

When I first came over to the UK and certainly like in any post as a foreign worker I think it takes you longer to kind of get good working friendships.

(Site 05, International worker [OT, Commonwealth] - 516)

Only two international workers described their work relationships simply as being work based and ‘polite’:

I did my job. I was polite for everyone. They were polite for me as well. Just because we are working together and colleagues in the workplace, that was the relationship. No other.

(Site 02, International worker [Care assistant, A8] - 221)

However, a group of international workers reported a sense of more general isolation, described the dislocation they felt in being in a foreign country, or had experienced problems in making English friends, which caused some distress:

I’ve been okay in as much as, I’ve got family here. But and that’s been hard enough, because sometimes your support system has gone. There is a sense of feeling dislocated, which can be quite overwhelming at times.

(Site 06, International worker [Care manager, Commonwealth] - 618)

I’ve got my daughter here and my husband is here. It’s just family life is fine. The thing is that, I don’t have a lot of friends. My close friends, they are all Chinese. It’s difficult to make English friends... I had some English friends, before. Like sometimes I ask them to come to my house and to have tea or something to eat. Some of them just refuse and I don’t understand why.

(Site 06, International worker [Care worker, other countries] - 629)

One group of international workers and employers gave accounts of being able to understand and fit in with English culture quite easily. For some, especially those from Western Europe or from places with experience of English speaking people (for example the Philippines), this was felt to be relatively easy. However,
others described how acclimatising had meant a level of compromise and adaptability:

At first, it is very difficult, because we have a very conservative culture, compared to the UK. But then, I have to embrace it because I am here.... I have to be very flexible in other things. I have got to broaden my mind on the culture of this place.

(Site 01, International worker [Nurse, Philippines] - 118)

Other international workers expressed a sense of responsibility to integrate into UK society and did not expect special help to do so:

I would say to you that when you come into a different country, my granny always said, when in Rome do as the Romans do. But you come into a different country and you fit in. I’m sorry, I’m not being funny. But you don’t expect people in that country to fit around you, do you. You fit in.

(Site 02, International worker [Care worker, Commonwealth] - 248)

Working with people from different cultures

International workers often work with people from a wide range of cultures, including other international and UK frontline workers with different cultural heritages. This generates a complex web of cultural relationships. Understanding culture was widely seen as being an important part of working in the UK, creating positive and negative consequences. While links with racism are also suggested by this section, treating these issues separately provides a means of throwing light on the connection.

Mutual respect

Mutual respect and interest in each other’s culture was identified by two international workers as an important part of providing good quality care. One had very positive experiences of cultural interchange, which were highly valued. However the other had had the opposite experience, and described a ‘closed-minded’ approach from some people, who saw English culture as best; this was experienced as discrimination:

... English very polite and they want to know about my culture and they want to know about religions and they understand, yes, so I want to know English culture as well because for me I want to and I have to... I need to know about background and culture because it is easier for me to get to know and communicate how she or he feels, feelings and sometimes for me, for me as a social worker I have a duty to support my service user to keep on their life back to normal, so I need to know that culture thing and religions and everything, so yes, I am interested.

(Site 04, International worker [Care assistant, other countries] - 430)
But when I come across people who are closed-minded, close-minded of other cultures, that English culture is the best culture, which is, for me, it's really closed-minded person who doesn't see the goodness and the rightness of sharing the common roots and stuff what's not nice.

(Site 06 International worker [Care assistant, Philippines] - 613)

Many international workers referred to the English as being 'polite', although this was also sometimes seen as a mask for less positive attitudes. This international worker described how people in the town she had moved to were more polite than people in London, despite the fact that she reported being asked 'when are you going home?', which was also seen as being a negative response:

Participant: Here at the beginning I feel a bit quiet, clean, nice city, people they're polite, now we can see real English people now, and they're, how can I say, in the beginning yeah, they do ask of me some questions like why are you here, when do you go home...

Interviewer: Do you think they were being very unpleasant?

Participant: Some, maybe they didn't I don’t know, they're not like people in London, they don't care about where you from, who you are, they busy with themselves. Here, I feel generally they are nice and polite.

(Site 02 International worker [Care assistant, other countries] - 245)

Interaction with individual personalities

The interaction between personality and cultural differences was another theme. A small number of participants in all groups expressed a view that individual characteristics could outweigh cultural factors in these situations:

If you are open and if you are caring, sending you for calls, it's not a problem. Your character is a problem.

(Site 06, International worker [Care manager, A8] - 630)

Again, I think it can be an opportunity for the right employees, but again, it's as much about people’s personalities and the previous experiences as to how able this would be a possibility, really.

(Site 06, Service user - 625)

However, personal relationships can exacerbate as well as ameliorate cultural differences, as described by one international worker:

The biggest problem I’ve got at the moment is actually not even two Indian nurses, just one. One of them we’ve started to understand each other now. The other one, might be a little bit of a personal issue, it can’t be just our cultures. It must be something else as well.

(Site 02 International worker [Nurse, A8] - 244)
Developing good relationships was felt by some international workers to help overcome the misunderstandings that may initially emerge as a result of different cultural practices:

*It's just misunderstanding, the first few years, you tend to misunderstand each other. You are just coming in and maybe not have that point of view. Sometimes in the beginning, you feel like your colleagues are getting at you or something. But as you come to know each other and be friendly, they will know part you and you know part of them and get along.*

(Site 01, International worker [Senior care worker, Commonwealth] - 117)

Further, personal characteristics can interact with the specific nature of local cultures in complex ways, which can be quite problematic for international workers, their colleagues and managers. For example, this employer described how one international worker who had recently come to the UK had been very distressed by the behaviour of some colleagues. While the manager acknowledged how genuinely distressed the international worker had been, she felt that this was due to misunderstanding on behalf of the other members of staff, rather than deliberate racism or discrimination:

*Yes, and the staff were just like oh it happens every day, it is the norm of our culture, people say things they don’t all run off like that, but what it did do is bring home to them how deeply, I mean she was genuinely upset, shocked... I mean she is not like somebody who had come in and spent some time in this country and been initiated to she was very much thrown in the deep end and [town] is not an easy place to come in to which is a very ‘in your face culture’ isn’t it and people are quite expressive in their language and attitudes with their hands and gestures etc and she was just very, very demonstrably upset by it.*

(Site 01, Employer - 104)

In many ways the explanation offered here for the conflict, cultural misunderstanding, could also be placed as the context for racism. Indeed, another employer referred to the town in the above quote as being a ‘racist’ town. The different discourses used to explain such conflicts will have implications for the kinds of response made.

**Breaking cultural rules**

Many international workers also illustrated how potential problems that could arise inadvertently as a result of different cultural expectations. Caring for older people in care homes was a very foreign cultural practice to a number of international workers, who described how they would care for their older relatives at home; a number of employers also noted this difference. More broadly, assumptions about what represented good practice also influenced the kinds of social activities workers wanted to support (for example, going to the pub) and their approach to assessment. Such issues were also raised by a small number of service users. For example, this international worker had described
different assessments and potential interventions being planned, because of these different understandings:

Even though if a White girl goes out to assess a British older woman, she doesn’t see anything wrong with the woman staying by herself, but for me I tend to feel concerned, there should be somebody around. So it’s going to be a kind of a training or a kind of lecture about that.

(Site 06, International worker [Social worker, Nigeria] - 615)

Everyday interactions between people of different cultures could also create problems, often as a consequence of different expectations in terms of respect and how this is shown. For example, maintaining eye contact with older people was not seen as respectful in the culture of one international worker. This worker described how she was aware that the reverse was true for most people in the UK, but it is easy to see how a lack of this kind of awareness could prevent good relationships between care workers and service users:

...difficult at first for example we from my country would never have eye contact with older people, you would never confront older people. You respect an older person that does not happen; the eye contact, people in Britain would think it very rude if you did not look them in the eye when talking to them, all these things to learn.

(Site 01, International worker [Support worker, Nigeria] - 137)

Knowledge of such cultural nuances could be very valuable in helping colleagues working with service users from different cultures, where similar problems could just as easily occur due to inadvertent breaking of social rules. One international worker described how he had suggested a more respectful form of address to use with an older person from Nigeria, with very positive results:

I said, “How old is she? Where is she from?” “From Nigeria.” “Which part? ...Oh, maybe tomorrow when you get there just say, ‘Oh, good morning ma’am.’” So my guy went there and the following day he said, “Good morning ma’am!” “Oh, good morning my son! How are you?” And the guy was so happy that when he came back he was jumping up and he said, “I did it. I got everything that I want.” I said, “Oh, it’s just a matter of really, just show a little bit of respect.

(Site 06, International worker [Care worker, Nigeria] - 602)

A small number of international and UK workers perceived that male overseas staff tended to find it difficult to be managed by women, reflecting sexual discrimination, which adds complexity to the experience of international workers (Koffman et al. 2009):

I found that some of the overseas males seem to find it more difficult to take orders from the female nurses or female managers. They seem to be a bit more reluctant.

(Site 01, UK frontline worker - 129)
Knowledge of traditional English culture could not be guaranteed from White English care workers, however. One service user described the problems a White English worker had encountered in helping him make mashed potato:

*This is an English carer, yes. Like I say, she’s a very nice lady, but lacking in knowledge of cooking and then to pour them back into the colander to mash them, she was going to mash them into the colander, which I should have told her not to do. But I couldn’t resist just seeing if she’d do it, which she did. They all squirted out the colander and all went over her very nice non-protective clothing. It was quite funny, really.*

(Site 01, Service user - 31)

Working with teams comprised of staff from a wide range of backgrounds and nationalities was identified by a small number of international workers and employers as causing extra complexity. Conflict between staff from different non-UK backgrounds was sometimes seen as more difficult than any difficulty between staff from BME groups and White English workers.

**Participant:** I found there was a very strange environment there, half of them are the White workers, half of them are the colour, so when they have their break or tea break I found them because I think I was in the middle because I am...

**Interviewer:** You didn’t belong to either group?

**Participant:** I used to be myself as a middle person, do my job and go home, so they – so when they talk themselves they get it personal… sometimes they argue that group and that group different.

(Site 04, International worker [Care assistant, other countries] - 430)

**Summary of international workers’ experience of the English care sector**

The analysis of the interviews obtained from different groups in the study sites provided insight into different and common experiences of international workers in the sector. There was a general theme of commitment to caring for people among almost all international and UK frontline workers. This was also one of the main sources of satisfaction, as discussed in Chapter Eleven. Like UK frontline workers, international workers found the care sector highly demanding both physically and emotionally. Participants talked about the strong bonds they established with service users and how emotionally stressful a death of a service user could be. At the same time, working with users with multiple needs and challenging behaviour is also stressful and requires a great deal of internal support from colleagues, supervisors and managers. The small number of international workers who were working for agencies highlighted some positive as well as negative aspects of this work. Positive aspects included higher levels of pay, flexibility and experiencing a wider variety of settings while negative aspects included lack of training and supervision.

International workers generally expressed positive views of their relationships with their colleagues and managers. However, this was not the only experience:
other, more negative experiences are discussed further in Chapter Ten. Over half
the international workers in this study identified their relationships with their
colleagues as positive; many UK frontline workers also shared these views. Many
international workers were keen to be socially included; however, some
practical barriers existed, such as a greater level of responsibility or feeling that
some outings might not be culturally suitable. Length of stay in the UK and in the
sector are very important in allowing relationships to develop, with both
colleagues and service users, stressing the importance of workforce stability.
Mutual respect and accepting individual personalities are key elements in
dealing and interacting with people from different cultures in the workplace. It
was evident from the analysis that breaking stereotypes related to cultural
expectations is important when starting to build relationships on an individual
basis, encouraging a shift from regarding others as representatives of a cultural
group to seeing each one as a unique individual with his or her own
characteristics.
CHAPTER TEN: RACISM AND DISCRIMINATION

This chapter sets out some of the negative experiences related by international workers and sometimes by UK workers and employers, which counterbalance the more positive experiences described in Chapter Nine. These experiences may originate in some of the cultural issues also outlined in Chapter Nine; where such potential links exist they are suggested in the text. Participants reported a wide range of what was sometimes characterised as bullying or simply seen as unfair practices, many of which were attributed to racism. Their experiences and explanations chime with those given by participants in Pasura’s (2008) ethnographic study of Zimbabwean workers.

Racism is a common feature of all branches and contexts of society (Thornberry 2005). Migrants, including those from the A8 European states, have been found to be more likely to experience racism both in the workplace and in the community (Koffman et al., 2009) than UK nationals from BME groups. Such experiences were widely reported by international workers and UK workers from BME groups interviewed in the research sites. Echoing the views expressed in the previous chapter that cultural differences reduced over time, there was a perception that racism reduced as staff and service users became familiar with international workers.

**Bullying and unfair treatment from employers and colleagues**

Over half, 54, of the 97 international worker participants in this study described experiencing some form of bullying or unfair treatment, which they often attributed to racism or discrimination against foreigners. There was almost an even split in accounts of such treatment from service users (30) or other staff members (26), with 16 describing mistreatment from employers. This section reports some of the different forms of mistreatment recounted by international workers and other participants. Specific issues arising from the perception of racism as an explanation of such behaviours will be described in the following section.

A wide range of managerial and other staff behaviours were described as bullying or seen as being unfair, relating to the way work was conducted, as well as to more personal issues such as a general lack of respect and even directly insulting behaviour of various kinds. These behaviours are summarised in Table X.1.
Table X.1 Types of discrimination as identified by international workers, by whether personal or work related, study sites’ interviews

<table>
<thead>
<tr>
<th>Work related</th>
<th>Personal</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Perceived work rate</td>
<td>• Being excluded because of a lack of knowledge of British culture</td>
</tr>
<tr>
<td>• Being expected to work very long hours</td>
<td>• False accusations</td>
</tr>
<tr>
<td>• Being expected to do more than a fair share of work</td>
<td>• Verbal abuse</td>
</tr>
<tr>
<td>• Being given commands by fellow workers</td>
<td></td>
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<tr>
<td>• Knowledge about caring not being respected</td>
<td></td>
</tr>
<tr>
<td>• Not respecting authority to manage a shift</td>
<td></td>
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<tr>
<td>• Being given less management support and guidance than UK workers</td>
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</tbody>
</table>

Workload related

Many international workers complained that they were expected to do more than a fair share of work; this may be linked to employers’ awareness of the importance of extra money for international workers, as discussed in Chapter Eight. However, there were indications that some managers and employers abused this perception; this international worker described a variety of bad treatment from colleagues. She gave an account of being left to do more than she felt was her fair share of work, being laughed at by her colleagues and not being given any support when learning how to do the job:

> Then I noticed some of my colleagues started to, you know, I don’t know kind of my colleagues then so I think I noticed that, you know, people really sometimes they bully especially if you’re a different colour... Well, it’s sometime just even though it’s not your job, they’re going to ask you to do it. Sometimes they’re just, you know, they’re going to laugh at you, they’re going to just leave it to you then they’re going away, you know, they just leave you there for nothing, not teaching you what to do really.

(Site 06, International worker [Senior care worker, Philippines] - 607)

Another group of international workers described being treated unfairly in terms of work allocation, and suffering a lack of respect for their skills and authority.

> Well you know with the patients you have got I will say the difficult ones, the easy ones, or the more challenging ones like I used to do, they were on constant observation. They would put all the Black staff on the more challenging ones, that is what they used to do and you just have to do what you are told, just get on with it.

