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Hussein, Shereen and Manthorpe, Jill and Stevens, Martin and Moriarty, Jo (2009) The Experiences of International Social Care Workers in the UK. Project report. King's College London

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SOCIAL
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**The Experiences of International
Social Care Workers in the UK:
findings from an Online Survey**

Shereen Hussein
Jill Manthorpe and Martin Stevens
November 2009

KING'S
College
LONDON

University of London



The Experiences of International Social Care Workers in the UK: Findings from an Online Survey

Dr Shereen Hussein, Senior Research Fellow
Prof Jill Manthorpe, Director
Dr Martin Stevens, Research Fellow

November 2009

Social Care Workforce Research Unit
King's College London

Correspondence to:

Dr Shereen Hussein

Shereen.hussein@kcl.ac.uk
Social Care Workforce Research Unit
King's College London
Melbourne House, 5th Floor
Strand, London, UK, WC2R 2LS

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Lay Summary:

Between February and May 2009 the Social Care Workforce Research Unit conducted an online survey of people working in social care in England who had been recruited from abroad or had recently arrived in the United Kingdom (UK). We used the term 'international workers' to cover such staff. The survey was completed by 101 participants or respondents and the findings are presented in this report. Following analysis of the responses and the drawing up of a short report, participants were offered the opportunity to comment on the initial findings, and a focus group of newly recruited social workers also debated the findings. We are grateful to all those who helped with the study.

Who responded? Most were women but around a quarter of respondents were men. Their average age was 39 years, and they had been living in the UK from under a year to ten years or more. They came from a wide range of countries: 27 percent from Commonwealth countries, 35 percent from the European Economic Area, 28 percent from countries traditionally represented within the UK social care sector (namely Zimbabwe, the Philippines, the United States (US) and Nigeria) and nine percent from other countries. Their job roles varied, with the highest proportion (43 percent) being social workers and 26 percent being care/support workers in either home care or residential care. Many possessed qualifications or had undertaken higher education; about a third had a postgraduate degree.

Joining the UK: around a fifth of respondents had been recruited directly from their home countries for a specific job (with another 17% entering the UK under a work permit for a specific job), while only 18 percent came looking for work in the UK. Fifteen percent were either accompanying a family member to the UK or joined a partner in the UK, or were overseas students; ten percent came initially for a holiday or short visit and six percent were refugees or asylum seekers.

Is social care work different in the UK? Over half of respondents, 52 percent, felt that social care work in the UK was substantially different from that in their home countries, while only 13 percent felt it was very similar. Overseas students and those who secured work permits were more likely to report that social care here is 'very different' from what happens in their home countries. Differences included the availability and types of care provision, the nature of care work, the structure and regulation of care work, resources, social care's image and the qualifications needed to work in the sector.

Motivations for joining the social care sector in the UK varied, with most people mentioning financial need, grasping an opportunity and the availability of jobs. Altruistic motivations, such as wanting 'to care for people', were also cited by nearly a third of respondents. Only eight percent reported that social care work had been their 'only available option to enter the UK'. Respondents

working as 'professionals', such as social workers, said that 'international learning' and a search for career advancement were some of the reasons behind their move to the UK. However, moving to the UK could be part of a whole life change for some respondents and their families. Another group - those who were already coming to the UK, for example to study - saw social care work as a way to make good use of their time, gaining work experience while supporting their families.

The **recruitment process** also varied; over a third had seen an advert in the UK and 30 percent had responded to adverts or recruitment campaigns in their home countries. Others found out about social care jobs through family/friends already in the UK or through the internet in their home countries. A number of **challenges in the recruitment process** were highlighted; gaining recognition of skills and qualifications was felt to be by far the most challenging part of the process. Some people felt that the system of checking qualifications and references was very slow and seemed to be unfair. While waiting for their qualifications to be checked, some accepted any job as a temporary measure.

Availability and quality of **induction** also varied dramatically, with 28 percent saying they had not received any induction when starting their current job in social care. On the other hand, 30 percent had received induction and rated it as good or excellent, and 23 percent had induction which was 'OK', but a fifth felt that their induction did not prepare them at all. Social workers and health professionals were more likely than other workers to receive no induction. Respondents suggested a number of improvements to the current induction system, such as better availability of mentors, more opportunities for networking and sharing knowledge, greater emphasis on personal development plans, more frequent supervision and better awareness of the difficulties they face when learning not only about the job but possibly about a new culture and way of life.

In relation to **challenges while working**, 40 percent of respondents thought opportunities for 'career progression' were not very good, and 31 percent regretted their 'limited social life'. Nearly a quarter said that they faced difficulties 'understanding English culture' and the same proportion thought that employers and colleagues did not understand their culture. An equal proportion of 22 percent felt that they were left out of decision-making and felt that some service users do not want care from 'people like me'. Those with qualifications highlighted the impact of the time it takes for qualifications to be recognized. Others also felt that mistreatment, bullying and harassment from service users, as well as some colleagues and managers, were problems they were expected to 'cope' with.

The survey collected information on the reported personal experiences of **bullying and mistreatment**. Almost half (49%) of respondents said that they either had experienced bullying or mistreatment themselves in the past or were currently experiencing this; 15 percent had witnessed this; but 34

percent said it had never happened to them. The majority of instances of mistreatment (42%) were said to have happened in front of others.

In terms of the perceived **advantages and qualities** international workers bring to UK social care, over 80 percent thought that they possessed the following qualities: being hard working, understanding and respect for service users, and the ability to handle difficult situations. Having a different perspective, possessing experience and being able to meet the needs of particular groups were also highlighted. Many argued that their life experiences as migrants who had started life in a different country enriched their personal qualities, such as resilience, enthusiasm, multi-tasking and willingness to learn.

Respondents were asked about their **future plans** over the next three years. The majority, 57 percent, predicted that by then they would be still be working in the same sector, having been promoted, gained further qualifications or just working in the same job. An equal proportion of 52 percent said they might consider moving within or outside UK for a better job, either in social care or otherwise. A slightly lower proportion, 47 percent, would consider moving within the UK for a better job outside social care.

Most respondents agreed with the statement that 'they are well respected and feel valued' and that their current job in social care 'is ideal for my training and future perspectives'. The majority also agreed that social care work 'offers me a wide range of opportunities' and that it 'improves future job opportunities in other countries in the world'. On the other hand, many disagreed with the statement that 'working in social care in the UK is a pleasant/agreeable working environment'.

There was a general concern about the poor **image of social care work** in general; this had a direct impact on the quality of work, which may impact particularly on international staff. International workers thought that they faced a range of general difficulties and specific barriers, including getting used to living and dealing in a new culture and dealing with a new system. They felt that employers should recognize these added difficulties and the time it takes to find ways around them.

In conclusion, the demand for social care workers looks set continue to increase, owing to a number of factors, including demographic changes and survival of people with long-term social care needs. At the same time, the supply of good quality care workers will remain limited. It is important to realise the value of international workers to the sector, whether they are recruited directly from their home countries or following arrival in the UK. By highlighting the challenges and attempting to address them through strategies for the whole workforce, as well as international workers; and through the development of clear career pathways and thinking about making the most of the many personal qualities such workers bring; the sector may

be better able to retain good staff and provide a higher standard of support to its users.

The Experiences of International Social Care Workers in the UK: findings from an Online Survey

INTRODUCTION

Over the past few years there has been a growing interest in the role of migrants in the social care sector in the United Kingdom (UK) and beyond (see Cangiano et al 2009; Yeates 2009). Some recent estimates suggest that up to 20 percent of the social care workforce consists of migrants or international workers. Moreover, there are suggestions that the ratio of migrant workers in the care sector is larger than in other sectors. Few studies have explored the trends, advantages and barriers to international recruitment in the care sector, let alone attempted to address training needs, workforce planning and communication between employers, migrant workers and UK trained workers.

In July 2007 Hussein and colleagues at the Social Care Workforce Research Unit were funded by the Department of Health to conduct a two-year study of international recruitment in the social care sector in England (see Hussein et al, advanced access; Manthorpe et al., in press; and Hussein et al, 2008). The study design included in-depth qualitative interviews in six diverse areas in England and analysis of workforce data at national levels. While the team was conducting this large study it realized the need to test some of the themes observed from this study at a national level, and to explore the views of other international workers in England who had not participated in the study interviews. This online survey was thus developed using themes highlighted as important by different stakeholders. The survey was designed to be completed online for a number of reasons, including cost, accessibility and speed. The survey gathered information on the following topics (see Appendix A):

- Current jobs in the social care sector in the UK
- Qualification and training (including induction)
- Reasons and process of joining the sector
- Experiences of working in the sector
- Perceived benefits of international workers
- Future plans (including measures of mobility)
- General views about the social care sector in the UK
- Demographic characteristics

The survey was internally piloted and launched in February 2009, remaining 'live' until the end of May 2009. It was publicized through several online forums, printed professional press, networks of specific groups such as refugees and nurses, university websites targeting social work and occupational therapy students, Black and Minority Ethnic (BME) networks and

forums, social care forums, personal networks and the Social Care Workforce Research Unit website (see Appendix B: advert posted on websites, forums and in printed press).

A total of 101 valid responses were received. A further group of 37 people were sent a link to the survey but did not respond to the survey itself: these had either contacted the research team directly and enquired about the survey, or had been suggested as possible candidates by other participants. A number of reminders were sent during the course of the survey. Five further people enquired about the survey after the closing date and therefore did not participate. The research team received several queries from British social care workers who had worked outside the UK and wanted to contribute their views about differences in practice; however, the focus of this study was different and the questionnaire was designed only for those who are not UK citizens but are currently working in the care sector in the UK.

A general note: numbers of respondents when distributed by different factors are usually small, thus many of the trends and observation must be treated as indicative only. However, many of the issues highlighted in the answers were expanded upon in the free text answers.

Following the analysis of responses, the researchers invited all those who had responded to contribute further to the study by commenting on the findings. All those who volunteered to read the report were sent a copy of the draft report on the findings, but only one responded with comments (noting that the sample was generally over-representative of highly qualified and highly educated practitioners). In August 2009, a focus group of seven newly appointed social workers recruited overseas by one (anonymised) English County Council further participated in the study, debating the findings and offering specific comments and examples. This group had not responded to the online survey as they were just about to commence work in the authority. Their comments have been used to illustrate points made and to underline certain interpretations.

CHARACTERISTICS OF RESPONDENTS

Length of time in the UK and in the social care sector

The majority of respondents had been working in social care since they had arrived in the UK (see diagonal line in Table 1).

Table 1: Distribution of respondents by number of years in the UK and in their social care (SC) jobs in the UK

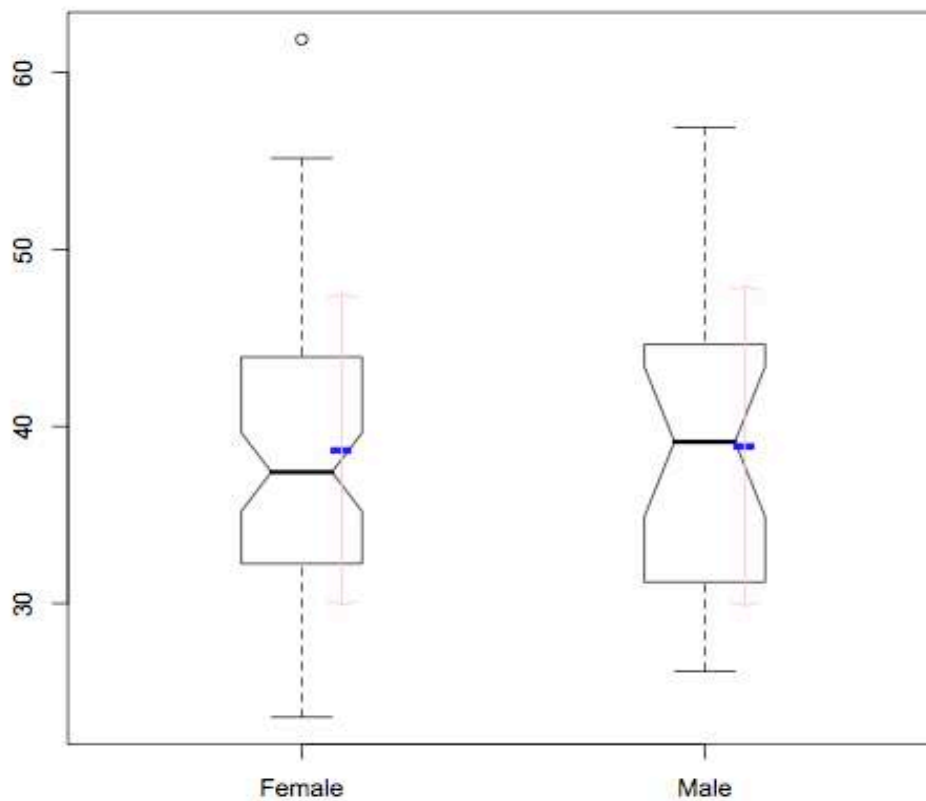
<i>Number of years in UK</i>	<i>Number of years in SC in the UK</i>				<i>Total</i>
	<i><3 years</i>	<i>3 to less than 6</i>	<i>6 to less than 10</i>	<i>10 years or more</i>	
<3 years	23	-	-	-	23
3 to less than 6	3	26	-	-	29
6 to less than 10	2	4	22	-	28
10 years or more	3	1	3	14	21
Total	31	31	25	14	101

Gender, Reported Disability and Age

Over a quarter of respondents were men (27%, n=26) and 73 percent women; four respondents did not provide information on gender. Only nine respondents reported any form of disability. Figure 1 presents the boxplot of age of respondents by gender. This summarizes most information related to age: the median age is indicated by the middle line, and the bottom and top line of the box show the 25th and 75th percentiles. Mean age is represented by the blue dash and the red line shows the standard deviation. The Median age for all respondents is 38.8 years, which was slightly lower for women (37.4) than men (39.1) but not significantly different. This is identified using notches according to Tukey's method¹ (see Figure 1).

¹ The notches are drawn as a 'waist' on either side of the median and are intended to give a rough impression of the significance of the differences between two medians. Boxes in which the notches do not overlap are likely to prove to have significantly different medians. (Rousseeuw and Ruts, 1998)

Figure 1: Boxplot of age of respondents by gender



Marital status and Family

Table 2 shows that 52 percent of respondents were married or cohabiting, 30 percent were single and 5 percent were married but living apart. A majority of 67 percent had at least one member of their family living with them in the UK, while 63 percent had no children.

