

International recruitment

Speakers

Ruth French, Marina Baron, Lucy Gillespie, Claire Leenhouders, Paulette Lewis, Lilian Uchechukwu

Lucy Gillespie 00:02

So welcome everybody to the first of our webinar series looking at recruiting and retaining the nursing workforce in social care. And today, our focus will be on international recruitment, and what good international recruitment looks like. And to talk about that today, we've got a variety of people in the room with lots of expertise to share. So just briefly, we're going to do some introductions. I should start with myself. I'm Lucy Gillespie. I'm the National Professional lead for nursing at skills for care, and I'm going to hand over to Ruth.

Ruth French 00:40

Thanks. Lucy Ruth French from Stow healthcare. We're a provider with eight nursing residential homes in East Anglia, and I'm going to be talking to you today about our experiences. Thank you,

Claire Leenhouders 00:53

Lillian.

Lilian Uchechukwu 00:57

Hello. My name is lost. Lillian uchechukwu, I'm working in Stowlangtoft Hall nursing home, registered nurse.

Lucy Gillespie 01:05

Okay? Thank you, Paulette

Paulette Lewis 01:08

nurses and the grass Association, and I work across NHS and social care as well.

Lucy Gillespie 01:13

So thank you, Paulette. Marina.

Marina Baron 01:16

Good afternoon, everybody. My name is Marina Baron, former senior lecturer in midwifery, currently working alongside Paulette as Vice President to the Caribbean nurses and midwives Association uk.

Lucy Gillespie 01:30

Thank you, Marina and Claire,

Claire Leenhouders 01:33

Hi everyone. I'm Claire. I'm a national professional lead alongside Lucy with skills for care, and I'm also a registered mental health nurse,

Lucy Gillespie 01:42

and we also have support from Daisy and Helena at skills for care on the call. So without any further discussion, I'm going to hand over to Ruth to start her presentation. Brilliant. Thank

Ruth French 01:57

you very much. We'll just get the presentation on the screen for you, hopefully we'll find that I can actually talk quite freely. This is hopefully just useful as some little prompts for you. Really delighted that I've been asked to come along and speak today for skills, for care, on this really important topic. And it's very generous of Lucy to describe me as an expert, I want to reassure you all that two years ago, I had absolutely no idea about international recruitment, so hopefully what I can do today is to share some ideas with you around what the process has meant for us as a medium sized provider, and hopefully be able to answer some questions for you about some of the things that are really important when you're looking at ethical international recruitment. So in terms of some of the things on here, obviously, I've given you a little bit of an intro. We are a medium sized company. That doesn't mean that this can't be achieved by any small, individual providers out there, but this is a process that does take a bit of time and attention. You know, I've definitely become an expert by experience along the way, although I would say there's still lots that I don't know. We first became a licenced sponsor just under two years ago, and actually, of course, getting the licence in the first place turned out to be the easy bit, really. Everything that followed that, which I'll go through, has been quite a learning journey for us, we've now been able to sponsor eight internationally educated nurses, and I've also sponsored nine carers from overseas, actually a few more than that now, most of whom have arrived in the last six months, So I can share a little bit of experience with all of you today. So let's just look through what that that journey time scale has been. As I said, obtaining the licence was actually quite a short period for us. It probably only took a matter of a month or two. Actually, I was able to attend a webinar that was run by the home office. It might be that skills for care were involved in that as well, actually, and that was what first made me start thinking this. It isn't the answer to staffing crisis in social care, but from our perspective, it's part

