

## **Easter European Migrant Workers in the Social Care Sector**

### **Section 1**

#### ***Background***

On 1 May 2004 the European Union welcomed 10 new Members States. 75 million citizens, mostly from Eastern Europe became part of the EU free travel zone. Three countries, Ireland, the UK and Sweden, decided to open up their labour markets as from the first day of accession. In the case of the UK, citizens of the new Easter European states wishing to take up employment are required to register with the Worker Registration Scheme.

In the first 12 months of the EU enlargement more than 230,000 nationals from the accession states applied to work in the UK (2). This was seen by some newspapers and other part of the media as a flooding of migrant workers coming to take jobs from British nationals and swamping the country's communities.

The reality, however, has been significantly different. Studies by the Chartered Institute of Personnel and Development (CIPD) reported that 85% of employers had experienced difficulties recruiting staff (2). Of those with staff shortages, 38% of these employers turned to migrants to fill these vacancies. UK business are increasing their reliance on migrant workers.

A report published on April this year from the Ernst & Young Item Club states that the influx of EEMW has bolstered British economic growth, helped to keep interest rates low and kept the lid on inflation (3). Another bonus to the UK economy is that EEMW can not easily access social benefits.

The positive impact that the migrant workers have in the country's economy and the business dependency on migrant workers have marked the government's policy on migration, set up in its recently published Command paper *Making Migration Work for Britain*. At the base of the government 'managed migration' strategy lies the new migration policy that encourages employers to recruit from the UK and the "expanded EU before recruiting migrants from outside the EU". (1).

## 1.1 Worker Registration Scheme (WRS)

EEMW are required to apply to register with the Home Office as soon as they find work. It is unlawful to employ a national of the new member states if they are not registered for the job they are doing. Once an individual has completed 12 months work they may apply for an EEA residence permit.

WRS provides UK authorities with reliable data on labour market trends. It is important to note, however, that each registration in the WRS represents one job and not necessarily one applicant (thus the figures do not show how many times workers re-registered). The number of applicants is a gross (cumulative) and as such it does not represent a measurement of net migration to the UK (inflows minus outflows).

The Home Office and other government agencies publish a quarterly report based on data from the WRS, the so called *Accession Monitoring Report*. Some of the findings of the last report, issued in May 2006 were:

- In total there were 392 thousand applicants to the Worker Registration Scheme between 1 May 2004 and 31 March 2006.
- EEMW are continuing to go where the work is, helping to fill the gaps in the labour market, particularly in administration, business and management, hospitality and catering, agriculture, manufacturing and food, fish and meat processing.
- The highest proportion of applicants were Polish (61% of the total), followed by Lithuanian (12%) and Slovak (10%) applicants. These proportions have remained roughly constant throughout the period.

## 1.2 Competence standards in the Social and Health Care Sector

The recruitment of migrant workers for the health care sector is seen by the Government as an integral component of government policy to combat staff shortages. The social care sector, in particular, suffers pressure on issues of recruitment and retention. It is considered that there is a 10% vacancy rate within the sector (7).



Between July 2004 and March 2006, almost 21 thousand EEMW were supporting the provision of public services in communities across the UK. Of them, almost 550 were dental practitioners (including hygienists and dental nurses), over 1,750 GPs, hospital doctors, nurses and specialists and over 11,500 were care workers. Care workers is one of the top 10 occupations in which registered EEMW are employed. (8)

Before commencing employment, social care professionals have to fulfil the appropriate registration requirements of the UK. The aim of the registration system is to ensure that health workers meet the country's requirements so as not to jeopardize standards of patient care.

Health professionals have to fulfill the appropriate registration and licensing requirements of the destination country. These licensing systems have a legitimate need to ensure that trained health workers meet the recipient countries. requirements so as not to jeopardize standards of patient care.

In the UK workers are required to register with the corresponding professional body.

### ***Social Care Worker***

To start a job in social care may not require any qualifications or training. However, social care workers will be given initial induction training during the first six weeks of employment followed by foundation training, which helps extend skills and experience. Following this, social care workers can work towards the relevant National Vocational Qualification (NVQ), which has now become part of a qualifications framework for staff who wish to make a career in social care. *(From Department of Health [www.socialworkcareers.co.uk](http://www.socialworkcareers.co.uk))*

### ***Nurse***

In recent years, overseas countries have contributed about four in every ten new entrants to the UK nursing register. Inflows of nurses from the new EU countries is relatively low but a recently published study by the Royal College of Nursing states that this is likely to change in the near future, mostly due to the ease of travel (9).

EEMW who are nurses and who wish to work in the UK are required to register with the Nursing and Midwifery Council (NMC). When countries join the EU, they have to make sure that their nursing training programmes meet the minimum standards set out in the sector's directive. If the qualification was awarded before the date of the nursing (27 June 1977) directive or before the country of origin joined the EU, The Nursery and Midwifery Council accepts the qualification if there is evidence of the qualification, certified by the registering body/competent authority, together with a certificate from them confirming that the applicant has been practicing as a nurse/midwife for 3 years out of the 5 years before to the certificate was issued. *(from Information for EU Nurses and Midwives wishing to register in the United Kingdom, 2004).*

### **1.3 Language skills**

The regulatory bodies are not allowed to require EEA nationals to pass a test of English language knowledge in order to be registered with them. The Department of Health, however, requests from employers to ensure that EEMW have the linguistic knowledge necessary for the work to be done. (From European Union enlargement and implications for health professions. Guidance for employers on the worker registration scheme. Department of Health 27/05/04)

### **1.4 Training**

Migrant workers in the healthcare sector have equitable support and access to further education and training and continuing professional development as all other employees.