(Site 02, International worker [Care worker, Zimbabwe] - 210)
So they are not very pleased about the fact that all of us who are basically their bosses and not English.

(Site 02, International worker [Nurse, A8] - 244)

**Interpersonal bullying**

In addition to being treated badly in terms of work related issues, many international workers reported bad treatment on a more personal level, within the work setting and beyond. Employers and fellow workers, both those from the UK and other international workers, were all identified as displaying this kind of bad treatment. At a basic level there were descriptions by international workers of relationships with managers that were less friendly than those enjoyed by UK frontline colleagues:

*He was a man [the manager] and he was not good. He treat us differently. If he's with English he will treat [them] very friendly and if you are like [a foreigner] he doesn't treat us properly.*

(Site 02, International worker [Care assistant, other countries] - 238)

More seriously, bullying could take the form of being humiliated in front of colleagues by managers, or being verbally abused more generally. The following quote represented an extreme example and the only one where the international worker took any action (some details are not included here to preserve anonymity):

*But still, as I go along, it happens everywhere that is like people are shouting even in front of a crowd which is something degrading. It happens to me, so I believe it is really unprofessional. I call her attention and just to inform her that this is unhealthy and a lot of stuff that happens.*

(Site 06, International worker [Care assistant, Philippines] - 613)

However, there were also reports of managers being intimidating in a more indiscriminate way towards all staff, not just the international worker:

*I had one big boss he was so helpful and very good at giving advice. Others you talk to them about an incident and they seem to ignore you. I have had supervisors particularly women who have intimidated me, and most of the staff: I wasn’t being picked out they did it to every one.*

(Site 01, International worker [Support worker, Nigeria] - 137)

A small number of participants from all groups described circumstances characterised as bullying being initiated by international workers, often where groups of staff from the same countries worked together. For example, a small number of international workers, UK frontline staff and employers described problems arising over international workers speaking their own language to colleagues with whom they shared a first language. Such situations tended to relate to care homes and were also described by a small number of international workers, where they were working with groups of other international workers from a particular country. This was perceived as being isolating and upsetting.
I have experience such as like on break times, they will tend to sit and talk in their own language. When I was on night shift, that could be quite difficult. If you were the only English person you felt quite isolated.

(Site 01, UK frontline worker - 112)

**Racism and xenophobia**

Many international workers gave accounts of what were interpreted as racist behaviour and attitudes on the part of staff and service users, or at least of less favourable treatment on the basis of colour or ethnicity. Negative attitudes towards international workers simply on the basis of their not being from the UK were less common. Racism was often seen to underlie some of the bullying or mistreatment described in the previous section, and accounts were given of both staff and service users displaying these attitudes and behaviours. However, there were some experiences of racism reducing over time, echoing the views about cultural differences presented in Chapter Nine. Staff shortages or the demographics of the local community were felt to affect such behaviours. While Site One was characterised by several participants as being particularly racist, accounts of racism were fairly evenly spread among the sites. Support from management was seen as crucial and potentially effective in reducing the occurrence and impact of racist or discriminatory behaviour.

**Racism explaining bullying or mistreatment**

Most international workers who recounted experiences of some form of mistreatment from colleagues or employers attributed this to racism or discrimination on the grounds of not being from the UK:

*Then I noticed some of my colleagues started to, you know, I don’t know kind of my colleagues then so I think I noticed that, you know, people really sometimes they bully especially if you’re a different colour.*

(Site 06, International worker [Senior care worker, Philippines] - 607)

*Yeah, I think about the reason why they don’t like me because of my English. Sometimes I couldn’t understand because they were talking in strong Yorkshire accent and I would ask what did you say? And the answer wasn’t nice, polite. But they left.*

(Site 06, International worker [Care assistant, A8] - 606)

The importance of visible social markers such as ‘colour’ in changing behaviour was acknowledged by some UK frontline workers and employers, who stated that international workers with a visibly different background were perhaps more likely to be subjected to discrimination or mistreatment:

*I think, my own personal view would be that there would be more of a problem ‘if you give things a different colour’. I think because he was from Poland and he was a White gentleman and just because he had an accent. It was interesting, but it wasn’t a problem. I’m not saying that there would have been if it was a coloured person, but I can see, it would have sprung to mind, if it was.*

(Site 01, UK frontline worker - 110)
Racist attitudes of service users

Many international workers and UK workers gave accounts of racist attitudes and comments from service users. The incidents described by UK frontline workers from BME groups were very similar to those recounted by international workers. Those employers and human resources managers who gave accounts of negative responses from service users towards international workers always focused on racist rather than xenophobic attitudes. Typically, international workers said that they made allowances for service users’ attitudes and behaviour on the grounds that the service users might have some mental health problems or other conditions:

*Might say, yeah. Might going to say bad words to you, you know, calling you nasty names, yeah because - calling you this because of your colour and that.*

(Site 06, International worker [Senior care worker, Philippines] - 607)

*There are sometimes, people they get upset. Even if they accept that sort of thing, like me say, a Black person. It’s not easy for them. You can understand when they attack.*

(Site 01, International worker [Care worker, Commonwealth] - 116)

Furthermore, a small number of international workers described how the training they had received promoted an understanding that people with dementia were not responsible for their behaviour:

*Not only that, we undergo a training of which they explain what is expectations and that you look at them as if not supposed to use that word, but as a client you know the reason why they are in a certain place.*

(Site 01, International worker [Care worker, Commonwealth] - 116)

More subtle forms of what were interpreted as racist responses from service users were also described. A small number of international workers described comments from service users about other visible social markers, such as particular physical traits, or not engaging with people from different ethnic groups. This international worker described having to explain her role repeatedly to a service user who felt she was not old enough to be working nights, partly as a result of her short stature, which the worker felt was a characteristic of her ethnicity:

*I think it is because we [Filipinos] are small and they always say you don’t look your age they would always say so probably that is how the residents see us, before we used to have this resident, because I have been working nights as well. She would always say does your mother know you are working at this time of night, you should be out there enjoying yourself. This is my work I work here and if I don’t work here who will take care of you, and my mother knows very well I am working here so don’t worry about it.*

(Site 04, International worker [Care assistant, Philippines] - 429)
The following quote outlines another subtle form of discrimination experienced by one worker, when working closely alongside a colleague from a different ethnic group. The international worker noted that service users tended to engage with the worker from the same ethnic group, and ignore the other worker. Such a response could also be interpreted as a result of an expectation that someone of apparently similar cultural background would be more likely to understand their needs:

When we went to meet the family who are also of Asian descent. The family felt, the first time we met them, the family felt and I saw it straight away, felt more confident approaching the Asian lady that they felt approaching me. When we then got to the college setting, me and the Asian lady who was supporting this girl that, the White woman who was there talking to us, she felt more confident approaching me. She never even looked at the Asian lady who was going to do half of this job.  
(Site 06, International worker [Care worker, EU14] - 628)

**Service user views**

A very small number of service users and carers (four) expressed a view that ‘colour’ could be problematic and that they would prefer ‘White’ international workers. Several international workers also gave accounts of encountering such views. However, in many cases service users were only able to identify international workers if they were visibly different, mostly if they had a different skin colour. This conclusion was echoed by some employers and UK frontline workers:

**Interviewer:** What are the challenges when employing international care workers?  
**Participant:** Service user’s inability to accept non-English workers and non-White workers has been a problem; staff has been subject to racism. The worst one we had was a carer who was abusive and did not want his mother being cared for by a Black worker, and did not want this worker in his mothers house, although his mother really liked the worker and got on very well with her.  
(Site 01, Employer - 134)

Another thing [challenge] is some elderly residents not wanting to have Black carers.  
(Site 06, Employer - 612)

In other sites, service users and carers described mixed experiences with international workers, including both very good and exploitative experiences:

I think in some instances, I have had some Zimbabwean workers working with me and I've had very mixed experiences with those particular individuals. I have, in fact, had a couple of Zimbabwean workers who have tried very hard to become a very caring working supporter and I've had
others who have seen this as an opportunity to try and exploit me or to shop
while they are in my home and seeing some of my food.

(Site 06, Service user - 625)

Reducing over time
As discussed in Chapters Eight and Nine, behaviours and relationships are likely
to improve over time. Consistent with this, some international workers felt that
the racist attitudes of other staff reduced after they had got to know each other
and the international workers had proved themselves to be good at the job.
Service users were also said by a small number of employers to become more
accepting of workers from different ethnic groups ‘once they got to know them’.
Individual relationships were seen by these managers as having the potential to
overcome generic attitudes, or at least to lead to less challenging behaviour from
service users.

Some [staff] treat you like maybe racially. But then, afterwards, some of
them when they come to know that you are there to work, they are okay.
But some cannot just—you really feel that you are being treated differently.

(Site 04, International worker [Care assistant, other countries] - 245)

I think for them, had the residents, because they can be quite racist. Once
they got to know them, they are fine.

(Site 04 Employer - 404)

Some employers also felt that service users’ racist responses could reduce over
time, after specific attempts to work with service users and carers to ‘explain the
situation’, if they subsequently had a fairly good experience with the workers:

We have experienced some fairly racist reactions from the service users, I
have to say, initially. However, we’ve found that once we’ve gone out and
kind of explained the situation and asked the service user to try and work
with the carer that we’ve put in place that actually they end up completely
changing their minds.

(Site 01, Employer - 135)

Such views reflect the perception that cultural differences can be overcome as
individuals become known to each other.

Factors leading to racist behaviour
Racist attitudes and behaviour from staff were said to be connected with periods
of added stress and difficulties over language. One international worker
described how, during a period of being understaffed, ‘tiredness’ seemed to
increase conflicts arising from racist attitudes:

They should think as well that it’s not just them who is getting tired, it’s all
of us. Maybe it’s just attitude, they’ve got attitude problem. Not all of them,
but we’ve got only two. In my own experience, I’ve got two carers who are
behaving like that, most of the time.

(Site 03, International worker [Care assistant, Philippines] - 322)
Problems over language could also exacerbate racist attitudes, as noted by a small number of international workers:

*You just realise that two people are talking about maybe you made a statement not, no if correct grammatically but maybe your pronunciation or maybe, yes, something like that or maybe you don’t know the name of a particular British food.*

(Site 06, International worker [Care worker, Nigeria] - 602)

A small number of employers and human resources managers stressed the importance of local population makeup as a factor in the attitudes of service users to workers from different ethnic groups. High levels of diversity were felt to reduce the probability of racist attitudes, whereas areas with lower proportions of people from BME groups were believed to increase the likelihood of such behaviour:

*Clients need to give international workers a chance; it is our experience once clients gain experience of international workers there is no problems. [Town] is a very racist place and we are getting more cosmopolitan, things are changing, people’s attitudes will change the more they see and experience people from abroad.*

(Site 01, Employer - 134)

**Racism in the community**

In addition to the problems within the workplace, many international workers described more general racism and difficulties within the local community. Such experiences were also noted by a small number of employers. These problems related to relationships with neighbours, as well as the wider community, and legal or financial matters. At its most extreme this had involved a longstanding period of conflict with a group of local youths. This worker described being asked in the street about where she was from and why she did not go home:

*There are sort of the usual issues of being asked in the street where are you from in order to be told go back there then, that sort of nonsense.*

(Site 02, international worker [Social worker, other countries] - 205)

**Attitudes towards international workers**

Far fewer international workers gave accounts of service users having negative attitudes towards them simply because they were not from the UK; many more were related to visible social markers such as skin colour. International workers described being told that they did not know the kinds of services and approaches in the UK, were from particular countries, which were not popular, or were making the employment situation more difficult for people from the UK:

*Some of my clients, some care of clients have sort of suggested, you know, what are you doing here? You don’t know - you don’t know the resources. You don’t know the way we do it over here.*

(Site 03, International worker [Social worker, Commonwealth] - 309)
And, I’ve been accused of stealing people’s benefits. I’ve been accused to ruin the employment in the country, because I’m not from here. I knew that was going to happen and I said, sort of, let it slide. It’s part of not being from here, really. Nothing I can do about it.

(Site 04, International worker [Social worker, EU14] - 414)

International workers who were also from BME groups faced discrimination both because they were from outside the UK and because of racism:

‘Like my recent job now, I go out and I do assessment and I tell somebody what they are entitled to and of course, they ask me, when did you come into this country? Who are you to tell me I’m not entitled to this?... And then, sometimes when I go out to somebody and I knock on the door and they open the door and see I’m a Black person and just shut the door.

(Site 06, International worker [Social worker, Nigeria]- 615)

Several international workers from Germany and Holland reported specific issues about older people having negative attitudes towards them because of the Second World War. This was complex for international workers in that such attitudes were seen to be understandable and possibly not intended to be hurtful, but were still felt potentially to be ‘harassment’. However others reported the reverse experience, of positive responses to their country of origin, which was seen as being a point of interest and also a cue to memory. Several of the international workers who described this kind of interaction felt that problems arose mainly with older people who had actually been adults during the War. The following two quotes illustrate negative and positive experiences related by participants:

I think one of them, at some point, when he found out that I was German, because I’m quite open in telling them made a snide kind of comment. Maybe you could class that as harassment. It wasn’t from colleagues, it was from clients... when you explore it, they don’t mean it as bullying. It’s just the first thing that comes out in their head. I’ve had people apologise for what they’ve said. I don’t think it was meant.

(Site 01, International worker [Social worker, EU14] - 146)

I must say, I always got really really positive feedback. It’s “where are you from?” “I’m from Germany.” “I had a brother, a son, a nephew or somebody who was stationed in Germany and it was lovely and Germany is so clean”. It was always really really positive. Never any problems. Never anybody who said, you know, you can’t be my social worker because you are German. Never any insults. I always quite surprised myself, I must admit.

(Site 04, International worker [Social worker, EU14] - 447)

Support in addressing mistreatment and racism

Almost equal numbers of international workers reported that managers had or had not supported them in dealing with racism from service users. Accounts of support offered to address problems encountered with other staff were less
common. The positive response from managers in these situations was felt to be critical by the small number of international workers who gave accounts of the support provided. Where it was good it was seen as crucial to reduce the impact of racism. However, if staff felt unsupported, they often found it very difficult to continue working for an employer.

Many of the human resources managers and employers who gave accounts of international workers facing racism from service users described some form of direct intervention with service users to address the situation. These usually took the form of informal conversations, although more formal approaches were also used. For example, this human resources manager had called a meeting where a very clear message had been given to a group of service users about the unacceptability of the racist abuse they had been giving a member of staff:

*It [racist abuse of Black staff] was extremely blatant. There was a meeting held at the unit; the social worker, families and residents all at the meeting. They were told very clearly that they had to stop the behaviour and insults that they were throwing at these staff...*

(Site 01, Employer [Independent sector, residential] - 122)

In this case the international worker described how the manager had 'gone the extra mile' to help him continue to work with a service user who had initially rejected him as a worker because of his ethnic group. Without this kind of support, the worker wonders whether he would have questioned whether this was because he was black:

*...but if my manager had not been the type that would always go extra mile, if he had been, the one who would say, “Oh, I don’t want any problem, I will just leave it like that, I will just re-allocate the case.” Then I will feel bad because before you know it, I’ll start thinking, “Oh maybe because I’m Black.” You know what I mean? But he was so sure in saying that, “Oh, let me get to the bottom of this and what’s happened” and then everyone was happy.*

(Site 06, International worker [Care worker, Nigeria] - 602)

Providing support in such circumstances was not straightforward, however. The complexities of supporting workers faced with racism from service users are illustrated by comments from a small number of managers, who described how they tried not to allocate international workers to work with service users who were felt to be likely to behave in this way. They felt that this was supporting the worker, although such an approach would not have been experienced as supportive by the international worker in the previous example:

*What I try to do is support staff if they come up against that and try not to expose them to it, really. Like key workers, I wouldn’t put a key worker from another country with a client that I knew would not accept them.*

(Site 01, Employer [Independent sector, residential] - 122)
However, little or no action was reportedly taken in a small number of cases. This international worker said that her employer had offered no support after she had been racially abused, but had been more concerned that the worker did not ‘confront’ the service user.