of the answer, and we're hoping that that jigsaw for us will be very nearly complete in the next few months. What we have done for all of our internationally educated nurses is we have recruited them directly, and that process. Has actually not been hugely arduous for us, but what it has meant for us is, I feel that we've been able to do things in a really ethical way. So we started off just by talking to our existing, internationally educated staff who might have been in the UK for a long time and asking them for any contacts, people who are already nurses in their home country, who may be interested in migration and coming to work for us. And actually, once we had got our licence, I'm assuming that we went on to some home office list. But actually, maybe Lillian Can, can say better than me, because we did start getting a lot of speculative CVs from nurses overseas, and that's how we went through and just started sifting and doing our initial interviews. So we didn't get the help of any agency to do that. And to be honest, I have heard some really worrying stories about agencies out there, and I would say, unless you can really verify for yourself the ethical operations of an agency, I would be quite wary, because I have heard of people being charged an awful lot of money to come to the UK, and that isn't it isn't necessary to pay that there are ethical employers out there, and hopefully that's you guys on the call who will set in place clear pathways for people you want to recruit from overseas. So we did all of our interviews remotely using Zoom, and from that, we were able to make a short list of candidates who were going to be right for us. And I guess one thing that I have learned from that process is it's really important to familiarise yourself with what the NMC are going to require because it is there are quite a few hurdles that have to be crossed for our international nurses, some of which can be done in their home country before they come across. So for example, getting the required English standard, passing their computer based test, getting all of those checks in place. And then there is the practical OSCE exam that needs to be completed once they come to the UK. I would be wary in the future of recruiting anyone who hasn't passed their English exams, because in my experience, that is the most difficult thing for people to pass. Fortunately, with Lillian, she had already obtained her English qualifications before she came, which has been why her pin has been so much quicker for her to get so just over a year ago, we started applying for certificates of sponsorship and getting visas in place for our first cohort of five nurses, and they arrived with us a year ago into a very cold and frosty winter in the UK, which is probably the absolute worst time of year to be bringing anyone across. But they've they all survived their first winter, and then in the spring, we started getting their OSCE exams completed after a period of a couple of months of training that was in place for those so for Lillian, she was able to obtain her pin in July, and she was the first of our nurses to receive their PIN. Others have followed since then. So I guess you might look at that as quite a long journey. It actually got a lot quicker to recruit as we became better at it. So the time in our first cohort of five, it probably took me about six months to get everything sorted for them, whereas when I did our second cohort, I probably interviewed Lillian in sort of October time, and she was with us in early January. So we got much better at doing it. What are the challenges? Well, it is quite a complex regime. I have done pretty much

everything myself. I have paid for a little bit of help from an immigration specialist, where it really goes beyond what I've been capable of doing. But it is worrying, because you do think, gosh, if I get one step wrong, you know, I could have my licence removed. And you do read quite a lot about that. The other thing that's been really tricky for us, and this is definitely worth you thinking about, if you're looking at sponsoring overseas nurses, is where you're going to accommodate them. So we've actually sort of put in place accommodation hubs at two of our homes. Is where we're able to accommodate people when they arrive for the first few months, but after that, sometimes it's been really tricky for people to get rental accommodation. So do have a look in your area and think about what would happen if your staff couldn't find rental accommodation after, say, three months. You know, are you going to be able to keep them in that accommodation that you're providing for longer? There are also some significant upfront costs if you're going to recruit ethically, you know, we have got various charges. You know, we do a lot of a lot of financial support, perhaps more than some people might, but I would estimate that for our nurses, it's cost us in the region of at least 8000 pounds to recruit someone, potentially a little bit more than that, if we're paying for retakes of exams and that sort of thing. As I said, completion of English exams has been really tough, but there are a lot of candidates out there who have already passed their English exams. So you can afford to be fussy and making sure that every that people have passed what you need them to before they come. If they've only got their OSCE exam to sit, it's going to leave you in a much better position. The other thing that is important to be mindful of is just how you're going to support cultural differences in a number of our homes, not all of them. We work in some really rural areas, and they're not very culturally diverse areas. So that's been really important. How we look at making sure that our staff are our understanding of people who are moving here with different cultures. We've had issues around lack of access to public transport, so some of this, you need to be thinking in advance. You know, if you're in a village like Lillian was when she first arrived, and the bus service wasn't operating because the road had shut. You know, how are you going to help these new recruits settle in? Because all of these things are really tough at the beginning, especially when you make them arrive at the beginning of January. But I don't want to dwell on the challenges, because there have been real benefits for us. And you can see here a picture of Lillian at our spirit of stow awards this summer, which was shortly after she achieved her pin. What we have seen from our overseas nurses is real loyalty. I think they feel really pleased to be working for an employer that has hopefully looked after them well. From their perspective, I'm sponsoring the nurses for at least three years, but hopefully that relationship will go on much longer, and if you think about what it costs you to recruit a nurse from an agency who's probably had 50 other jobs on the agency and might stay with you for six months. You're going to pay seven or eight grand for them. So why not invest that in someone who's really invested in doing their best for you and staying with you for the longer term? I think it's fair to say that even in homes where there was initially some resistance to the idea of bringing in overseas staff that actually dissipated quite quickly. Lillian