Each individual must be made aware of how to find help and assistance in all aspect of their appointment. They should undergo a comprehensive programme of induction to ensure that they are prepared to work safely and effectively within the health and social care sector in the UK.

Induction should address aspects of cultural awareness, equal opportunities and diversity. Ongoing support should be culturally sensitive and offer career development and opportunities for progression. Induction programmes should encompass wider support to settle into working

and living in the UK. It should include such matters as initial welcoming of staff (and family where appropriate), accommodation, pay, registering with a GP and dentist, information relating to professional organisations, union representation and introduction to social networks.

### **1.5 Health & Safety**

Employers have a duty to provide all their employees with the appropriate safety training to enable them to do their jobs without risk of illness or injury. There have been a number of fatalities involving migrant workers employed in the UK. As many migrant workers have only a limited grasp of English, it was considered that safety training purely delivered in English was not being sufficiently well understood. This prompted the Health and Safety Executive (HSE) and the TUC to publish a new safety leaflet translated into 19 different languages, including some Eastern European languages. The leaflets are available at the TUC website ([www.tuc.org.uk](http://www.tuc.org.uk)).

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**From “We need respect”: experiences of internationally recruited nurses in the UK. Dr Helen Allan and Dr John Aggergaard Larsen. Royal College of Nursing, July 2003:**

Participants described how the promises they had been made by the agencies had not been met.  
signed three different contracts bearing different commissions.  
Working without getting paid and how the care home she was working for kept on extending the length of her adaptation to bind her to the workplace and pay her a lower salary (see also chapter 7).  
Unskilled carers in care homes were set to introduce them to the work and function as their supervisors.

The data suggests that the situation in care homes is lagging well behind this development in the NHS. Some situations are appalling, leaving the IRNs to work without any proper induction and under miserable conditions. The IRNs generally need much better support in their daily work, and it is essential that being employed on one grade and are being asked to take on poorer working conditions and longer hours compared to their experiences overseas responsibilities for another, higher, grade.

Poor experiences of negotiating contracts with recruiting agencies.  
Poor understanding of the British taxation system

The report recommends:

Preventing exploitation of IRNs. This would require the following actions:

- better enforcement of existing regulations by the relevant stakeholders (Government and NMC)
- introduction of new regulations which prevent those exploitative practices not currently covered by regulation
- raising awareness among IRNs of their employment rights to ensure that IRNs:
  - a) make informed choices prior to signing contracts
  - b) know when to seek help in challenging poor or abusive practice by their employers.

The independent sector IRNs were working as care assistants and felt isolated. Some reported bullying from care assistants and felt they were *policed*. The experience of not being allowed to use their nursing qualifications was also a problem to IRNs working in the NHS where they were prevented from using nursing skills they had practised in their home countries.

IRNs generally reported that they had good relationships with patients, even if there could be some initial problems. Communication seemed to be the most difficult area here, not only because IRNs took time to become accustomed to local dialects and colloquialisms but also because colleagues and patients found it difficult to accept IRNs' different accents and dialects.

Some felt stigmatised by the language difference and experienced a lack of willingness from others to try to understand them.

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## **UNISON**

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Overseas workers in the care sector generally have less access to training and poorer career progression

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Overseas workers are often employed in posts that are hard to fill. This explains why the major sector employing overseas staff in the UK are.....

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## **Case Study**

### *Acorn*

As part of their overseas workers recruitment programme Acorn have established a dedicated team that provides an induction pack to overseas workers. The pack covers the following areas:

- Understanding tax and national insurance deductions



- Opening a bank account
- Annual leave/holidays
- Pension rights
- Workers Registration Scheme
- Housing –Rent and Rules
- Check-list
- Client induction check-list

### *The Directorate of Nursing*

It has a section dedicated to co-ordinate the activity of international nurse recruitment. These individuals are the first point of call for troubleshooting issues and facilitate resolving problems. A specific tailored corporate induction is provided before the locally delivered orientation programme. One of the most important successful elements of this specific induction is the Language and Culture Study days (4) which focuses on confidence, telephone skills, handover, common terminology and applies these to clinical scenarios.

### *Anglo Polish (recruitment agency for the building sector)*

Once in the UK, Anglo-Polish provide its workers with accommodation, manages their applications for the 'Worker Registration Scheme' with the Home Office and National Insurance number with the Inland Revenue, as well as their payment of tax and national insurance. Anglo-Polish also provide a Polish speaking welfare officer to help with practical needs which are daunting to people who often have never travelled outside Poland. These challenges range from how to use the transport system to opening up a bank account.