**Participant:** No, just being told that if people say that, just stay back, you know, don’t confront them like you know sometimes they are confused. So we have no rights to do such...and what I did just report it to the staff nurse. So that they document it looking everything that happened.

**Interviewer:** So it would be noted then by the staff nurse.

**Participant:** Yeah.

**Interviewer:** And would anything happen about that or it just gets noted?

**Participant:** It’s just noted... Yeah. Left it to myself and just talk to my wife so that you know at least you got someone to talk to me.

(Site 06, International worker [Senior care worker, Philippines] - 607)

Although most employers and human resources managers reported action they had taken to support staff facing such attitudes from service users, a small number appeared to have taken no action and expected workers to be able to ‘take it on the chin’:

I have to be honest, the staff that we have employed can just take it on the chin. And just get on with it, they accept it. I actually feel quite embarrassed for them. It’s not very nice some of the things that they do say to them, especially the older clients, but.

(Site 05, HR - 504)

A variable response to conflicts with service users was experienced as a kind of discrimination. For example, this international worker described an extreme example in which service users had been ‘punished’ for their behaviour towards White members of staff, whereas no action was taken for similar or worse behaviour towards Black workers:

Because for the clients if they did something unacceptable to say a White staff member, they were getting some sort of punishment you know like they would lose their points for shopping and that kind of stuff, but if they abusive [to a Black staff member] they don’t lose anything so it was not fair and we had no ground for raising our concerns, so we had to keep quiet and I am glad I am not there any more, and I wouldn’t want to go back.

(Site 02, International worker [Care worker, Zimbabwe] - 210)

Several international workers described not feeling able to address the bullying behaviour of other staff, particularly because they did not want to cause trouble. They feared losing their job and running the risk of not being able to stay in the UK. One employer also acknowledged what was deemed the ‘exploitability’ of international workers for this reason. For instance, the international worker who
had been told not to confront racism from service users in the earlier example was fearful of raising an issue relating to the behaviour of other staff with his manager, because he did not believe he would be supported against the word of the English staff. He feared losing his job and therefore his right to stay in the UK. Whether his fears were warranted is perhaps less important than the clear perception of fear, which was a restriction on his ability to address the problem:

Participant:  Well, first because when I came to this country, it's my first time so I'm really scared with the manager, was the problem there is, you know, that the manager is going to protect my colleague and if I say that, my manager is going to get rid of me, you know, and I thought...

Interviewer:  You thought you might lose your job?

Participant:  I might lose my job. I might lose my visa to go in this country and my first time to go abroad. I don't have experience to go about anywhere else just in this place.

(Site 06, International worker [Senior care worker, Philippines] - 607)

However, another small group of international workers described occasions when they had been supported in dealing with such situations, some including the dismissal of the staff members involved. Again, such support was hugely valued by the international workers concerned:

Yes, imagine, to me that [incident leading to intervention] was nothing, and they did do something about it, so I know if anything said it happens I would be confident that I would be able to go in and report it and I know something is going to be done.

(Site 02, International worker [Care worker, Zimbabwe] - 210)

**Summary of racism and discrimination**

Although working in the UK care sector offered many positive and enriching experiences for international workers, their colleagues and service users, as discussed in earlier chapters of this report, there was also evidence of racism, bullying and discrimination being experienced by international workers. There were reports of some discriminatory behaviour exhibited in the workplace by employers and colleagues: these international workers felt that they were given more work, were expected to work longer or perform harder jobs, and that they were being given less management support and guidance. On the personal level, some international workers described being excluded for lacking knowledge about British culture and being verbally abused. However, a far larger number of international workers had experienced racism and discrimination from service users and their carers. These experiences were also shared by some UK frontline workers from BME communities and were acknowledged by employers, who felt that the role of ‘colour’ in this discrimination was evident. In some areas, racism and discrimination was linked to the demographic makeup of the local community and the presence of a more general hostile atmosphere towards migrants.
Employers’ and managers’ reaction to racism varied, with some very positive examples and others expecting the workers to just ‘put up with it’. However, it was clear that the passage of time tended to reduce incidences of racism and discrimination.
CHAPTER ELEVEN: INTERNATIONAL WORKERS’ EXPECTATIONS, SATISFACTION AND PLANS

The interviews with international social care workers explored their satisfaction with their current work in the sector and asked whether their expectations were being met. They also discussed plans in relation to career progression and mobility, in terms of geography as well as type and sector of work.

Here we present the analysis of these three aspects, expectations, satisfaction and plans, as discussed by different international workers who participated in the study sites.

Expectations
As discussed in Chapter Four, international social care workers described a range of motivations for their decisions to move to England and to work in the care sector. Some of these motivations varied by country of birth or other characteristic. Some participants affected by immigration rules felt disappointed by policy changes, which had prolonged their stay with certain employers or affected their entitlement to further qualifications or training. Such implications are discussed in more detail, in relation to international workers’ experience in the sector, in Chapter Nine.

Other international workers experienced unexpected difficulties while working in the sector, particularly in terms of prejudice and discrimination as explained in Chapter Ten. Sometimes, however, they surprised themselves by their ability to deal with difficult situations:

    Interviewer: Did you expect to be able to do that [deal with racism] when you came here?
    Participant: No, it’s hard, very hard. But then, as I get along with some people, I found some who are racist, but some are lovely.
    (Site 01, International worker [Nurse, Philippines]- 118)

In some cases international workers had high expectations in terms of training and gaining further qualifications when they started working in the sector. Their expectations might be generated by promises made during the recruitment process, or by personal aspirations. This was in consistent with some evidence in the literature where two Citizens Advice Bureau publications (2004, 2006) reported cases of international care workers being recruited with promises of higher grade jobs than are actually offered on arrival in the UK and it argued that government protection of migrant workers’ rights has been insufficient. In a few cases international workers spoke about unmet expectations, when study opportunities agreed by employers at the time of recruitment had not transpired, or when they were only offered the opportunity to embark on low-level qualifications. This international worker had decided to take up a post with a certain employer because of the promise of educational opportunities, which did not in fact materialise:
When I was on this training, we were told we are going to go to university. This is the first time they got a graduate coming in for this scheme. We asked what kind of training they wanted to offer. They said, it's going to be university, maybe MA in social work. When I got this offer, I've already got a permanent job, which was a very good job for me. A nice job, which I wanted. It's about housing. I was meant to be a housing officer, then. I got these two offers at the same time, and because [current employer] said I'm going to put you in university and do some training, I decided to come in for this job. They only pay us junior allowance. I feel I'm going to get the qualification and so that's when I came in. But after six months we were now being offered to go for a certificate course, which it doesn't relate to what, it was not what I was expecting.

(Site 06, International worker [Social worker, Nigeria] - 615)

One human resource manager suggested that some international workers had been misled in terms of how easily their qualifications could be transferred, which, as we described in Chapter Seven, often proved complex and time consuming:

The ones that have done the two year [nurse] training, there is no system process for them to become the equivalent in this country. I think some of them were under the illusion that there was. I think some of them have come over here with false expectations that they would be able to adapt easily.

(Site 01, HR - 123)

The poor image and low status of social care work in England were unexpected and disappointing to a number of social care workers. This opinion came from individuals both from countries where social work is well established as a profession and from other countries where social care is predominantly voluntary and unpaid. Workers were most frequently disappointed by the disrespect in which they perceived care workers to be held. This was ascribed to the general low status of social care among the general public, informed by media representation, as well as the low status of the social work profession in comparison to other closely linked disciplines, such as psychology:

In Malaysia, social work is not something that's a paid job. It's something people do on their own basis and on their own interest, which is highly respectable, because if you are telling 'I'm doing social work,' people respect it because nobody is willing to do the job. Here, social worker people... there is a stigma in the media and so the people, when you done, most of the social workers done a marvelous job and it's gone unrecognised as usual, when something happen and people like that in the media and everything.

(Site 06, International worker [Social worker, Commonwealth] - 609)

I think that initially when I came to this city, again not knowing that it's different resources that were available. I think that, in my view a few reasons for that. It felt as though I wasn't sort of valued by the other
disciplines because I didn’t come with that sort of knowledge base when I came in, turn and ask me, you know, turn to me and ask for it, advice, but then I think there were other reasons for that as well because we work as a multi-disciplinary a team and there is that sort of hierarchy you have the psychiatrist and the psychologist and the social workers are on the bottom and so I had to work through that a bit because I think that the perception of social workers here in this country are actually different from in the States.

(Site 06, International worker [Social worker, USA] - 601)

**Job satisfaction**

Most international workers reported relatively high levels of satisfaction with their work; however, some workers felt that they *should* be satisfied rather than actually being satisfied:

*I can say that I should be satisfied for what I have now. Even if it’s quite hard, I need to accept it. I’m satisfied. I believe that people always need to think positively, even if it’s hard.*

(Site 04, International worker [Senior care worker, Philippines] - 440)

Such feelings were usually the result of workers comparing their current situation to a much less favourable situation in their home countries; their present situations were not necessarily good by English standards. This seemed to be one of migrants’ coping strategies, and might have a short-term, rather than a lasting effect on their level of satisfaction.

Others, particularly those with previous nursing qualifications, were satisfied with their current job but felt that they **missed opportunities** to gain acute level experience because they were not working in hospitals. This made some anxious about the future:

*I am really satisfied with me current job, only thing I’m just worried, because we won’t get much experience in our career when we work in nursing home. If it is in hospital, we will get more experience.*

(Site 05, International worker [Nurse, Commonwealth] - 523)

Some felt that they were not being given chances because of their cultural background, or membership of a BME group:

*Many people of ethnic minority who are excellent in their jobs, and the only thing, if only employers’ organisations can identify and give those people a chance, at least they need to be given a chance and prove themselves, in most cases people are never given a chance.*

(Site 02, International worker [Social worker, Zimbabwe] - 212)

Many international workers highlighted the **opportunity to gain NVQs** as a source of satisfaction in their job; and many looked forward to completing their training, which was usually paid for by employers (who are in receipt of public funds for this purpose):
Very satisfied. What I would really like to do is my next level on my NVQ III.
(Site 02, International worker [Support worker, A8] - 243)

The main problem inhibiting work satisfaction, amongst both UK and international workers, was low pay. When participants were asked about what would make them more satisfied, almost all responded with 'better pay'. Participants were conscious of the current economic downturn, as will be discussed later on in this chapter, but most felt secure working in a sector where demand is unlikely to decline:

Interviewer:  How satisfied are you with your current job?
Participant:  It's fine. Not too bad. Because not like other job, in certain kind of things, like a department store, is closing down, but care home I think is never shut down. It's the safest job.
(Site 02, International worker [Care assistant, other countries] - 238)

However, some international workers felt there was the possibility of job insecurity, arising from immigration policies and the uncertainty of securing further visas or work permit extensions.

Future plans
As is well established, care work is highly gendered, with women constituting the large majority of workers. The migration of care workers is regarded as a vehicle of female migration, with a number of associated dilemmas, such as the competing roles of women as mothers in their home countries and as bread-earners in a different country, in many cases without their family or children (Lazaridis 2000; Cheng 2003). Some research identifies this as an entrance into a 'global' or 'transnational' care chain where women care migrants initiate the production of new professional second generation migrants (Hochschild 2002), although this notion is also viewed as ahistorical and unidirectional (Yeates 2008).

However, the findings presented earlier in this report show that participants had entered the UK through a number of routes, some with their families and some alone. Among the professionals in particular, the picture was not simply of female migrants, and many international workers were not alone or had not left partners and children. Moreover, the social care sector offers a range of work opportunities and participants held different posts and qualifications; some possessed few relevant social care qualifications while others had specialised training such as nursing, social work or occupational therapy. As discussed in the theoretical framework of analysis (see Chapter One), it is expected that international workers' future plans, including further mobility, will depend on a number of factors, including initial motivations as well as workers’ experiences in the English care sector, and the context of ‘training for export’ or of civil unrest.

In order to explore mobility, the research asked participants where they might see themselves in three years time. Replies were wide ranging, with responses
grouped around location, particularly if people wished to migrate again to other countries, saw themselves moving back home, or saw themselves remaining in the UK. Other responses covered work options, with some considering other training or study, but others viewing retirement as likely or parenthood possible. Finally, matters of migration status arose among non-EU participants, whose position was likely to be affected by their wishes and rights to remain in the UK or by policies that might make it difficult to remain.

Participants indicated a number of different, interacting plans, rather than a single target. For example, some hoped for a more permanent immigration status while wishing to move to another country or bring their family to the UK. Twenty-three international workers stated clearly that they would like to stay in the UK in the future. The most commonly cited future plan among international workers was to increase their range of skills and experience (cited by 49 participants); aiming for promotion was the next most frequently mentioned aspirations. Nineteen participants indicated that their future plans were very dependent on their partner’s and family’s decisions, while eighteen wished to have a more secure immigration status and fewer restrictions on their visa, in order to be able to bring their families to the UK, move employers freely or migrate to another developed country. Seventeen wanted to move into other fields of work and another 17 wanted to return to their original profession, mostly nursing. Only seven indicated that they would like to earn money and then return to their home country, while eight hoped to move to another developed country and not to return to their home country. Increasing their range of skills and experience remained at the top of the list of future plans among international workers from all countries. However, other variations in stated future plans were observed in relation to birth country; these are presented in Table XI.1.
### Table XI.1 Stated future plans of international care workers from different countries ordered from most cited to least cited, study sites’ interviews

<table>
<thead>
<tr>
<th>All workers (96)</th>
<th>Commonwealth (32)</th>
<th>EEA (23)</th>
<th>Philippines (21)</th>
<th>Other countries (20)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase range of skills and experience (49)</td>
<td>Increase range of skills and experience (19)</td>
<td>Increase range of skills and experience (9)</td>
<td>Increase range of skills and experience (10)</td>
<td>Increase range of skills and experience (12)</td>
</tr>
<tr>
<td>Promotions (29)</td>
<td>Promotions (11)</td>
<td>Dependent on family plans (7)</td>
<td>Immigration restrictions (7)</td>
<td>Promotions (9)</td>
</tr>
<tr>
<td>Stay in UK (23)</td>
<td>Stay in UK (10)</td>
<td>Promotions (5)</td>
<td>Move into other fields (5)</td>
<td>Move into other fields (6)</td>
</tr>
<tr>
<td>Dependent on family plans (19)</td>
<td>Immigration restrictions (10)</td>
<td>Move into other fields (4)</td>
<td>Promotions (5)</td>
<td>Stay in UK (5)</td>
</tr>
<tr>
<td>Immigration restrictions (18)</td>
<td>Return to original profession (7)</td>
<td>Stay in UK (3)</td>
<td>Stay in UK (5)</td>
<td>Dependent on family plans (4)</td>
</tr>
<tr>
<td>Move into other fields (17)</td>
<td>Happy in current job, no aspirations (6)</td>
<td>Happy in current job (2)</td>
<td>Dependent on family plans (4)</td>
<td>Happy in current job, no aspirations (4)</td>
</tr>
<tr>
<td>Return to original profession (17)</td>
<td>Dependent on partner’s or children’s plans (4)</td>
<td>Return to original profession (2)</td>
<td>Return to original profession (4)</td>
<td>Immigration restrictions (3)</td>
</tr>
<tr>
<td>Happy in current job, no aspirations (14)</td>
<td>Earn money and go home (3)</td>
<td>Earn money and go home (1)</td>
<td>Happy in current job, no aspirations (3)</td>
<td>International work - not return (3)</td>
</tr>
<tr>
<td>International work - not return (8)</td>
<td>International work (3)</td>
<td>International work (1)</td>
<td>Earn money and go home (2)</td>
<td>Return to original profession (3)</td>
</tr>
<tr>
<td>Earn money and go home (7)</td>
<td>Move to other fields (2)</td>
<td>International work (1)</td>
<td>Earn money and go home (1)</td>
<td></td>
</tr>
</tbody>
</table>

Table XI.1 shows that promotion remained the second most cited aspiration for international workers from Commonwealth and other countries, although it was mentioned slightly less often by workers from the EEA; this group felt it was more important to consider other family members’ plans for the future. Aspirations for promotion were even less prevalent among workers from the Philippines, whose plans and aspirations seemed to be related to immigration restrictions; however, moving to other work sectors was mentioned by a high number of workers from this group. Participants provided a number of future wishes, which in many situations were interdependent. In the following sections we examine this further.

