International social care workers: Initial outcomes, workforce experiences and future expectations

Phase I

INTERIM REPORT

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EXECUTIVE SUMMARY

This project is funded by the Department of Health, Policy Research Programme, under the Social Care Workforce Research Initiative. It started mid July 2007 and is due for completion mid July 2009. The aim of this interim report is to provide information on the progress of the project as well as to summarize some of the emerging findings. Any findings or emerging results presented reflect the early stage of this study and should be contextualized with the available data at this stage.

This report provides information on the first phase of the project which consists of a scoping literature and knowledge review; findings from 20 interviews with recruitment agencies in social care and secondary data analysis of the National Minimum Data Set for Social Care (NMDS-SC).

Background and Literature Review

Since 1986, the United Kingdom (UK) has been a net and growing importer of migrants. Overall, young, single adults are over-represented in the UK inward migratory population, making them a large potentially employable group. In the UK, international migration occurs in the context of global labour mobility. Several studies have highlighted the potential importance and advantages of international learning and the creation of a more dynamic social and health care workforce. In relation to skilled jobs such as social work some commentators have suggested that there are potential advantages for people using services and professionals through exposure to different cultures and welfare systems.

A wide range of literature highlights the importance of skilled migrants 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) introduced in 2008 and the potential work permit system for Romanian and Bulgarian workers are based on such arguments. The impact of these new systems on social care migration will depend therefore on whether shortages of social workers continue in the UK, or if these become confined to particular areas or expertise.

There is little analysis of why employers seek to recruit employees from outside the UK and the costs and benefits of doing so. Accounts of the decision-making processes are few and mainly from the professional press thus often focusing on the social work profession, with articles in Community Care dating back to 1995. The justification for seeking out social workers outside the UK is usually the persistent high vacancy levels, or the difficulties in recruiting specific social workers due to an array of factors. The need to ‘import’ more, particularly from countries such as Australia, Zimbabwe and South Africa, is descriptively outlined, with accounts of recruitment being undertaken in certain countries because they are largely English speaking and because their social work training seem to be consistent with the UK’s. More recently, there have been reports, again related to social work and usually anecdotal, of employers targeting social workers from countries such as the United States (US) and
Canada. There is little setting of such activities in wider contexts of global employment recruitment or wider labour market studies.

Our review produced less than a handful of small-scale research studies or accounts covering social care. Knowledge about the characteristics, experiences and suitability of international recruits to social care work in England, the characteristics and experiences of those employing them, the impact of their employment on colleagues and on service users and carers, was generally based on impression rather than a synthesis of empirical evidence.

The motivations of social care workers are various and relate to the characteristics and profile of workers, such as age and family responsibility as well as the work itself. The literature reveals little on the motivations of social workers who migrate to work in the UK. Some suggested that there were two different groups of international social workers and a third group of international care workers. The first group may be joining the UK workforce in an early stage in their careers, usually from countries such as Australia and New Zealand, for whom their work experience in the UK may be temporary. Another group may also be young and single but includes those who are slightly older and have greater professional experience and family commitments, and while permanent resettlement may not be an overt goal it may become a reality. A third group of social care workers is arriving from the EU Accession States (A8) who enter the UK to obtain better labour opportunities and may start in social care work as an entrance point.

The perceived importance of induction for international social care staff is reported in the professional press. Similarly, Evans and colleagues (2006b), after conducting some case study discussions and workshops uncovered a perceived need for specific training aimed at migrant workers. They called for improved access to information, for dedicated initial support, and raised the importance of awareness of new colleagues’ needs among co-workers and supervisors.

The literature reflects positive experiences from international recruitment in social care and an overall boost to the UK’s economy, combined with no evidence of an increase in unemployment rates or of a drain on the public sector. However, little is known about any specific impact of social care international recruitment on the labour market, the quality of service provision or outcomes for service users and carers.

**Interviews with Recruitment Agencies:**

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.

Many respondents highlighted a changing trend in the demand for certain job roles, which they believe were related to shifting priorities in government policy and legislation. There was also some indication of changes of sector demand over the years where most care is being offered through the private sector. The majority of respondents felt that the demand for staff to fill social care jobs, including both
qualified and unqualified work, was almost limitless, due to many factors, including population ageing.

Agency work in social care was seen to be particularly attractive to international workers who are already in the UK with a visiting visa, which allows them to work for a limited period of time. It is seen as a way of gaining experience in a variety of jobs without the difficulties of obtaining a more permanent position. Other respondents focused on the financial necessity for staff to get work to support themselves as well as their families in their home countries.

The interviews with agency staff revealed two different markets, and that the process and characteristics of international recruits depended on the type of work being considered. Qualified and more skilled international workers, such as social workers and occupational therapists, demonstrated characteristics and trends that were in sharp contrast to that of unqualified workers, such as care workers.

Respondents reported that qualified workers are arriving mainly from certain countries such as Australia, New Zealand and South Africa. There were also some from the United States (US) and Canada, however, the majority of interviewees indicated that employers prefer international social workers and occupational therapists from countries such as Australia and New Zealand where social work education and practice have many similarities with the UK systems.

In relation to less skilled and/or unqualified care workers, agency managers interviewed reported that although that a large percentage of care workers is from outside the UK they are mostly recruited after they entered the UK, whether because they accompany a spouse or they are former asylum seekers or other. The data also indicate a shift in the characteristics of this group of workers, which the interviewees estimated to be around 80% of the care workers they were in contact with. Staff used to be mostly Black African middle-aged women but since the Accession States joined the EU a significant shift has been observed towards a more White East European younger group of women and thus the composition of this group is dramatically changing.

Out of the 20 respondents seven indicated that their agencies recruit directly overseas and an additional one was planning to do so in the near future. The numbers of directly recruited workers from outside the UK in the past three months varied from less than five to 20 workers with the majority reporting a rate of five to ten workers during the past three months.

All agencies, except one, recruited people who were already in the UK who do not require any work permits and hold a valid visa enabling them to take up unqualified social care jobs. These workers come originally from a variety of countries with the majority of respondents indicating a recent influx from East Europe, particularly from Poland. Other main places of origin cited were Africa (Zimbabwe, Ghana), the Caribbean, Australia, mainland Europe and the US.

Respondents reported that qualified workers seeking professional posts, such as social workers and occupational therapists, usually come from Australia and New Zealand, whilst qualified workers from other countries, such as Poland and some parts of
Africa, often accept unqualified care work initially due to non-recognition of their qualifications and language problems.

There was a clear theme of recent and sudden change in the characteristics of non-UK citizens social care staff mainly due to the inclusion of the A8 countries in the EU, particularly Poland, and most respondents had observed an ‘influx’ of Polish workers; but also due to changes in visas and migration rules. However, many respondents observed that such changes affect unqualified rather than qualified workers. This is not confined to the UK.

The majority of respondents stated that the main barrier to international recruitment lay in the process of recruitment, including obtaining visas, work permits, and recognizing qualifications. Workers from different countries seem to stand different chances of employability in the UK depending on where they come from. The majority of respondents indicated that UK employers would prefer workers with UK experience and/or from countries where the social welfare system is substantially similar to that in the UK, such as Australia. This was particularly true in the case of qualified workers. In relation to unqualified social care workers, there were indications of more subtle preferences for certain groups of workers; these were to do with general stereotypes of the ability, culture or race of workers from certain countries.

Another set of barriers was identified by respondents following placement of international workers in jobs. This included an array of possible conflicts to do with language, culture and different concepts of social work and social care, which were usually observed after placing workers in posts.

The majority of respondents reported that international workers are usually ‘exceptionally hard workers’ who appreciate and value their earnings as they crucially 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’.

**Secondary Data Analysis of the NMDS-SC**

The analysis is based on returns received primarily from social care employers registered with the Commission for Social Care Inspection (CSCI) in the independent sector up to December 2007. The majority of responses were collected from the private (65 percent) or voluntary sectors (25 percent), only seven percent were from the statutory sector, this was due to nature of the first stage of the NMDS.

The results show that care workers and senior care workers constitute 60 percent of all staff employed by responding establishments; among these establishments 56 percent employ senior care workers while 88 percent employ care workers. Occupational therapists constituted only 0.1 percent of all staff employed; and two percent of establishments offered occupational therapists provision.

The data shows a large turnover among social care staff (both care workers and senior care workers) where larger numbers have ceased than started employment in the 12
months prior to the completion of the forms. Social workers were the only group that was more likely to have started their post in the last 12 months than those who ceased work; this may reflect the new influx of the social work degree graduates. Establishments indicated that vacancy rates were highest for social workers (ten percent) followed by care workers (five percent) then senior care workers (three percent) and the lowest observed for occupational therapists at two percent.

The NMDS-SC also collected information on source of recruitment to main job. Source of recruitment included a category of 'from abroad'; it is not clear whether this meant recruiting directly from abroad or the worker has come from abroad, it is more likely to mean the latter. Employers who filled the NMDS indicated that 2134, or 1.8 percent of all reported staff, had their previous job abroad.

It is notable that larger proportion of ‘care workers’ particularly ‘senior care workers’ were ‘from abroad’ than that among social workers, while none of the occupational therapists was from abroad. Again this may reflect that the NMDS was largely collected from non-statutory establishments.

Overall, 20 percent of international workers were male which is higher than the average proportion of males among all social care workers. The data shows that international workers are more concentrated in the middle age groups from 25-44 years. Slightly fewer international workers were younger than 25 years old than all workers; on the other hand, the proportion of international workers who were aged 55 years or more were dramatically lower than that among all workers, making them a younger group on average.