Table 2: Distribution of respondents by marital status

Marital status	Number	%
Single	28	23%
Married cohabiting	49	52%
Married living apart	5	5%
Divorced/separated	10	12%
Widowed	3	3%
Total	95	100%

Job roles

A large proportion of respondents to this survey (43%) were qualified social workers and equal proportions (13 percent) were home care workers/domiciliary care and care assistants working in care homes. Nine percent were occupational therapists, five percent were managers in care homes and an equal proportion were care managers or care coordinators. See Table 3 for full details.

Table 3: Distribution of respondents by job role

Job role	Number	%
Care worker/support worker/home care/domiciliary worker working in people's own homes	13	13%
Care assistant or support worker in a care home (residential or nursing)	13	13%
Manager or supervisor in a care home, home care service or other care setting	5	5%
Qualified social worker	43	43%
Care manager/care co-ordinator	5	5%
Nurse	2	2%
Occupational therapist	9	9%
Other health or therapy professional/worker	3	3%
Other	7	7%
Total	100	100%

Regrouping job roles into 'care workers', including care workers and care assistants; 'qualified social workers', 'managers or supervisors', including those in care homes or care coordinators, 'occupational therapists', and 'other health professionals' shows the differences in response between those with better paid posts and others.

Table 4: Distribution of respondents by job role grouped

Job role	Number	%
Care workers	26	16%
Manager or supervisor	10	10%
Qualified social worker	43	43%
Occupational therapist	9	9%
Other health or therapy professional/worker	12	12%
Total	100	100%

Other Jobs

About a fifth of respondents, 22% (N=22), had more than one job. Those with more than one job sometimes worked outside the social and health care sectors, in jobs ranging from child minding to call center work and freelance journalism. Others, 10 out of the 22, had additional part time jobs in social care.

Region

Almost half (45%) of respondents were working in London or the South East, the most common region; 29% in the East or West Midlands; 19% in the Eastern region; 10% in Yorkshire and the Humber; 6% in the South West; 4% in the North; and 2% each in Scotland and Wales.

Table 5: Distribution of respondents by region

Region	Number	%
Missing	2	2%
East Midlands	1	1%
Eastern	19	19%
London	27	27%
North East	2	2%
North West	2	2%
Not Sure	1	1%
Scotland	2	2%
South East	17	17%
South West	6	6%
Wales	2	2%
West Midlands	10	10%
Yorkshire and the Humber	10	10%
Total	101	100%

Country of birth

About one third, 35%, of respondents were born in the European Economic Area (EEA), with the majority born in EU14 countries followed by 10% from EUA8.² Similar proportions (27% and 28%) were either from one of the Commonwealth countries or one of the traditional source countries in this labour market, namely Zimbabwe, the Philippines, the United States (US) and Nigeria. Nearly a tenth were from other countries. 87% (84) came straight to the UK from their birth country while 13% (13) had moved to the UK from other countries (see Table 6 for details).

² Eight from Poland, one from Lithuania and one from the Czech Republic.

Table 6: Distribution of respondents by country of birth grouped as political world regions

Political world region of birth	Number	%
Commonwealth	27	27%
EEA	(35)	(35%)
EU15	21	21%
EUA8	10	10%
EUA2	3	3%
Other EEA	1	1%
Traditionally sending countries	(28)	(28%)
Zimbabwe	12	12%
Philippines	8	8%
United States	6	6%
Nigeria	2	2%
Other countries	9	9%
Total	99	100%

Ethnicity

Out of the 97 respondents who reported their ethnicity, 49 were from any 'White' background, 15 were Asian, 24 Black and 9 from 'Other ethnicities', including mixed. Other self-defined ethnicities included Romanian, Czech, and Sri-Lankan. Among the White group, two identified themselves as 'White British' but had dual nationalities; one British-American and the other British-Greek.

Table 7: Distribution of respondents by reported ethnicity

Ethnicity	Number	%
White British (English/Scottish)	2	2%
White Irish	2	2%
Any other white background	46	47%
Mixed- Any other	2	2%
Asian - Indian	3	3%
Asian- Pakistani	1	1%
Asian- Chinese	2	2%
Asian- Any other	9	9%
Black- African	21	22%
Black- Any other	3	3%
Other ethnicity- Any other	6	6%
Total	97	100%

Qualifications

Overall respondents were highly qualified, based on their reports of the qualifications they had obtained in their home country or their current highest level of qualification. A high proportion, 71 percent, had gained further qualifications after their arrival in the UK, and 43 per cent are currently studying (see Tables 8 to 10).

Table 8: Most recent three qualifications obtained from home country

Most recent three qualifications obtained from home country	Number	%
Formal school up to age 16	34	34%
College	29	29%
University degree in social work	35	35%
University degree in other discipline	31	31%
Higher education Diploma in social work	9	9%
Higher education Diploma in other discipline	13	13%
Specialised training in social care/social work	12	12%
Vocational training in social care/social work	9	9%
Other Vocational training	6	6%
Master's degree in social work	11	11%
Master's degree in other discipline	12	12%
PhD	2	2%
Other	5	5%
Total	100	

Table 9: All qualifications obtained in the UK

Any qualifications gained in the UK	Number	%
Formal school up to age 16	1	2%
College	6	9%
University degree in social work	3	5%
University degree in other discipline	10	15%
Higher education Diploma in social work	3	5%
Higher education Diploma in other discipline	7	11%
Specialised training in social care/social work	21	32%
Vocational training in social care/social work	11	17%
Other Vocational training	6	9%
Master's degree in social work	2	3%
Master's degree in other discipline	10	15%
PhD	0	0%
Other	10	21%
Total	66	

Table 10: Distribution of respondents by highest qualification level

Highest qualification level	Number	%
Masters Degree (MSc, MA)	30	30%
First degree (e.g. BA, BSc)	26	26%
Professional qualifications (e.g. social work, occupational therapy, teaching, nursing, accountancy)	17	17%
Other qualifications	9	9%
Diploma	8	8%
Other vocational / work-related qualifications	4	4%
Higher degree (PGCE)	2	2%
O levels, basic skills	1	1%
Higher School Certificate	1	1%
PhD	1	1%
Answered question	99	100%

We created a regrouped new variable 'Highest qualifications grouped' with the groups which gives the following outline:

1. Basic education up to vocational training (N=6)
2. Diploma (N=8)
3. First degree (N=26)
4. Professional or other qualifications (N=26)
5. Masters, PGCE or PhD (M=33)

Moving to the UK

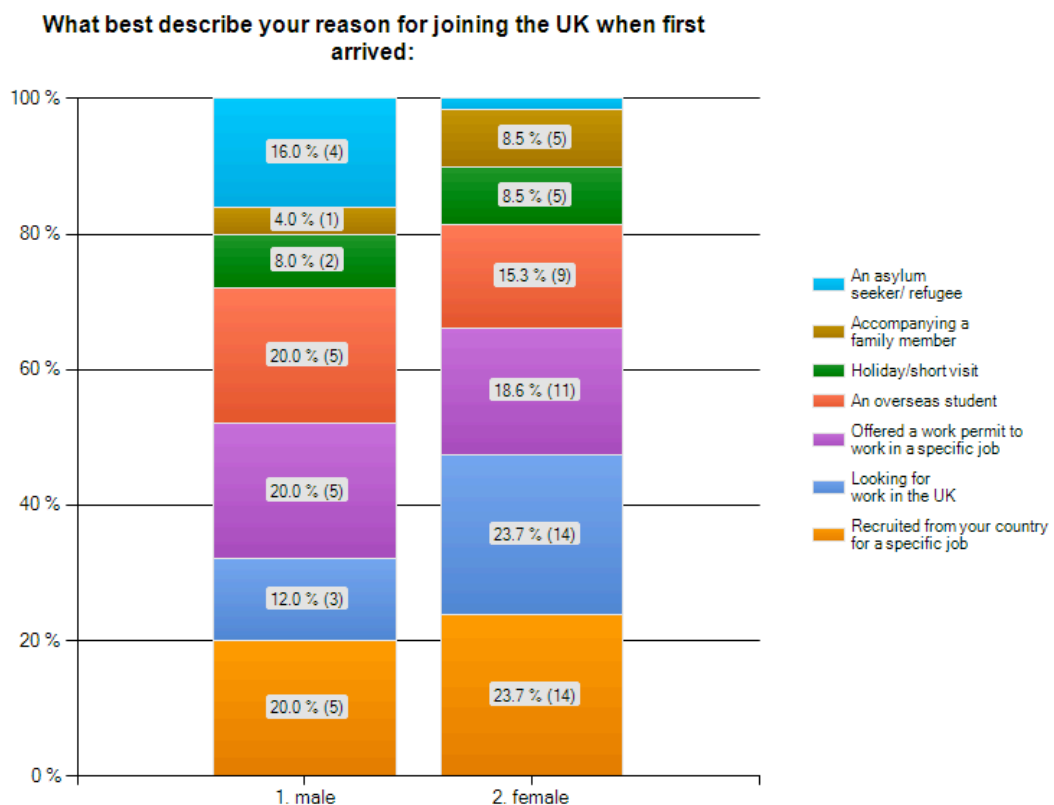
One fifth of respondents had been recruited directly from their home country; this was followed by 18 percent who came to the UK looking for work, and 17 percent who had been offered work permits to work in specific jobs. An equal proportion (15 percent) had either accompanied a family member or had come to the UK as overseas students. Nearly one tenth came on a short or holiday visit and 6 percent were refugees or asylum seekers. Looking at ways of joining the UK against job roles, 21 percent of respondents working in care homes (either care workers or supervisors) were accompanying a family member when they entered the UK, compared to only 12 percent of other workers. On the other hand, 23 percent of professionals (including social workers, Occupational Therapists, nurses and other health care professionals) came to the UK looking for work, compared to only nine percent among those working in direct care work. A high proportion of qualified social workers (29 out of 41) had been recruited directly from their home countries.

Table 11: Distribution of respondents by reason for moving to the UK

Reason for joining the UK when first arrived	Number	%
Looking for work in the UK	17	18%
Recruited from your country for a specific job	19	20%
Offered a work permit to work in a specific job	16	17%
Accompanying a family member (including marriage)	14	15%
An overseas student	14	15%
An asylum seeker/ refugee	6	6%
Holiday/short visit	9	10%
Total	95	100%

There were apparent gender differences in the way men and women entered the UK. Figure 2 shows that higher proportions of women were looking for jobs in the UK, while higher proportions of men were asylum seekers/refugees.

Figure 2: Distribution of respondents by reason for moving to the UK and gender



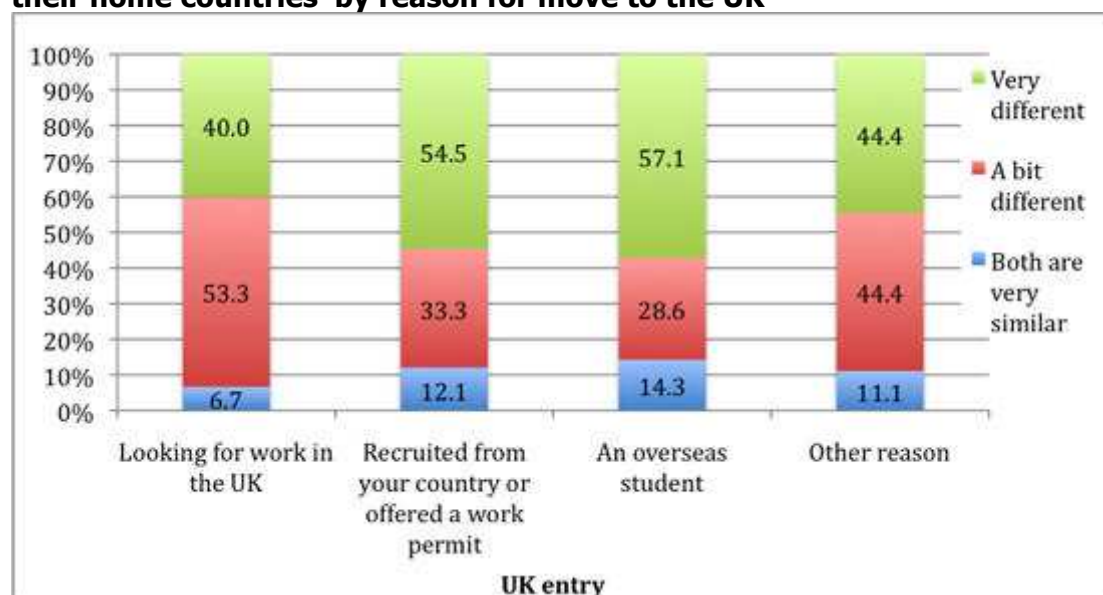
COMPARING SOCIAL CARE WORK IN THE UK AND HOME COUNTRY

Respondents were asked if social care in the UK differs from that in their home countries. 13 percent indicated that 'both are very similar', 36 percent said it was 'a bit different' and 52 percent felt it was 'very different' (six respondents didn't answer this question). Those who came to the UK as overseas students, had been recruited from their home country, or had been offered a work permit, were more likely to indicate that social care was 'very different' than respondents who sought work following their arrival in the UK (see Table 12).

Table 12: Distribution of respondents by reason to move to the UK and how different they felt social care is in the UK from that of their home countries

Reason for moving to the UK	Not really, both are very similar %	A bit different %	Very different from that in my home country %	Total %
Looking for work in the UK	1 7%	8 53%	6 40%	15 100%
Recruited from your country or offered a work permit	4 12%	11 33%	18 55%	33 100%
An overseas student	2 14%	4 29%	8 57%	14 100%
Other reason	2 11%	8 44%	8 44%	18 100%
Total	9 11%	31 39%	40 50%	80 100%

Figure 3: Extent to which respondents felt social care work differs from their home countries' by reason for move to the UK



Exploring differences in practice between the UK and home countries

In addition to the pre-coded responses, the survey offered a 'free text' box to collect further information on how participants felt social care practice in the UK differed from their experiences in their home country. Responses in the free text varied from a feeling that 'basically everything is different' to more specific observations of practical differences. Based on 73 responses, the following themes were extracted from their answers.