**Mobility**

The data revealed two groups of responses to the question about plans for the future, set within a three-year period ahead. These can be divided into those who were largely definite in response and those who were uncertain. However, it is important to acknowledge that plans were liable to change, for a variety of reasons. Glossop and Shaheen (2009) found that among A8 migrants there appeared to be almost constant evaluation of decisions to stay in the UK or move elsewhere, meaning that planning was unpredictable. Such migrants were usually young, had few dependents and were living in rented accommodation, factors that enhanced their mobility.
The mobility of staff in social care matters, not only in terms of the stability and economics of the sector, but because of the effects that it can have on users’ lives. One carer interviewed for this study gave an account of how she thought that high staff turnover had affected her mother’s care:

_They were quite short staffed and the home had had a lot of management problems, so (name), the South African manager, left sort of about after three months or so and it had five managers in the course of the time my mother was there. It was quite difficult to get to grips with whoever the manager was, yes. It’s difficult to know how to complain when that happens. If they are not in the post very long, you can’t really get to know them. There were a couple of incidents that I wasn’t particularly happy with my mother’s care and I did complain about them._

(Site 02, Service user - 239)

Some turnover, of course, is inevitable. Although there are few studies focusing on non-qualified social care staff who retire back to their own countries, there are more around nurses who have been working in social care. A study by Aboderin (2007) for example, is unusual in speaking to a small group of nurses (seven) who had been employed in the UK social care sector or similar, and had moved back to Nigeria on retirement to consolidate their economic position and to gain better status in their home countries. A small number of participants in this research (seven) were considering going back in the near future, an intention arising in the main from family considerations, including their own or others’ retirement:

_I’m not going to stay in the country for good until I die... But my focus is to work for three years and go back for good... At times you just wish to go after two years, then you don’t go and for now, I think, I’m looking at two years more. Actually when I came [to UK] I think I can stay here for a long time, but unfortunately my father died... so my mother is alone back home [in India]. So what I’m thinking I just want to make some money, and then I can go back and stay with my mother._

(Site 03, International worker [Social worker, Commonwealth] - 310)

Family influences were related to work and other ambitions. For example, one participant hinted that others in her family wished to leave the UK more strongly than she did:

_My husband, is a [local] man... he can’t wait to retire now and go back to the Philippines. He’s the one who is so eager to go back and just saying, he just gets some house and just living there._

(Site 02, International worker [Care worker, Philippines] - 222)

**Future plans depending on family**

Chapter Four showed that many international workers in social care initially move to the UK when accompanying their family, typically a spouse, on a temporary or permanent basis. This position means that returning home might be a family decision, resting on factors related to other labour markets or
ambitions. Nineteen international workers participating in this study clearly indicated that their future was dependent on other family members’ plans and decisions and it is possible that a larger number of participants’ decisions might be also affected by those of their families.

Some participants in this study had accompanied family members who were studying in the UK. These were mainly non-qualified women, reflecting the gendered nature of care, like that of nursing work (Jones et al. 2009). The position of being a ‘dependent’ made for some uncertainties about the future. As Chapters Three and Four indicated, social care work was often easily available to students and their partners. One participant outlined the uncertainty of her position:

因为他在计划学习，他会决定在一年内。如果他[是]打算留下来，那么我可能去护理。但是，如果他想回去，我不能留下来。我必须回去。

（Site 02, International worker [Care assistant, other countries] - 238）

For other participants, the future was less certain, often because they were not clear about whether or when their family would want to leave the UK. Children’s schooling was an important factor to consider, with many not wishing to disrupt their UK education:

I really don’t know [what I will be doing]. First, I would like to let the kids just finish school, because they have possibilities here, so. We will see what will happen.

（Site 02, International worker [Support worker, A8] - 243）

Lastly, some participants (eight) saw themselves moving on to another developed country, such as Canada, once they had permission to do so, perhaps as a consequence of having acquired English language skills and transferable experience within a care system in a developed country like the UK. Humphries and colleagues (2009) found that among a small sample of migrant nurses in Ireland, about half were considering migration onwards, mainly in the hope of better prospects for gaining citizenship in a developed country and family reunification.

In some situations it is not the family members accompanying international workers that may be influencing their decision to return home, but other members left behind in their home countries; this could be children, parents or lifetime friends, as this Polish worker explained:

As I said, I’m starting to feel tugs towards going home. I’ve got another grandchild coming in June and my dad’s 91 and my mum died this year. It’s just things I’m missing. My friends, my friends from my whole life. I was in my fifties when I came over here.

（Site 02, International worker [Social worker, Commonwealth] - 217）
Migration status

Unsurprisingly, immigration matters affected some but not all of the participants in this study. No EU participant commented on immigration rules, but others who had visas or work permits were conscious of the impact of immigration rules, their current applicability and potential changes. Immigration rules affected non EU workers’ views of their future, with some more confident than others of their ability to stay legally in the UK:

*Our Visas [have] expired so we have to [send them] currently at the Home Office being renewed and should be fine because we meet the criteria so if we get that, as we should, it will give us another three years here, and if that is the case we will just have to see, the plan is to stay here for the foreseeable future but long term goal is to go home again.*

(Site 03, International worker [Social worker, Commonwealth] - 311)

*I only have this kind of visa, [a] student visa, so those years I have to renew it again, if possible. If they won’t allow me then I will be sent home. I think that’s stressful that’s happening to me.*

(Site 06, International worker [Care assistant, Philippines] - 613)

For others, such concerns might tip the balance even if they were very likely to have permission to stay in the UK. For example, the financial costs of achieving such status could be a factor in thinking about the longer term, as this Australian social worker reflected:

*I’m watching my friends go through it [getting residency] now, and it costs £1000... it used to be that you stayed for five years and you apply for your residency but then they’ve changed all of that. And now it’s £1000 to stay working and if you get to that point, you say “well I might just go home”, you’ve got the experience. I think there could be a lot more support around the visa application and all of that for international workers. I know it’s what my friends are [thinking], “do I stay?” But then they’ve been here for five years, and they’re very experienced children and families’ workers now, ‘cause five years in children and families is quite a bit. But they’re thinking, ‘well, what’s the point of paying a £1000? I might as well go home now’.*

(Site 03, International worker [Support worker, Commonwealth]- 312)

Employers too were aware of the changes in migration rules in the UK, and their effects in terms of limited abilities to access staff from outside the EU. Many seemed unconcerned about this, being less reliant on non-EU staff than others; however there were concerns raised about future recruitment, particularly in the NHS, as this employer noted:

*At the moment they are saying, we are no longer giving them work permits and I think this country will struggle, especially in the health sector.*

(Site 04, Employer - 443)
**Staying in the UK: contentment**

However, many participants (14) were happy with their current situations and were not hoping to move, nor seeking promotion or a change. Essentially they were content in their work, reflecting the wider literature that sees social care as personally rewarding work (Eborall and Griffiths 2008). As with other literature on professions such as social work (Lloyd et al. 2002) there was also a view that promotion could remove people from direct client contact and therefore was not inevitably welcome. While this view was expressed by people who ‘loved’ their work in direct care, it was also voiced by some possessing professional qualifications, who enjoyed frontline responsibilities and did not wish to move into management:

> I really want to continue to work for more years to come because I’m always impressed, maybe like some of my colleagues here who are British, they will tell you, “I’ve been on this job as a social worker for 15 or 20 years” and I want to have the same experience and then maybe after that then I can think of... I can’t do any of that if I’m outside social care. I will always be doing this job and maybe if I retire, I will still continue to contribute to it one way or the other.

(Site 05, International worker [Care worker, Commonwealth] - 522)

> I’m not comfortable with promotion. What I want is job satisfaction.

(Site 01, International worker [Nurse, Commonwealth] - 119)

A small number of participants suggested that their geographical location within the UK influenced their feelings about the future. While some evidently liked city life, others were happy in more rural areas:

> I don’t know what the future brings, but I think I’m going to stay in here [rural area], because I’ve been to a few places just by visiting and here is very quiet and safe place, anywhere, compared to places I’ve been [in Africa].

(Site 02, International worker [Care assistant, commonwealth] - 232)

**Ambitions**

**Ambitions for Promotion**

Unlike the other literature relating to promotion possibilities in the NHS for overseas nurses (Alexis et al. 2007), participants in this study were largely optimistic that promotion was available if they wished and worked for it. While this may be the result of a bias towards particularly confident individuals among the participants in this study, it might also relate to characteristics of the care sector, where despite low pay and low status, most did not identify particular barriers to their wish for promotion. We were not able to confirm or refute Henry’s (2007) study of institutionalised disadvantage experienced by older Ghanaian nurses in the UK, but certainly this was not always the case.
Ambitions to increase skills and experience

As highlighted in Table XI.1, increasing skills and experience (whether through further qualifications or otherwise) was the most cited aspiration among all international workers, regardless of their country of birth. Many participants were considering developing further skills in social care after initial experience in the sector:

In three years time, I wanted to go to university and get a degree in either mental health nursing or learning disability, because I deal with all those people.

(Site 01, International worker [Nurse, Commonwealth] - 119)

One common point emerging from many interviews was a general understanding of the NVQ system and the progression framework that this now provides within social care, a sector largely composed of staff without professional qualifications. Many care workers were familiar with the NVQ framework (Gospel and Fuller 1998, Gospel and Thompson 2003) and aimed to progress to higher levels, especially in care home work. However, others wished to take up opportunities to acquire skills that would enable them to work in the NHS, moving away from social care, especially into nursing and hospital-based work. It was not clear whether agency workers in social care faced the same opportunities as those with permanent contracts, although Cornes and colleagues (2009) have found that many staff working for an agency do not always have the opportunity to embark on further study or skills development.

It would be mistake to see all international workers as inherently ambitious; although many participants were keen to develop their skills and experiences, in care work and in management. Others were not currently looking for further work challenges, perhaps because they were approaching retirement, or for other reasons:

I don’t know. I have to decide whether I’m going to go into teaching, managing or indeed, kind of think about running my own project. At the moment, I might just be the same... because I’m putting things on hold really to be round my kids and the jobs I’ve got at the moment suit that kind of role. I may well be doing the same [in three years time].

(Site 04, International worker [Social worker, EU14] - 446)

Ambitions to move from social care

A small number of participants spoke of their wish to return to study areas or professions in which they had worked prior to coming to the UK. These related to a wide variety of disciplines or areas, as one participant outlined:

I used to teach mathematics. Accountancy. I would be happy to get that kind of job here, but you can’t get because there are lots of rules and regulations to follow and you can’t fit in straightaway... I think it might take some time. Well, I don’t know, it might do. For the moment, I’m very happy in caring.

(Site 05, International worker (care worker, other countries] - 512)
A further group had previously worked in health care and saw themselves moving to the NHS or private health care sector as health professionals. This was an aspiration among several participants from the Philippines, who were using social care work as a way of gaining experience and language skills that might enable them to move into nursing careers in the UK:

> Because I’m applying in the NHS hospital for my profession, the one that I got in the Philippines, if I got that post, I’m really, really happy. I want to go back to my professional job.

(Site 05, International worker [Care assistant, Philippines] - 502)

Such an aspiration was shared among some staff from India, who described working in social care as an interim measure until they could gain a job in the NHS:

> I’m a nurse from back home. I’m from India. I trained there as a district nurse. I came here in the hope that is what I could do.

(Site 01, International worker [Nurse, Commonwealth] - 115)

However, while it is often observed that social care can act as a springboard to work in the NHS, there are instances where once employed in the NHS, people may still undertake social care work, as this person illustrated:

> I am a staff nurse in the hospital, a registered staff nurse and I’ve got a job, permanent job in the hospital. I’m a staff nurse for (care home company) and when they need, I come and cover the shifts.

(Site 05, International worker [Nurse, Commonwealth] - 520)

As Yeates (2008) noted, both India and the Philippines are states with a policy of exporting professional labour to the developed world, and this was reflected in the aspirations of Indian and Filipino care staff to acquire UK recognised professional nursing status and to move to the NHS. Some recognised that social care work could be a way of developing their skills to work within the UK:

> Actually, because I’m directly dealing with the person, so I’m getting to know about their habits and their culture and what sort of food they are eating every day. What they do before going to bed. Because it’s totally different. It’s best that you know the people’s different culture and people. If I become a nurse, I will... I think it would be easier to me to deal with the people.

(Site 02, International worker [Care assistant, other countries] - 238)

McGregor (2007) observed the potential for some Zimbabwean care workers to become entrepreneurs. A small number of international workers expressed this ambition, although the wish to embark on business activity outside social care was not confined to workers originating in Zimbabwe:
I want start my course, hairdressing course, because I love to cut hair. I have to finish my English school... This is a stepping stone, if you like.

(Site 05, International worker, Poland - 511)

Few of those interviewed made mention of linking up with enterprise or business related organisations. This possibly reflects other missed opportunities to engage across sectors with migrants, as identified in Chapter Five when refugee organisation representatives spoke of the ways in which some local authorities did not appear to publicise job vacancies or opportunities among this group.

**Recession and current economic climate**

At the time of the interviews, the economic recession was beginning to give rise to uncertainty (Local Government Association 2009), although no participant reported that this was affecting social care businesses. And many were sanguine about the need for long term care. Some indicated a strong market in the UK in comparison to other European countries, as this German social worker explains:

> Yes, I mean the labour market here is quite good at the moment, yes still quite good compared to the market in Germany, I mean I know a lot of people who are studying social work with me and who are now on either temporary contracts or you know they work part time so they want to work full time so it is not very easy to get a good job in social care at the moment in Germany – it kind of all came together and... all worked out quite well.

(Site 04, International worker [Social worker, EU14] - 423)

This was in contrast to the uncertainty described in other labour markets:

> We don’t know because I just, yesterday, I just talked with my husband. We don’t know how the situation is now. We can’t tell how long because the situation with work is going to be worse, especially the kind my husband is doing - his job [is in the] construction field. I don’t know, I really don’t want to go back to Poland... We don’t know. The situation at the moment is not very good, that’s why I can’t make a plan for the future.