The analysis clearly indicates a different ethnicity distribution of workers who had their previous job abroad depending on job role. The data shows that international workers seem to be more qualified on average than all staff together.
I. Introduction and Project Progress

This project is funded by the Department of Health, Policy Research Programme, under the Social Care Workforce Research Initiative. It started mid July 2007 and is due for completion mid July 2009. The aim of this interim report is to provide information on the progress of the project as well as to summarize some of the emerging findings. Any findings or emerging results presented reflect the early stage of this study and should be contextualized with the available data at this stage.

Milestones so far

The project started mid July 2007 with initial activates centring on obtaining ethical approval for the study from King’s College London, Research Ethics Subcommittee. The research team has also established contacts with other groups conducting relevant research, such as the University of Swansea, Skills for Care, the Dementia Services Information & Development Centre (Dublin), Lancaster University (an ESRC research on rural migrant carers) and the Centre on Migration Policy and Society (Oxford). Colleagues within the Social Care Workforce Research Unit are also embarking on a short focused study for the Department of Health on the subject of work permits in social care and the synergy of this is being maximized.

We have compiled a search strategy and terms (appendix A) and conducted a literature review. Studies were confined to the UK and subjects were focused on social care, social work or occupational therapists. We also retrieved articles where subjects were nurses/doctors/midwives. These have been left unsummarised at this stage but will be used for later comparative analysis when appropriate. Details of the search strategy and results of the literature review are presented in Section III of this report.

The research team drafted data collection instruments and information sheets, namely:
- Telephone interview schedule for employment agencies recruiting social care staff (appendix B)
- Information sheet and interview schedule for employers employing international workers; aimed at human resource managers and/or senior managers (appendix C)
- Information sheet and interview schedule for international social care workers (appendix D)
- Information sheet for service users and two interview schedules, one for carers and the other for service users (appendix E)
- Information sheet and interview schedule for asylum seekers and refugees (appendix F)
- Recruitment material including a poster and a project leaflet (appendix G)

Interviews with representatives of 20 agencies recruiting social care staff have been undertaken and the analysis of the collected data, as reported in section IV of this report has been completed. The team is currently (February 2008) approaching policy and regulatory stakeholders (such as the General Social Care Council (GSCC) and the Commission for Social Care Inspection (CSCI)) for interviews to discuss policy issues relating to international recruitment in social care in general as well as some particular themes observed in the analysis of the agencies’ interviews.
The research team has also contacted the GSCC to obtain up-to-date data on international social workers who have been registered to work in the UK. However, due to internal reorganization, the GSCC has been unable to provide these records at the time of writing this report. The research team will follow this up with the GSCC. We have obtained data from the first phase of the National Minimum Dataset for Social Care (NMDS-SC) from Skills for Care and the research team has conducted some preliminarily analyses to understand the numbers of full and part time staff in different occupational categories and shortages reported among different groups of staff (more information on the NMDS-SC and analyses are provided in Section V of this report).
II. Research Methodology

This study focuses upon social care staff working with adults in England. It is being undertaken in three separate phases, collecting primary data which will provide timely, generalisable and previously unavailable 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 allows the experiences of the different stakeholders to be compared and will offer information about different groups of workers, such as social workers, occupational therapists and those from refugee/asylum seeker backgrounds.

**Phase 1**

This initial phase involves building on existing data about international recruitment in the social care workforce. In addition to an updated literature review of available research, secondary quantitative data analysis of existing data (e.g. GSCC and NMDS records) will be performed. The work is pulling together data that exists and locating areas where it is not available or limited. Phase 1 also involves intelligence gathering through contacting a national sample of recruitment agencies through semi structured phone interviews. We contacted a sample of 20 agencies gathering information on level of international recruitment (including, if available, separate information on international workers who are already in England and those recruited from their country of origin), the characteristics of these workers as well as the composition and diversity of service users and employers the agency serves. A total of 20 interviews have been undertaken at the time of writing of this report. Themes emerging from these interviews are currently (February 2008) being contextualized through interviews with policy and regulatory stakeholders (such as representatives from the GSCC, DH and SfC).

**Phase 2**

This first stage has informed the selection of six local authorities, to be studied in more detail in phases 2 and 3 of the study. The criteria for selecting specific sites include: evidence of high recruitment or high level of demand for international social care workers, varied geographical locations, and diversity of service users in the area, and the opposite, and diversity of employment profiles i.e. apparent low/high use of international social care workers. However, the exact distribution of sites is dependent upon access and research governance agreements. In each site, a random sample of all international social care workers will be selected from a sampling frame provided by Human Resource (HR) departments at the local authorities and other care providers. All international social care workers will be eligible for inclusion in the study: they will be asked to participate in a semi-structured interview, capturing personal details about qualifications and job history, motivations and plans for working in England, job roles undertaken, compatibility of previous experience with work in the English
context, integration into the workforce, acceptance by service users and carers, support provided by the employer and job satisfaction. Sample size will depend upon the numbers of international workers employed, but will provide a sufficient number to facilitate meaningful conclusions to be drawn (100+).

**Phase 3**

The final phase will focus on the same six local authority areas and involves gathering and comparing the perspectives of relevant stakeholders: representatives of employers; refugees and asylum seekers; and service users and carers in each of the six case study sites:

1) Semi structured interviews will be undertaken with senior/middle managers from adult services and independent sectors’ HR departments. Four interviews will be conducted in each of the 6 sites, providing a range of views covering professional and HR perspectives (total 24). Interviews will be recorded (with the permission of participants), and analysed to facilitate comparison and will cover:
   a. reasons for recruiting international staff,
   b. recruitment processes employed,
   c. support provided to international recruits,
   d. problems experienced and benefits gained
   e. perceptions about the success of the approach
   f. the impact on recruitment and retention

2) In each of the six case study sites we will meet with organisations providing support to refugees and asylum seekers to seek their views and to facilitate their cooperation in the involvement of members of their communities within the local social care sector. We shall discuss with them the most appropriate ways of interviewing individuals and will pilot the interview schedule interview, using interpreters if required. We expect there to be variation in the case study sites because of the uneven distribution of refugee communities and will aim for up to 24 completed interviews. We shall offer the organisations a small sum for their time and trouble in helping the study and will offer a small incentive to those who are interviewed. In case the team cannot achieve the required number of interviews we may seek to interview refugees and asylum seekers from other areas as well.

3) Finally, data relating to needs, service received, service satisfaction and outcome will be collected in semi-structured interviews with a sample of service users receiving support from teams or agencies that employ international workers. User views about the employment of international workers will be collected through the co-operation of user-led organisations and/or the voluntary sector in the six sites to access service users and carers’ views. This approach has the advantage of not requiring service providers to provide data about service users, and should provide greater assurance to service users that this project is independent of services. We plan to interview 48 service users and carers in the 6 study sites (8 in each site), and will recompense people for any expenses and provide a small incentive to recognize their contribution to the study (please refer to relevant Appendices for topic guides).
III. Background and Literature Review

The research team conducted a systematic search using the search terms compiled and presented in Appendix A. The following data bases 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 itemized search term list. The following table shows the number of abstracts considered from each database and the number of relevant articles included in the search. In addition, the research team included a further 23 articles/reports obtained through contacts; the majority of which were reports of recently completed or ongoing relevant research resulting in a total of 55 articles/reports altogether. Table 1 presents number of articles considered and retrieved from each database.

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<th>Data Base</th>
<th>Number of abstracts considered</th>
<th>Number of articles retrieved and included</th>
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<tr>
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**International care workers in the UK**

There was a concentration of literature on professional staff, but this mainly centred on doctors and nurses, and only marginally included social workers. There is exceptionally little on 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’ 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/without English speaking skills, those with prior experiences or none, 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). The role of refugees and asylum seekers has not been considered to the best of our knowledge.

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1 The A8 countries are those nations from Eastern Europe that joined the EU in May 2004. They are Czech Republic, Estonia, Hungary, Latvia, Lithuania, Poland, Slovakia and Slovenia.
It is frequently 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 contribute to staff shortages, excessive workloads and a reliance on temporary staff (Eborall & Garmeson, 2001; Redford, 2005). The impact upon service users and carers is perceived negatively (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, 2004) it is unsurprising that the emphasis to date has been on attracting new staff.

Due 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 Social Care Code of Practice for International Recruitment in 2006 which recognizes the importance and magnitude of international workers in the social care sector (http://www.sccir.org.uk/). The latter builds on the Department of Health code of practice for recruiting health care professionals (Department of Health, 2004).

Evans and colleagues (2006a) estimated that at local authority level, in England, international recruitment (that is defined as recruitment activities aimed at outside the UK) is used by just over a quarter (28 percent) of councils, in the field of childcare services and by 21 percent in adult social services. The literature reveals that international recruitment was also evident, but to a lesser extent, in residential care, while they 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).

In 2006 Skills for Care commissioned TNS to carry out a sample survey of the adult social care workforce in England that recruited 502 workers. Five percent of care or senior care workers (very broadly defined and including some NHS workers) spoke English as second language, but the report does not offer an estimate of non UK born care workers (Skills for Care, 2007) and it may be that the sampling basis did not facilitate responses from non UK citizens.