Availability and types of care provision

Many of the respondents noted major differences in care provision in the UK from their home countries, particularly in relation to older people's care. Quite a few stated that formal care provision for older people in their home country was virtually non-existent when compared to the UK:

'In my own county, elderly people are cared for/looked after within their own home with their family.' (Care assistant, from Tanzania)

'We don't have nursing homes. We keep our elderly at home; if they are very ill they must be admitted to the hospital.' (Nurse, The Philippines)

Some also outlined differences in the availability of services for other groups, or stated that services have a different focus:

'We don't have Social Services where I'm from. All services are provided by Direct Payments and the GP and GP surgeries play bigger roles in supporting vulnerable people.' (Social worker, The Netherlands)

'[In my home country] Emphasis is on the community responsibility for individuals and families. Means tested provision of services due to the resource base.' (Manager/supervisor, Zimbabwe)

Nature of care work

Although most respondents felt that the 'principles and values' of social care work were the same in the UK and their home countries, some felt that the nature and type of social care work in the UK differed considerably from that in their home countries:

Social work practice and education in the US is centred on different areas of practice, as the majority of social workers in the US are private practitioners, and therapists. (Social worker, United States (US))

Some also pointed to differences in the day-to-day practice of social care between the UK and their home countries:

'In Japan, (a) nursing assistant would be unlikely to hug patients.' (Health care assistant, Japan)

'There is a significant impact exerted by the culture of the different parts of the country on the ways and the scope of social care services that is delivered, hence there are slight differences in the work patterns and organisational guidelines across regions to accommodate this'. (Care/support worker, Nigeria)

Structure and regulation of care work

Some respondents felt that social care practice in the UK was better structured, more regulated and better organized than was the case in their home country. However, others thought that the high level of structure in the UK might reduce an individual practitioner's decision authority:

'It [the difference] exists in theory. There are no structures in place in my home country to implement the same practice as in the UK.' (Social worker, Cameroon)

'A lot more structured regarding national procedures in Britain than in Germany.' (Social worker, Germany)

On the other hand, some felt that the standards of care in the UK were less than adequate:

'The standards of care commissioned by statutory services [in the UK] are much lower; sometimes frighteningly so!' (Social worker, Germany)

There was also a perception by some that professional practice and services in the UK were more regulated than elsewhere:

'Social care appears to be more tightly regulated in the UK compared with my home country' (Social worker, Australia)

Resources

There was a strong feeling that the resources, including state funding and collaborative work between different agencies, were great advantages in the

UK system of social care. Many participants commented on the heavy reliance in their home countries on charitable funding:

'In the UK the resources are available here and collaborative practice with other agencies helps in preventative working.' (Social worker, Romania)

'I think there are much more resources (financial, staffing, etc.) put into social care in the UK'. (Care worker, Poland)

'More funding in this country (UK) to provide services.' (Occupational Therapist, Ireland)

However, more funding was sometimes felt to be accompanied by higher degrees of scrutiny and stress:

'In my country resources were scarce and the workloads were big. The work environment however was not scary and intimidating.' (Social worker, Zimbabwe)

These findings were similar to some of the experiences reported by those who were about to embark on social work in one County Council. Seven social workers, four from Ireland, two from Australia and one from New Zealand, spoke about their experiences in a focus group (FG) discussion as they were about to start work in September 2009. Commenting on the differences they were already perceiving, they anticipated differences of approach, such as the faster pace of work:

'Working in hospital team will be more under pressure just to get people out of the hospital basically and pressured to get them a care package. Pressure will be about working out what resources are - 'where's the person?', really it all seems to be about money and resources' (Social worker, Ireland, FG)

Others suggested a feeling that they would be under greater scrutiny and subject to a blame culture:

'(I have) no sense that as an outsider that I would be protected by the workplace – if made an unintentional mistake'. (Social worker, Australia, FG)

Social Care's Image

Some respondents, especially in social work, commented on how the image of social care is influenced by a critical media, and on the negative effect that this has on public perceptions of 'care' work. Similarly, social workers felt that there was a lack of 'professional' leadership in the UK:

'No respect given to care workers, the media controlled by people who have no knowledge of any proper policy making and [they, negatively] influence public opinion.' (Social worker, Zimbabwe)

'In Australia Social Workers are held in high regard and one is never reluctant to say what they do. The GSCC do not appear to do anything to promote the profession - if they do, you never hear of it.' (Social worker, Australia)

'In my country the Social Work profession is well-received and appreciated both by the service users and the society, yet here the attitude is very negative towards Social Workers.' (Social worker, South Africa)

'Social Work status is lower here!' (Social worker, Canada)

Qualification requirements

Some respondents commented on the low level of qualification required to work in the care sector in the UK. This was observed in relation to both care and social work:

'It seems that people can work in Social Care in this country without having any qualifications to start with.' (Manager/supervisor, The Netherlands)

'Social workers in the US are expected to have a Master's Degree (a 4 year University degree and then 1 to 2 years of post-graduate work), whereas in the UK people only need a 3 year degree.' (Social worker, US)

Other differences

Other observations included the feeling that stress levels among care workers in the UK were higher than in other countries, which may relate to high staff turnover rates and the demands of paperwork. Some also felt that care workers in the UK might be more 'financially' driven and that workers in other countries (both less and more developed countries) might display more altruistic motivations. The UK legal system and different policies shape social work practices; this was felt to have a negative influence in relation to children's work in particular, where some staff (particularly social workers) expressed a sense of surveillance and overprotection. The separation of health and social care services was also seen to have some negative impacts on the quality of care delivery.

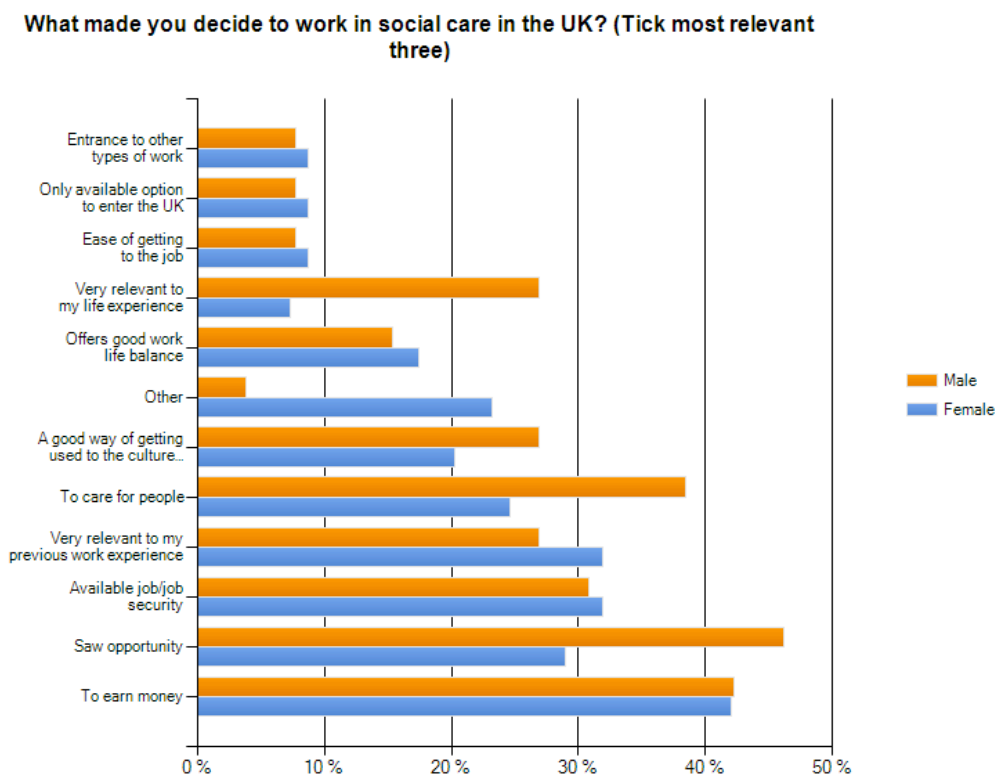
MOTIVATIONS FOR WORKING IN SOCIAL CARE IN THE UK

The most frequently mentioned motivation for working in the social care sector in the UK was financial. About two fifths (41%) of participants stated that their reason for moving into the sector was 'to earn money'; this was followed by 'saw opportunity' at 34 percent and at 32 percent 'availability of work' (see Table 13). Men were more likely to choose the following motivations than women: 'very relevant to my life experience'; 'wanted to care for people', 'saw an opportunity' and 'a good way of getting used to the culture'. Women were more likely to cite other reasons (see Figure 4).

Table 13 Respondents' three top motivations to work in UK social care

Most relevant three motives to work in social care in the UK	Number	%
To earn money	41	41%
Saw opportunity	34	34%
Available job/job security	32	32%
Very relevant to my previous work experience	30	30%
To care for people	27	27%
A good way of getting used to the culture of the UK etc.	23	23%
Other	19	19%
Offers good work life balance	17	17%
Very relevant to my life experience	13	13%
Entrance to other types of work	8	8%
Only available option to enter the UK	8	8%
Ease of getting to the job	8	8%
Total	99	

Figure 4 Respondents' different motivations to work in UK social care by gender



In addition to the pre-coded options outlined above, the survey offered a free text option for respondents to explain their personal reasons for working in social care in the UK. Based on 25 responses, different motivations were reported; these were by no means exclusive and indeed were often cross-cutting: people sometimes had a combination of motivations. It also appeared that people changed motivations over time, so some may initially have joined the social care workforce temporarily, because it was easy to find a job in this sector, and then decided to continue. For the purpose of summarizing these motivations we have identified three main groups:

1. Those who are **more professionally qualified** seek different experiences, with the possibility of returning to their home countries, and may also be:
 - a. Using their qualification to be located in Europe, seeing the UK as a travel hub and experiencing new places/different cultures:
 - 'Being able to do something new, travelling and experiencing new places/people' (Social worker, Canada).
 - 'To be based in the UK for ease of travelling in Europe' (Social worker, Australia).
 - b. To gain broader or international work perspectives, seeking opportunities for professional development not available in their

home country (sometimes with the view to returning home in future):

'Wanted international work experience in health and social care and to be with/nearer British partner'. (Welfare worker, Canada)

'To have the opportunity to work in areas less/not developed in my home country'. (Occupational therapist, Singapore)

'Opportunity to develop professionally in the UK generally better because organisations are much bigger, and perhaps more 'evolved' or cutting edge than in my home country'. (Occupational therapist, Ireland)

2. Joining social care as a means to **enter UK** as part of a whole life change for themselves and their families:

a. Previous qualifications/skills are needed in the UK:

'I came into the UK originally to visit and took the opportunity to apply for a job because of the economic decline in my home country'. (Social worker, Zimbabwe)

b. Better quality of life for whole family including children:

'Educational opportunity for my children, better job and income for husband'. (Care manager, Philippines)

3. **Already coming to the UK** (joining other family members or students) and using some of their previous skills and/or to support their families:

a. Easier to find jobs in social care than other sectors:

'The easiest job for me to get was a job in care'. (Manager/supervisor, The Netherlands)

'I first came in the UK just to learn the language, I didn't really plan to stay, but because it was easier to find a job in social care in here and the condition of work was much better I did stay'. (Care worker, Belgium)

b. Good working conditions including the flexibility to work and study:

'Flexible to suit my family commitments'. (Care worker, Sri Lanka)

'Working hours allowing studying and teaching'. (Other, Greece)

c. Good way to make use of previous qualifications while already in the UK:

'I enjoy living in different countries and my partner is English'. (Social worker, Spain)

- d. Offers the opportunity to interact with people and contribute to society while gaining some financial reward:

'As a student I needed money to support my studies, but I could have gotten various kinds of jobs, such as working as a waitress, as shop assistant, etc. I suppose one of the main reasons at the basis of my choice for this kind of job is that I could feel much more useful than just being a waitress or some other similar but not socially oriented jobs'. (Development worker, Italy)

RECRUITMENT PROCESS

Just under a third of respondents had answered an advert or responded to a recruitment campaign in their home country to join the UK social care workforce, while over a third saw an advert while here in the UK and 15 percent learned about their current jobs from friends/family while in the UK. Among those who found out through other means, ten had gained work through joining an employment agency and three had applied for a job over the internet (see Table 14).

Table 14: distribution of respondents by how they found about their current job in social care

How did you find out about your current job?	Number	%
Responded to adverts/recruitment campaigns in my home country	29	30%
From friends/family here in the UK	15	15%
Saw an advert while here in the UK	34	35%
Other (please specify)	20	20%
Total	98	100%

Figure 5 Distribution by mode of finding out about their jobs and gender

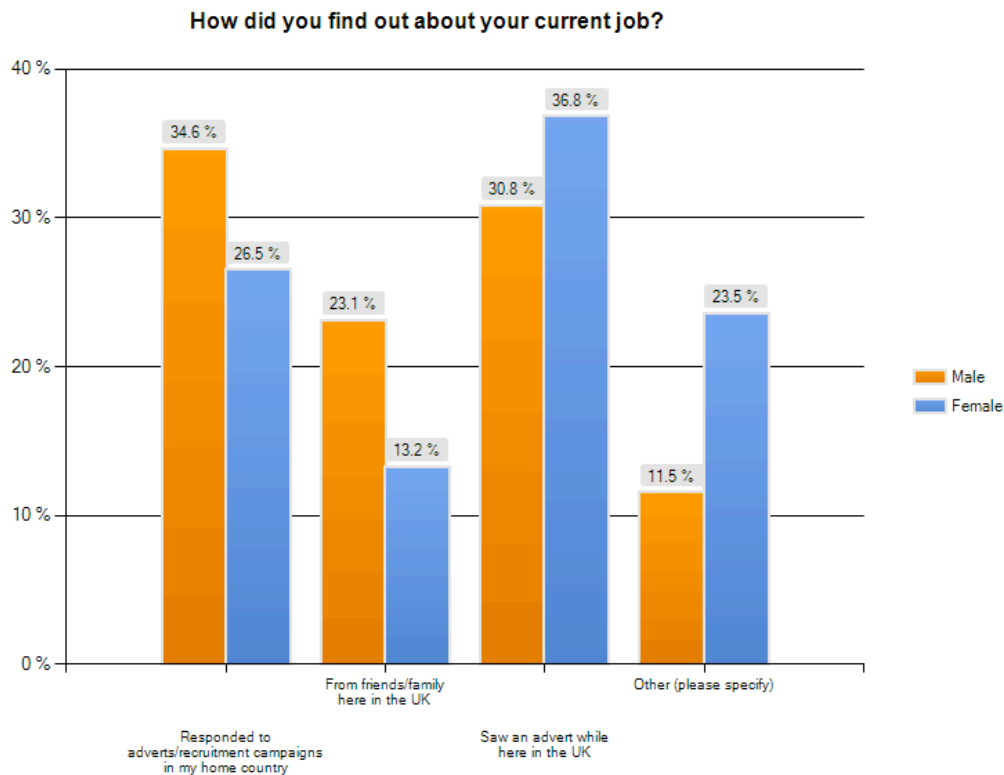


Figure 5 suggests that men and women appeared to have a slightly different pattern in terms of finding out about their jobs. Over a third (35 percent) of men responded to recruitment campaigns in their home countries, compared

with just over a quarter (27 percent) of women. Almost a quarter (23 percent) of men found out from friends in the UK, compared with about one eighth (12 percent) of women. Women were much more likely to give 'Other' ways of hearing about their jobs (24 percent of women compared with 12 percent of men).