(Site 06, International worker [Care assistant, A8] - 606)

One employer had observed some changes in the local area, although not particularly in relation to social care work:

> Some of them [Polish] are going back because they realise things are not as they expected – and the job is not really as lucrative as some of them thought it would be, because this girl who is working here with me she was almost going back because she came as an au pair girl that is how she come into the country to work for a family and she realised it was twenty four hour job looking after the boys, they take them to school, the money wasn’t very good, so she wasn’t happy wanted to go back.

(Site 03, Employer - 301)
There were a few comments, particularly among service users and carers, reflecting the view that the recession might attract more UK citizens to work in social care, as this carer predicted:

*Maybe more people, English people will be willing to do these jobs in the future. I certainly think that people in the care profession are undervalued and under paid.*

(Site 02, Carer - 240)

For a minority of service users and carers, this would be a welcome trend. A very small number of people using services were clear that they hoped more ‘English’ people would work in social care, as this man with learning disabilities stated:

*There are too many foreigners coming here. It’s like football and that there is too many foreigners coming in.*

(Site 01, Service user - 126)

Social care employers also reported hearing such views among users and carers, and spoke of the difficulty of dealing with overt racism, especially where emotions were high or the service user had mental health problems such as dementia. Managers, however, were not of the view that the current recession would necessarily result in greater numbers of local people wishing to work in social care.

Dobson and colleagues (2009) suggested that while immigration tends to fall when unemployment rises, this is often for a very limited period. They reported that evidence is not supportive of the theory of a ‘buffer zone’ whereby, in a time of recession, migrants return home to free up jobs for local people. Glossop and Shaheen (2009) further suggested that local areas need to be looked at rather than simply national data. For example, in one area studied they found that most A8 migrants worked in agriculture, with their employment relationships managed by recruitment agencies specialising in migrant labour. They concluded that this had led to situations of a dual labour market, with very little interaction between one sector, comprising employers and migrant recruitment agencies, and another sector, comprising the public sector and its employment networks.

However, there were points relating to the concept of ‘vulnerable households’ as identified by the Audit Commission (2009) in its survey of local authorities' responses to the economic recession. This emerged when some participants spoke of their lack of entitlement to employment related and low income benefits. While the Audit Commission did not explicitly mention migrant care workers as groups that might be vulnerable if work opportunities reduced, this may arise if migrant staff are not able to work long hours or if second jobs fold. Glossop and Shaheen (2009) found that low-income migrants often worked long hours, had more than one job and might additionally work for cash in hand. As they observed, most migrants are aged between 18-24 years and are more likely to be mobile than other age groups.
While younger age groups may be less likely to have dependents, the notion of a vulnerable household might well seem applicable to some care workers and their partners who are perhaps facing threats to work in the context of the recession. Such threats may be exacerbated by the limited access to social security benefits for those on low wages who were not EU citizens, as one care worker commented:

*Just the policy relating to people like me that comes here to work. I’ve got a work permit; I pay tax and pay everything. We’ve got a child who goes to nursery, but doesn’t get the benefits which other kids get. It is the same kind of tax. We don’t get anything. We don’t get child tax. We don’t get anything. I pay Council Tax and for my child’s nursery I pay £150 every week to my wife. I just feel, we are doing the same job. I pay for my house. I believe that is some area that I felt maybe the government would be flexible with the laws. I’m not here illegally. I came to this country legally and pay all my dues. I wish I could get something back from the government, but we are not getting anything. That’s the only thing I feel is not working for me.*

(Site 06, International worker [Social worker, Nigeria] - 615)

The impact of the recession on migration has only recently begun to be debated and discussions have not yet focused on social care. As noted, some people from A8 countries have been found to be holding two jobs, or more; among participants in this research, ten participants reported holding more than one job, in comparison to only one among UK-frontline worker participants. As discussed by Datta and colleagues (2006), different household members’ decision to work in more than one job is part of migrants’ individual and household coping strategies through income-maximisation (Smith and Stenning 2006):

*I do a little bit of private work. My husband and I own a company as well.*

(Site 05, International worker [OT, Commonwealth] - 516)

**Summary of international workers’ expectations, satisfaction and plans for the future**

Overall, international workers reported high job satisfaction; their experiences in the English social care sector had generally met their expectations. However, there were some indications of unexpected experiences, particularly related to prejudice and discrimination. A few respondents also highlighted a number of areas where reality was less positive than their expectations, including the poor image and low status of social care in England and, a small number of international workers felt that they had been promised specific qualification opportunities, which did not materialise. Despite the reported high levels of job satisfaction, some participants implied that satisfaction levels were somehow preset; in other words, that they should be satisfied with almost anything compared to the situation in their home countries. Low pay was one of the main disappointments of social care work among both international and UK workers.

In terms of plans, the analyses show a range of views on the future, deriving from a diverse group of individuals working in social care. The aspiration to increase
skills and experience appears to be the primary priority for international workers. However, the intended use for such skills is diverse, from staying in the same job, to aiming for promotion or moving to another country. The role of other family members is very evident in international workers’ decision-making about the future. Immigration restrictions were one of a set of priorities for non-EU workers to sort out in the near future. This is certainly understandable, as gaining residency can be the key to a number of other opportunities, such as moving employment or moving country. It is important to interpret these findings as indicative, as it is very likely that workers’ plans will change due to a number of interacting factors.

The paucity of evidence about the impact of the current economic climate does not imply any changes particular to the sector. None of the employers, human resource managers, frontline workers or international workers felt that vacancies in the sector would be completely eliminated, even temporarily, because of higher unemployment rates among UK citizens. The only people who felt that this might be a possibility were some service user and carer participants. It may be that they were correct in seeing a slight shift, in terms of a decline in staff turnover, and details from forthcoming data from the NMDS-SC will assist in identifying any trends.

International workers move too. This study shows that while high turnover rates are a feature of many social care agencies, there are several explanations for why international social care staff may choose to move, whether to another area of work or to another country. As the above analysis shows, not all are related to the nature of the work, or its rewards, but reflect personal circumstances and structural issues, such as migration policies of the UK and other developed countries.
CHAPTER TWELVE: PERCEIVED IMPLICATIONS OF INTERNATIONAL RECRUITMENT IN THE SOCIAL CARE SECTOR

There is little in the literature on the implications of recruiting international care workers that goes beyond simple discussions of staff shortages and high vacancy rates. The in-depth interviews in the study sites provided a unique opportunity to discuss wider implications in relation to service standards, satisfactions, workforce diversity and stability, and implications for frontline workers in England. In this chapter we provide analysis related to the implications of international recruitment on three main groups: service users and carers; colleagues and managers of international workers; and the social care workforce as a whole.

Implications for service users and carers

Overall employers and managers felt that international workers brought added value for service users and carers. This was often related to the attributes employers perceived international workers to possess as discussed in Chapter Three, but was also felt to operate in more subtle ways. For example, in one of the sites with a predominantly White population, this employer explained the value of having a diverse workforce, which was thought to improve understanding of different needs across the board:

*I think it really helps people in (area) who have worked in a predominantly White culture to accept and understand some of the everyday diversity issues that many other cities and parts of the UK experience.*

(Site 01, Employer - 104)

Some UK frontline workers highlighted the advantages of having a workforce whose diversity reflected that of the service users:

*Like we have residents as well from different cultural background as well and so learning things from them as well that if say, like some of the Indian staff, from India, we have actual residents as well, from India and you know, they sometimes help us understand like different cultural things that we might not understand fully. I think they might be able to help us identify it, you know, just cultural needs.*

(Site 03, UK Frontline worker - 304)

Interviews with service users and carers in the study sites collected information on the implications of recruiting international workers to the care sector. These included standards of care provided and overall levels of satisfaction among service users with the care received from and relationships with different international workers.
Service users’ satisfaction with international workers

Levels of satisfaction among service users and carers were mixed. Some were very happy, although others expressed some reservations; while another, much smaller group indicated a clear preference for international workers from different backgrounds. The majority of service users and carers, 24 out of 34 participants, expressed positive views about international workers and were satisfied with their experiences. The idea that international workers had a positive impact on service users was shared by many employers and UK frontline workers:

The [international] carers were very very good, even the male carers.

(Site 04, Carer - 408)

She [international worker] also spoke extremely fluent English and she was just a very nice, pleasant, polite, capable person, who obviously genuinely cared about the people she was looking after.

(Site 01, Service user - 131)

A number of service users reflected on the friendliness of many international workers, stating that these workers were keen to listen to them, and to learn new English words or more about English culture. This service user recounted a positive experience even though he could not pronounce his international worker’s name; which did not appear to bother him:

Probably the best one I have got at the moment, unfortunately she is leaving to work in the hospital, is the Polish girl who they call (name) because it is easier to pronounce but her real name is ... I can’t pronounce it.

(Site 04, Service user - 401)

In some cases users were happy with the situation but their relatives appeared to have reservations, such as this service user, an older person with mobility needs:

I always get on with anyone from abroad. Other people have something towards coloured people. I never had. No. My son was a little bit that way. Youngsters are, aren’t they?

(Site 02, Service user - 219)

Some service users felt that specific groups of international workers had higher care standards than UK-born workers, but many held positive views of international workers as a whole. This service user highlighted the value of international workers as a chance for ‘fresh thinking’, adding, however, that England should not recruit a ‘mass’ number of international workers from any one country on ethical grounds:

I have some Scandinavian workers who have perhaps, by culture, already got very high standards of how services should be performed. Yes, I think there is room for fresh thinking from abroad on some issues. Certainly from a service user perspective. A reasonable proportion of workers coming from
the international field could be an asset. I really don’t like going and bleeding another country of its resources. I don’t think that would be good for our community.

(Site 06, Service user - 625)

Service users and service standards
A number of participants talked about the implications for service standards of recruiting international workers. Many held the view that this enriched the UK workforce and might have positive consequences for service users. Some depicted this as a direct benefit, from knowing the culture and language of certain client groups, while others were more general. However, not all employers and managers reported that workers from a certain country interacted better with service users from the same country or with a similar cultural background.

There was a general concern among service users and carers about finding workers who were able to provide good quality care, whether these workers were UK-born or international. Sometimes this was due to the complex needs of specific service users: people whose carers were concerned to find a worker who could understand medication, lifting and handling, and personal care, as well as being empathetic and approachable. This was felt particularly in relation to disabled people with communication needs, or those who had limited expression, and who needed continuous care from the same worker to enable them to build up rapport and understanding. General communication problems were also highlighted as one of the major factors affecting service standards, and were seen to have a direct effect on service users and carers; this is discussed in more detail in Chapters Eight and Nine. In other cases, care was affected by high staff turnover rates; frequent changes in management were felt to be particularly problematic. This carer felt that a change in manager had created uncertainty over quality of care:

Participant: There have been lots of changes [in staff and managers].
Interviewer: What impact has that made?
Participant: It makes an impact every time it happens. Things, the staff get very unsettled. Obviously, each manager has different ways of doing things. There was one male manager, you know, I got on fine with him and everything I mentioned, he sorted. The staff didn’t like him and quite a lot of staff left. Very good people left, which was sad. And then, apparently, he said something that the relatives of one of the people in there didn’t like and he was suspended and eventually left. The person who was deputy manager has, after a long, long time now been made manager and I don’t think the staff are particularly happy with her. I think these people [home owners] are in business to make a profit [not to provide high quality care].

(Site 02, Carer - 240)
There were also some specific concerns about finding appropriate care for older people, and for users from Black and Minority Ethnic (BME) groups. This BME carer talked about her perception of some of the care offered to Black older people; she also described a contrasting experience when she visited a specific care home for her mother:

*Older people from places like, Africa, the elder people are looked upon and respected* [in their home countries]. [In some care homes] *they tell them all sorts of names like, coffin dodgers, and all these sorts of things I’ve heard. They’ve reached a certain age and they should have respect and so on. I think that it must be very sad to be sitting in a home, especially if your mind is very active. When I went there [an expensive private home], I saw these elderly people and they are sitting there eating the rice and beans and playing some Caribbean music and I thought, my mum would love that. I think sometimes, yeah, but all these things cost money.*

(Site 02, Carer - 218)

The majority of participants provided many illustrative examples of good care provided by international workers, which met or exceeded service users’ expectations. This service user compared her experience of English workers and that with a Polish worker who offered more help than her job demanded, to the extent that the user now considered her a friend:

*A few English girls would give me the tablet and go, but the Polish lady I have she would tidy up and give me the tablet later just to make sure I am not just slowly coming round, or else she has become more of a friend, not that we are supposed to be friendly with carers but we have helped her with her English.*

(Site 04, Service user - 401)

Another service user acknowledged the issue of colour but still highlighted the quality of care provided by the international worker:

*‘As I say you know [name] who’s should I say as Black and as coloured as they come she is just so with her job, she does it like in little boxes we are doing that, we are doing that, and she does it so thorough, you know, and she is so caring as well so.*

(Site 04, Service user - 425)

Some service users and carers saw the advantages of recruiting international workers in increasing their chances of finding suitable workers to meet specific needs:

**Interviewer:** *Do you think that social care employers should specifically look for staff who have just arrived from abroad?*

**Participant:** *Yes, I think they should, I think they should, because you might find if you had six, we’ll say interviewed six, you might find only three would be compatible to the needs of your clients, yet the other three they might be ideal somewhere*
else. I mean nothing against the colour but it is their
capabilities of what they, you know, [are] most suitable for.’
(Site 04, Carer - 411)

**Implications for colleagues**

The in-depth interviews with UK frontline workers and managers covered working relationships with their international colleagues. Participants discussed possible outcomes or implications of their experiences. The analysis of this material produced two main themes: one to do with exploitation and discrimination, and their implications for training needs and overcoming cultural differences; the other related to gaining new perspectives, whether related to work practice or other cultural issues.

Colleagues’ overall views, in terms of recruiting and working alongside international workers, were largely positive:

*It is nice to work in a diverse group, and to have other people’s opinions, to know about other cultures; the service users to learn about other cultures as well celebrate certain religions and festivals, so it is nice to have an input from different cultures rather than just England and you know you can learn things from other people as well, you know different styles of cooking. Stuff like that.*

(Site 03, UK frontline worker - 302)

There were only a very small number who had reservations or who held blanket negative views about all international workers, failing to recognise the xenophobia of their attitude:

*I don’t think they should. They should try to get more English people.*

(Site 06, UK frontline worker - 611)

*I got on all right with them. I’m not a racist person. I got on all right with them, but I found them lazy. This agency was very very good at training. But then, they wouldn’t always turn up—because they are lazy.*

(Site 05, UK frontline worker - 513)

**Impact of exploitation and discrimination**

As discussed in Chapter Nine and Ten, there were times when UK frontline workers felt excluded, for example if there were a number of international workers in the same workplace and they started to speak in their home language. At the same time there were incidents where employers, managers and international workers felt that some international workers were discriminated against. We focus here on different implications of these relationships and interactions in terms of training needs and building bridges to overcome cultural differences.