**Characteristics of qualified international workers**

In the UK health and social care sector the last decade was a period of high level of international recruitment. Both in the NHS and in social care concerns about the morality of recruiting staff from countries where they are badly needed led to agreements about development of ethical recruitment practices. In social care these are voluntary arrangements (see Manthorpe, 2008). However, in contrast to registered doctors and nurses in the NHS, quantifying the scale of numbers and trends of international recruits 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 jobs for which there is no centralized 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, therefore this figure is considerably likely to underestimate the volume of international workers in social care.

The literature revealed some interest in the apparent recruitment needs for international workers in England, mainly in respect of social workers, in the professional press with articles in Community Care dating back to 1995. The justification for seeking out international social workers was usually the persistent high vacancy levels within social services and the difficulties in recruiting local social workers due to an array of factors. The focus of most articles was on qualified social workers and the need for ‘importing’ more (George, 1995), particularly from countries such as Australia, Zimbabwe and South Africa (Sale 2001; Eden et al. 2002; Sale 2002; Valios & Thompson, 2000); where social work training seem to be more consistent with that 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 initiatives for recruiting international social work staff 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 et al., 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 are reported to be sceptical that international recruitment campaigns will produce a workforce that is committed to the UK in the long term (Sale 2002).

More recently, 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 who work in ‘health and social work’; this proportion varies from five percent to 49 percent of different migrant groups. This category accounts for a large proportion of most groups’ total employment. The dominance of ‘healthcare’ employment was found to be more prevalent among those born in the Philippines, 49 percent of whom work in this sector. The IPPR estimates were based on migrants group living in the UK and did not focus on specific 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 include physicians, nurses and other professionals working in the health sector as well (IPPR, 2007).

**Characteristics of less qualified international workers**

A 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 that indicated by Evans and Huxley (2004) who emphasized 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 conducted in-depth interviews with migrant low-paid workers. A total of 59 questionnaires and 18 interviews were related to care workers who provided care for ‘the elderly and disabled’. They found a distinct gender, ethnic and racial pattern in that 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). As a result, most of the care-workers that they interviewed were Black African women. They found that nearly one half of care workers surveyed or interviewed earned hourly rates of between £5.51 and up to £6.69 an hour, whilst a further two-fifths earned above the then minimum wage rate of £6.70 per hour. They highlighted some of the dilemmas as well as sacrifices made by migrant care workers, such as balancing caring for their own families either in the UK or in their home countries, as well as accepting work which may not match their qualifications (one of the care workers was a doctor in his home country). Some of the dilemmas were also rooted in different perspectives of ‘elderly care’ between workers’ home country ideologies and the UK care system which was said to stress ‘non-relational reproductive labour’, that is the (incorrect) perception that in the UK there is not much family care. The interviews also illustrated many forms of ethnic discriminations that added to the difficulties of care work for these migrants. The researchers suggested that migrant care workers provide high quality paid care rooted in faith-based, familial ideologies.

Dobson and Salt (2006) found that international workers recruited in the UK as domiciliary care workers have come to the UK in a range of circumstances. In their research, some organizations providing domiciliary care identified asylum-seekers, many of African origin, as a significant group in its workforce. Overseas students were also identified to be working in domiciliary care while studying, in many cases in subjects other than health and social care.

The Centre on Migration, Policy and Society (COMPAS) Filipino migrant care worker project, which is currently ongoing, has undertaken qualitative interviews with 60 Filipino migrants who were/are working in the health and social care sector. Many of the Filipino care workers they interviewed had entered the UK via other countries such as Singapore and the Middle East and usually on student visas, while in the UK their private employers had assigned to them more then the 20 hours of work per week which is specified in this type of visa. The researchers found that regulatory conditions differ between public and private care providers, with the latter’s terms and conditions resulting in negative impacts on migrants’ working conditions (information extracted from the COMPAS web page: http://www.compas.ox.ac.uk/research/filipino%20study/home.shtml).
Motivations

It appears from the review that motivations for working in social care sectors may vary in relation to type of work. However, the literature reveals 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 may be joining the UK workforce in an early stage in their careers, usually from countries such as Australia and New Zealand, for whom their work experience in the UK may be temporary. Another group may also be young and single but also may be slightly older with some family commitments and these workers have been in social work for a longer period, and while permanent resettlement may not be an overt goal it may become a reality. And a third group of social care workers is arriving from the EU Accession States who enter the UK to obtain better labour opportunities and may 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 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 of international health and social care professionals who were working or had worked in the UK exploring their motivations and perspectives of 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 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 return home.

Sale (2002) found that some social workers, mainly from Zimbabwe and South Africa, consider working in the UK where there is a lighter workload because they may have smaller caseloads while earning considerably more than in their home countries.

Points for consideration

Qualifications 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, SfC 2006), 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 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 culturally sensitive, making skill transferability less than straightforward. An expert seminar on international recruitment held by the Social Care Workforce Research Unit Social (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 implicate clues, which in itself are very culturally sensitive (Hussein, 2006). Some international social workers have reported a lack of confidence in being prepared professionally to work in the UK, given the differences in legislation, health and social care policy and care systems (Firth 2004).

**Induction and Training**

The need for proper and specific induction for international social care staff arises in the literature, with the importance of ongoing supervision and co-worker support highlighted (Thompson, 2004). Churchill (2005) highlighted the different training needs of international workers. Similar conclusions were drawn by Evans and colleagues (2006b); after conducting some case study discussions and workshops they realized the need for specific training aimed to support migrant workers. They called for improved access to information with dedicated initial support, and raised 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’.

During 2007, Skills for Care South West conducted a small scale online survey targeting employers and international workers; which was followed by a consultation event. Based on their survey and event they have produced a ‘managers’ guide on employing overseas workers’; which emphasizes the need for appropriate induction and continual supervision (Skills for Care South West, 2007).

**Unfair work conditions**

Anderson and Rogaly (2005) found that some social care staff were subject to poor working conditions, including payment below minimum wage levels, while Datta and colleagues (2006) identified different forms of ethnic discrimination in social care were experienced by some international workers. Similar evidence of unfair working conditions and discrimination was observed among migrant midwives (Pemberton & Stevens, 2006). 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.

**Expectations**

Many international workers are reported to have unrealistic expectations of living and housing conditions in Britain. Sale (2002) reported on the experiences of some social workers from Zimbabwe who had been recruited directly by Rotherham Council on a
five year contract. One of the workers was said to be in dismay at living in a council flat as he had expected life in England to be ‘... like what you see in the movies, with everyone living in big houses.’

Eden et al (2002) outlined the disappointment of some international social workers (mainly Australian) about the poor image of social work in the UK compared to that in Australia. They attributed such poor image to the association of social work with the public sector.

*Language, local knowledge and culture*

A small-scale (n=15) descriptive study focusing on international social workers recruited to the North-East of England (Firth 2004) indicated that newly recruited social workers required support in dealing with practical issues related to life in the UK. The study also highlighted several issues related to language, culture and societal expectations that should be addressed by employers.

*Immigration and the grey economy*

The Institute for Public Policy and Research (IPPR) report (2007) suggested that an amnesty for illegal immigrants might cost the economy £6 billion. The IPPR research reported that many illegal immigrants are working in low-paid jobs including home care; their estimates were based on figures obtained from the Labour Force Survey (2004). Similarly, research conducted for Skills for Care (2006) indicated that illegal migrant workers are frequently found in industries with informal labour market practices. The same research observed that migrant workers are common in several types of private service, including catering, transport and financial services (Experian, 2006).

*Impact of international recruitment on existing workforce*

The literature reflects positive experiences from international recruitment in social care and an overall boost to the UK’s economy, combined with no evidence of an increase in neither unemployment rates nor drain on the public sector (IPPR, 2006; Datta, 2006; Experian, 2006). However, little is known about any specific impact of social care international recruitment on the existing workforce or the quality of service provision and outcomes for service users and carers. While further general lessons may be translatable from the experiences of the NHS, particularly in relation to supporting a diverse workforce, competing internationally, recruiting ethically (Buchan et al., 2004) and making overseas recruitment a success (Parr et al., 2002), the differences between nursing and social care remain considerable, particularly because of the independent basis of most social care provider agencies in adult services and the greater potential for families and individuals to employ social care workers themselves, officially or unofficially.
Benefits of international recruitment in social care

Since 1986, the UK has been a net importer of migrants, with a 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 the UK inward migratory population, making them a large 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 their 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) confirm 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 such globalization. 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, 2005). In relation to more skilled jobs such as social work and occupational therapy, some evidence can be drawn about the advantages gained through the exposure to different societies and welfare systems (White 2006; Lyons, 2006).

The main benefit of the availability of international workers is the degree to which they can be used to address staff shortages in an increasingly ageing population (Hussein & Manthorpe, 2005). There is little doubt that the relative ease with which the UK Government achieved its 2004 target to increase the nurse workforce by 20,000 would have been unachievable without the sustained increase in overseas nurses employed in the United Kingdom (Bach, 2003). International workers are often employed in posts that are hard to fill either in terms of particular specialties or geographical areas. They are also employed in low-skilled, low-paid work that is unattractive to host country nationals (De Beiji, 2000).

