



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



everything myself. I have paid for a little bit of help from an immigration specialist, where

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

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





contracts. They're very clear. They do understand, and they do go through that with the

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



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