



**Coleg Nyrsio Brenhinol
Cymru
Royal College of Nursing
Wales**

**Royal College of Nursing Wales Response to the
National Assembly for Wales Equality of Opportunity
Committee Inquiry into Issues affecting Migrant
Workers
4th January 2008**

ABOUT THE ROYAL COLLEGE OF NURSING (RCN)

The RCN is the world's largest professional union of nurses, representing over 390,000 nurses, midwives, specialist community public health nurses, health care support workers and nursing students, including over 23,000 members in Wales. The majority of RCN members work in the NHS with around a quarter working in the independent sector. The RCN works locally, nationally and internationally to promote standards of care and the interests of patients and nurses, and of nursing as a profession. The RCN is a UK-wide organisation, with its own National Boards for Wales, Scotland and Northern Ireland. The RCN is a major contributor to nursing practice, standards of care, and public policy as it affects health and nursing.

The RCN represents nurses and nursing, promotes excellence in practice and shapes health policies.

A) Experiences of migrant workers and their families

- *Are you aware of barriers experienced by migrant workers and their families in accessing public services? What are the key reasons for these barriers?*

One of the main barriers to migrant workers accessing public services is language and communication challenges. In a study commissioned by the RCN in 2003 titled 'We need respect', internationally recruited nurses stated the main reason for communication difficulties was language differences with some challenge also arising as a consequence of cultural differences.

- *Can you provide any examples of innovative practice in ensuring that public services are accessible and barriers can be overcome?*

The 'language line' service is an example of an effective practice available for individuals with communication challenges arising from language difference. The availability of a face to face or telephone service is particularly effective, particularly in planned situations. However this service can be difficult to provide in very fast moving emergency situations where a translator is not immediately available.

- *Can you provide examples of good and poor working and housing conditions?*

There are good examples of planning and preparation for the arrival of migrant nurses in a number of Welsh NHS Trusts and Independent Sector health care organisations. International Nursing Programmes have been planned with housing available on arrival. However quality of life in the UK is dependent on the financial and material conditions. Many migrant workers have incurred costs in coming to the UK involving expenses for the travel and fees for the international nursing courses. These financial obligations can often restrict the migrant nurses' perceived degree of freedom. Some migrant nurses also complain about the level of tax they are obliged to contribute. This is different to their home experience and they feel that they do not get anything in return for tax payments. Another financial difficulty is related more to the social status of the migrant workers. Being immigrant workers means that they find it difficult to find better accommodation and they can be excluded from getting a mortgage and buying their own house.

It is clearly a concern that well educated migrant workers appear to be over-represented in low paid jobs. A Royal College of Nursing commissioned report was published in 2003 highlighting the experiences of internationally recruited nurses (IRNs) in the UK. The report titled 'We need respect' identified a number of challenges for IRNs working in both the NHS and the independent sector health care system. One of the most consistent themes of experience was that their competence as qualified nurses was questioned. Many of the IRNs felt exploited because their experience gained from their own country was not recognised. There was particularly poor experience of negotiating

contracts with recruiting agencies. On several occasions, their trust in the agency proved mistaken as they worked as care assistants rather than registered nurses.

- *Please provide examples of the English and Welsh language provision for migrant workers and their families in your area. How accessible and appropriate is this provision?*

Migrant nurses have to demonstrate a level of English Language competence before they can register as nurses with the UK regulatory body, the Nursing and Midwifery Council (NMC). The current NMC language requirements are that

'You must be able to demonstrate that you can communicate effectively in English, which is the primary spoken and written language in the UK. If English is not your first language, you are normally required to show competence by achieving a specific mark in the International English Language Testing System (IELTS). The general module should be completed and a mark of not less than 5.5 achieved in any category and an overall band score of 6.5.'

English courses are available at a number of institutions including Further Education Colleges, but often the costs are prohibitive. There are some free locally provided courses but these do not enable the development of language to the level required to pass the IELTS test.

- *What opportunities do migrant workers and their families have to build friendships and social networks between themselves and within local communities? Please provide details of any formal or informal groups or networks in your area.*

Some NHS Trusts have provided excellent examples of building local and integrated communities between migrant workers and local people. Welcoming parties have been significant events along with ongoing social events to create a sense of inclusion.

B) The impact of economic migration on local communities

- *What are the resource implications for public service providers in areas where a significant proportion of the population are migrant workers and their families?*

The communication challenges (arising as a result of language or cultural difference) can lead to a sense of isolation. It can be this very isolation that leads local communities to perceive migrant workers and their families as being unwilling to integrate. Local community behaviours can then reinforce isolation and a cycle of self fulfilling prophecy ensues. Energy and resources therefore need to be channelled into reducing communication barriers and creating greater and shared cultural understanding for local communities and migrant workers.

- *What are the advantages and challenges for people in local communities in which migrant workers live and work?*

It presents an excellent opportunity to widen understanding of other cultures and values. Conversely if local communities perceive that migrant workers and their families are isolating and disengaging themselves from local life, this can breed intolerance and resentment, particularly if there is a perception of increased competition for local employment.

D) Examples of good practice

Please provide examples of:

- *projects or initiatives which have enhanced community relations*
 - *good employment policies and workplace initiatives*
 - *accessible and appropriate public services*
- International nursing programme for overseas nurses
 - The refugee nurse project partnership (University Glamorgan, Gwent NHS Trust and RCN Wales)
 - Minority Ethnic Women's Network (MEWN CYMRU) initiative

E) Suggestions

What action should be taken to improve the life experiences of migrant workers and their families and the communities in which they live and work?

Better pre-recruitment information material for future and potential migrant workers informing them about life in the UK, differences of culture and local dialects and which types of work they may encounter (in particular describing work in the NHS as well as in care homes) should be made available.

Better matching between employers' needs and migrant workers professional qualifications as well as personal expectations about life in the UK should be developed. For example, are workers coming for a temporary working holiday, to make savings while working for back home, or are they planning a permanent move?

Improving and regulating induction and adaptation courses for migrant workers and, where possible, use of experienced migrant workers as support (supervisors/mentors) for new migrant workers.

Tackling racism in NHS and care homes and at an institutional level within the health services.

Establish induction-programmes for UK staff, who are working with migrant workers. Induction programmes should aim to provide UK nurses with greater understanding and *acceptance* of professional and cultural difference (both professional and social) so that they are better able to support migrant

workers to integrate into UK nursing teams and to reach their full potential.
The programmes should include information/discussion on:

- Behavioural norms relating to the healthcare environment in the countries from which the IRNs come from and how this may differ from the UK setting. For example, how different forms of respect are shown to senior staff i.e. eye contact.
- Professional qualifications and nursing practice in source countries
- Migrant workers' previous professional experiences and how these may inform clinical practice in the UK health care setting

Increasing job satisfaction and career prospects of migrant workers by increasing the use of APEL and validation of other qualifications gained in the country of origin, to allow migrant workers to develop career pathways and benefit from professional education opportunities available in the UK.

Preventing exploitation of migrant workers. 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 migrant workers:
 - a) make informed choices prior to signing contracts
 - b) know when to seek help in challenging poor or abusive practice by their employers