A wide range of literature highlighted the importance of skilled migrants, 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 importance of qualitative difference between people identified as ‘low skilled’ is usually missed. Some research highlights the qualities of low skilled migrant workers and that many are highly motivated and willing to do work many UK residents are apparently not (Experian, 2006; Datta et al., 2006; Pemberton & Stevens, 2006). The literature also reveals that in many cases qualified migrant workers are obliged to join lower skilled jobs due to language barriers for example, making them a potentially more skilled group of workers once they gain the necessary language and cultural skills (Pemberton & Stevens, 2006; Experian, 2006; Evans et al., 2006a).
This short discussion of the literature revealed some key themes that have employed the data collection instruments for this study. The next section of this report provides current perspectives from the points of view of recruitment agencies.
**IV Recruitment Agencies’ Interviews**

**Data collection instrument and field work**

In order to gather some background intelligence about the field, 20 interviews with 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 any international workers.

Two researchers were temporarily employed and inducted to conduct telephone interviews with a sample of 20 recruitment agencies in England. Agencies were selected in 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. The response rate was six to one, which meant that, on average, interviewers needed to contact six agencies to obtain one successful interview. All interviews were conducted by phone and took on 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 read and analyzed independently by two researchers and key findings and themes were discussed by the team.

The research team is currently in the process of contacting policy and regulatory stakeholders in order to undertake further interviews to obtain their views on the same subject areas, and to contextualize the interviews with recruitment agencies.

**Sample description**

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 2000 or after, 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.
Recruitment volume and type

Respondents were asked to provide an estimate of how many recruits are looking for jobs through their agencies as well as an estimate of vacancies in the care market and demand for staff. They were also asked to offer some information on types of posts they provide candidates for to employers and a comparison of what recruits are looking for compared to what is on offer.

In terms of number of recruits, nine respondents indicated that at any one point their agencies have 30 to 50 people looking for jobs while five indicated they have at least 100 people and six respondents estimate that they have at least 1000 people on their books across all branches. In relation to vacancies some indicated a direct flow whereby they fill any vacancies on the day while, on average, the others indicated a range of 50 to 150 vacancies at any one point of time. Respondents reported that their agencies offer a variety of jobs such as children and families and adult social work; nursing/care homes; work with people who have learning disabilities, mental health problems, and in the sectors of social care, housing and others.

Many respondents (nine) highlighted a changing trend in the demand for certain job roles, which they believe were related to shifting priorities in government policy and legislation. For example, some respondents indicated:

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

Branch manager, 007

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

Registered manager, 008

‘There’s much more in social housing, criminal justice but then that’s because the Government has put much more money into that area so jobs have been coming through and they’ve set up agencies.’

Agency director, 018

“I think care within the home environment has increased dramatically for us in the last 18 months. There’s been a lot more requests for carers in their own home.”

Managing director, 020

There was also some indication of changes of sector demand over the years where most care is being offered through the private sector:

‘We’ve seen a lot of care homes go out to private people from the public sector, have been sold off, that’s been a trend’.

Agency director, 018
The majority of respondents felt that the demand for staff to fill social care jobs, including both qualified and unqualified work, was almost limitless, due to many factors, including population ageing. One respondent summarized this belief in the following statement:

‘There’s an endless amount of positions within the Social Work (SW) industry. Because the country, in a way, with the increasing population, is becoming more poverty stricken, there’s so many positions out there for SWs, 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, 016

On the other hand, even with a general agreement that jobs are changing with new roles appearing to offer wider options for recruits, few interviewees (four) observed a declining trend in the number of vacancies:

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, 019

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

Recruitment manager, 003

Workers’ motivations for agency work

The interviews collected information on the perception of agency staff on the reasons why workers are attracted to work in social care through an agency. For both international and ‘home’ workers, respondents suggested that the main reason, which was cited by 17 respondents, was the flexibility offered by agency and temporary work that offers people a form of life-work balance. They applied this particularly to the majority of social care workers, who are women who have caring responsibilities and benefit from the flexibility offered through agency work. They observed that many workers who choose agency work do so because they either cannot work full time due to caring responsibilities or they do not want to commit to a permanent position:

Most of the people in the care sector, certainly the social care side, run families, want a more diverse work pace, and they want to look after their families.

Agency director, 018
People may have issues with child care and don’t want to commit to a full time role…

National manager, 001

Agency work was also seen as offering a variety of different jobs that allowed opportunities to gain wide experiences while managing one’s own time to a certain extent. Some respondents reported that some staff (especially social workers) may get bored or over burdened with their permanent jobs so they try agency work to gain greater variety and to ‘try something new’. Respondents observed that some early retired workers as well as newly qualified students tend to prefer agency work.

Financial gain through a better pay rate for agency workers was cited by 12 respondents; however, many indicated that such higher pay rate than permanent position may be declining especially over the last couple of years:

Historically, it was always far more beneficial (financially) to work as an agency worker. If we go back to when I started, social workers working for an agency earned substantially more than the people working permanently for the authority. That has changed over the last couple of years through the Master Vendors system and often the agency staff are paid parity to the permanent staff. So it isn’t as beneficial as it used to be. It’s changed considerably. Local authorities over the last few years have tried to entice social workers to work for them directly by ‘golden hellos’ that they do, and incentives for people to stay in permanent employment – bonus payments.

National Manager, 001

... now ... with the money being so low, the decent people don’t want to take low money, so, instead, the boroughs are getting dumped with all these people who they wouldn’t normally employ, and quality is suffering. On the other hand, the vacancies are fewer so the accountants are happy, but the end users – the clients – they’re not and the long term is going to suffer as well, but the vacancies are being filled.

Branch manager, 012

Agency work in social care was seen to be particularly attractive to international workers who are already in the UK with a visiting visa, which allows them to work for a limited period of time. It is seen as a way of gaining experience in a variety of jobs without the difficulties of obtaining a more permanent position:

‘...if they [overseas workers] are very new to the country potentially working for an agency would be their first path of employment, they quite often come with an overseas, like an Australian, police check that they can show us when they arrive’.

National manager, 001

Other respondents focused on the financial necessity for staff to get work to support themselves as well as their families in their home countries;
‘... 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, 015

**Recruiting international workers**

The interviews with agency staff revealed two different markets, and that the process and characteristics of international recruits depended on the type of work being considered. Qualified and more skilled international workers, such as social workers and occupational therapists, demonstrated characteristics and trends that were in sharp contrast to that of unqualified workers, such as care workers. This was in line with the literature, where Dobson and Salt (2006) found a similar distinction between domiciliary care workers and care assistants in nursing and care homes, who were regarded as needing higher level of skills. They observed that there was no active recruitment of international domiciliary care workers as this was not regarded to be a skill shortages occupation and work permits were very hard to get. In contrast, care assistants in nursing and care homes were regarded as needing higher-level skills.

Respondents reported that qualified overseas workers are arriving mainly from certain countries such as Australia, New Zealand and South Africa. There were also some from the United States and Canada, however, the majority of interviewees indicated that employers prefer international social workers and occupational therapists from countries such as Australia and New Zealand where social work education and practice have many similarities with the UK systems. At the same time, many agency managers observed a declining trend of internationally qualified workers from certain countries; due to recent changes in the UK visa and work permit regulations. For example, a small number of agency managers indicated that some social workers from the US used to work in the UK temporarily for two years under visiting visas which allowed them to work freely in the UK, however, such visas were reportedly becoming more difficult to obtain recently. These observed subtle declining trends in professional international workers are similar to those observed among internationally qualified doctors and nurses as indicated in recent debates over work permits (Dobson & Salt, 2006).

In relation to less skilled and/or unqualified care workers, agency managers interviewed reported that although that a large percentage of care workers is from outside the UK they are mostly recruited after they entered the UK, whether because they accompany a spouse or they are former asylum seekers or other. The data also indicate a shift in the characteristics of this group of workers, which the interviewees estimated to be around 80% of the care workers they were in contact with. Staff used to be mostly Black African middle-aged women but since the Accession States joined the EU a significant shift has been observed towards a more White East European younger group of women and thus the composition of this group is dramatically changing:

‘In the unqualified (care sector) there are a lot of African workers (in) predominantly support worker/care assistant roles. The qualified staff coming through come from countries obviously where the qualification is recognised
as equivalent to the UK, so Australian, South African, Canadian workers on
the qualified side. There are more and more unqualified Polish workers
coming through as well.'

National manager, 001

In the next subsections we present analysis of the interview data in relation to
activities of international recruitment and recruitment of international workers already
in the UK as well as perceived barriers and advantages of recruiting international
social care workers.

**Recruiting directly from abroad**

Out of the 20 respondents, seven indicated that their agencies recruit directly overseas
and an additional one was planning to do so in the near future. These seven agencies
tended to recruit from Australia, New Zealand, South Africa, Canada and Poland with
one agency already having a branch in Poland. The numbers of directly recruited
workers from outside the UK in the past three months varied from less than five to 20
workers with the majority reporting a rate of five to ten workers during the past three
months.

Out of these seven agencies four advertise abroad, mainly through web based
advertising boards such as the ‘Guardian Web Board’ where potential workers can
see the advertisements from outside the UK then apply through the agency. Some
agencies then take on the work of pursuing a work permit while others stipulate the
necessity of holding a valid UK working visa to be able to offer the post. Some other
examples of active recruitment were special campaigns abroad using national
(foreign) press and offering talks or conferences in other countries, some also
mentioned special trips drawing on personal contacts or ‘word of mouth’ contacts to
another agency abroad and recruitment of staff personally.

Respondents were aware of the ethical dilemma of recruiting from certain developing
countries, which is highlighted in the literature as well (Hayes, 2004; Carson, 2006;
Chikanda, 2006), where some government agreements exist to reduce the risk of
draining their human resources:

‘I try and avoid recruiting from India, Pakistan and one or two other
developing countries. Not because I have anything against those countries, but
it’s a UN thing and a Government thing, these countries are getting money
(the Philippines is another one) to try and improve their living conditions, and
social conditions in that country.’