worked on the floor as a carer for several months, and obviously, in her home country, Lillian hadn't worked as a carer, so actually she was learning how we how we do personal care in this country, how to use different equipment. There's lots of things. And just just because Lillian's a nurse in Nigeria, it doesn't mean she's had experience of doing things the way that we're required to do them here. So you need to help your staff understand that. But I think what has been really helpful having our international nurses on the floor working as carers to begin with, is that they have earned admiration from their team because, you know, they've got to know them really well. They've got to know the residents really well. So they're actually really able to embed themselves into the team in a way that, you know, perhaps a nurse who's not working on the floor wouldn't. And here's a photo of our first cohort, who arrived last year. So that's a little bit of an intro, and probably the best time to ask questions will be sort of as we sort of reach the end and we've heard what everyone else has got to say, but that's a little bit of a starter as to our experience. Thanks, Lucy,

Lucy Gillespie 14:43

Thank you. Ruth, yeah, we'll save those questions at the end, so we're going to take down slides now, and we're going to hand over to Lillian, over to you, Lillian, to tell us about your experience.

Lilian Uchechukwu 14:54

Okay, like I said, my experience started from when I. Got interviewed, and I got a job. And during the process of the interview, my director took time to explain to me what kind of job I'm coming to do, and the location where the job is, and how difficult it might be to get food and get transportations. And she made prepared my mind about all those things, and I did Google to see okay, like she's told me, I need to see what it's like, because it's a different thing from somebody saying something, and you getting every fact about what you expected. So I had to google, and I saw the distance of everything, and asked a question to myself, can I be able to do it? Because from there, I had to determine that yes, I'm going to be able to do it, and I don't mind coming over and all, all true, the experience has been quite wonderful, because life is all about you learn to grow. That's one thing I understand in life. And coming to this place, I had a lot of encounters. I had like, difficulties, like, first of all, the cultural shock first, because where I do things in my country, and the way things are being done here is different. So I get to learn a whole lot of things and how to approach people, how to talk to people, and then I get to know about people's lives so that you don't begin you don't offend, you don't tend to offend people. So something else again, I also learned was, in my country, we do have cold, but not as cold as this. So the I think this, the jacket I came with, was not even able to withstand the cold. I came to first year in January, on fourth of January, so I had to call up my niece. Luckily, I have a niece in the country, so she quickly got me something, and so I don't get cold. So and I was also equipped and informed, because I also know that I will not get my local meal around. So I was able to prepare myself while

I was coming. And something else again was the trainings. And my director set up so many trainings that were really helpful so that that could help transition, like the way we practice and the way we do something medical things in my country differs from here. So with proper training, I came to realise a whole lot of things. And then these trainings help in adjusting my understanding, even my relationship with the residents, because before they do or think whatever they want to think, I already understand where they are coming from and how to relate with them. And then another thing I also, I also got that I was so happy about is the support I got from the from my employer and the whole team. In fact, I got emotional support, because it's never an easy thing, leaving your country and leaving your family, because I have three kids and a husband, I had to leave them behind. And this is almost one year going to one year I've been around, and they keep find, trying to find out how they are doing and how they're coping. It's not everybody that will keep the bother themselves to ask, How is your family and every other thing so but they've been so helpful trying to know how they have they are coping without me, and another thing, again, is physical support. Like the area, there's problem with transportation. Sometimes the bus routes don't work, or sometimes you could, you could see a bus online on getting to the junction, the road has been blocked. So most of times, your movement is kind of, when you plan your movement, it kinds of it can it tends to scatter or change. So I've gotten a whole lot of support from many people around, even colleagues, sometimes even resident relative when they see me working, when they went shopping and I came back with so much loads walking on my on the way with my bags, and somebody said, Hi, why are you coming from? I said, I'm just walk all the way from junction with this whole bag. I said, I don't know what I can do. So I have had got so much help from everybody around, even in the neighbourhood as an I'm surprised, like, it's been wonderful with support from people and also educational supports, like, like, before you get your pin, you need to have the training in OSCE. So my employer made sure she made provision for us to have our OSCE training, which was also helpful to us having a success in their exams. And it has been so wonderful. And like I said, everything about my journey was wonderful, and it might think my journey was a little bit easier, because when my director was speaking, when Ruth was speaking, she did, said something about ensuring that everybody's paperwork is completed. Because I had my exams all completed, the only thing I needed to do was my OSCE, so my current, my experience for was kind of. I'm not too long because I have everything on ground, and the only challenges I had was transportation. And recently, I actually had to move out of the accommodation, because I was provided with accommodation when I came around, but because of the area, I had to stay a longer time, more than what was expected in the accommodation my employer provided for me so But recently, I got a house because my family will be joining me. So I moved to town to bury town, and getting an accommodation is one tough stuff in this country, because at a point I started asking my director, is this how we sign paper in this country? I had to do a lot of signing. I had to do a lot of documentation, paperwork I like, is it also to get a house? How come is this difficult, so many things to do so but luckily, I