Some examples of the speed of such processes and decision making were provided by the newly recruited social workers participating in the focus group (FG):

'I rang someone in Australia (from New Zealand) in a (recruitment) agency. This was a Tuesday – on Wednesday (I received) a phone call from County Council in England and Friday I came for an interview in Australia.' (Social worker, New Zealand, FG).

'I got an e-mail address from an advertisement – I sent one back and they said come to an interview and I went to interview (in Australia) and had a written test and a computer skills test – few days later e-mailed me and they told me I had the job.' (Social worker, Australia, FG).

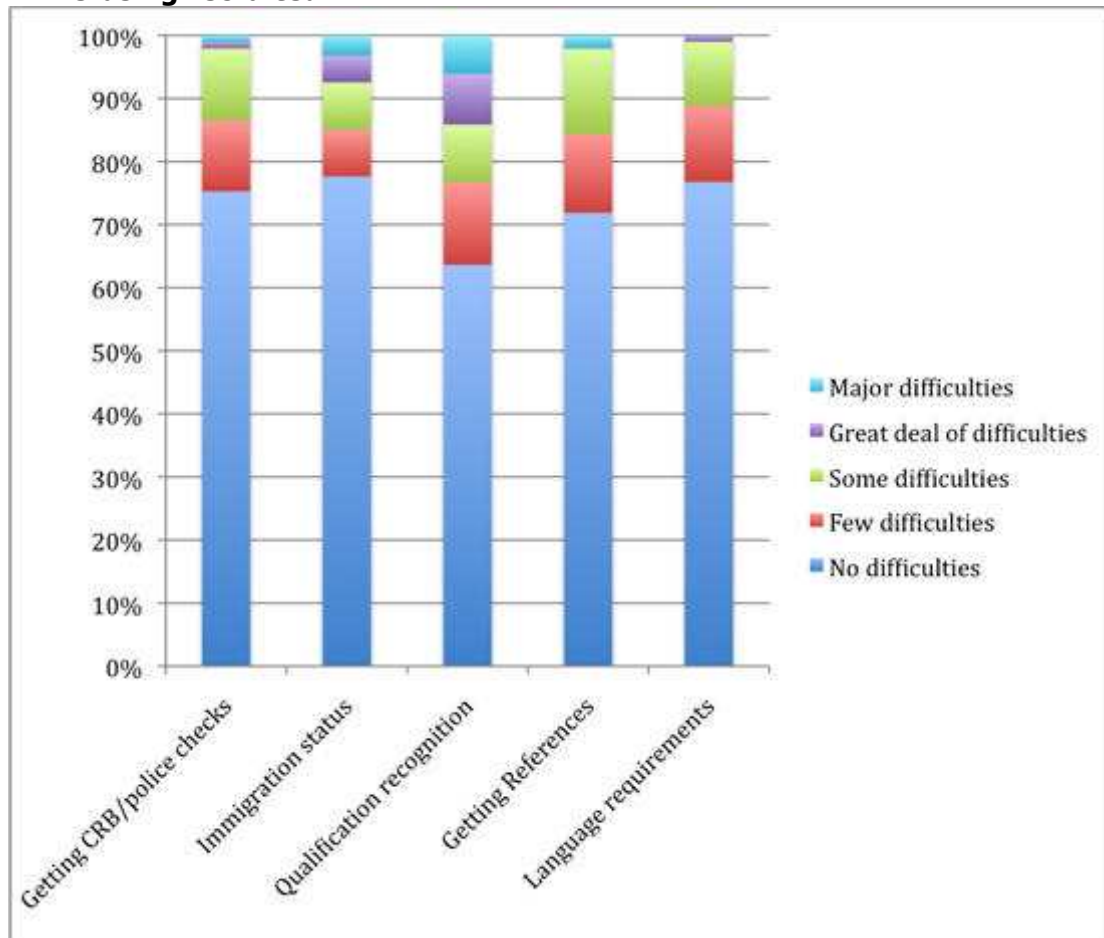
CHALLENGES IN RECRUITMENT

The survey asked respondents to indicate any difficulties they experienced in the process of recruitment. Five main areas emerged: immigration status, qualification recognition, getting Criminal Record Bureau (CRB) or police checks, getting references, and language requirements. Respondents were asked to indicate their views or experiences on a five-point scale, ranging from 'no' problems to 'major' difficulties. Table 15 and Figure 6 clearly show that at least three quarters of respondents had none or just a few difficulties with all five aspects, except for 'qualification recognition'. Around a quarter reported a great deal of difficulty or major difficulties in relation to recognition of their qualifications; this was followed by problems over their immigration status. The least problematic aspect was language requirements.

Table 15: Distribution (count) of respondents according to degree of difficulty encountered with different processes while obtaining their jobs in social care in the UK

Aspects of recruitment process	No/few difficulties		Some/great deal/major difficulties		Response Count
	N	%	N	%	
Getting CRB/police checks	84	75%	13	13%	97
Immigration status	80	78%	14	15%	94
Qualification recognition	76	64%	23	23%	99
Getting References	81	72%	15	16%	96
Language requirements	88	77%	11	11%	99

Figure 6: Level of difficulties experienced in relation to different aspects while being recruited



Experiences of recruitment and appointment

The survey offered a free-text space for respondents to explain further any difficulties they faced during their recruitment process. Some of the 37 respondents who answered this question experienced no or very few difficulties in relation to each of the above aspects; as these responses show, these positive experiences seemed to be because workers were well prepared or had no language problems, their immigration status was unproblematic and they already possessed the references needed for the job:

'The systems worked really well and we knew in advance what was expected in terms of documentation etc.' (Social worker, South Africa)

'No, I had no difficulties. My English was already good enough as I was a University student in the UK. My University card would prove my status and I know and trusted enough people to provide good references for me.' (Other, Italy)

However, these positive experiences were not shared by most respondents, and the following issues were highlighted:

Qualification recognition was perceived as a major concern. Difficulties were reported among workers from different countries holding different job

roles, including those from the US and mainland European countries. Some participants found it very difficult to translate their previous qualifications into the British system, and said that this impacted on both their current work and career/education progression. Moreover, they felt there was little guidance from the Care Councils about matters such as the completion of registration forms. In many cases the process took a very long time:

'The qualifications that I received in the US are not understood, and are not recognised in the same way that they are in the US, as they do not translate easily to UK Higher Education attainments'. (Social worker, US)

'I found my 'home' qualifications to be absolutely useless here and the only one that they ever took into account were my GCSE's!' (Manager/supervisor, Netherlands)

'The GSCC delayed my registration by 12 months because they were not familiar with the concept of social pedagogy and did not understand that my qualification was equivalent to (a) high qualification in this country' (Social worker, Germany)

'The GSCC equivalency report which was initially required came with insufficient guidance and I needed support from British trained colleagues to complete it. It was a stressful and lengthy process, taking at least 52 full days to complete!' (Welfare worker, Canada)

Recognition of previous work experience was further complicated by other factors, including different systems and variation in job roles and titles, and also by difficulties in demonstrating prior skills if these were not certified:

'I had twenty years relevant post qualification experience in social work yet my salary was pegged at that of a newly qualified social worker' (Social worker, Zimbabwe)

'I was a 'Director of the Independent Support Living Program' with a MA. No one wanted to give me a job, I had to start at an entry level job (cleaned offices for a while, volunteered as an advocate, finally got a job as a community care officer). Then I was discovered.' (Other, US)

'Because my Master's Degree in Social Work did not come from the UK, I had to write 30 pages of essays explaining why I met the GSCC qualifications, and had to write back to the US to get people to write letters for me backing up the statements I made in my essays. Since I already had 15 years experience in the field, I found this quite degrading'. (Social worker, US)

Qualification recognition and the process of verifying previous experiences affected participants' career progression. Some felt that career progression paths were not explained at recruitment and, in some cases, did not seem to exist:

'It was difficult to know how to go about verifying my qualifications and very disappointing to find out that social work here wasn't a degree whereas I had spent four years studying in my home country to complete my social work degree. To add to this frustration is the PQ route which is very limited as you can only qualify further in social work, but it doesn't open up any other windows with regards to working elsewhere'. (Social worker, Albania)

While many did not feel that their immigration status had hindered their chances of obtaining work in the social care sector, there were specific implications related to particular groups, such as refugees, who often accepted lower status jobs than those that they thought they might be qualified for, as a way of securing UK references. Those who held work permits felt that such permits might limit movement to other jobs and could have a negative impact on career progression. In addition, different forms of immigration control limited some participants' rights to claim work-related benefits, such as maternity pay and child benefits; some workers felt that this was unfair, given that they made full tax and national insurance contributions:

'While been in employment I became pregnant. The maternity pay, taking into consideration my immigration status was inadequate for a single Mum. I had to get support from my family back in Romania in order to pay rent and for other necessities'. (Social worker, Romania)

'Recognition of qualification is a major issue among refugee professionals. So many professionals (are) doing different type of manual work as there is no support'. (Other, Turkey)

Criminal Record Bureau (CRB) and police checks were mentioned several times. Some felt that acquiring police checks from their own country could take a long time, resulting in delays. If they took a long period of time, this could leave the person unable to work and might result in financial problems. There were examples of some participants asking their families to send them money to aid them through this period. The need to repeat these checks for each employer was felt to be a particular problem for agency workers:

'There are no relevant CRB checks in the US, and there is little flexibility for those of us that come from other countries' (Social worker, US)

Obtaining references can also be problematic. Some respondents commented on the difference between the UK system for obtaining references and that which operates in some other countries, where it is the employee's responsibility to keep references and provide them to the next employer. In the UK, employers often contact a previous employer directly, which can take some time, may result in delays and may be unreliable (because the worker may have left the job a considerable time ago and there might be a change in management):

'In Germany references are issued when leaving employment, it is the responsibility of the employee to keep them safe and make them available to prospective new employers as part of the recruitment process. It is unlikely that after moving to England and 5 years away from work to start a family anyone is able to give a reliable reference back in Social Services, Germany'. (Manager/supervisor, Germany)

Although almost all respondents communicated with relatively good English, some felt that their language skills might still be a problem; for example, during interviews, which may be more difficult for people who do not speak English as a first language - especially if acronyms and jargon are used. Also,

the use of different dialects, and instances when users and colleagues use unfamiliar slogans and idioms, were reported as making communication difficult at times.

Other practical problems highlighted by respondents included those attending simple and necessary processes such as opening a bank account, with reports that some banks insist on a reference from a bank in the home country, despite the fact that banking may not be the norm in other countries. Few participants were aware of possible professional and/or legal support from organisations such as the British Association of Social Workers or Citizens' Advice. Obtaining a driving licence could also be a lengthy and frustrating process:

'(I) could not work as a social worker because of lack of driving licence'. (Other, Greece)

Some respondents felt that these barriers might lead to one or more of the following: feelings of unfairness, accepting jobs at a lower qualification level, staying out of work with no income for a long period, slower career progression than other workers, and the risk of downward employment mobility and possibly downward social mobility.

Among the social workers participating in the focus group held in August 2009, not everyone had experienced problems with registration or police/criminal record checks. Others reported delays or problems that might equally be encountered by UK professionals. For example, one new graduate reported specific delays:

'For us it was the registration because at home in Ireland no registration, just MSW certificate – I had to wait until I got (my) registration back before (I was) able to practice as a fully qualified practitioner'. (Social worker, Ireland, FG)

However, like many other participants in this study, the lack of a comparable CRB checking system in other parts of the world was problematic:

'When applying for a full Garda (Police) clearance, they (Garda) would check across the country in all criminal records offices'. (Social worker, Ireland, FG)

INDUCTION

Overall, 28 percent of participants said they had not received any induction (training and preparation) when starting their current social care work in the UK. Indeed, some of those who had received induction in their current jobs indicated in the free text that this was not their 'first' job in the UK and that their first jobs usually came with no induction at all. On the other hand, 30 percent had received some induction and rated it as good or excellent. This was followed by 23 percent whose induction was considered 'OK', while a fifth had received some induction but felt it had prepared them 'not at all' or 'just a bit' (see Table 16).

Table 16: Distribution of respondents by whether they had any induction and feelings of adequacy of preparation for current job

Induction	Percent	Number
No Induction	28	28%
Yes but didn't prepare me at all or just a bit	20	20%
Yes, was OK	23	23%
Yes, was good or excellent	30	30%
Total	101	100%

Table 17: Distribution of respondents (count) by job role and induction

Type of work	No induction at all		Yes, prepared me a bit or not at all		Was OK		Was good or excellent		Total	
	N	%	N	%	N	%	N	%	N	%
Care work	3	12%	4	15%	5	19%	14	54%	26	100%
Social workers	18	42%	9	21%	11	26%	5	12%	43	100%
Manager/supervisor	1	10%	3	30%	1	10%	5	50%	10	100%
Occupational therapist	1	11%	2	22%	4	44%	2	22%	9	100%
Other health profession	5	42%	0	0%	1	8%	6	50%	12	100%
Total	28	28%	18	18%	22	22%	32	32%	100	100%

Over 40 percent of the social workers and other health professionals said they had not received any induction at all and had perhaps been expected to 'hit the ground running', compared with around 11 percent of care workers and managers/supervisors. Social workers were also the least likely to feel that their induction was good or excellent, if they had one at all (see Figure 7).