Managing director, 012

**Recruitment of international workers within the UK**

Only one of the agencies interviewed indicated that it did not recruit international
workers already resident in the UK. The vast majority recruited international workers
who were already in the UK who do not require any work permits and hold a valid
visa enabling them to take up unqualified social care jobs. These workers come
originally from a variety of countries with the majority of respondents indicating a
recent influx from East Europe, particularly from Poland. Other main places of origin cited were Africa (Zimbabwe, Ghana), Caribbean, Australia, mainland Europe and the US. Table 2 presents the number of respondents who indicated recruiting ‘foreign’ workers in the last three months according to how they classified country of origin or racial background.

Table 2 Number of agencies recruiting international workers already in the UK according to country of origin of workers, Agency interviews Aug-Oct 2007

<table>
<thead>
<tr>
<th>Country of origin</th>
<th>Number of agencies (n=20)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poland</td>
<td>11</td>
</tr>
<tr>
<td>Australia</td>
<td>6</td>
</tr>
<tr>
<td>Zimbabwe</td>
<td>6</td>
</tr>
<tr>
<td>South Africa</td>
<td>5</td>
</tr>
<tr>
<td>Germany</td>
<td>4</td>
</tr>
<tr>
<td>Nigeria</td>
<td>4</td>
</tr>
<tr>
<td>Canada</td>
<td>3</td>
</tr>
<tr>
<td>New Zealand</td>
<td>3</td>
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<tr>
<td>US</td>
<td>3</td>
</tr>
<tr>
<td>France</td>
<td>2</td>
</tr>
<tr>
<td>Hungary</td>
<td>1</td>
</tr>
<tr>
<td>India</td>
<td>1</td>
</tr>
<tr>
<td>Ireland</td>
<td>1</td>
</tr>
<tr>
<td>Middle East</td>
<td>1</td>
</tr>
<tr>
<td>Russia</td>
<td>1</td>
</tr>
<tr>
<td>Ethnic group</td>
<td></td>
</tr>
<tr>
<td>White foreign workers</td>
<td>8</td>
</tr>
<tr>
<td>Black African</td>
<td>7</td>
</tr>
<tr>
<td>Black Caribbean</td>
<td>5</td>
</tr>
</tbody>
</table>

Respondents reported that qualified workers seeking qualified posts, such as social workers and occupational therapists, usually come from Australia and New Zealand, whilst qualified workers from other countries, such as Poland and some parts of Africa, often accept unqualified care work initially due to non-recognition of their qualifications and language problems:

You get a lot of very good workers from overseas. It’s a question of recognizing the qualifications, and the GSCC registration is not enough, it doesn’t take qualifications into account. If someone’s got 6 years of university and got a Masters they’re only recognised as a Social Worker here, they don’t take into account how good their qualifications are….. We’ve got a Spanish Social Worker with a Masters degree in Social Work from Spain, but no one would employ a Spanish speaking SW and she was working as a home help. We got her a job as an unqualified Social Care Worker, to get her foot in the door.

Managing Director, 012

Some respondents observed that there were few care workers originally from the Middle East, and the Far East, such as China and Japan, particularly outside London:
Underrepresented are Asian people – all oriental workers are very unrepresented – very few Chinese and Japanese – a few from Malaysia, India and Pakistan. Our East London branch has more Asian people.’

Branch Manager, 007

Changes in the characteristics of international workers

There was a clear theme of recent and sudden change in the characteristics of non-UK citizens social care staff mainly due to the inclusion of the A8 countries in the EU, particularly Poland, and most respondents had observed an ‘influx’ of Polish workers; but also due to changes in visas and migration rules. However many respondents observed that such changes affect unqualified rather than qualified workers ‘the qualified market is about the same really’ (National manager, 001); ‘since the EU there has been a large influx of applications [for social care jobs] from Poland’ (Recruitment Consultant, 005 and also Managing Director, 015).

Another aspect concerned changes in immigration rules: for example, people are currently not allowed to work on their ‘holiday visas’ for more than a year as opposed to two years, which was previously exercised. Respondents stated that this is 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, 012

‘Less [fewer] people wanting to come from Australia in particular – I don’t know why’.

Managing Director, 010

The most dominant observation was the shift in the profile of mainly unqualified international care workers to 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.’

Operation Manger, 004

‘There are more and more unqualified Polish workers coming through as well. We see very few from the other (Eastern bloc) countries.’

National manager, 001
‘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, 020

Barriers to recruiting international workers

Recruitment process

The majority of respondents stated that the main barrier to international recruitment lay in the process of recruitment, including obtaining visas, work permits, and recognizing qualifications:

‘Process of employing from overseas can be off putting... Government should make overseas employment procedures more streamlined – visa and sponsorship requirements are burdensome.’
Recruitment manager 003

Visas, Criminal Record Bureau (CRB) and ‘police’ checks as well as retrieving references from overseas were all cited as difficulties, and they were indicated by 12 of the respondents as direct barriers in placing non UK citizens/residents into social care work. Respondents also recognised the difficulties in ensuring the validity of CRB checks in particular when people have just entered the UK and they rely on what the home country police would report.

Qualification recognition was sometimes difficult for agency staff to manage and understand particularly when the social work education system of a person’s home country was considerably different from that in the UK. Workers were advised either to do extra training before their qualifications are recognised or accept less skilled jobs in the sector until they gain necessary experience:

‘For social work – a Polish social worker can do an extra 6 months – they can convert their qualification if they do extra ... .’
Branch Manager, 007

Qualifications and practice mismatch may also pose problems even if they are recognized as equivalent to those gained in the UK. Such situations arise when the nature of social work education and practice was substantially different between the two countries. For example, one respondent highlighted the difference in practice among social workers in the US and India in relation to family work:

‘They [social workers from US] do a lot more counselling and actively working to keep families together. In the UK it’s all assessment, assessment, assessment. And again, some of the social workers from Africa and India are more involved with social development at home and that’s brilliant in those circumstances. They come over here and they’re put into a role where instead of they’re working with a family and becoming friends with the family and helping to create change for the family in the community, they’re put into a
role where they’re going in and checking up on families, and talking to parents and saying ‘you’re not being a good parent’. And they struggle with that a lot of them.

Managing Director, 012

Employers’ attitude

Nine of the 19 respondents who recruit international workers indicted that employers’ attitudes often pose considerable difficulty when seeking to place international workers. Moreover, workers from different countries seem to stand different chances of employability in the UK depending on where they come from. The majority of respondents indicated that UK employers would prefer workers with UK experience and/or from countries where the social work system is substantially similar to that in the UK, such as Australia. This was particularly true in the case of qualified workers. Many also indicated that transferability of qualifications can be difficult, as noted above, and that many workers, such as some Polish social workers, who already hold social work qualifications are accepting unqualified social care work as a stepping stone in their career.

In relation to unqualified social care workers, there were indications of more subtle preferences for certain groups of workers; these were to do with general stereotypes of the ability, culture or race of workers from certain countries:

‘There are racial trends in employability – general trends ... Nigerian care assistants have problems with literacy – they [employers] do know this – we challenge this …’

Branch manager, 007

‘The majority of [unqualified] workers are probably Afro-Caribbean. And that’s a bit out of balance .... So again, if we can get people from Poland and other countries that are obviously white nationals, then that would be great to balance up the care ratios and the diversity.’

Agency director, 018

‘Another agency that I worked for had some Somalis and their religion said they had to do certain things at certain times of the day and that is a problem.’

Recruitment consultant, 014

Many respondents observed a high volume of international workers seeking work after arrival in the UK mainly from East Europe. At the same time they did not observe increases in demand for such staff, this was perceived to be due to the preference of employers to take on workers who have some UK experience or have relevant qualifications. The attitudes of employers towards ‘foreign’ workers were raised by 15 of the 20 respondents. This was observed in a few cases (four) as a general negative attitude towards international workers, either because of language or cultural issues or, for the majority, this was due to a preference for workers who have
already gained experience of working with clients in the UK or those who come from countries with similar social care/ work ethos and practice.

_Cultural and language difficulties_

Another set of barriers was identified by respondents following placement of international workers in jobs. This included an array of possible conflicts to do with language, culture and different concepts of social work and social care, which were usually observed after placing workers in posts. One respondent noted:

‘It’s almost essential that people’s language is of a good standard.’
Operation Manager, 017

‘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, 020

_Advantages associated with international workers_

The majority of respondents reported that international workers are usually ‘exceptionally hard workers’ who appreciate and value their earnings as they crucially 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, 018

Overall, although respondents acknowledged the difficulties and barriers that may be faced while recruiting international workers, the majority felt that they constituted good quality social care workers.
V. Secondary Data Analysis

As indicated above the research team plans to conduct secondary data analysis using different data sources, which may provide some insight into the level of recruitment, and vacancy rates among different strands of social care work. We will also investigate and attempt to recover any data that may provide information on international recruitment among different professions, such as the social work register held by the GSCC.