was able to see overcome those part and loneliness was on the part of my family, missing my family, my husband and my kids. But around here, I think I wasn't really that lonely because I had so much. In fact, I came I've made so much friends, both African friends, but white friends. I hang out with people. So I have, I find out my off times. I find out time to go out. And also, my director did something wonderful, because, you know, the part where we come from we're more religious. So she asked us what kind of church we want to attend, and we explained to her, so she went to find us a a church community where we attended, and then she actually took her time to drop us off and introduce us to the church. And ever since then, we've been going there, and from there, it helped us to meet with other people. And I've met so many people, including nurses from different places, and had experience. So when people talk about their negative experience, what I do? I stay by my side and I start laughing. I said, I don't know about what you passed you, but mine was just simple and sweet and straight. And I've had so much, I don't know. I just feel like family. That's how I see myself. I don't see myself as a stranger in the in the in the company. I don't see myself as family, and everything has been my transition has been so smooth and wonderful. So that's all I have to share.

Lucy Gillespie 22:11

Thank you so much. Lillian, it's been great to have your story as part of the conversation, and I'm sure we can come back to it in our questions at the end. So I'm going to hand over now to

22:27

thank you very much. Was really happy to hear the introduction from Ruth and her colleague. I forgot her name already, as I said, my role in speaking to you today is really from my experience as the president of the Caribbean Nurses and Midwives Association and working very closely with all the diaspora groups across UK. We have about 30-40, different diaspora groups that are working very much with NHS England and different hospitals and homes in terms of supporting international recruited nurses, midwives and healthcare professionals. So today, we're going to just give you some feedback and some themes from the support we're giving our international nurses and some of the lessons that we have learned, which probably will be very useful to those who are intending to recruit or recruiting, I'll start and Marina will be interjecting. I'll give Marina time to pick up some of the things. Basically, we do know that international recruitment is something which is part of life at the moment, and we as a system here in this country could not survive with both nursing home or whatever, without the international recruiting nurses, midwives and healthcare support workers. But one of the some of the things that we have found out that would be very useful to highlight into making a solutions much better, is what we will talk to you about today. I was pleased to hear about the positive experience. Now, that positive experience that we both just spoke about, if that was happening across the board, I think things would be really good

that experience. We do hear some of that, but lately we've been hearing so much of people going back home across and the type of experience they're having, because people are not prepared well in accepting international recruit nurses or healthcare professionals. So some of the things to help, which I'll start off, and I'll ask for another as well, is that a number of international nurses who do come to this country and find themselves in nursing home or residential homes, where we that's where most of the complaints and issues we're having in dealing with. It is that they don't understand, as said before, working in a nursing home and a residential home is totally different. Sometimes I'm working in hospitals, and how you settle in that area, and the induction process is, how can we improve the induction process of really saying, So who are these people that we're recruiting? They're just not international nurses. They're a person. They've got family. They're coming from somewhere International. Nurses are different from different countries, with different skills and different experiences. So how are we orientating them? And one of the things I spoke to someone this week is, can we have better orientation, more time. I know they they're short, but bringing someone in a bit of one or two orientation is not adequate, especially if they've never worked in nursing home. They've never used the equipments. We're getting a lot of that as well. The record keeping is different. How can we ensure that we have time for better record keeping and supporting them working in those areas the language. So you have many international nurses who might speak different languages, and that might not be from where you are. Ruth, this is just general, but the languages we use with multiple international nurses and understanding each other and depends which part of the country you you've recruited to we all have different types of language, modern language, and we speak to people and acceptance. And this is not just a one way thing. I think one of the things that what we're doing and talking to organisations, we're bringing people into community who are not accepting of international nurses, or there's still a stigma about black and minority ethnic groups. But we haven't prepared our residents, and we have not prepared the community to say, these are the people who are coming to look after you. So some of them are having really bad experience from being treated differently and some of the racism they suffer Don't touch me and so forth. So how can we prepare the community, prepare the staff they're working with in terms of saying, you know, these people are coming to do a good job here. We really need them, and how we need them to be part, as we said before, the family and so forth. So language is definitely an issue. Equipment is an issue, because a number of equipments that they're using, and what we heard, they don't understand how to use them. But because the orientation period is not as long as I probably would like it to be, they're not taught properly. And we've had a number of them. If you read the NMC reporting, most of the people reported to the NMC and black and minority international recruiting nurses, the mistakes they are making both in nursing homes, residential home and hospitals, because the time has not been paying for them to adjust to working in these areas. So something about the orientation and being prepared to give them the time. The other thing is the contracts we you know, some people give very good