Figure 7: Variation in receiving induction and level of preparedness from induction by current job role

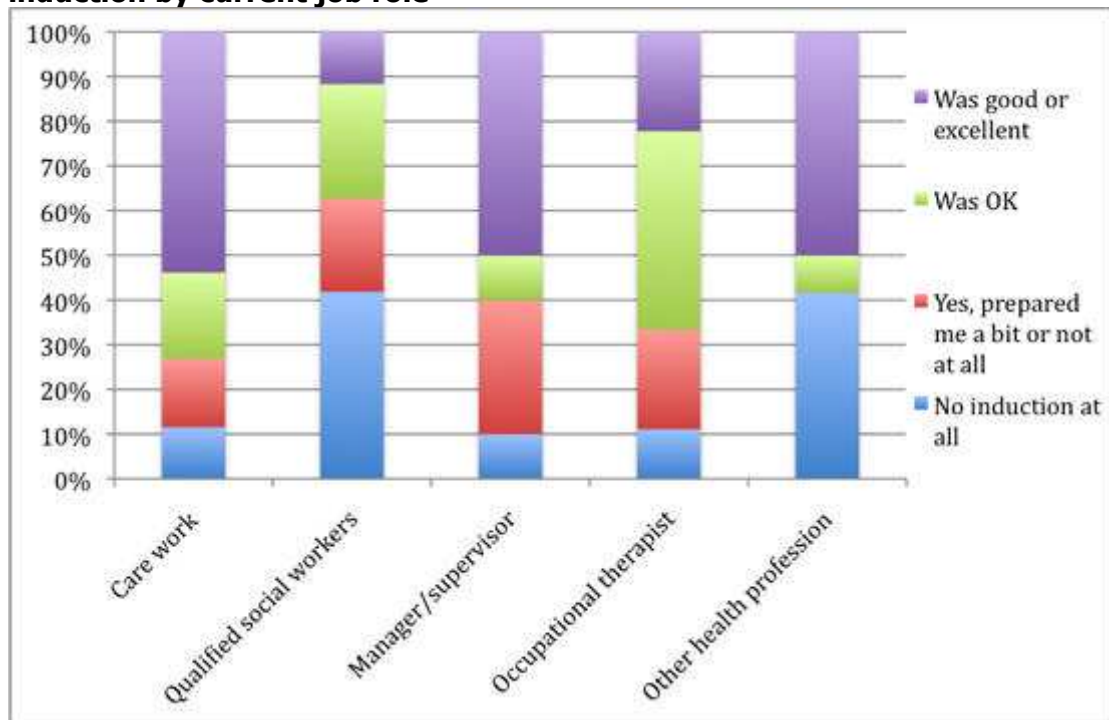
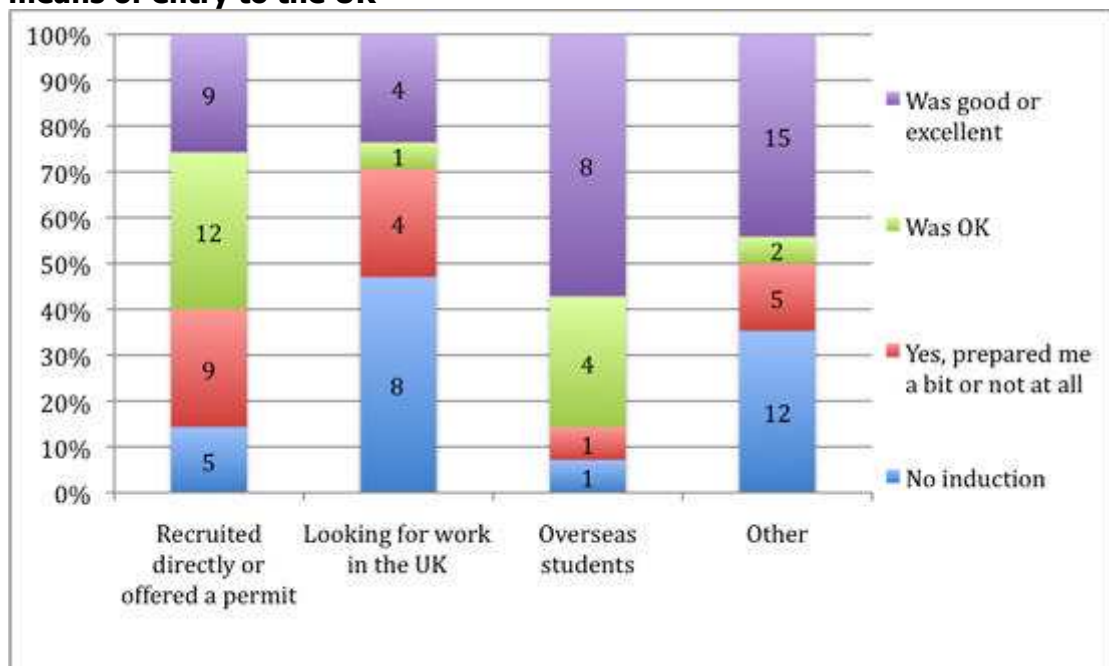


Figure 8 shows that those who entered the UK as overseas students were the most likely to be offered induction and to be highly satisfied with the quality of induction they received. Those who came to the UK and then looked for work were more likely not to receive any induction. This might relate to the ways in which employers anticipate and address the needs of staff recruited within the UK, who may be presumed to know more than they actually do.

Figure 8 Variation in receiving induction including level of preparedness by means of entry to the UK



What could have made your induction better?

A total of 28 respondents made suggestions about how induction could be improved. The following summarises these views and those of the seven social workers participating in the focus group (FG):

'When I joined social work practice in the UK, there should have been a 'transition course' for those of us from abroad (could be linked to the Post Qualifying (PQ) framework). I was given a full caseload in a busy child protection team, and had never heard of the Children's Act 1989! Thankfully, I'm a quick learner, but many of the other foreign-born workers found that very hard to assimilate. I needed some of the basic legislation and background that would have been offered, in order to understand the setting that I was currently working in. This lack made my practice seem more inconsistent, and made the culture shock more severe.' (Social worker, US)

Timing

In some cases respondents felt their induction had been too late, resulting in some workers starting without support and a sense of being 'thrown into the deep end'. There was a belief that induction should be provided before starting work, and should identify 'key' people to provide ongoing support. Others who had benefited from planned induction prior to starting work, appreciated its depth and scope:

'(Our induction is) very well planned – a three week programme covered everything from really detailed stuff to overall view re NHS and fire service to the specifics, etcetera.' (Social worker, Ireland)

Duration and type of induction

The pace of induction was felt to be important: it should not provide too much information in too short a space of time. However, if induction takes too long (particularly if it takes workers away from day to day work) it may hinder staff from getting used to their place of work and forming relationships with colleagues.

Availability of a mentor

Some suggested that having a mentor prevented them from always having to ask colleagues for help or from relying on others' 'good will': this could lead to a feeling that they were disrupting the work of those around them. A named mentor was felt to be a good way to allow access to support at work.

Content of induction

It was felt that induction needed to cover:

- Cultural differences;
- Practical advice and training, with signposting of where to access further information;
- Indications about realistic expectations from both workers and employers, and from people using services;
- Updates on specific matters, e.g. the Mental Capacity Act 2005, dual diagnosis, and so on.

Specific improvements called for included:

- Mentoring systems;
- Opportunities for staff to share knowledge first-hand;
- More support for a longer period than induction, even if not on a continuous basis;
- Developing personal development support packages tailored around individual workers' needs;
- More frequent supervision, particularly during the first year;
- Creating a 'transition' course to link to further training, e.g. PQ framework;
- Employers should realize the difficulties faced by international workers because they are not only required to learn about new systems/policies and legislation but also about new cultures and ways of life.

In the focus group held with newly appointed social workers, the idea of a support group was welcomed and the induction period had helped to cement relationships:

'I think we will have an informal group anyway through getting to know people during the three weeks.' (Social worker, Ireland, FG)

Interestingly, some respondents to the survey argued that issues related to induction are likely to affect all new staff, not only 'international' recruits. Some noted that temporary or agency workers are often particularly affected by poor induction/lack of induction as they are often expected to 'hit the ground running' and to be familiar with several areas of practice.

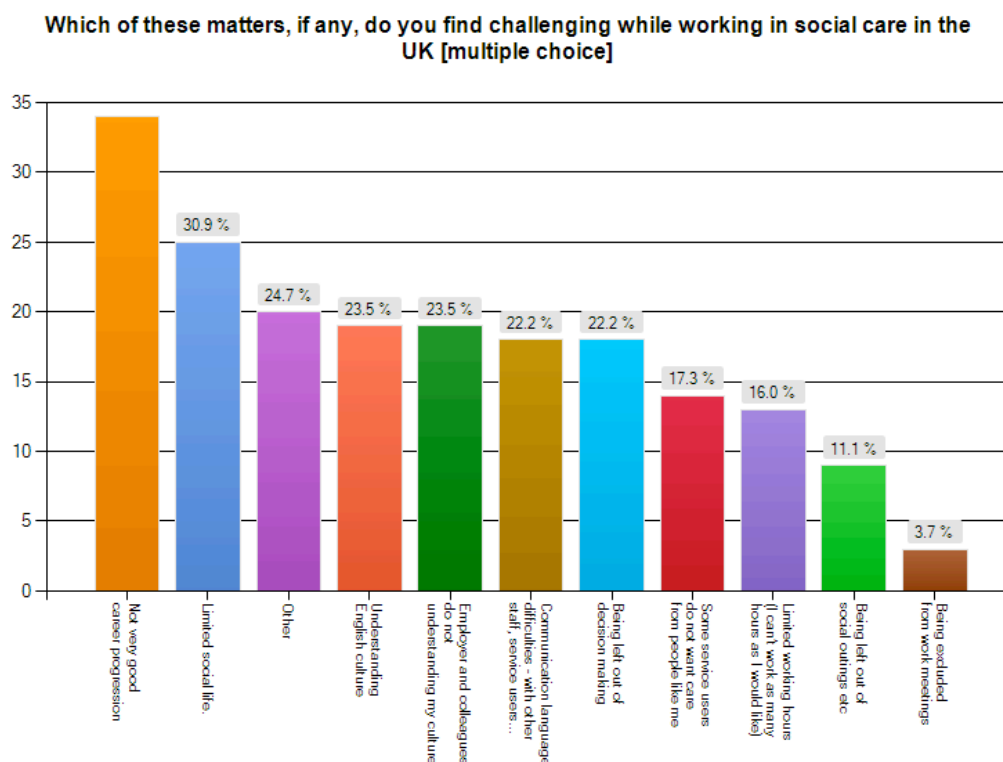
CHALLENGES WHILE PRACTICING

The survey asked participants to select 'all' challenges they faced while practicing social care in the UK, from a pre-coded list. The main challenge identified by participants, at 42 percent, was the perception that social care does not offer good career progression, followed by the view that a job in social care is limiting to one's social life (31%). Equal proportions, of just under a quarter each, selected challenges related to understanding English culture; and the fact that employers and colleagues do not understand international workers' cultures. This was directly followed by communication difficulties and being left out of decision making. The latter point is interesting as only 4 percent of respondents indicated they felt they were excluded from work meetings; however, when it came to decision making this proportion rose to 22 percent.

Table 18: Percentages of respondents citing different challenges while practicing in the UK

Challenges while practicing	Number	%
Not very good career progression	34	42%
Limited social life	25	31%
Other	20	25%
Understanding English culture	19	24%
Employer and colleagues do not understanding my culture	19	24%
Communication language difficulties – with other staff, service users; other people	18	22%
Being left out of decision making	18	22%
Some service users do not want care from people like me	14	17%
Limited working hours (I can't work as many hours as I would like)	13	16%
Being left out of social outings etc	9	11%
Being excluded from work meetings	3	4%
Total	81	100%

Figure 9: Percentage of respondents identifying different challenges while working in social care in the UK



Further to the pre-coded choices, 33 participants used the free-text option to explain further some of the challenges they faced. It worth noting that a few respondents felt that:

'None of the above. I found the job very rewarding, though at times very physically demanding'. (Other, Italy)

'None at the moment, I am very happy in my current job'. (Other, Czech)

'None of these apply. I found that as I made an effort to be friendly, people reciprocate'. (Social worker, South Africa)

Others indicated that some of the difficulties they faced while working were a continuation of barriers experienced during the recruitment process, such as the failure to recognise skills and experience. Again, there was a consciousness of pronounced difficulties in getting previous skills recognized and rewarded and of the ways in which different systems and organisations affect this. The problem was compounded, for some, by a lack of induction and training. Training needs were expressed by agency and bank (temporary) staff in particular:

'Recognition of my capabilities and hindering my professional development'. (Care manager, South Africa)

'Further training is limited for bank staff'. (Health Care Assistant, Japan)

'I was not given enough induction and found it challenging'. (Other, Eritrea)

Immigration status was reported as further hindering the opportunity to pursue further qualifications, because this may be more expensive for non-EU citizens. Qualification recognition, training, and gaining further qualifications were all perceived to affect career progression. However, many thought that social care work did not offer good career progression in general, although the impact was greater on international recruits:

'Little payment/low salary and little opportunity for advancement'. (Other, Greece)

'It is difficult for me to take further education because of expensive international student fees'. (Social worker, Canada)

Moving to management seemed to be particularly problematic for some international recruits as they felt they were 'hitting a glass ceiling'. Where previous skills and experience were felt to be insufficiently recognized, there was a feeling of having to start from scratch. Sometimes career progression was inhibited by limited networks, both informal (family and friends), and formal (access to professional support and advice). This was particularly difficult for some participants, whose previous work experience in their home country was very fulfilling. They reported finding it difficult to settle for less:

'Progression through better qualification attainment is a huge issue. There will be always to say in a bid to stop you from getting through the professional ladder e.g. "You are not visible although you did very well both in your oral and written exercises. Sorry we have given [the job to] someone in the Team". (Social worker, Zimbabwe)

Approaches to work were felt by some to differ from those at home. Some felt that work in the UK was more based on measuring outcomes, meeting targets and 'tick box' approaches, requiring a large amount of paper work and perhaps involving little direct work with service users and families. Others reported that dealing with new client groups, such as people with autism, with whom they had not been familiar in their home countries, had been difficult, and that they had not been offered any or adequate support. High work loads and poor supervision were also highlighted by respondents as a particular problem:

'I find that ways of doing things in my work are more rigidly prescribed than they were in my country. I also find that I am too far removed from decision making in matters which concern my work.' (social worker, Zimbabwe).