The team has approached the GSCC who agreed to provide the research team with a database of social workers which will include information on country of training. Such data may be valuable in providing some accurate information on the level and flow of international social workers in the UK. At the time of writing the GSCC were unable to provide us with this data for analysis, however, we will commence this work in Spring 2008. The GSCC advised that of the approximately 80,000 qualified social workers registered with the GSCC at end 2007 (excluding students), about 6,400 (8 percent) are social workers who have trained outside the UK, and of these around 85 percent were qualified in the following countries: Australia, Canada, Germany, India, New Zealand, Philippines, Romania, South Africa, USA, Zimbabwe.

The National Minimum Data Set

The research team has received the first stage of the National Minimum Data Sets for Social Care (NMDS-SC) gathered by Skills for Care. It is based on returns received primarily from social care employers registered with the Commission for Social Care Inspection (CSCI) in the independent sector up to December 2007.

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, and compiled 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 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), the General Social Care Council (GSCC), the Local Government Association (LGA) and other major players in social care.

Launched in October 2005, it is now producing more extensive and reliable data about social care providers and their workforces. By December 2007, 13,095 establishments have provided information on their activities and their staff.

However, most of the returns at this stage were received mainly from the non-statutory sector, i.e. the private and independent sectors. Therefore, the data analysed and figures presented in the next section under estimate the total social care workforce. Nevertheless, it offers detailed information on those establishments. The questionnaires collected aggregated information on total numbers of workers in
different job roles and some of their characteristics as well as overall turnover and vacancy rates. In addition, establishments were required to complete more information on each of their workers offering more detailed characteristics such as qualifications. They also indicated sources of recruitment of workers to their current jobs. Such information is potentially very useful to the current project as one of source of recruitments is recorded as ‘from abroad’. However, one of the limitations, in addition to not having information on the statutory sector, is the lack of a definition of the exact meaning of this category, this is discussed in more details in the next section.

The analysis of NMDS-SC

The NMDS-SC comprise of two sets of data; one based on the organizations’ responses which includes aggregated information on workers by job roles and the other set is based on individual employee responses. The first data set was filled by 13,095 establishments. The establishments were asked to indicated total numbers of staff employed in different job roles revealing that they employ a total of 431,012 members of staff, either permanent or temporarily. Then establishments were also asked to fill separate questionnaires relating to each member of their staff providing more information on their age, ethnicity, qualifications and other information; these were completed for 117,076 individual employees.

Table 3 and 4 present the distribution of the 13,095 establishments according to sector and region. The data shows that the majority of responses were collected from the private (65 percent) or voluntary sectors (25 percent), only seven percent were from the statutory sector, this was due to nature of the first stage of the NMDS.

<table>
<thead>
<tr>
<th>Establishment Type</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not recorded</td>
<td>236</td>
<td>1.8</td>
</tr>
<tr>
<td>Statutory local authority (adult services)</td>
<td>538</td>
<td>4.1</td>
</tr>
<tr>
<td>Statutory local authority (children's services)</td>
<td>38</td>
<td>0.3</td>
</tr>
<tr>
<td>Statutory local authority (generic or other services)</td>
<td>7</td>
<td>0.1</td>
</tr>
<tr>
<td>Statutory local authority owned</td>
<td>158</td>
<td>1.2</td>
</tr>
<tr>
<td>Statutory health (NHS)</td>
<td>79</td>
<td>0.6</td>
</tr>
<tr>
<td>Private sector</td>
<td>8463</td>
<td>64.6</td>
</tr>
<tr>
<td>Voluntary or third sector</td>
<td>3202</td>
<td>24.5</td>
</tr>
<tr>
<td>Other</td>
<td>374</td>
<td>2.9</td>
</tr>
<tr>
<td>Total</td>
<td>13095</td>
<td>100</td>
</tr>
</tbody>
</table>
Table 4 Distribution of establishments by English region, NMDS Dec 07

<table>
<thead>
<tr>
<th>Region of establishment</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eastern</td>
<td>1887</td>
<td>14.4</td>
</tr>
<tr>
<td>East Midlands</td>
<td>1092</td>
<td>8.3</td>
</tr>
<tr>
<td>London</td>
<td>2326</td>
<td>17.8</td>
</tr>
<tr>
<td>North East</td>
<td>755</td>
<td>5.8</td>
</tr>
<tr>
<td>North West</td>
<td>2129</td>
<td>16.3</td>
</tr>
<tr>
<td>South East</td>
<td>1432</td>
<td>10.9</td>
</tr>
<tr>
<td>South West</td>
<td>1291</td>
<td>9.9</td>
</tr>
<tr>
<td>West Midlands</td>
<td>1376</td>
<td>10.5</td>
</tr>
<tr>
<td>Yorkshire &amp; the Humber</td>
<td>807</td>
<td>6.2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>13095</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

Number of staff employed and vacancies

Table 5 presents information provided by establishments in relation to numbers of permanently, temporarily and total employed of occupational therapists, social workers, senior care workers and care workers. The table also offers information on those who started, and ceased employment in the last 12 months as well as reported vacancies among each group of staff. In total, the 13,095 establishments provided information on 431,012 staff in different job roles.

Table 5 shows the percentage of the total number of staff in each group in relation to all staff employed. The results show that care workers and senior care workers constitute 60 percent of all staff employed by responding establishments; among these establishments 56 percent employ senior care workers while 88 percent employ care workers. Occupational therapists constituted only 0.1 percent of all staff employed; and two percent of establishments offered occupational therapists provision. The data shows a large turnover among social care staff (both care workers and senior care workers) where larger numbers have ceased than started employment in the 12 months prior to the completion of the forms. Social workers were the only group that was more likely to have started their post in the last 12 months than those who ceased work; this may reflect the new influx of the social work degree graduates.

Establishments indicated that vacancy rates were highest for social workers (ten percent) followed by care workers (five percent) then senior care workers (three percent) and the lowest observed for occupational therapists at two percent.
### Table 5 Total number of staff employed either permanently or temporarily by job role and numbers of staff who started or ceased work during 12 months prior to filling the questionnaire and number of vacancies, NMDS Dec 2007

<table>
<thead>
<tr>
<th>Among 13,095 organizations</th>
<th>Social Workers</th>
<th>Senior Care Workers</th>
<th>Care Workers</th>
<th>Occupational Therapists</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number permanently employed</td>
<td>1241</td>
<td>30785</td>
<td>207014</td>
<td>389</td>
</tr>
<tr>
<td>Number temporarily or casually employed</td>
<td>103</td>
<td>967</td>
<td>17755</td>
<td>33</td>
</tr>
<tr>
<td>Total currently employed</td>
<td>1344</td>
<td>31752</td>
<td>224769</td>
<td>422</td>
</tr>
<tr>
<td>(% out of all staff employed N=431,012)</td>
<td>0.3</td>
<td>7.4</td>
<td>52.1</td>
<td>0.1</td>
</tr>
<tr>
<td>Number started last 12 months</td>
<td>216</td>
<td>2887</td>
<td>43087</td>
<td>57</td>
</tr>
<tr>
<td>Number ceased work in last 12 months</td>
<td>176</td>
<td>3380</td>
<td>50636</td>
<td>113</td>
</tr>
<tr>
<td>Number of vacancies (vacancy rate(^2))</td>
<td>128 (10.3)</td>
<td>797 (2.6)</td>
<td>10931 (5.3)</td>
<td>9 (2.3)</td>
</tr>
<tr>
<td>% of establishments with each job role provision</td>
<td>3.2</td>
<td>56.1</td>
<td>87.6</td>
<td>1.9</td>
</tr>
</tbody>
</table>

### Staff Characteristics

The second NMDS-SC data file included information on 117,076 individual employees; these were filled by the establishments’ representatives who are usually managers or human resource directors. As mentioned above although establishments indicated that they employ a total of 431,012 employees, they only completed detailed questionnaires related to a total of 117,079 employees. In relation to staff age; employers did not provide staff age for around 30 percent of the staff. Among the 81,772 staff members for whom date of birth was provided, 12 percent were under the age of 25; 20 percent between age 25 and 34; 24 percent between the age 35 and 44; 24 percent between the age 45 and 54; and 20 percent aged of 55 or over (see Figure 1).

Establishments’ representatives indicated that only 1.3 percent of employed staff from whom individual questionnaires were filled had any form of disability and 15 percent were men. Overall, 68 percent of employees were reported to be of White ethnicity (56 percent white British and 12 percent White other); 3.4 percent Asian; 6.2 percent Black; 0.6 percent ‘Mixed race’ and 3.6 percent of ‘Other’ ethnicity.

Table 6 presents the distribution of staff by reported main job role. The data shows that senior/care workers represents 63%, social workers only 0.2% and occupational therapists 0.1% of total staff employed. Such distribution may reflect the fact that NMDS returns at this stage were mainly from the voluntary and private sectors.