contracts. They're very clear. They do understand, and they do go through that with the International nurses and carers. Some don't. So when they start working, they don't fully understand the contracts. Some are terminated, even before six months. Some of them are terminated, and accommodation is taken away at the same time as well. And then we've had people know where to live, because they the organisations and staff have not decided. How are we going to cope with them when we terminate? And if they have no family in this country, there's something about how do you ensure that the contracts, they understand the contracts. It's clear about the contracts. It's clear about the deposits, some of the out of homes, not giving back their deposits as well, and things like that. So it's about them feeling secure. So lots of what we're getting is about the security, and that comes back to proper orientation and fully understanding of international nurses, the other thing I think would help very much more than is the understanding of their HR policies. This week alone, I've supported three international nurses from care homes, from a disciplinary they won their cases because I understand that, and I work with NMC, but when you have managers who do not understand the NMC code of conduct and practice, and I'm asking those who do not pass their Oscars on the take roles which is a resistiveness role, then you're putting that person at risk. And when they decline, then they're being sacked. So it's about the managers and people understanding a care worker's role is totally different from that type of qualified nurse. And how do you support the care worker and the qualified nurse in terms of what you expect them to do within the remit of safe practitioner and delivering care? I think. Uh, accommodation, as you said before, is a big comment that I touched on. But basically, I think the orientation some of those other areas, I'll let Marina come in with some of the Oscars and educational bit, and then I'll pick up again, Marina. Yeah,

Marina Baron 30:12

yeah. Thank you. Thank you very much. I think Paulette has kind of covered the majority of you know the the key areas of concern, I think, since we have been established, which is what coming up to, coming up to three years, we have had various issues brought to us that we have had to step in and give the support, primarily one of the key issues, as we've mentioned before, is the accommodation in style. It sounds really good, the kind of package you have on for your staff, but for the nurses and midwives, healthcare assistants who've been coming to us, we've had situations where they were only offered accommodation for two weeks, four weeks, and then they had to go out there hunting in London. And you know what the housing situation is like in hunt in London, hunting for accommodation, and finding it really, really difficult, all the usual challenges in terms of, you know, not landlords, not wanting to let to them getting deposits, and the overall cost of accommodation in London that very often their salary cannot meet. Yeah, so that was one of the key issues that we've had. We've had to step up and give a lot of support. And one of the things that we did last summer was to organise a London tour, if you like, just to help some of our international educated nurses and midwives acclimatise to the UK cultures. So we actually took them on a

bustle so that they can get to know London, they can get to know other Internationally Educated practitioners. And they fully appreciated it. And I think, I think Ruth, some of the challenges that you mentioned, is so so, so very true and that we've had a lot of Paulette in particular, have had to be representing some of the nurses and midwives who've found themselves in difficulty only last week, and one of them were finalised. Paulette had to step in and support one of the nurses. One of the key things we try to emphasise on on within our workshops, we do quite a lot of workshops, and I'll go through the workshops. One of the key things we try to emphasise to the nurses and midwives is the importance of union representation, and we encourage them to join a union where they can because that is so so important. Some of the support webinars that we've been doing have focused around OSCEs. Do they have problems with OSCEs? What is it about the OSCEs that they've had, and it was the last one, was last Saturday, and two of the key points they raised, first being that, because English may be a second language to them, it takes a little while longer, if you like, to mentally translate to understand what is being asked of them, and they felt They needed a little bit longer. One of the participants actually mentioned about prescription charts. Prescription charts may be different from the original homeland to what we have here. We're very organised in terms of the, you know, the eight key elements that you have to look out for. But again, they're saying it takes time to read through it, to understand it, so it's picking up on little issues like that. And the workshop that we did, a lot of practical considerations came out that we have to think about. We've done.