'I thought that my job in Canada had a lot of paperwork, but it was a breeze compared to the amount of documentation and time spent in front of a computer here in the UK.' (social worker, Canada)

Quite a few respondents reported aspects of mistreatment, bullying and discrimination from other staff and/or service users. Some felt that their own

lack of induction and training to deal with difficult situations had not helped when dealing with service users. A small number of colleagues and managers were thought to hold strong negative views about international workers and any 'need' for such workers in the UK. Such opinions and prejudices made relationships difficult at times:

'Sometimes you experience racial discrimination from relatives, sometimes bullying from staff and worst managers'. (Care worker, the Philippines)

'Some staff, relatives of service users and surprisingly some professionals do not accept working with people of colour'. (Manager/supervisor, Zimbabwe)

'People do not appreciate the work. They think that everyone does it for the money. But I like the passion for the work which they do not understand'. (Care worker, Sri Lanka)

'Some other staff are bullies'. (Care worker, the Philippines)

'Racial discrimination from both service users and colleagues'. (Care manager, the Philippines)

'When I initially relocated to England six years ago I felt that a small amount of service users were not comfortable engaging with someone who was not British and from an ethnic minority group. I also experienced a manager who felt that recruiting internationally was not the answer to the staff crisis at the time.' (Social worker, South Africa)

Other issues such as poor supervision, workload management and cultural differences in relation to social life were also described.

'Poor supervision, poor work load monitoring, excessive overtime' (Other, South Africa)

'Cultural differences are massive, especially the social life aspects. It is slowly killing me. Another thing that is challenging, reading all the white (policy) papers and not being allowed to deliver them!!!!' (Other, US)

BULLYING AND MISTREATMENT

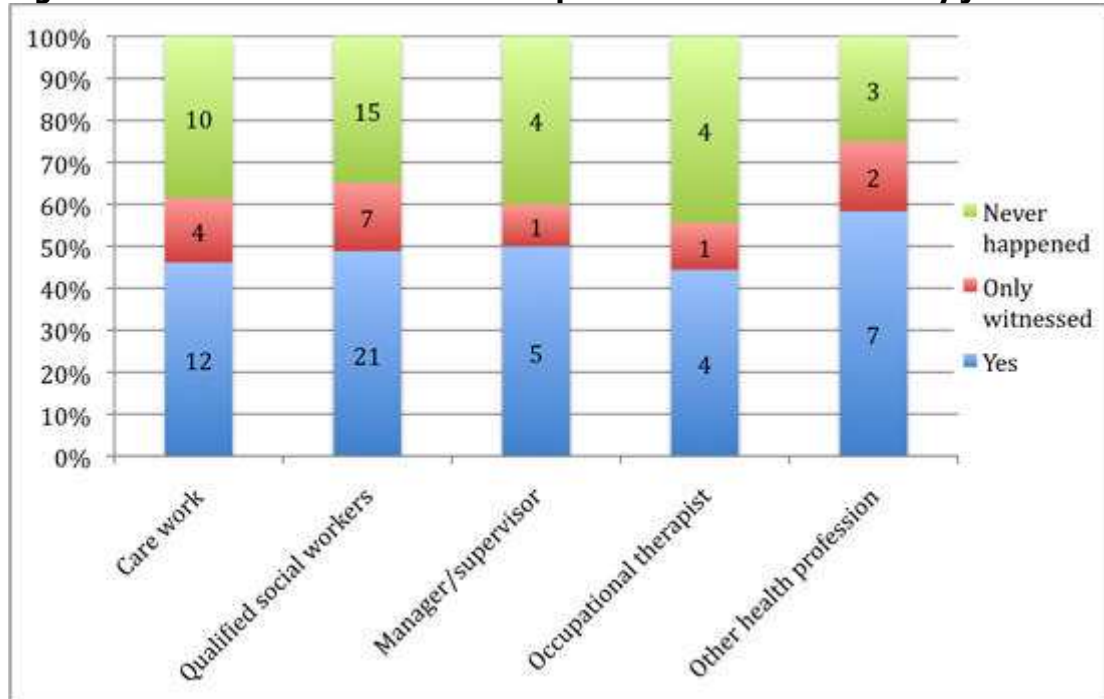
Participants were asked to report whether they had experienced any type of repeated mistreatment at work, identified as sabotage by others that prevented work from getting done, verbal abuse, threatening conduct, intimidation or humiliation; they could choose more than one answer. Nearly a third reported that they had experienced mistreatment in their working life in the UK but were not currently enduring it, while 23 percent said they were currently experiencing repeated mistreatment. 21 percent had only witnessed mistreatment (see Table 19). On the other hand, 35 percent had never witnessed or experienced mistreatment.

Table 19: Percentages of respondents who have witnessed or experienced any type of repeated mistreatment (multiple options allowed)

Prevalence of mistreatment	Number	%
Yes, I am experiencing it now or have in the last year	22	23%
Yes, it has happened to me in my work, but not now or in the last year	30	31%
I've only witnessed it	20	21%
I've been the perpetrator myself	0	0%
Never had it happen to me and never witnessed it	34	35%
Total	97	

As this was a multiple choice question, we created a new variable which showed that 49 participants reported either experiencing mistreatment in the past or were currently experiencing this, 15 had witnessed it but said it had never happened to them, and 34 said that it had never happened to them at all.

Figure 10: Distribution of whether experienced mistreatment by job role



Experiences of mistreatment seemed to be highest among other health professionals but lowest among occupational therapists. However, the total numbers of each group are quite small (see Figure 10) and so these figures should be treated with caution. Women seemed to experience mistreatment more than men (54% vs 42%), while men seemed to witness mistreatment more than women (23% vs. 13%) (see Table 20).

Table 20: Distribution of experiencing mistreatment by gender

Gender	Yes	Only witnessed	Never happened	Total
Female	38	9	24	71
	54%	13%	34%	100%
Male	11	6	9	26
	42%	23%	35%	100%

The majority of mistreatment seemed to happen in front of others. This may explain the gender pattern observed above (see Table 21).

Table 21: Distribution of respondents by where mistreatment occurs

Where did the majority of mistreatment occur?	Number	%
Out in the open, in front of others	28	30%
Behind closed doors, in silence	26	28%
Behind doors but kept open so others could hear	6	7%
Not sure	6	7%
Never experienced mistreatment	27	29%
Total	93	100%

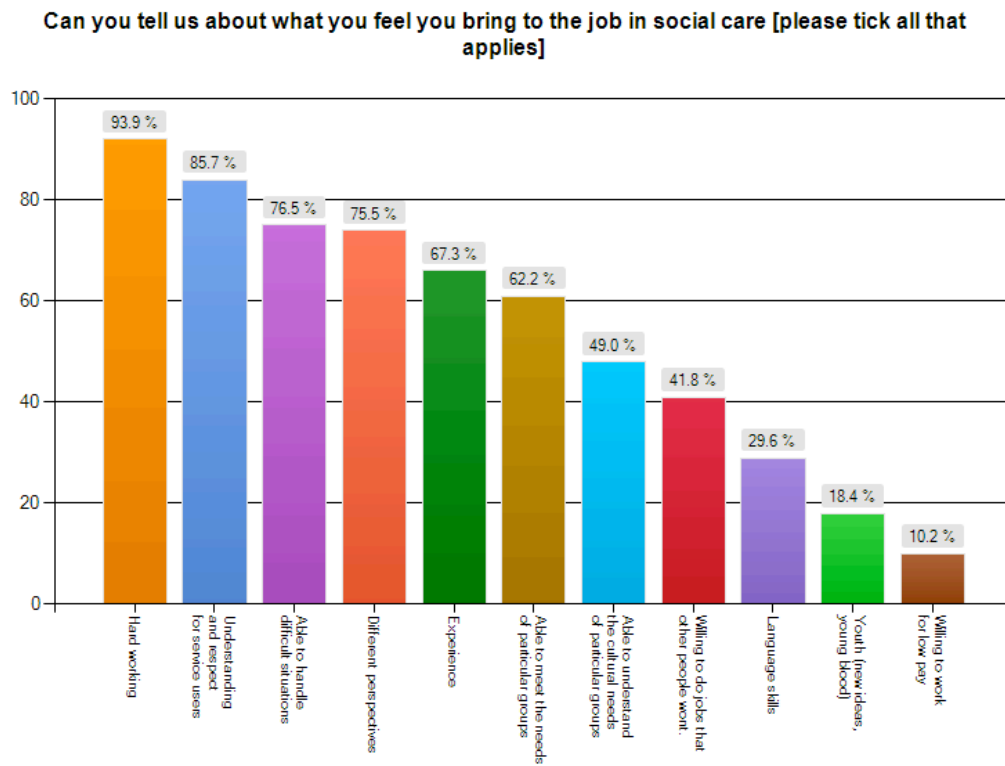
ADVANTAGES/QUALITIES OF INTERNATIONAL WORKERS

Respondents were asked about the qualities they feel they bring to their work in social care. The vast majority, 94 percent, identified 'hard working' as their most important good quality. At 86 percent, 'understanding and respect for service users' was marked as their second major quality. A similar proportion, 76 percent, ranked 'different perspectives' and being 'able to handle difficult situations' as things that they bring to the sector. In fourth place, with more or less similar proportions, respondents identified being 'able to meet the needs of particular groups' and possessing 'experience' (62 and 67 percent respectively). Further on, 49 percent felt 'able to understand the cultural needs of particular groups', while 42 percent were 'willing to do jobs that other people won't'. Language skills, as a quality possessed by international workers, were selected by 30 percent, 'youth' by 18 percent and only 10 percent felt that international workers were 'willing to work for low pay' (see Table 22 and Figure 11).

Table 22: Percentages of respondents selecting possible benefits they bring to their jobs in UK social care

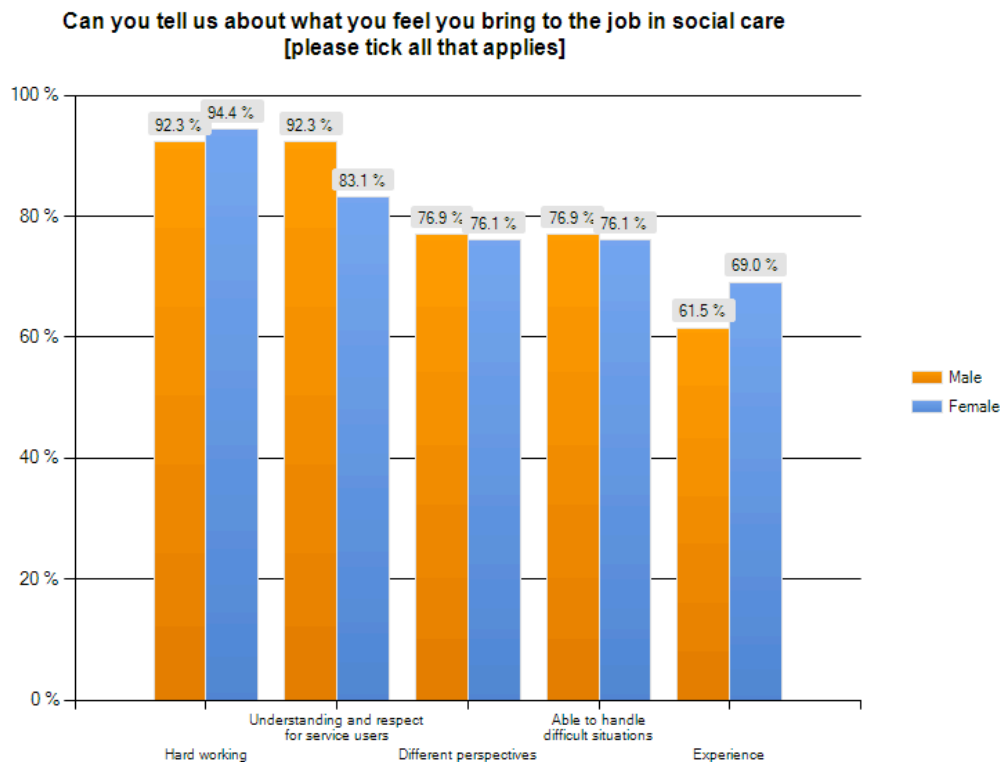
What do you feel you bring to the job in social care	Number	%
Hard working	92	94%
Understanding and respect for service users	84	86%
Able to handle difficult situations	75	77%
Different perspectives	74	76%
Experience	66	67%
Able to meet the needs of particular groups	61	62%
Able to understand the cultural needs of particular groups	48	49%
Willing to do jobs that other people won't.	41	42%
Language skills	29	30%
Youth (new ideas, young blood)	18	18%
Willing to work for low pay	10	10%
Total	98	100%

Figure 11: Percentages of respondents identifying different benefits they bring to their jobs



As Figure 12 shows, perceived benefits did not seem to vary by gender. The top five perceived benefits were equally mentioned by men and women.

Figure 12: Five most cited benefits respondents feel they bring to their jobs by gender



Responding to the invitation to provide more detail about reported qualities, participants (30 respondents) added that they brought basic values such as respect, honesty and integrity. They also felt their personal qualities included commitment and perseverance. It was clear from many of the respondents' answers that they felt 'failure' was not an option. They saw this as part of characteristic of their status as migrants who had moved to a new country and culture, whether temporarily or at a start of a 'new life', and among whom commitment and hard work are the norm. Although many felt undervalued and frustrated in relation to career progression options (indicated by the previous responses), there was a feeling that it was important to be committed to the job, possibly for the sake of better opportunities in the future:

'Commitment and dedication' (Other, Turkey)

'Resilience and very limited absenteeism' (Social worker, Zimbabwe)

'Rational thinking. Hard working is not good enough. Team work.' (Care worker, Japan)

'Ability to adapt and be flexible in new or unfamiliar situations' (Occupational therapist, Zimbabwe)

Resilience was a term used by many participants, as they expressed their ability to cope with challenges including some elements of mistreatment

(mainly from service users) as part of their job. They felt that their own experience of being willing to move countries (i.e. joining the UK) in search of a better life or new experiences made them good at multi-tasking, resilient, enthusiastic, and willing to learn:

'Emotional, mother-like support, responsibility and initiative in order to improve work relationship, multi-tasking and capability to communicate with people on different levels, approach to task from point of view of my client'. (Care worker, Russia)

Participants felt that they were approachable and that they related well to other colleagues and service users. They acknowledged that adapting to a new country enhances and requires good social skills, which are very beneficial in social care work:

'The diversity of experience is appreciated by colleagues and others I work with'. (Social worker, South Africa)

'I am quite approachable and sensitive to individuals' needs. My other studies also help me to understand better adults and their possible needs'. (Care worker, Spain)

Some felt that their life experience and qualifications enabled them to gain broader experiences in different settings and systems, and to bring new skills into the UK social care sector, with a better understanding of problems and their surrounding factors. Such experiences also enabled them to have fresh perspectives on issues and ways of solving them or to think 'outside the box':

'I think overseas workers bring other perspectives in how services can be organised'. (Social worker, Spain)