---

\(^2\) Calculated using number of staff permanently employed
Table 6 Distribution of employees by job role, NMDS Dec 2007

<table>
<thead>
<tr>
<th>Main job role</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not recorded</td>
<td>525</td>
<td>0.4</td>
</tr>
<tr>
<td>Senior Management</td>
<td>1349</td>
<td>1.2</td>
</tr>
<tr>
<td>Middle Management</td>
<td>1383</td>
<td>1.2</td>
</tr>
<tr>
<td>First Line Manager</td>
<td>1728</td>
<td>1.5</td>
</tr>
<tr>
<td>Registered Manager</td>
<td>2801</td>
<td>2.4</td>
</tr>
<tr>
<td>Supervisor</td>
<td>1792</td>
<td>1.5</td>
</tr>
<tr>
<td>Social Worker</td>
<td>199</td>
<td>0.2</td>
</tr>
<tr>
<td>Senior Care Worker</td>
<td>9871</td>
<td>8.4</td>
</tr>
<tr>
<td>Care Worker</td>
<td>64323</td>
<td>54.9</td>
</tr>
<tr>
<td>Community Support and Outreach Work</td>
<td>5018</td>
<td>4.3</td>
</tr>
<tr>
<td>Employment Support</td>
<td>85</td>
<td>0.1</td>
</tr>
<tr>
<td>Advice Guidance and Advocacy</td>
<td>59</td>
<td>0.1</td>
</tr>
<tr>
<td>Educational Support</td>
<td>103</td>
<td>0.1</td>
</tr>
<tr>
<td>Counsellor</td>
<td>19</td>
<td>0.0</td>
</tr>
<tr>
<td>Occupational Therapist</td>
<td>94</td>
<td>0.1</td>
</tr>
<tr>
<td>Registered Nurse</td>
<td>6648</td>
<td>5.7</td>
</tr>
<tr>
<td>Allied Health Professional</td>
<td>66</td>
<td>0.1</td>
</tr>
<tr>
<td>Nursery Nurse</td>
<td>33</td>
<td>0.0</td>
</tr>
<tr>
<td>Childcare Worker or Childcare Assistant</td>
<td>398</td>
<td>0.3</td>
</tr>
<tr>
<td>Teacher</td>
<td>154</td>
<td>0.1</td>
</tr>
<tr>
<td>Educational Assistant</td>
<td>125</td>
<td>0.1</td>
</tr>
<tr>
<td>Technician</td>
<td>451</td>
<td>0.4</td>
</tr>
<tr>
<td>Other care-providing job role</td>
<td>837</td>
<td>0.7</td>
</tr>
<tr>
<td>Managers and staff in care-related but not care-providing roles</td>
<td>591</td>
<td>0.5</td>
</tr>
<tr>
<td>Administrative or office staff not care-providing</td>
<td>2872</td>
<td>2.4</td>
</tr>
<tr>
<td>Ancillary staff not care-providing</td>
<td>13878</td>
<td>11.9</td>
</tr>
<tr>
<td>Other non-care-providing job roles</td>
<td>1734</td>
<td>1.5</td>
</tr>
<tr>
<td>Total</td>
<td>117076</td>
<td>100</td>
</tr>
</tbody>
</table>

Ethnicity

Table 7 focuses on staff who are occupational therapists, social workers, care workers and senior care workers and presents their distribution by ethnicity as (White, White other, Asian, Black, Mixed or Other). The results show that among those whom their information was reported by the employers, the proportion of workers identifying themselves as Asian was lowest among care workers (three percent) compared with those with other job roles and all employees in total. On the other hand the proportion recorded as ‘Black’ is considerably higher (eight percent) among care workers than other workers, particularly among occupational therapists. The highest proportion of workers with ‘White’ ethnicity and particularly White British is among occupational therapists.
Table 7 Distribution of social workers, care workers and occupational therapists by ethnicity, NMDS Dec 2007

<table>
<thead>
<tr>
<th>Reported Ethnicity</th>
<th>Social Workers</th>
<th>Senior Care Workers</th>
<th>Care Workers</th>
<th>Occupational Therapists</th>
</tr>
</thead>
<tbody>
<tr>
<td>White British</td>
<td>124</td>
<td>6401</td>
<td>35630</td>
<td>66</td>
</tr>
<tr>
<td>%</td>
<td>62.3</td>
<td>64.8</td>
<td>55.4</td>
<td>70.2</td>
</tr>
<tr>
<td>White other</td>
<td>32</td>
<td>1574</td>
<td>7915</td>
<td>8</td>
</tr>
<tr>
<td>%</td>
<td>16.1</td>
<td>16.0</td>
<td>12.3</td>
<td>8.5</td>
</tr>
<tr>
<td>Asian</td>
<td>11</td>
<td>561</td>
<td>1942</td>
<td>5</td>
</tr>
<tr>
<td>%</td>
<td>5.5</td>
<td>5.7</td>
<td>3.0</td>
<td>5.3</td>
</tr>
<tr>
<td>Black</td>
<td>13</td>
<td>545</td>
<td>5072</td>
<td>1</td>
</tr>
<tr>
<td>%</td>
<td>6.5</td>
<td>5.5</td>
<td>7.9</td>
<td>1.1</td>
</tr>
<tr>
<td>Mixed</td>
<td>2</td>
<td>80</td>
<td>451</td>
<td>2</td>
</tr>
<tr>
<td>%</td>
<td>1.0</td>
<td>0.8</td>
<td>0.7</td>
<td>2.1</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>308</td>
<td>2689</td>
<td>2</td>
</tr>
<tr>
<td>%</td>
<td>0</td>
<td>3.1</td>
<td>4.2</td>
<td>2.1</td>
</tr>
<tr>
<td>Total number of staff</td>
<td>199</td>
<td>9871</td>
<td>64323</td>
<td>94</td>
</tr>
</tbody>
</table>

Source of recruitment

The NMDS-SC also collected information on source of recruitment to main job. Table 8 presents the distribution of source of recruitment by different job roles. Source of recruitment included a category of ‘from abroad’; it is not clear whether this meant recruiting directly from abroad or the worker has come from abroad, it is more likely to mean the latter.

It is notably that larger proportion of ‘care workers’ particularly ‘senior care workers’ were ‘from abroad’ than that among social workers (1.7 and 5.2 percent vs. 0.9 percent), 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 than that among social workers may reflect some issues identified in the agency interviews and in particular the need for senior care workers in care homes that has been filled to some extent by employment of Philippine nurses who can gain work permits under certain conditions.

Table 8 distribution of employees by main job and source of recruitment to main job, NMDS-SC 2007

<table>
<thead>
<tr>
<th>Source of recruitment</th>
<th>Social Worker</th>
<th>Senior Care Worker</th>
<th>Care Worker</th>
<th>Occupational Therapist</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not recorded</td>
<td>8</td>
<td>351</td>
<td>3275</td>
<td>2</td>
<td>5091</td>
</tr>
<tr>
<td></td>
<td>4.0</td>
<td>3.6</td>
<td>5.1</td>
<td>2.1</td>
<td>4.3</td>
</tr>
<tr>
<td>Adult care sector: local authority</td>
<td>27</td>
<td>404</td>
<td>2247</td>
<td>22</td>
<td>4258</td>
</tr>
<tr>
<td></td>
<td>13.6</td>
<td>4.1</td>
<td>3.5</td>
<td>23.4</td>
<td>3.6</td>
</tr>
<tr>
<td>Adult care sector: private or voluntary sector</td>
<td>42</td>
<td>3096</td>
<td>13907</td>
<td>21</td>
<td>24092</td>
</tr>
<tr>
<td></td>
<td>21.1</td>
<td>31.4</td>
<td>21.6</td>
<td>22.3</td>
<td>20.6</td>
</tr>
<tr>
<td>Children’s sector: local authority</td>
<td>22</td>
<td>51</td>
<td>337</td>
<td>0</td>
<td>757</td>
</tr>
<tr>
<td></td>
<td>11.1</td>
<td>0.5</td>
<td>0.5</td>
<td>0.0</td>
<td>0.6</td>
</tr>
<tr>
<td>Children’s sector: private or voluntary sector</td>
<td>2</td>
<td>146</td>
<td>499</td>
<td>1</td>
<td>990</td>
</tr>
<tr>
<td></td>
<td>1.0</td>
<td>1.5</td>
<td>0.8</td>
<td>1.1</td>
<td>0.8</td>
</tr>
</tbody>
</table>
Characteristics of workers who were abroad before their current job

As explained above, employers who filled the NMDS indicated that 2134, or 1.8 percent of all reported staff, were recruited from abroad. We will focus on the 2134 staff members in this section to examine their characteristics in relation to all reported staff. As explained the 2134 may not have been recruited directly from abroad but their previous jobs were abroad. 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 were in the UK and then sought work.

Job Role

Table 9 presents the distribution of workers who reported that their previous job was abroad (outside the UK) by current job; we will refer to them as international workers; however, they may not be entirely non-UK nationals. Table 7 shows that, around three quarters of the international workers identified in the NMDS are currently working as care workers (24 percent senior care workers and 51 percent as care workers). This was followed by 14 percent working as ‘registered nurses’ and seven percent as ‘ancillary staff not care-providing’; the remaining four percent