Paulette Lewis 34:18

If I

34:18

could just interject there one of the areas that we're supporting, most of them in, is the drug errors, which they've been paying the NMC for, because they have not had enough time to understand the different names of drugs, giving drugs what it does mean until something happens. That's an area really, that needs a lot more focus and the record keeping, and a lot of them don't understand about the contemporaneous writing of records. And just to say the complaints against each other in the homes is another thing where some managers listen to one set of staff and not the other set of staff. And depending how many. From one different groups and the other group. So we've been having a lot of inter, inter problems when it comes to communication and who runs the home, and if it's the same person who runs the home, but that most people from their country in that home or looking after the they find that as well, there's some difficulties there. And thank you. Yeah,

Lucy Gillespie 35:21

thank you, Paulette and Marina. I'm conscious of time because we're trying to get as much packed into this session and give people ideas and opportunities. So what we're

going to do now is move over to a couple of questions. But I can also see that Ruth's got a hand up, or Lillian's got their hand up, so I don't know whether they wanted to just come in on that point, and then we'll have a look at a couple of questions in the chat. Thanks,

Ruth French 35:45

Lucy, I think from an employer perspective. And obviously there's lots of things that that can go wrong. And you know, this session today, I don't think is to talk about all of that, but what you need to do, very clearly, as as an employer, as a prospective employer, is to think about, what is your induction, your orientation, hack and programme going to look like? What information is necessary to go in there? You know, we've looked at all sorts of things from there's a great one page guide for for immigrants as to how the NHS functions about common slang or colloquialisms that are used. We've also put into our packs details for all of the overseas nursing associations that could be there as support. What to do if something goes wrong? Who to complain to. The other thing that's been really key for us is to set out a schedule of expenses and payments so people, prospective candidates, know what they will be responsible for paying for and what you as the employer will pay for for them. For example, we pay for our candidates to take one OSCE, plus one reset, and then anything after that will be for them to fund. But you have to be very clear, I think about what all of your funding arrangements are going to be in advance, so there's no nasty surprises, but I'll hand over to other questions now. Thank you.

Lucy Gillespie 37:16

Thank you. So there's some bits in the chat that we're going to pick up. But there's also a couple of questions that have come in through the question and answers, and since we've encouraged people to use that, we'll go to that first so thinking about some of the announcements that are coming from the Home Secretary around some of the challenges around visas and who might be able to come, how does that impact on our nursing recruitment? So thinking specifically about it from a nursing perspective, what do you think the impact is for us?

37:50

Well, we've been having some discussion. There's four groups about the impact. I think the impact is going to be about the well being and welfare of the nurses who are here. Because if you your family is really important. And what we've been doing for work around well being, for international nurses worker is that the impact that has when they come out here so they can't bring their family, that needs to be clear from the beginning, and can they bring them? Because if not, they're not going to work very well and so forth. So forth. So it could reduce the number of people wanting to come, or I think it's something that they need to look and it's still early days, but we've discussed that, is it after years? Is it after two years? Because we've had people come with their children,

but they can't afford the three and two bedrooms, because they came straight away with the agencies who said to them, bring all your family. And then when they got there, they got financial problems because they didn't have a preparation for them, for them and the family. So it's, I think there's a little teasing out about that, but I think it will probably have some impact on some people and the salary. I think the salary, again, when you look at care workers for Homes and Community, that salary bracket again might be a problem, but fortunately, it will. Yeah, yeah.