'A broader educational background including a solid grounding in therapeutic techniques, and several years post-graduate clinical study' (Social worker, US)

'I think the main benefit I have brought to social care is that when I see an issue or a problem I deal with it and resolve it. I am not 'scared' or 'worried' about change and I am also not 'scared' or 'worried' about taking on responsibilities or let others take responsibility when they clearly have greater skills in a particular area than me'. (Manager/supervisor, Netherlands)

Some felt that they were a complementary part of the existing diverse texture of British society. This allowed them to understand different cultures (mainly those of service users). Although some acknowledged the value of being familiar with specific cultural needs, they were not always able to apply such knowledge, because they felt restricted by the structure of their work and what they were allowed or not allowed to do with service users:

'I find that this country is made up of people from diverse cultural backgrounds and feel that I have a deeper understanding of people from the ethnic minority because as one of them, I can easily relate to their expectations and perspectives. I therefore try to help my colleagues to better understand such clients' way of looking at things, etc.' (Social worker, Zimbabwe)

FUTURE PLANS AND MOBILITY

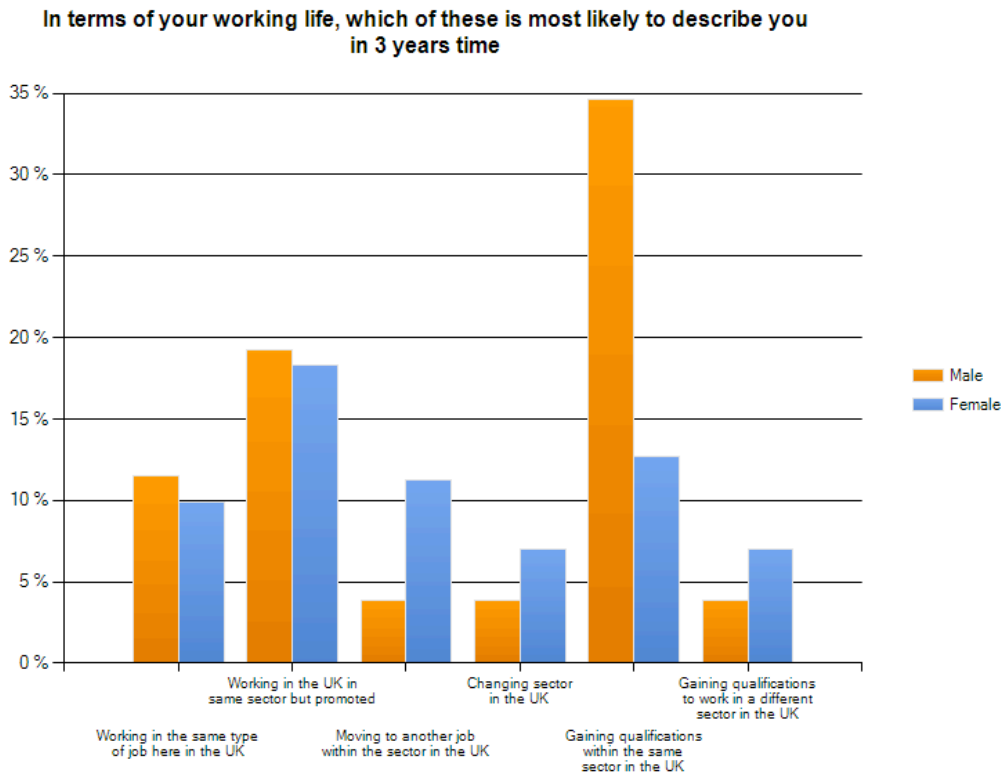
The majority of respondents, 57 percent, predicted that in three years time they would be working in the social care sector in the UK: this was broken down to 19 percent who saw themselves working in the UK in the same sector but having been promoted to a better job; 18 percent who anticipated gaining qualifications to work in the same sector in the UK; 10 percent working in the same type of job in the UK; and 9 percent who foresaw moving to another job in the same sector in the UK. Another 12 percent saw themselves staying in the UK but moving sector, whether through gaining further qualifications (6%) or otherwise (6%). Around 15 percent wanted to work in another country than the UK, but not their home country, and 13 percent would like to return to their home countries. Only 2 percent thought they would stay in the UK but not in work; either entering retirement or looking after young children (see Table 23).

Table 23: Where respondents see themselves in three years' time

How you see yourself in 3 years' time	Number	%
Working in the UK in same sector but promoted	19	19%
Gaining qualifications within the same sector in the UK	18	18%
Working in a different country (not UK) other than your home country	15	15%
Moving back to your home country (to work or otherwise)	13	13%
Working in the same type of job here in the UK	10	10%
Moving to another job within the sector in the UK	9	9%
Changing sector in the UK	6	6%
Gaining qualifications to work in a different sector in the UK	6	6%
Retired in the UK	1	1%
Looking after young children in the UK	1	1%
Total	98	100%

Figure 13 shows that men are much more likely than women to want to leave employment in order to gain further qualifications in the UK, although broadly similar proportions of men and women indicated all other future plans.

Figure 13: Distribution of future plans by gender



The survey collected information about whether participants would consider moving to another 'region' within the UK for a better job, in social care or otherwise. Similarly, they were asked about their views on moving to a different country. Table 24 presents the percentages of respondents who would consider moving, according to different options.

Table 24: Percentages of respondents who would consider moving for a better job

Moving within the UK for..	Yes	No	Number
A better job IN social care?	50 (53%)	45 (47%)	95
A better job NOT in social care?	38 (47%)	43 (53%)	81
Moving outside the UK for..			
A better job IN social care?	50 (52%)	46 (48%)	96
A better job NOT in social care?	41 (52%)	38 (48%)	79

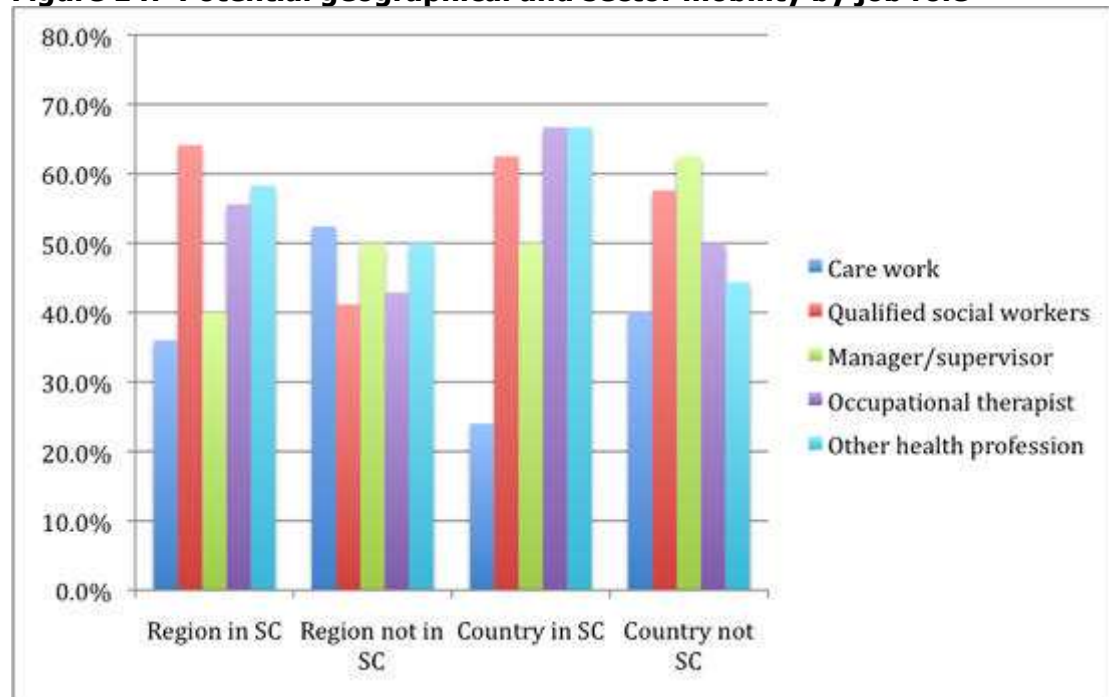
The results show that an equal proportion of 52 percent of respondents would consider moving within or outside UK for a better job either in social care or otherwise. A lower proportion of 47 percent would consider moving within the UK for a better job 'not' in social care.

When examining geographical and sector mobility by current job role, Figure 14 shows that 36 percent of care workers said they would move to another region but keep working in social care; this increased to 40 percent among

managers/supervisors, 57 percent and 58 percent among occupational therapists and other health professionals, and was highest among qualified social workers at 64 percent.

In relation to moving region but not working in social care, the picture was somewhat different. 41 percent and 43 percent respectively of qualified social workers and occupational therapists would consider moving to another region for a better job not in social care. It may be that the proportion is lower here than for other staff because these groups are highly qualified and it may be difficult for them to find better paid jobs in other sectors.

Figure 14: Potential geographical and sector mobility by job role

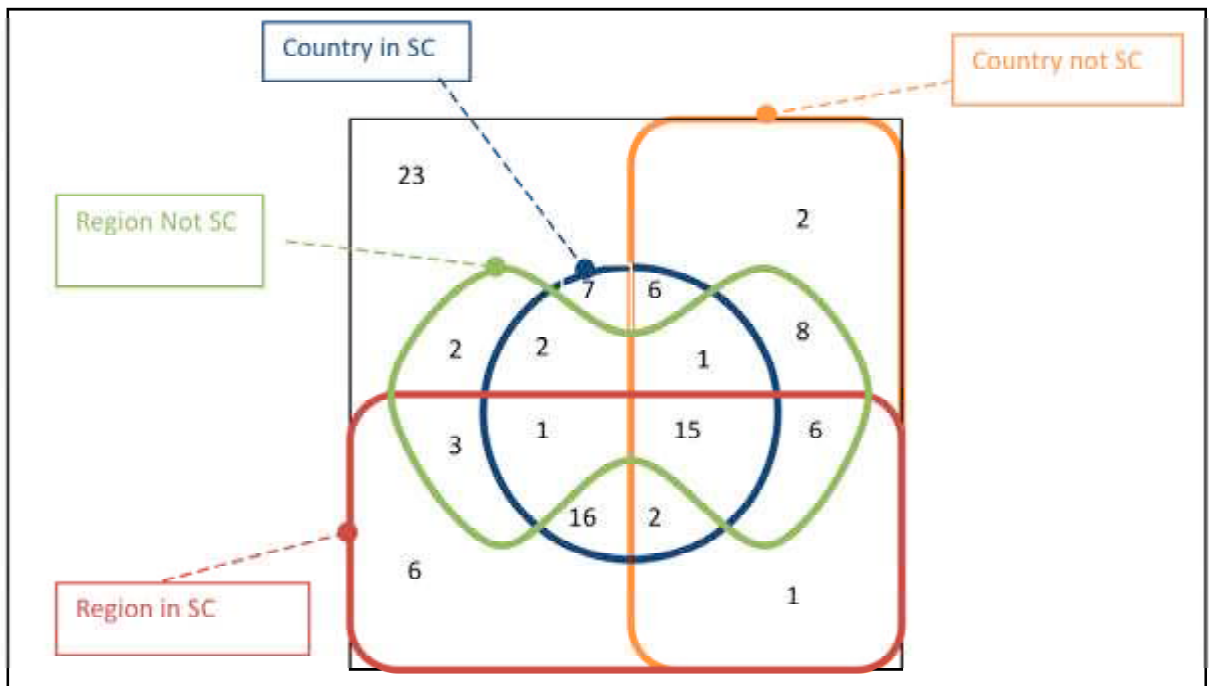


To understand the overlap of respondents in considering different mobility options, a 4-way Venn diagram was developed to graphically present the intersection between considering geographical and sectorial mobility (Figure 15). The diagram shows that 21 respondents would not consider moving region or countries whether in jobs in social care or not, which means that the large majority, nearly 80 percent, would be willing to move either geographically or by sector. The Venn diagram presents the intersection between those who responded that they would consider moving country for a better job in social care (Country in SC); would consider moving country for a better job NOT in social care (Country not SC); would consider moving region for a better job IN social care (Region in SC) and those who would consider moving region for a better job NOT in social care (Region not SC). The 23 who are indicated outside the intersection of the four are those who would not consider any of the four above options.

However, the Venn diagram shows that only 15 would consider moving according to any of the four options: these 15 would consider moving country

or region for jobs in social care and other jobs. Another 12 respondents would consider moving to better jobs 'not' in social care, whether in a different region or country, while not agreeing to move for a better job 'in' social care. A slightly larger number, 16, would consider moving country or region for a better job 'in' social care but not move region or country for a better job 'not' in social care.