Some UK frontline workers expressed a feeling of injustice, if they had complained about an international worker and their complaint had not been resolved in the way they wished. Others described the complexity of giving
negative feedback to international workers they were supervising. Of course, the context of these incidents, and whether or not the complaints had received an appropriate response, was not clear to the researchers. This UK frontline worker shared an experience of supervising international workers’ practices; it illustrates the perceived complexities in working with and supervising such workers. However this may also be thought of as perhaps being more typical of being part of a diverse workforce than particularly linked to international recruitment:

I know it feels, you know, because I mean I just love everybody from all backgrounds and I’m married to an Indian, you know. I absolutely, I haven’t got racist bone in my body I mean I have been called racist before by staff I’ve worked with in the past simply just because I have had to reprimand them because the practice, or the way they are to the resident is just, it’s not acceptable. You know, and it’s got absolutely nothing to do with me being a White, and them being Black or what you know, it’s just not that culture racism issue is, purely - what, I am all about is purely, you know, making sure that practice is good.

(Site 03, UK frontline worker - 304)

Impact on international workers
Despite believing that service users’ behaviour could be related to their mental health state or cognitive impairment, as discussed in Chapter Ten, many international workers acknowledged that some behaviour was hard to deal with and hurtful:

We talk to them nicely that you can trust me, because we are people who can give you good care. Later on, she comes down. Sometimes it’s hurting, but—

(Site 04, International worker [Senior care worker, Philippines] - 434)

Leaving a job was a common response to experiences of racism, discrimination or other forms of bullying:

Participant: I am glad I am not there any more, and I wouldn’t want to go back.
Interviewer: Sounds like it was a good move to move.
Participant: Yes, it was good money but not good -
Interviewer: - not good for the soul.
Participant: No no, not good, not good, but anyway.

(Site 02, International worker [Care worker, Zimbabwe] - 210)

In general, the kinds of experiences of bullying and discrimination, described in Chapter Ten, appeared to have been dispiriting and alienating for international workers, in varying degrees depending on the severity of the incident. They certainly appeared to add to the stress of living in a new country:

Taken for granted, this is I think the same thing, I just feel it’s not fair, and some England people they said ‘oh’, they complained that not treated fairly,
they are second citizens, but for us we are not citizens here, I feel sometimes we are treated as a second human being, that’s how I feel.

(Site 02, International worker [Care assistant, other countries] - 245)

Training needs of UK staff

Many UK frontline workers and employers spoke at length about the training needs of international workers, if they were to meet required work standards and to understand more about English culture, as discussed in Chapter Nine. However, very few highlighted the training needs of existing workers to accept a more diverse workforce, which can benefit both the sector and the users.

Some highlighted the fact that social work training did not address diversity issues properly:

I would say with regard to social work training that the issue of race and ethnicity wasn’t addressed as well as it might have been. It was left in a negative where people really felt attacked.

(Site 06, UK frontline worker - 632)

The analysis also highlighted gaps in the training needs of some UK frontline social care workers, whose prejudice was overtly expressed.

Introducing international workers to the workforce

Some managers gave good examples of integrating newcomers, international workers, into the existing workforce, although this varied from employer to employer. Some English frontline workers also explained the role of a good manager in introducing international workers to their colleagues and the workplace:

Interviewer:  What sort of working relationship do you have with international workers?

Participant:  A quite good one, really. I explain the care... the manager will then come in and say, we have a new member of staff here and her name is whatever name it is or his name. If they have done the job before, but [are] unfamiliar with the way we do things here, they then get to shadow one of us to see how we work, at first. That seems to work quite well.

(Site 02, UK frontline worker - 242)

This is discussed in more detail in Chapter Nine, which suggests that good training for all staff as part of the integration process may benefit the whole workforce, as well as service users.

Overcoming cultural differences

UK frontline workers in general expressed a positive view of interacting with their colleagues from abroad, although cultural differences were evident to some of these workers. This frontline worker explained the importance of sufficient time to build relationships and to gain a better understanding of international workers’ perspectives:
I think they there is a lot of apprehension to start with and because obviously you start at a new place you don’t know who and what you are facing, but there is a lot of reservation to start with until they know the person better

(Site 04, UK frontline worker - 417)

Sometimes, even when UK frontline workers reported good working relations with their international colleagues, they felt that variations in cultural perspectives could be problematic. This UK frontline worker experienced some difficulties working with a male international colleague; however, she did not want to explain the situation in full:

Participant: Cultural issues with one it was quite difficult because he still didn’t really understand the culture of British women so we did have some difficulties.

Interviewer: Can you explain that a little bit more?

Participant: Not really, no.

Interviewer: What do you mean he had problems with British women?

Participant: He had problems with the women, he just didn’t understand how British women worked and just didn’t understand culture - working with women and women in general.

(Site 01, UK frontline worker - 101)

The analysis suggests that integrating equality and diversity training into the workplace is important for all workers. Such training could remind staff of the importance of recognising individual differences while helping them to value and manage their relations with workers from other cultures or with different perspectives.

**Gaining new perspectives**

Many UK frontline workers expressed the opinion that their experience working alongside international colleagues had enabled them to gain new perspectives, through breaking down preconceived ideas, changing their behaviour and overcoming cultural differences. Some commented positively on international workers’ attitude towards clients and thought that this might have a beneficial effect on their colleagues. In addition, international workers might have wider knowledge about different cultures and countries:

*I think the attitude is positive, if I think of the [international] care workers I work with they are quite enthusiastic about supporting clients. Different cultures, diversity, learning things about different ways of life, I don’t know, it is just quite interesting, languages.*

(Site 01, UK frontline worker - 102)

*I learnt from her [my international colleague], in some respects I feel that I know a little bit more about Bangladeshi and Muslim culture.*

(Site 01, UK frontline worker - 103)
However, some employers noted that having over-enthusiastic international workers could trigger resentment amongst other UK frontline workers:

You can get a little bit of resentment when you’ve got workers doing above and beyond, sometimes and actually seeking training and presenting ideas. Occasionally, that’s been resented by some of the long serving workers.

(Site 05, Employer - 526)

Sometimes, employers and managers felt there were certain attitudes among some UK frontline workers that led to them resisting the changes that international workers could bring. This human resources manager with experience of working for an international company compared her previous experience of recruiting international workers with what were seen as the more resistant attitudes of staff in the care sector toward international recruitment:

I was struck when I first started in care; the kind of attitude, straight away either service users wouldn’t accept an international carer or that it would be very difficult to try and get paperwork and CRBs, when in actual fact, it’s actually been just as easy in most cases as employing local people.

(Site 01, HR - 135)

In common with the experience of international workers and other employers, as described in Chapter Nine, the same participant also believed that positive experiences of international workers could change such attitudes:

They are completely different now. They've seen people like this lady [name - an international worker] who just delivers the most incredible service to the service users.

(Site 01, HR - 135)

However, the majority of UK frontline workers expressed the view that knowing and working with people from different cultures was an enriching experience. Some also valued international workers’ experience and qualifications and explained that these could be both useful and educational for other workers:

It [holding higher qualifications] can be an advantage, I suppose. We are not actually a nursing home, but it’s surprising the little things that you can pick up, just from hearing them talk. We have had a consultant surgeon here at one stage and unfortunately he was only here temporarily. He was a very nice person. But, some of the stuff that he could tell us about. Even, I don’t know, it’s different diseases, what causes it and what sort of things you can do to help prevent different things.

(Site 02, UK frontline worker - 214)

**Implications for the workforce**

Employers, human resource managers and other participants were asked to reflect on their perception of any trends in international recruitment in the sector over the past few years, and how they thought this might affect the workforce as a whole. As illustrated in Chapter Two with the analysis of the GSCC
non-UK qualifying social workers’ data, and the NMDS data on recent arrival migrants to the sector; there appeared to be some patterns related to age, country of origin and possibly gender of non-UK qualified social workers. However, it was not feasible to examine trends using the NMDS-SC. In this section we will discuss the findings obtained from the study sites in relation to changes in the social care workforce in terms of workers’ composition, skills matrix and staff retention.

**Structure and composition**

All employers and human resource manager participants, except one, described an increase in the number of international workers recruited over recent years. However, they gave variable, sometimes contradicting, information in relation to trends in the profile and characteristics of international workers. This is possibly due to the local context of each site. However, the majority agreed that there were trends towards younger international workers; with those from Eastern European being particularly young. Overall, there was a feeling that, in five to ten years time, the care workforce profile would ‘undoubtedly’ change. Employers indicated that workers were now coming from numerous countries, traditionally many from Africa and the Philippines, now augmented by a recent increase in the intake of Eastern European workers:

> We are certainly taking on more and more [international] people, particularly from Africa, from African backgrounds in this country, as well as, obviously, Polish people.

*(Site 01, HR - 124)*

Sometimes, this seems to happen within local contexts where other local migrant communities exist, as this participant noted:

> I think there seems to be lots of Polish workers and they are quite proactive and are quite close to the Polish school and they seem to get quite involved with the community and they have their own language school so they seem to be quite common in the city.

*(Site 01, UK frontline worker - 102)*

Few participants indicated a changing trend in relation to country of origin. This human resource manager highlighted that recruitment from the Philippines had slowed down, which might be linked to recent changes in immigration policies, as explained in Chapter Six; however, other participants did not appear to be aware of this:

> The recruitment from the Philippines and South Africa stopped completely. I can’t remember which year that was, but when we were given a list of countries that have recommended people, companies didn’t recruit from. Staff from those countries, we’ve got two that have been here for a long time now. The others from those countries, people who have transferred from homes. So that is one trend that started and stopped. We used to recruit nurses from Poland before Poland joined the EU. But, after Poland joined
the EU the only staff we had from Poland hadn’t been qualified nurses. All the new staff came to work mainly in the kitchen.

(Site 01, HR - 123)

A few employers, human resource managers and UK frontline workers commented on a trend towards employing more male international workers, even if the numbers were not significantly higher. This was welcomed because of the traditionally female gender profile of the sector. Some attributed the trend to refugees moving into a local community and applying for care jobs:

Kurdish - lots more in the city, age 20s, early 30s, and mostly males.

(Site 01, UK frontline worker - 129)

Skills matrix
Participants highlighted a number of positive contributions made by international workers to the social care workforce skills matrix. These ranged from language skills, high levels of training and qualifications, to a valued, caring approach. Many of these views were shared by service users and carers:

These care workers, yes, they do look after my son, because these ladies, I’m not sure which country of South Africa they came from. But they speak very good English. In actual fact, they are trained nurses in their own country. But they are working here as care workers. So, consequently my son is getting the benefit of some very trained ladies, looking after him.

(Site 01, Carer - 110)

Sometimes, employers and human resource managers were very clear that they would not get highly qualified workers applying from the local community, unless they belonged to a BME group:

Only that people from ethnic minority backgrounds very often are far higher qualified. We know that we wouldn’t be getting people from those, you know, with those sort of qualifications from this country.

(Site 01, HR - 124)

In many situations, cultural differences, particularly in the caring approach of some international workers, were highlighted as a concern (see Chapters Eight and Nine). However, in other cases new ways of thinking and fresh approaches were highlighted as a valuable addition to the existing skills matrix of the workforce:

Some of the workers coming in from overseas with ideas and good ideas, particularly if someone is coming in with say, a therapist background and is looking at, what actually if we did this or if we were asked to do that. We just pick up on that idea and support those staff. It gives them promotional opportunities.

(Site 05, HR-526)
Staff retention
Some employers reported that international workers tended to stay longer with any given employer. This is possibly due to immigration restrictions on some workers, who are not allowed to change employer for a certain number of years; or it might be due to high job satisfaction. Participants did not usually offer an explanation. Sometimes, employers spoke about particular retention problems among certain groups of international workers, or issues to do with the local area: for instance, it was suggested that international workers might prefer to move to a large city. Other employers had the view that staffing in home care is usually ‘transient’ and that retention issues would persist, whether workers were from the UK or abroad:

Participant: Certainly the staffing in the care home is probably transient staffing I would have to say. We would have people who come potentially after they have had families and stay or ten to fifteen years, and that is what they want to do, but we do have an awful lot who will come and stay a year, two years, three years, they might stay with us but in different homes, they go and work in another home, but it wouldn’t be unusual for people to stay a few years and then move on.

Interviewer: Right... all staff?
Participant: All staff [not necessarily international workers].
(Site 02, HR- 211)

Others felt that this trend might be more evident among international workers; however, it was not always seen as being negative:

I think you kind of accept if you’ve got people from another country working with you, chances are they are going to not stay here. Unless they’ve settled down with their family and they’ve got their children and things like that. If there are youngsters, you kind of just know that there are probably going to go onto other things, at some point. It’s not a bad thing. I think in some respects, I know you lose some continuity, but sometimes it’s quite nice to have new faces, here. People don’t get so staid in their ways, do they and things like that.

(Site 02, Employer - 223)

This carer appreciated the importance of good quality care workers and thought that the contribution they made to the skill matrix of the workforce would directly benefit her and the person she cared for:

Wherever you can resource good quality carers who can be recruited and maintained, not just recruited and then used up and kicked out. You’ve got to look everywhere. I think it also adds to a good skill mix. We are, [area] is a multi ethnic and very diverse city and so you’ve got to have carers that reflect that.

(Site 06, Carer - 626)


Summary of perceived implications of international workers’ recruitment

There is little in the literature on the implications of recruiting international care workers that goes beyond mere discussions of staff shortages and high vacancy rates. Overall, employers and managers felt that international workers brought added value for service users and carers. This often related to a number of attitudes perceived to be typical of international workers, who were seen as being hard-working, flexible, and keen to learn as well as adding important diversity to the workforce. The majority of service users and carers, 24 out of 34 participants, expressed positive views about international workers and were satisfied with their experiences. The view that international workers’ high standards of care had a positive impact on service users was shared by many employers and UK frontline workers. The majority of participants provided many illustrative examples of good care provided by international workers, which met or exceeded service users’ expectations. However, communication issues, related largely to language skills, were highlighted as one of the major factors affecting service standards, and have direct effects on service users and carers.

Overall, UK frontline workers held positive views on the recruitment of international workers, in terms of gaining much-needed staff as well as acquiring new perspectives. However, there were times when UK frontline workers felt excluded, for example if there were a number of international workers in the same workplace and they started to speak in their home language. Many UK frontline workers and employers spoke at length about the training needs of international workers, if they were to meet required work standards and to understand more about English culture. However, very few highlighted the training needs of existing workers, if they were to accept a more diverse workforce, which could benefit both the sector and its users. Some English frontline workers explained the role of a good manager in introducing international workers to their colleagues and the workplace.

International recruitment was recognised to have a number of implications for the English social care workforce. Respondents thought that the structure and composition of the workforce would ‘undoubtedly’ be different in the next 10 years. Consistent with the findings obtained from the quantitative analysis detailed in Chapter Two, participants observed a trend toward a younger workforce. Employers indicated that workers were now coming from numerous countries, with the many who traditionally came from Africa and the Philippines now augmented by a recent increase in the intake of Eastern European workers. Participants highlighted a number of positive contributions made by international workers to the social care workforce skills matrix. These ranged from language skills, high levels of training and qualifications, to a valued, caring approach; many of these views were shared by service users and carers. In terms of staff retention, some employers reported that international workers tended to stay longer with any given employer. This is possibly due to immigration restrictions on some workers, who are not allowed to change employer for a certain number of years; or it might be due to high job satisfaction.
CHAPTER THIRTEEN: DISCUSSION AND RECOMMENDATIONS

Findings and discussion
In July 2007, a research team at the Social Care Workforce Research Unit (SCWRU) at King's College London was commissioned by the Department of Health (DH), under the Social Care Workforce Research Initiative (SCWRI), to conduct the current study. This study aimed to examine the contribution made by international social care workers in England in adult services by: investigating trends in the demand for international social care workers and any observed changes in their profile using both quantitative and qualitative data; understanding current and previous experience, motivations and future plans of a sample of international recruits from six diverse geographical locations in England; examining the dynamics and process of employment from the perspective of international workers themselves, their colleagues and employers, as well as service users and carers; and exploring the possible contribution of refugees and asylum seekers to the social care workforce, as a potentially untapped pool of recruits.