<table>
<thead>
<tr>
<th>Source of recruitment</th>
<th>Social Worker</th>
<th>Senior Care Worker</th>
<th>Care Worker</th>
<th>Occupational Therapist</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health sector</td>
<td>8</td>
<td>378</td>
<td>1997</td>
<td>5</td>
<td>3994</td>
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<tr>
<td></td>
<td>4.0</td>
<td>3.8</td>
<td>3.1</td>
<td>5.3</td>
<td>3.4</td>
</tr>
<tr>
<td>Retail sector</td>
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<td>293</td>
<td>2051</td>
<td>1</td>
<td>3135</td>
</tr>
<tr>
<td></td>
<td>2.5</td>
<td>3.0</td>
<td>3.2</td>
<td>1.1</td>
<td>2.7</td>
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<tr>
<td>Other sector</td>
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<td>422</td>
<td>3751</td>
<td>4</td>
<td>6678</td>
</tr>
<tr>
<td></td>
<td>1.5</td>
<td>4.3</td>
<td>5.8</td>
<td>4.3</td>
<td>5.7</td>
</tr>
<tr>
<td>Internal promotion or transfer or career development</td>
<td>16</td>
<td>543</td>
<td>617</td>
<td>4</td>
<td>2490</td>
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<tr>
<td></td>
<td>8.0</td>
<td>5.5</td>
<td>1.0</td>
<td>4.3</td>
<td>2.1</td>
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<tr>
<td>From abroad</td>
<td>2</td>
<td>510</td>
<td>1081</td>
<td>0</td>
<td>2134</td>
</tr>
<tr>
<td></td>
<td>1.0</td>
<td>5.2</td>
<td>1.7</td>
<td>0.0</td>
<td>1.8</td>
</tr>
<tr>
<td>Not previously employed</td>
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<td>163</td>
<td>1379</td>
<td>1</td>
<td>2303</td>
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<tr>
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<td>0.0</td>
<td>1.7</td>
<td>2.1</td>
<td>1.1</td>
<td>2.0</td>
</tr>
<tr>
<td>Returner</td>
<td>2</td>
<td>119</td>
<td>770</td>
<td>0</td>
<td>1327</td>
</tr>
<tr>
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<td>1.0</td>
<td>1.2</td>
<td>1.2</td>
<td>0.0</td>
<td>1.1</td>
</tr>
<tr>
<td>Agency</td>
<td>8</td>
<td>109</td>
<td>754</td>
<td>0</td>
<td>1188</td>
</tr>
<tr>
<td></td>
<td>4.0</td>
<td>1.1</td>
<td>1.2</td>
<td>0.0</td>
<td>1.0</td>
</tr>
<tr>
<td>Student work experience or placement</td>
<td>9</td>
<td>69</td>
<td>371</td>
<td>0</td>
<td>688</td>
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<tr>
<td></td>
<td>4.5</td>
<td>0.7</td>
<td>0.6</td>
<td>0.0</td>
<td>0.6</td>
</tr>
<tr>
<td>Volunteering or voluntary work</td>
<td>0</td>
<td>25</td>
<td>148</td>
<td>0</td>
<td>321</td>
</tr>
<tr>
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<td>0.0</td>
<td>0.3</td>
<td>0.2</td>
<td>0.0</td>
<td>0.3</td>
</tr>
<tr>
<td>Other sources</td>
<td>10</td>
<td>732</td>
<td>5702</td>
<td>9</td>
<td>9506</td>
</tr>
<tr>
<td></td>
<td>5.0</td>
<td>7.4</td>
<td>8.9</td>
<td>9.6</td>
<td>8.1</td>
</tr>
<tr>
<td>Not known</td>
<td>35</td>
<td>2460</td>
<td>25437</td>
<td>24</td>
<td>48124</td>
</tr>
<tr>
<td></td>
<td>17.6</td>
<td>24.9</td>
<td>39.5</td>
<td>25.5</td>
<td>41.1</td>
</tr>
<tr>
<td>Total</td>
<td>199</td>
<td>9871</td>
<td>64323</td>
<td>94</td>
<td>117076</td>
</tr>
<tr>
<td></td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
</tr>
</tbody>
</table>
distributed evenly among the rest of the jobs. Both Tables 8 and 9 indicate the concentration of international workers among care workers; which requires fewer qualifications than other jobs such as social workers or occupational therapists; again this may be a reflection of the NMDS returns being mainly from voluntary and private sector and relatively few from the statutory sector.

Table 9 Distribution of workers who had their previous job abroad by current job role, NMDS Dec 2007

<table>
<thead>
<tr>
<th>Main job role</th>
<th>Frequency</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>3</td>
<td>0.1</td>
</tr>
<tr>
<td>Middle Management</td>
<td>7</td>
<td>0.3</td>
</tr>
<tr>
<td>First Line Manager</td>
<td>6</td>
<td>0.3</td>
</tr>
<tr>
<td>Registered Manager</td>
<td>10</td>
<td>0.5</td>
</tr>
<tr>
<td>Supervisor</td>
<td>15</td>
<td>0.7</td>
</tr>
<tr>
<td>Social Worker</td>
<td>2</td>
<td>0.1</td>
</tr>
<tr>
<td>Senior Care Worker</td>
<td>2</td>
<td>0.1</td>
</tr>
<tr>
<td>Care Worker</td>
<td>1081</td>
<td>50.7</td>
</tr>
<tr>
<td>Community Support and Outreach Work</td>
<td>15</td>
<td>0.7</td>
</tr>
<tr>
<td>Registered Nurse</td>
<td>295</td>
<td>13.8</td>
</tr>
<tr>
<td>Technician</td>
<td>1</td>
<td>0.0</td>
</tr>
<tr>
<td>Other care-providing job role</td>
<td>8</td>
<td>0.4</td>
</tr>
<tr>
<td>Managers and staff in care-related but not care-providing roles</td>
<td>2</td>
<td>0.1</td>
</tr>
<tr>
<td>Administrative or office staff not care-providing</td>
<td>10</td>
<td>0.5</td>
</tr>
<tr>
<td>Ancillary staff not care-providing</td>
<td>153</td>
<td>7.2</td>
</tr>
<tr>
<td>Other non-care-providing job roles</td>
<td>15</td>
<td>0.7</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>2134</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

**Age, gender and disability**

Overall, 20 percent of international workers were male which is higher than the average proportion of males among all social care workers (15 percent); while less than one percent were reported to have some forms of disability which is similar to the 1.2 percent among all social care staff.

Figure 1 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 shows that international workers are more concentrated in the middle age groups from 25-44 years. Slightly fewer international workers were younger than 25 years old than all workers (nine percent vs. 11 percent); on the other hand, the proportion of international workers who were at the age of 55 or more were dramatically lower than that among all workers (four percent vs. 20 percent).
Figure 1 Distribution of international workers and all workers by age groups, NMDS Dec 2007

Figure 2 presents the ethnicity profile of international workers identified by employers who completed the NMDS and recorded ethnicity (N=2088). The graph also presents separately the ethnicity distribution of international workers who are currently working as senior care workers or care workers and for whose ethnicity data were provided (n=498 and 1056 respectively). As Table 9 indicates, only two international workers were social workers and none were occupational therapists.

The overall international worker ethnicity distribution indicates that around five percent of workers identified as ‘White British’; these are most probably British workers who have been working abroad just before undertaking their current job. This proportion is lowest among senior care workers (1.6 percent).

Figure 2 clearly indicates a different ethnicity distribution depending on job role. Over half, 57 percent, of senior care workers were identified as ‘Asian’ while the corresponding proportion among care workers was only 26 percent. On the other hand, half of care workers were identified as ‘White Other’; compared to only 14 percent among senior care workers. The data show that 65 percent and 25 percent of registered nurses were from an Asian and Black ethnicity respectively (data not shown in graph). White other workers were also over represented among ancillary, not care providing, international workers (data not shown).
Employers provided information on the qualifications of 43,690 of all staff and 1057 of those identified to have had their last job abroad. Figure 3 presents the percentage of each group according to highest qualifications as NVQ 1, 2, 3 or 4+. 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 their internal analysis.

The data shows that international workers seem to be more qualified on average than all staff together. For example, the percentage of international workers with NVQ 3 or 4+ is 67 percent compared to 42 percent among all staff. This may be explained by the working of the work permit regulations, whereby an international worker will be required to hold qualifications if he or she is to be given a permit. Employers will seek such trained staff in order to fill specific gaps in the UK workforce.
Figure 3 Percentage of all staff and international workers with different highest qualification levels, NMDS Dec 2007
VI. Discussion and Conclusion

This first phase of the study has confirmed that there is scarce research on the subject but that a number of studies are in progress, some but not all, funded by the Department of Health. Interest in our study among training providers and the social care sector has also revealed a significant investment in workforce development, much of which appears to be undertaken in separate locations and to be potentially duplicating activity.

The literature reveals the importance of international recruits in the context of an ageing population and changing demographics which may be reflected in high vacancies and shortages among parts of the workforce. The ‘push and pull’ factors are simple and well understood at macro level. When looking at individual job roles, professions and care settings, a more nuanced picture emerges. At a micro level, there are differences between individuals and their engagement with care work, their career or life plans and, of course, their financial situations.

We have identified particular issues that appear to have been overlooked and yet are emerging in this changing context of ‘global’ mobility of labour and ‘European’ issues. These relate to the transferability of care work (Cameron and Moss 2007), and the transferability of learning internationally (Welbourne et al., 2007). In a climate where there is increased accreditation of prior learning, these issues will become important to the experiences of people using services, employers and regulators. All data sources (literature, interviews and NMDS data analysis) suggest that international social care workers are potentially a well qualified group who may still have under-utilized skills and training. These issues of international learning need to be addressed in terms of qualifications’ recognition and how to establish a system where this can be both achievable and generalisable.

The literature and the interviews confirm that there is a spectrum of experiences and expectations. Such wide spectrum of expectations seems to be true for international workers as well as employers and people who use services. In many ways this resonates with the social care workforce as a whole which encompasses those with long term and short term interests. This reveals the importance of the next stages of this study, namely to explore the perspectives of international workers and particularly the views of people with experiences of using services. It was notable that their voices have been under-reported so far. Knowledge of the characteristics of international social care workers derived from the NMDS data has greatly improved the evidence base in England and we hope to continue work on this analysis and to combine this with the analysis of GSCC data. This would be a unique methodological development.
Acknowledgments

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References