Figure 15 Four-way Venn diagram presenting the intersection between respondents who would consider moving to different regions and countries for better jobs in social care or not in social care



Based on 34 responses to the free text option, there was a sense of 'want but can't' in relation to moving. Some respondents indicated that they would like to move sector or country but were tied to other family members and financial commitments, which made further mobility difficult (social and financial investment). Quite a few expressed a 'hope' to move to a different organizational sector (such as voluntary sector) or to move sector altogether. Many indicated that they would like to gain further qualifications before moving on:

'I do not wish to raise my children in England, so I will be looking at travelling into another country in the future. I would like to obtain further qualifications, though'.
(Social worker, Spain)

The issue of immigration status was highlighted as preventing some respondents from furthering their career in different sectors, because they needed to wait until they could obtain full rights in order to study with reasonable costs or for free. This was true whether they wanted to move to

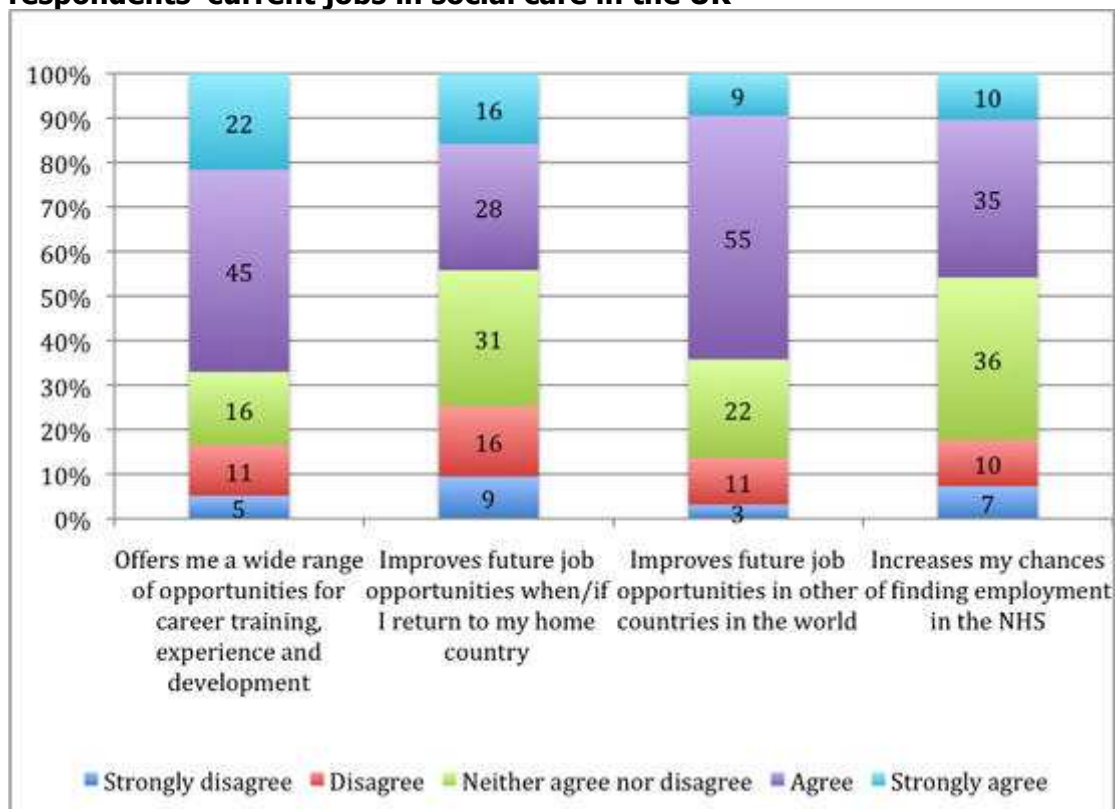
another type of work or into higher education. Some indicated that they would like to gain further qualifications in the UK to be able to move to other countries, where job opportunities and conditions seem better.

Lack of social/family networks was also a problem. Some respondents, particularly those with no family nearby, feel a great deal of isolation. In some cases this was prompting a desire to return home.

EXPERIENCES OF SOCIAL CARE

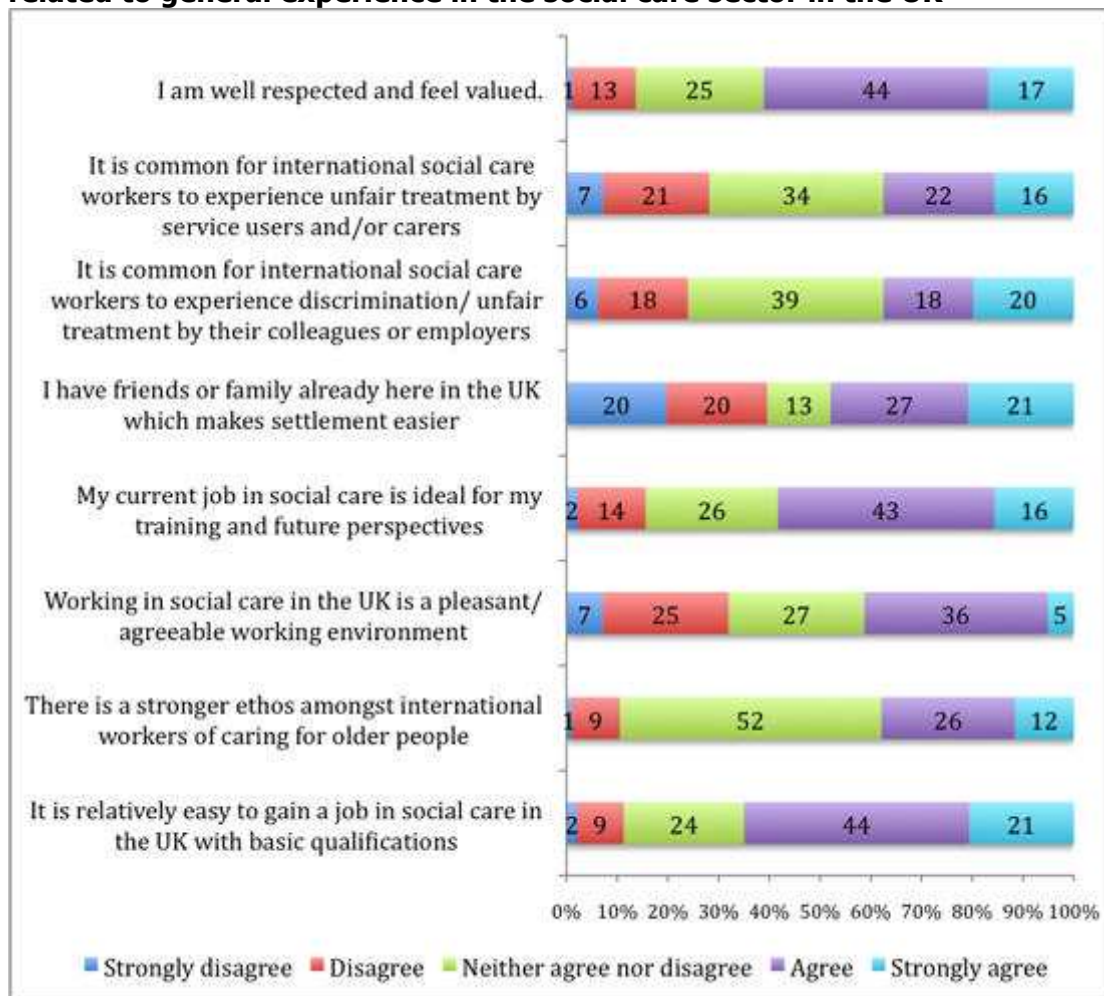
Participants were asked to identify their level of agreement with different statements related to their current jobs in social care in the UK. Figure 16 shows that the highest level of agreement, at 67 percent, agreed or strongly agreed that their work 'offers me a wide range of opportunities for career training, experience and development'. This was closely followed by 64 percent agreeing/strongly agreeing with the statement that their work 'improves future job opportunities in other countries in the world'; the other two statements were agreed/strongly agreed by 44 percent and 46 percent respectively.

Figure 16: Level of agreement with different statements related to respondents' current jobs in social care in the UK



Participants were then asked to identify their level of agreement/disagreement with general statements related to their work experience in the social care sector in the UK. Out of the eight statements presented in Figure 17, the highest level of agreement, at 65 percent, was with the first statement: 'it is relatively easy to gain a job in social care in the UK with basic qualifications'. This was followed by 61 percent of respondents agreeing with the 8th statement, 'I am well respected and feel valued'. On the other hand, the highest level of disagreement was at 38 percent with the 5th statement, 'I have friends and family already here in the UK'. The highest statement, with which many neither agreed nor disagreed, was with the 2nd statement 'there is a stronger ethos amongst international workers of caring for older people'.

Figure 17: Level of agreement/disagreement with different statements related to general experience in the social care sector in the UK



As noted, at the end of the survey respondents were offered the opportunity to make further comments through a free-text box. Based on 28 responses, the following issues were highlighted.

There were further expressions of concern about the bad image of social care work in general; this had a direct impact on the quality of work, which may be felt particularly by international staff.

Participants felt that the poor image of social care work, coupled with many other factors, increased the need for staff and made the case for employing international workers in this sector. They felt that international workers' input should be appreciated and supported by employers. With adequate support, employers and service users would be able to derive maximum benefit from the qualities of international workers, such as knowledge, experience and hard work. Moreover, with the right attitude, harassment and bullying could be reduced and career progression for international workers, particularly into management, might improve.

There was felt to be a need for induction and ongoing training and support. Participants felt that induction programmes were crucial and should be tailored around the particular needs of international workers. Ongoing support and top-up training to cover particular issues were also identified as lacking in some cases.

A range of general difficulties and barriers was reported, including getting used to living in and dealing with a new culture within a new system. Some felt that employers should recognize these added difficulties, and the time that it takes to find ways around them. It seemed to workers that it was important to highlight the value of international workers through research and studies; most participants did not seem to be aware of research in this area.

CONCLUSION

This survey offered a unique opportunity to collect information from a relatively large number of international workers in the social care sector, in a standardised format, which enabled the analysis of different factors in relation to different workers' characteristics. To the best of our knowledge, there has never been another such comprehensive and detailed analysis of international workers in UK social care. The questionnaire was designed following interviews with different stakeholders including international workers, their colleagues, employers, service users and other policy stakeholders, and it provided an opportunity to consider how these themes were perceived by a wider range of workers. Like other such surveys, it is limited in that the participants may not be entirely representative of the wider group (in this case all international social care workers). In particular, the proportion of social workers completing this survey, compared to non-professionally qualified workers, is far higher than the proportion of social workers in the social care workforce as a whole.

Nonetheless, it is clear from the responses that while international workers undertake a range of work within the social care sector in the UK, they are a diverse group with different levels of training and come from different cultures. They have entered the UK through a variety of routes and are recruited through different processes. Although a high proportion (41%) indicated 'earning money' as their motive to work in the social care sector, the free text responses showed that the nature of social care work was equally important in making decisions.

The majority of participants in this survey possessed high levels of skills and qualifications prior to entry to the UK; they also had a range of life experiences and claimed to have substantial personal qualities. This makes them potentially a high quality workforce if offered the right induction, understanding and training. It is important for employers to take such skills into consideration and to maximize the benefits conferred by such workers, by acknowledging their strengths as well as the challenges they face and present.

A number of important issues were highlighted throughout the findings of the survey: skill and qualification recognition was of major concern, and this manifested itself in many parts of the survey. This is particularly important, not only in terms of career progression, but in its further implications for the educational trajectories of this workforce. The same issue also impacts on labour integration and professional progress. Training routes need to be clearly identified, and existing skills should be capitalised upon rather than 'deskilling' or 'reskilling' from scratch (Raghuram and Kofman, 2004). Some international workers seem to face a particular set of barriers in relation to career progression, in addition to qualification recognition and, while these

may be justified by requirements, the reasons are not clear to these professionals. Career progression is further complicated by immigration status, which can make it difficult to move employer and expensive to study for further qualifications. Lack of knowledge and limited access to formal and informal support were also highlighted as important factors by some respondents.

Nonetheless, in line with many observations in the wider field of migration (Scweitzer et al, 2007; Keezhangatte, 2006), many participants perceived themselves to have personal characteristics such as resilience and perseverance, being hard-working, and possessing a stock of coping strategies.

It was also clear that discrimination and mistreatment, whether from other staff or service users, were not exceptional. Nearly a third (31%) of respondents had experienced mistreatment, with around a quarter (23%) reporting that they were currently experiencing it. Such experiences call for general training and awareness for the whole workforce, for the implementation of equality and diversity training, and for better management of such problems.

A large proportion of participants saw themselves working in the same sector in the UK, in three years time, with some wanting to gain further qualifications. This suggests a relatively stable and committed workforce. Although many said that they would consider moving to better jobs within or outside the UK, the practical implications of such moves were considerable and such moves may not materialise in practice.

It is evident that the demand for social care workers will continue to increase, due to a number of factors, including demographic changes and survival of those with long-term health conditions or disabilities. At the same time, the supply of good quality care workers will remain limited. However, the increasingly difficult financial situation and likelihood of increased unemployment in the UK (Appleby, 2008) may reduce shortages over the medium term.

It is thus important to realise the value of international workers to the sector, whether they have been recruited directly from their home countries or after their arrival in the UK. By highlighting the challenges faced by this group, and attempting to address them through training for the wider workforce as well as for international workers; through the development of clear career pathways; and by utilising the many personal qualities such workers bring; the sector may be more able to retain good staff and provide a higher standard of care to its users.

Acknowledgments

We are very grateful to the social care workers who completed this survey and to those who helped with the call for participants, especially human resource staff in the anonymous County Council that helped with recruitment to the social work focus group held in August 2009 and group participants. This research draws on findings from a wider study of international workers in social care that was funded by the Department of Health's Social Care Workforce Research Initiative (2007-09) and work undertaken by the Social Care Workforce Research Unit for the Department of Health's Policy Research Programme. The views expressed in this report are those of the authors alone and are not necessarily shared by the Department of Health.

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Online Survey: Practice and experience of international social care workers in the UK

Are you a citizen of a country other than the UK?

AND

Are you working in a care home, for a home care agency, or as a support worker, social worker, care manager or occupational therapist?

If your answer is yes to both of these questions, we would very much like to hear about your experiences of working in the UK, whether you were recruited when you were living in another country or after you had arrived in the UK.

Your views are very valuable to our research and we would appreciate if you can take part by completing an online survey. This is easy to do and there is a prize draw with 6 prizes! The survey does not ask you to provide any personal information, it is anonymous and your views will be only used for research purposes.

If you would like to contribute your views, please e-mail me, Shereen Hussein, [shereen.hussein@kcl.ac.uk] and I will send you a unique link to the online survey. No personal details (such as name, place of work or address) will be collected and your views will be only used in aggregate, in combination with other people's, for research purposes. Please email me, Shereen, if you have any questions.

The survey is being carried out by an independent research unit based at our university: The Social Care Workforce Research Unit, King's College London. The study has gained ethical approval [Ref: (GGS)/08/09-21] from our university: <http://www.kcl.ac.uk/schools/sspp/res/interdisciplinary/scwru/index.html>

Everyone who completes our survey will be entered into a prize draw with the first prize of FIFTY POUNDS (in high street vouchers) with another 5 runners up getting TEN POUND vouchers each. Winners will be drawn by random after the closing date of the survey (end of April 2009) and winners will be notified by e-mail and asked to provide a postal address to receive their prize.

WE LOOK FORWARD TO HEARING FROM YOU!

Appendix B: Details of country of birth of participants

<i>Country of birth</i>	<i>N</i>
Albania	1
Australia	4
Belgium	1
Cameroon	1
Canada	7
Congo, Democratic Republic of	1
Czech Republic	1
Denmark	1
Eritrea	1
Germany	7
Ghana	1
Greece	1
India	2
Iran, Islamic Republic of	1
Ireland	2
Italy	1
Japan	1
Lithuania	1
Netherlands	2
Nigeria	2
Pakistan	1
Philippines	8
Poland	8
Portugal	1
Romania	3
Russian Federation	2
Singapore	2
South Africa	8
Spain	3
Sri Lanka	1
Sweden	1
Tanzania	1
Turkey	1
Uganda	1
United Kingdom	1
United States	6
Zimbabwe	12
Missing	2
Total	99