The research used a multi-method approach including a systematic review of the literature; intelligence gathering of recruitment agencies and policy stakeholders at the national level, through 35 telephone interviews, quantitative data analysis of the characteristics of non-UK qualified social workers (7200) and social care workers who are not White British and had their immediate jobs abroad (5118), with the heart of the study focusing on in-depth face-to-face interviews with 219 participants in six study sites. The research employed a maximum variation sampling technique to select both the sites and individuals within each site, facilitating inclusion of a wide set of experiences. Interviews were conducted in each site with international workers, their employers, human resource managers, their colleagues, service users and carers, refugees and asylum seekers and chairs of refugee support organisations. Individuals from different settings such as local authorities, independent care homes and home care agencies participated in the study, including people funding their own care or using public funds via Direct Payments.

Using quantitative data specific to the social care sector in England, the volume, profile and trends of a sample\textsuperscript{22} of international social care workers revealed a number of important characteristics, which were consistent with findings obtained from the qualitative interviews at the national level. Some of the main findings are that over half (57\%) of international social workers were trained in only four countries: Australia, South Africa, the United States and India. However, some recent changes are observable, although they may not be large in magnitude, with a recent decline of social workers qualified in India and a slight increase in those from AB countries. Social workers qualified in different regions

\textsuperscript{22} All non-UK qualified social workers registered with the General Social Care Council to work in England and all workers in the social care sector identified by employers as their immediate previous job was abroad and are not White British obtained from NMDS-SC.
of the world have different profiles from UK qualified social workers. In terms of age, the youngest (median age 30.9 years) qualified in AB countries and the oldest (median age 40.4 years) qualified in South East Asia. Men were greater in number among those trained in non-EEA countries, and those trained in EEA countries were significantly younger, by an average of two years. Median age was highest among those who identified themselves as Black (38.2 years) and lowest among those reported their ethnicity as White (32.6 years). Compared with the gender balance of UK social workers, higher proportions of female social workers are joining the UK workforce (now arriving from South Africa and South East Asia), while higher proportions of men come from South Central Asia and West Africa. From 2009, work permits for people from outside the EEA will only be offered for social work posts with children and families. Consequently demographics are likely to change, as the gender and ethnic profiles of social workers coming from these countries are more similar to the UK.

The analysis of the NMDS-SC provided valuable and unique information on a snapshot of relatively recently arrived social care workers who had their immediate previous job abroad and were not identified as ‘White British’. Such data summarise the characteristics of workers who are working in their first job in the UK. This is likely to be a very small sample of international social care workers: it is expected that many more may have moved jobs or indeed been recruited after arrival in the UK, possibly gaining and ceasing employment in other fields. Interviews in the case study sites support this expectation, with many international workers giving accounts of changing jobs within the UK. However, the data provide detailed information about this group. The majority of recent international workers were employed as care workers, registered nurses (mainly in care homes) and senior care workers. The profile of recent international workers was significantly different from those who did not have their previous job abroad. Recent international workers were significantly younger, by an average of seven years.

A logistic regression model examining the associations between different personal and employer characteristics and the probability that workers are recent international recruits shows no significant difference in terms of their gender. On the other hand, the same group was significantly younger, more likely to have higher qualifications, particularly level NVQ level 4/4+ or equivalent, and more likely to be working in professional or direct care job roles. Those who had their immediate previous job abroad were significantly less likely to be working as managers or in supervisory roles. There were significant regional variations in the distribution of workers who had had their previous job abroad; with a greater probability that they would be in the South and Midland regions than in the North of England.

The changes in immigration policies and legislation are likely to have a major impact on the proportions of social care workers migrating to the UK from different countries, which is likely to have a significant impact on the demographic profile. It is likely that the trends of greater numbers of younger and ‘White’ international workers, suggested by interviews with employers, recruitment agencies and policy stakeholders, may increase as a result of these
changes. Such staff may not have previous experience of social care work and at the same time they may not be easily identified by employers as needing tailor-made induction or extra support.

The main drive for international recruitment identified in the literature and supported by the findings was a shortage of care workers within the UK and the growing demand for social care services due to demographic changes and arguably the continued transfer of ‘care’ from the private family sphere to the public domain. The need for labour in the care sector is expanding with population ageing, high levels of female employment and greater longevity among people with long-term health conditions and disabilities (Hussein and Manthorpe 2005; Redfoot and Houser 2008). The poor image and often difficult working conditions of the care sector, which define it as a secondary labour market, render social care an unattractive employment sector for some of the UK population. For these reasons the social care sector may continue to be an important employment magnet for qualified and unqualified migrants to the developed world (Cunliffe and Bahiraey 2006).

A fairly common view among employers, human resources managers, recruitment agencies and policy stakeholders participating in this research was that international workers are harder working, more productive, more reliable and likely to stay in post for longer than local workers. This finding chimes with messages from the literature that international workers often take on jobs that UK workers are not willing to do and are hard workers (Experian 2006; Datta et al. 2006; Pemberton & Stevens 2006). The attractions of such workers for employers are obvious; although limits on how far anyone should be encouraged to work long hours may need to be considered (Martinez-Lucio and Perrett 2009). Many international workers in the research sites reported additional stresses in their lives, including a need to send money home and a pressure to keep their job for fear of losing the right to remain in the UK. Of course, these are in addition to the stressful nature of social care work. Many of the accounts of bullying and mistreatment related to unfair allocation of work, both in terms of amount, and being expected to work with the most challenging people more frequently than other workers. When combined with international workers’ willingness and need to work hard for financial and other reasons, there is the potential for increased stress and burnout as well as a risk in terms of abuse. For example, referrals to the Protection of Vulnerable Adults List often involved workers who reacted to challenges or reported being under stress of various kinds (Hussein et al. 2009).

As explained above, the main drive for recruiting international care workers was linked directly to the shortages within the sector; findings which echo those of other research (e.g. Cangiano et al. 2009). However, employers and human resources managers interviewed in all sites also expressed a belief that international workers offer a ‘caring approach’, which was the second most common driver. The high level of qualifications possessed by many international workers was perceived as another important positive attribute, followed by the view that they value their jobs, for a number of reasons, and are thus easier to retain. The least cited attribute was the wide range of transferable skills that
international workers could bring to the care setting. Another linked driver is the targeting of specific groups of international workers to meet the needs of local service users. Only one research site had targeted recruitment, with a scheme that had specifically aimed to recruit recently arriving communities, including refugees, to address the needs of the diverse local population. In relation to this targeted recruitment, the main sub-drive was possession of language skills, followed by cultural knowledge.

There are a number of theories that aim to explain international workers’ motivations in joining the UK and a particular employment sector in terms of the value placed by individuals on certain objectives (Deci et al. 1999; Breen and Lindsay, 2002). It is well recognised that in order to understand the motivations for migration, specifically, it is necessary to adopt the perspective of the migrating individual whilst also taking into account the macro or wider variables that may have affected their behaviour. Given the gendered nature of the social care workforce, it is important to examine migration motivations for this group with women at the centre of the theory. Within a general context of increased global movement, the number of migrant women in Europe has been increasing rapidly, especially during the last two decades (Kofman et al. 2000). Although research reveals that economic reasons are a very important motive for migration among people living in African countries, as well as most of the developing world, Dalen and colleagues (2004) showed that microeconomics are less important to women than family considerations, with the latter regarded as a more important emigration drive. Of course, these two elements often interact: for example, Filipino immigrants are well known for their remittance behaviour, sending back their earnings to or for the use of close family members (Menjivar et al., 1998).

In relation to social care work in the UK context, the systematic literature review revealed very little about the motivations of qualified staff, such as social workers, and virtually nothing on those who are less qualified. The national interviews with recruitment agencies and policy stakeholders conducted for this study emphasized that some of the assumptions motivating workers to move to the UK and join the social care sector might be illusory. For example, social workers might find that they lose career progression when they return to their country of origin. Others might find that the experience of living in the UK does not meet their expectations. The analysis of the interviews with different participating groups in the study sites revealed a multiplicity of motivations among international social care staff. These include positive views of the UK as well as economic motivations. There are differences depending on whether or not workers possess professional qualifications, and on whether they are recruited for specific positions. There were also observed differences in relation to country of birth. The main motivations discussed by participants were in order: altruism (wanting to help others in difficult situations); better than previous UK jobs (mainly factory jobs); the social care sector is easy to get into; and social care is a good career. The idea that social care work could fit with people’s previous skills was identified as an additional motive but was not as frequently mentioned across the interviews as the previous ones. On the other hand, ‘financial motives’ were not frequently mentioned when motivations to
join the social care sector were discussed, contrary to discussion about moving to the UK as a whole. Financial motives to work in the English care sector were mentioned by only a few international workers from the EEA.

Literature from across the developed world highlights the potential of refugee communities who are, on average, well-educated but under-employed, stressing the potential loss for their host labour market (for example, Krahn et al. 2007; Newman 1999). There are usually many interacting structural and individual factors that contribute to high levels of unemployment and downward employment mobility among this particular group (Hauff and Vaglum 1993). It is important to recognise that refugees and asylum seekers are not a homogenous group. Their reasons for seeking asylum, their cultural norms, religious beliefs, gender, education and age all contribute to their diversity. However, despite this diversity, there is a certain commonality in their labour market participation.

Part of this research was dedicated to exploring the potential of the existing refugee and asylum seeker communities in England to work in the care sector, whether temporarily (as part of the integration process), or as a career. The research interviewed refugees and asylum seekers (20) and chairs of refugee support organisations (5), in four of the study sites, exploring issues around the suitability of care work and to discuss practical barriers and possible solutions. The analysis demonstrates the clear potential for refugees and asylum seekers to join and benefit the social care sector in England. However, a number of practical barriers were highlighted, including a lack of UK experience, lack of family or friends in the sector, problems with English language skills, qualification recognition and prejudice and racism in the sector. A number of strategies are summarised, which aim to focus on recognising the potential of this group while supporting and addressing their needs. We emphasise the importance of moving the focus and image of refugees from a deficit ‘human capital’ model to a more holistic model that can utilise, integrate and support refugees within the sector. Reaching out early with a clear path to volunteering or job opportunities may be an effective strategy.

There are very few accounts in the literature on the process of recruiting international workers into the care sector, on whether there are a number of recruitment processes for different job categories, or on the different processes involved in recruiting directly from abroad, through a recruitment drive for example, or targeting a group of recent migrants already in the UK. This is in contrast to other fields, such as nursing, where UK recruitment processes of international nurses are much better established and researched (e.g. Buchan et al. 2004), The analysis of data obtained from different groups of participants on the national level and in each of the study sites provided valuable information on the different processes of recruiting international social care workers whether from abroad or within the UK. Among the 96 international workers who participated in this study, just under half secured their jobs while in their home countries, and the rest gained employment in the sector while in the UK. Very few participants secured their employment from their home countries directly through employers; the main route seemed to be through overseas recruitment agencies, followed by informal networks. UK based employment agencies also
played an important role in facilitating international workers already in the UK to gain employment in the care sector.

There were variations in recruitment routes in relation to birth country of participants. Workers from the Philippines seemed to be more likely to secure their jobs while in their home country and through overseas recruitment agencies, while workers from the European Economic Area (EEA) were likely to use UK-based recruitment agencies after arriving to the UK. These variations can be explained by immigration as well as economic policies of different countries. Among employers and human resource managers in the study sites there were varying attitudes towards explicit recruitment drives from abroad. Only a few participating employers had travelled specifically to recruit a group of workers or been involved in recruitment campaigns abroad, while the majority either relied on recruitment agencies that they were known to be recruiting from abroad or simply did not give much attention from where employees were recruited. Such knowledge was crucial in the level of awareness and support offered to new recruits’ practical and integration needs. Employers’ support was mainly focused on workers directly recruited from abroad who seemed to have a more obvious need to adapt to the culture and system of the UK. However, even among international workers who were directly recruited from abroad, there was a sense of fading support levels once they arrived in the UK.

The need for proper and specific induction for international social care staff is asserted in the literature, with the importance of ongoing supervision and co-worker support highlighted by Thompson (2004). Churchill (2005) pointed to the different training needs of international workers. Similar conclusions have been drawn by Evans and colleagues (2006b). In the study sites, almost all participating international workers described having some kind of induction, even if it was just a quick explanation of who, what and where, and a book to read about working with older people. The vast majority of those who received induction felt it prepared them for the job; with some feeling it was ‘superb’. However, a number of participants (18) had some mixed feelings about their induction and very few (four) felt that it was inadequate or did not prepare them at all. The findings did not show clear differences between UK frontline workers and international workers in terms of induction content. Not surprisingly, the only difference was seen in the form of extra language and cultural support wanted by some international workers. However, length and content, in addition to basic or core elements, of induction varied dramatically across employers. We found no patterns behind these variations in relation to sites or type of settings, or between the local authority and independent sectors.

Training and gaining qualifications are some of the main non-financial incentives for migrants in general and for international care workers in England. Just under half of the international worker participants in this study had achieved or were working towards NVQs, with 17 having achieved at least NVQ III or working towards NVQ IV. The analysis showed that most international workers had equal access to training to their UK frontline worker counterparts. There was no strong evidence to suggest that international workers were discriminated against in terms of accessing training, but for some their entitlement was not certain,
owing to decisions about the use of public funds for recent arrivals to the UK. Experiences of supervision and appraisal also varied widely among participants. International workers appreciated the informal feedback they received from their colleagues and service users. Many had good experiences of supervision; however, their reflection on such experience may relate more to ‘coaching’ than to supervision.

The theoretical framework of analysis identified a set of ‘intermediate factors’, which interacted with both motives and experience in the sector to influence international workers’ levels of satisfaction and future plans. The relationships between motives, intermediate factors and experience in the sector are multidirectional and by no means ordered; they are also dynamic, in the sense that they are likely to change over time. The ability to communicate verbally and in writing in English was seen as a key intermediate factor by participants from all groups. Good language skills were viewed as essential for providing good care as well as developing relationships with managers and employers. Before moving into social care work, international workers had diverse experience across a number of social care related and non-related fields, which was another important ‘intermediate factor’. Many international workers came to the UK with social work and nursing experience. While such experiences did not always translate directly into the UK context, the differences were often seen as advantageous. Difficulties arose for some international workers, however, in understanding the system and the culture. For example, some social care workers found it hard to adjust to the formal nature of care for older people in the UK, which was usually provided informally in their home countries. Again, some identified a positive impact of cultural difference, connecting it with the more caring approach commonly attributed to international workers. ‘Time’ was seen to reduce some of these difficulties as international workers learned coping strategies and better relationships were built up with colleagues and service users. International workers participating in the study reflected on a number of personal or individual factors that were important to their experience in the sector. Despite the support from some managers, who had often been encouraging and flexible, many international workers felt they had no outside support to deal with problems at work or at home.

Working with people from different cultural backgrounds has been identified both as creating the potential for learning opportunities and as bringing possibilities for conflict and misunderstanding (Torry 2005). Mutual respect and accepting individual personalities are key elements in dealing and interacting with people from different cultures in the workplace. It was evident from the analysis that breaking down stereotypes related to cultural expectations is important when starting to build relationships on an individual basis, encouraging a shift from regarding others as representatives of a cultural group to seeing everyone as a unique individual with his or her own characteristics.