Lucy Gillespie 39:08

Thank you. Ruth Lillian, anything from your perspective,

Ruth French 39:16

I think we're just sort of assessing what the impact might be. I mean, we've done quite a big recruitment drive in the last year, so we don't have any additional plans at the moment. But what I would also say is that people who are looking at recruiting internationally do need to be aware of what support is available to them in their region. For example, in the eastern region, our lead authority is Norfolk and Waveney, and they've got a really excellent programme of support around people who are looking to recruit internationally, whether that's nurses or carers. And we've actually recruited nine Sri Lankan carers with their support, and there's quite a bit of finance. Support that's been available to so if you're not aware of who the lead authority is in your region, you can actually, I think, go through DHSC to find out which, who the who the lead authority is, who to speak to, and what funding support there might be available to you. But I mean, Lillian, if, if you'd have been in the position where you couldn't have brought your family with you, would that have had an impact on whether you had decided to come to the UK

Lilian Uchechukwu 40:32

from the beginning and the offset, I've actually known that it's not an easy thing to migrate and not let alone going and going alongside with your family at once, because it's easier for you to do the migration alone, and then your family come to join you later, which is the best, because it gives you time, because you, as a person, also need to, need to stabilise yourself, because you are the one fitting into the job and fitting into the role. So you need to, like, stabilise yourself, to know what you were able to do because it's, it's kind of distracting. When you are as a mother, you are running a home, you are trying to fit in a new job. You are trying to because you, you, you trying to it. It tends to, like, make you miss out on your proper functioning, because definitely, you, you, you will not cope because the workload will be too much. So from the onset, I already know that I don't want to, because I had a discussion with my husband, like, I think it's best I go alone and then save up. Because, like you're saying, the house rent is quite expensive, so you need to save up yourself. Save up something, because even processing their visa is also expensive, and getting a flight ticket all the way from my

country to this place is very expensive. So imagine having a flight ticket for four or five people. So if you don't you, you, you, you will spend much. And when you are not like stable or like you are, you are kind of psychologically not stable with all such expenses and stress. You cannot fit into the job, and you cannot give in your best. That is just my own understanding.

Paulette Lewis 42:02

And can I just say very quickly, Lucy, one of the things we pick up is a safeguarding issue, which, as Ruth said, it's been very upfront with the contract, and very open and honest and transparent, because we've had people come with their children now say they can bring them, but it's not like the country they're coming from. You can't leave these kids in the house, so some people don't find it. Where do they get the money for the babysitting and things like that? So I think we need to be open and transparent and honestly when we're recruiting, and don't give false promises, but make sure they really do understand what they're signing up for. You know, I think that's really important. The other thing is that the translation of the money in their country seems a lot, but one of the things we have done, and this is our booklet, which we do, we do and give up to all our recruits coming up from the Caribbean. The Nigerians the Filipino we all are working. We are having pre, pre, pre meeting sometime with them before they get here and just tell them about living here, and so forth. Is that some of them don't understand the cost of living in this country and how money is here. So when they get here thinking it's a whole lot of 1000s, and then convert it, they realise it's not what they thought. Yes, and then it causes had its stress and the well being, and we've had a lot of mental breakdown and because their family can't come. And the other thing, husbands are coming, but again, they're leaving. Their family going back because they can't get a job. So you know, we need to say, how do we prepare them to stay and look after them? So let's see what happened with this new ruling. But at the end of the day, you can't take the cow and not the calf, you're going to people are going to want their family with them. So we got to work out, how do we accommodate for these people coming to help us to have their family here with them and can live in a decent surrounding and live well, yeah, it's really important. Really important.

Lucy Gillespie 44:01

Yeah. And I think probably, you know, we've answered some of the second question that's in the chat, in that in and what people wanted to know, one of the providers has asked, what, what is the attraction to coming to the UK? So what's kind of made you make that journey? Because clearly, it's not straightforward. So what's driven that? I don't know whether, Lillian, you want to answer that.

Lilian Uchechukwu 44:26

Actually, what drove me to come over and was because I would always have the intention of moving up and stepping up in my career, like see how things are being done

over outside my country, and have experience, because I also want to impact in my country when I get back, because I keep telling people, by time I'm done, I'm going back home, so I'm going to be gathering more experience, gathering my knowledge, and then taking it back to also help to improve in the healthcare, like more of home care, because we don't do more of home care in my country where I come from. So I. It's it's going to be of something of a great if somebody could start imply having such around. And then with the cares you've learned, the knowledge you've had on how to care for people, you can also do that and empower because we have a lot of old people down back in my country too, and their heat have to go out of person and make money, and then also for better future. Because educational system also is something I'm also looking at, because I'm also looking at the future of my children, not just only for me, because I also want them to also have some something better.

Lucy Gillespie 45:32

thank you, Lillian, I think that's that's probably a good way to end, and I know that we're, we're going over time now. So I want to thank all the panellists for coming to this session.

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