Many of the accounts given by international workers of working in social care services reflect common experiences in the sector. International and UK workers reported satisfaction with their work and enjoyed the sense of caring for people. These findings are very much in line with existing evidence about job satisfaction
among social care workers (Coffey et al. 2004). Participants talked about the strong bonds they established with service users, which contributed to the sense of satisfaction with the work. However, such emotional involvement also generated some of the stress commonly involved in the work, particularly after the death of a service user. At the same time, working with users with multiple needs and challenging behaviour is also stressful and requires a great deal of support from colleagues, supervisors and managers.

The small number of international workers who were working temporarily for agencies highlighted some positive as well as negative aspects of this work. Positive aspects included higher levels of pay, flexibility and experiencing a wider variety of settings while negative aspects included lack of training and supervision. Again, these experiences are typical of general experiences of working for agencies (Cornes et al. 2009), although it is also to be noted that international workers are over-represented in agency work (Jayaweera and Anderson 2008), suggesting that these issues are more likely to affect them.

International workers generally expressed positive views of their relationships with their colleagues and managers; however, this was not the only experience. Racism is a common feature of all branches and contexts of society (Thornberry, 2005). Migrants, including those from the A8 European states, have been found to be more likely to experience racism both in the workplace and in the community (Koffman et al., 2009) than UK nationals from BME groups. Similar accounts of such experiences were widely reported by international workers and UK workers from BME groups interviewed in the research sites. There were reports of some discriminatory behaviour exhibited in the workplace by employers and colleagues: these international workers felt that they were given more work, were expected to work longer or perform harder jobs, and that they were being given less management support and guidance. On the personal level, some international workers described being excluded for lacking knowledge about British culture and being verbally abused. However, a far larger number of international workers had experienced racism and discrimination from service users and their carers. These experiences were also shared by some UK frontline workers from BME communities and were acknowledged by employers, who felt that the role of ‘colour’ in this discrimination was evident. In some areas, racism and discrimination were linked to the demographic makeup of the local community and the presence of a more general hostile atmosphere towards migrants.

Employers and managers’ reaction to racism varied, with some very positive examples and others expecting the workers to just ‘put up with it’. However, it was clear that the passage of time tended to reduce incidences of racism and discrimination. The complexity of making the best response to such situations was also highlighted, with opposite approaches being perceived as positive by different groups. For example, re-allocating cases was seen by some employers as a supportive response to workers, reducing exposure to service users and carers with known racist views. However some international workers interpreted such intervention as undermining. These findings highlight the genuine dilemma involved in managing such conflict, which is further
complicated by the personalisation agenda, which places central importance on choice.

Overall, international workers reported high job satisfaction; their experiences in the English social care sector had generally met their expectations. However, there were some indications of unexpected experiences, particularly related to prejudice and discrimination. A number of respondents were also disappointed by the poor image, low status and inadequate levels of pay of social care in England and a few of them felt that they had been promised specific qualification opportunities, which did not materialise. Despite the reported high levels of job satisfaction, some participants implied that satisfaction levels were somehow preset; in other words, that they should be satisfied with almost anything compared to the situation in their home countries. In terms of individuals’ plans, the analyses show a range of views about the future, deriving from a diverse group of individuals working in social care. The aspiration to increase skills and experience appears to be the primary priority for international workers. However, the intended use for such skills is diverse, from staying in the same job, to aiming for promotion or moving to another country. The role of other family members is very evident in international workers’ decision-making about the future. Immigration restrictions were one of a set of priorities for non-EU workers to sort out in the near future.

The paucity of evidence about the impact of the current economic climate does not imply any changes particular to the sector. None of the employers, human resource managers, frontline workers or international workers felt that vacancies in the sector would be completely eliminated, even temporarily, because of higher unemployment rates among UK citizens. The only people who felt that this might be a possibility were some service user and carer participants. It may be that they were correct in seeing a slight shift, in terms of a decline in staff turnover, and details from forthcoming data from the NMDS-SC will assist in identifying any trends. The likely reductions in public spending over the next few years may also impact on levels of international recruitment, given the importance of the public sector in funding most social care services. Further, it is to be remembered that most of the employers interviewed are unlikely to have experienced managing services in times of high unemployment. Consequently, the impact of any sustained period of high unemployment may be unpredictable in relation to levels of international recruitment.

The in-depth interviews in the study sites provided a unique opportunity to discuss wider implications in relation to service standards, satisfactions, workforce diversity and stability, and implications for frontline workers in England. Overall, employers and managers felt that international workers brought added value for service users and carers. This often related to a number of attitudes perceived to be typical of international workers, who were seen as being hard-working, flexible, and keen to learn as well as adding important diversity to the workforce. The majority of service users and carers, 24 out of 34 participants, expressed positive views about international workers and were satisfied with their experiences. The view that international workers’ high standards of care had a positive impact on service users was shared by many
employers and UK frontline workers. The majority of participants provided many illustrative examples of good care provided by international workers, which met or exceeded service users’ expectations. However, communication issues, related largely to language skills, were highlighted as one of the major factors affecting service standards, and have direct effects on service users and carers. Overall, UK frontline workers held positive views on the recruitment of international workers, in terms of gaining much-needed staff as well as acquiring new perspectives. However, there were times when UK frontline workers felt excluded, for example if there were a number of international workers in the same workplace and they started to speak in their home language.

Many UK frontline workers and employers spoke at length about the training needs of international workers, if they were to meet required work standards and to understand more about English culture. However, very few highlighted the training needs of existing workers, if they were to accept a more diverse workforce, which could benefit both the sector and its users. Some English frontline workers explained the role of a good manager in introducing international workers to their colleagues and the workplace.

International recruitment was recognised to entail several implications for the English social care workforce. Respondents thought that the structure and composition of the workforce would ‘undoubtedly’ be different in the next 10 years. Consistent with the findings obtained from the quantitative analysis, participants observed a trend toward a younger workforce. Employers indicated that workers were now coming from numerous countries, with the many that traditionally came from Africa and the Philippines now augmented by a recent increase in the intake of Eastern European workers. As we argued above, changes in the immigration rules are likely to increase such trends. Participants highlighted a number of positive contributions made by international workers to the social care workforce skills matrix. These ranged from specific language skills, high levels of training and qualifications, to a valuing, caring approach; many of these views were shared by service users and carers. In terms of staff retention, some employers reported that international workers tended to stay longer with any given employer. This is possibly due to immigration restrictions on some workers, who are not allowed to change employer for a certain number of years; or it might be due to high job satisfaction.

**Recommendations**

It is evident from this research that the demand for international social care workers is unlikely to decline substantially in the near future. At the same time, there are a number of valuable attributes that international workers may bring to the sector with positive implications for the workforce, standard of care and service users. However, there remain several issues to consider to maximise the benefits for workers, users and the sector as a whole. We have divided our recommendations into separate sections. They are intended as discussion points for stakeholders, including policy makers, directors of adult services, employers who are providers of social care, regulators, sector skills councils, regulators, service development and improvement agencies, the research community, and people using services and carers.
At **national policy** level, we recommend that it is timely to think through the cost-effectiveness of some exceptions from residence type rules for publicly funded training relevant to social care work. Such vocational training, when offered to international workers (non-EU), is very likely to benefit users quickly. This would support other government policy goals, such as the training for all staff working with people with dementia.

More widely, the Department of Health’s adult social care workforce strategy needs to address the importance of international workers in social care and to monitor the impact of the new points based system for entry to the UK on social care.

The research suggests that the longer international workers spend in the sector the better the outcomes for all parties; therefore, we recommend that central government consider facilitating visa extensions for workers who are needed by their employers instead of requiring some (non-EU) international workers to leave the country and starting the recruitment and integration process with new international workers.

The potential of refugee communities and asylum seekers appears to be underutilised, prolonging their integration process and reducing their economic contribution to society. Social care work can be promoted as offering work opportunities for refugees or voluntary experience for asylum seekers. We recommend that more information about the sector is made available to support organisations and Job Centre Plus, along with a clear support strategy throughout the recruitment process, including obtaining CRB checks and references.

For **Directors of Adult Services**, we highlight the importance of openly recognising and addressing the fact that a considerable part of their own in-house services or other providers of social care may be being used as a training ground for the NHS. We argue for greater recognition of this at least in terms of resource allocations, possibly at the local level of Joint Strategic Needs Assessments (JSNA).

For **employers** we recommend the importance of considering what individuals’ motivations were in joining the sector, and whether these are being fully met, to improve retention rates. This might include, for example, enhancing opportunities to gain qualifications or to support the adaptation or the process of recognition of overseas qualifications; but it could also mean devoting thought to ways of sustaining the aspects of the work that international workers find rewarding, such as personal contact with people using social care services. Knowledge about which features of social care work are seen to be attractive is likely to be useful to those seeking to recruit to specific posts, when devising marketing and recruitment strategies. It is worth considering that whilst some of these features may be instrumental (wages, terms and conditions), others are likely to be more relationship-centred.
Bond, Hollywood and Colgan (2009) have recently commented on the importance of having formal structures and, in particular, dedicated diversity and equality specialists among large employers who can develop equalities work. While this may not be possible for small or medium size employers, there are social care employers with large workforces and opportunities for social care providers to work collectively on equalities issues at local, regional and national level, often supported by sector skills councils and development and improvement agencies using public funds.

A ‘duty’ of care is owed to all staff and to staff who are recruited specifically from abroad. Support needs to be provided beyond initial induction. The importance of human resources (HR) staff in managing relationships in work emerged, as well as their role in recruitment and appointment, training and inductions. We suggest that HR staff may wish to share good practice and what works, to be better equipped to address instances of racism and discrimination in staff groups and hierarchies. As a number of participants in this study pointed out, such behaviour by service users may need to be managed in different ways from those available in other sectors or relationships. More generally, support for international workers needs to be embedded within care-providing organisations; even among international workers who were directly recruited from abroad, there was a sense of fading support levels once they arrived to the UK. Both work-related and practical support is very important to facilitate integration processes and enhance the likelihood of high quality care.

In addition, employers need to pay special attention to monitoring the numbers of hours worked by international workers and to case allocation and shift management (in care homes). These are of particular importance, in order to minimise the possibility of exploiting international workers’ inclination and need to work hard and their potential vulnerability in terms of restricted mobility, ‘tied’ accommodation, and work permit restrictions.

We recommend that employers and other stakeholders, such as trade unions, promote the confidence of international workers and foster this, as a recruitment strategy, alongside a positive image of social care work. Unison’s positive role models used in current recruitment materials clearly identify the presence of international workers. Unions may also consider specifically targeting international workers in recruitment campaigns, in order to enhance protection against bullying and racism in the workplace and potential exploitation, and to counter under representation in unions (Martinez-Lucio and Perrett 2009).

We recommend that employers consider targeted recruitment among two groups, who emerged as potentially untapped areas in some localities. First, ‘dependents’ of international students may be further attracted to social care work through effective recruitment mechanisms relevant to this group, such as contact with educational providers and student job centres. The second group is the refugee and asylum-seeking community, where the findings indicate a scope for stronger relationships between care providers and community groups supporting refugees and asylum seekers. Reaching out early with a clear path to
volunteering or job opportunities may be an effective strategy. Work might be undertaken in the UK to see if specific employment initiatives are mutually beneficial for refugee communities and the local care sector. Care sector representative bodies may wish to discuss this with economic and development agencies at local and regional levels.

For **employers and their representative bodies**, the impact of the higher ‘points’ thresholds for immigration and the changes to advertising of vacancies should be discussed by the care sector with the relevant government departments. Such perspectives might be especially credible if backed up by data and reports of the outcomes for service users.

We recommend that **employers and managers** consider more active engagement with people using services and carers in order to help develop messages of ‘zero tolerance’ of racism towards staff. Developing links with local organisations of people using services in order to identify the most fruitful approaches to addressing racist attitudes may be valuable in this regard. The sector may wish to develop model polices and procedures to help support managers, staff representatives and staff in addressing problems of racism, and building work units and organisations that are stronger in promoting equality. While this is largely a non-unionised sector, there are ways in which trade unions and professional organizations may have much to contribute here from their experiences in other employment settings and practices.

For **sector skills organisations**, such as Skills for Care and Skills for Health, we recommend more explicit information and liaison with exporting countries to inform educational and recruitment bodies of UK priorities and processes. Links with the British Council and other groups, as well as internet materials, to facilitate the availability of reliable information about career progression and entitlements. Such information could further help those considering taking up domestic labour in private households that is, in effect, often social care work (see Gordolan and Lalani 2009).

For **sector skills councils and policy makers**, this study revealed that NVQ’s value and systems are widely understood, thus, when changes to NVQ are being discussed, these need to take into account the success of NVQ as a means of providing a national system that is understood by many individuals who are not always familiar with UK skills and educational systems.

For **sector skills bodies**, we recommend that the National Minimum Data Set for Social Care (NMDS-SC) collects information on all or at least some of the following: country of birth, nationality and length of stay in the UK. Such information will be invaluable in analysing volume, trends and changing characteristics of international workers in the sector. We are aware that the Skills for Care is currently in negotiation about including some or all of these data elements in the NMDS-SC and would support this development.

For **regulators**, the increasing role of tied employment (as a condition of employment or migration restriction) should be considered in the light of
greater emphases on whistle-blowing and ‘light touch’ inspection. Tied employment may mean that the normal ‘barometer’ of high staff turnover in bad homes is less easy to distinguish. We found that some international workers were more ready to change jobs than others, and that this was often connected to their migration status or family commitments.

For **regulators**, reasons for delays in paperwork related to registration should be explained if they are unavoidable. Regulators and similar bodies should be able to tell potential employees and employers the cause of delays and if necessary counter allegations that there are unwarranted delays. Clearer guidance and information about recognition of qualifications, and estimates of time needed for scrutiny would also be valuable.

For **service development and improvement** organisations, such as the Social Care Institute for Excellence (SCIE), we recommend considering further developments of their websites and distributed materials to contain more information relevant to international workers, including how to work in difficult situations and sources of support. More generally, in light of international workers’ ambitions for promotions, information on career ladders should be available more readily from Skills for Care and Job Centre Plus. Higher and further education sectors should be responsive to the aspirations of international staff to access training and should be confident of giving advice. The care trade press could be further used as a vehicle to promote educational and training opportunities, as is currently the case for more qualified staff in professional trade or occupational publications.

For the **research community**, there is greater need to differentiate between international workers. This study revealed many different experiences and expectations depending on individuals’ immigration status, their qualifications, and their intentions. Terms such as ‘international workers’, ‘migrant workers’, and ‘overseas workers’, need to be carefully defined and fine-tuned. Researchers too need to make explicit the source and definitions of work and sector categories. Social care itself is a wide category and clarity here is also needed. We also recommend that research makes comparisons as appropriate between social care staff, to avoid basing findings on factors connected with the sector rather than migration processes or ethnicity. This study has been one of the first to try to embed comparisons in quantitative and qualitative data analysis.

For **people using services and their carers**, we recommend that the increases in choice and control that are being promoted through the transformation of social care and personalisation (DH 2008) feature support for people who wish to be good employers. Precarious employment conditions may not be beneficial to users or employees, as the literature on migrant domestic workers (Gordolan and Lalani 2009) suggests. Employers have specific responsibilities to workers who may be migrants to the UK and brokerage services need to be able to give assurances that they can support service users in good and legal employment practices.
REFERENCES


