

Research into converting overseas qualifications into UK equivalents



The Open University

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1. Executive Summary

1.1. Context

1.1.1 The West Midlands has a population of around 5.5 million with Birmingham alone accounting for just over 1 million. The percentage of economically active adults qualified to at least NVQ Level 4 is 26.7% compared to a figure of 30.4% for England as a whole (HEFCE, 2006). Changes in the region's economic base and demographic profile are expected to lead to growth in the proportion of occupations that require qualifications at level 3, 4 and 5 as well as increased demand for key services in the Health, Care, Early Years and Education sectors (Working Futures 2006). Changes in the region's economic base are expected to accentuate the skills gap identified by the Sector Skills Council which potentially could be filled by migrant workers with higher level skills and qualifications from overseas. This approach relies on helping Migrant Workers participate in those sectors for which they have been trained. Drawing upon this resource would help to address the shortage of skilled labour and contribute to the process of integration.

1.1.2 The West Midlands region over recent years has seen a rapid growth in net migrations, particularly from the A8 countries¹. The Poles followed by Indians account for the largest national group of migrants in the West Midlands². The changes in the population of West Midlands region will impact on a range of service providers and policy developers. This research aims to build on previous research, particularly by the Learning and Skills Council and Advantage West Midlands by adopting a qualitative approach to gathering insight from individuals with overseas qualifications currently in employment. This research is intended to inform the development of a model to help migrant workers gain employment in the areas for which they have overseas qualifications.

1.2. Introduction

1.2.1 This research project was funded by the Birmingham, Black Country and Solihull Lifelong Learning Network and presents the findings of research into the needs, challenges and experiences of people with overseas qualifications who are seeking employment relevant to their level of qualifications. The project focused on the Health, Early Years, Social Care and Education sectors.

1.2.2 The objectives of the project were:

- To help the providers of education and training to better understand the experiences of migrant workers with overseas qualifications, wanting to progress their learning and seek employment for which they are qualified.
- To identify the vocational and educational barriers faced by migrant workers with overseas qualifications.
- To estimate the number of migrant workers who are currently unable to transfer into the British framework at an appropriate level.
- To help define the nature of support that migrant workers need to convert overseas qualifications into UK equivalents and access employment that best utilises their skills.

¹ Accession 8 countries entering the EU in May 2004 – Czech Republic, Estonia, Hungary, Latvia, Lithuania, Poland, Slovakia, and Slovenia.

² The economic impact of migrant workers in the West Midlands, November 2007

- To help map the knowledge and skills offered by migrant workers onto the gaps which currently exist or are forecast to appear in the Birmingham, Solihull and the Black Country area.
- To inform the development of a model in support of learners who wish to convert their overseas qualifications into UK equivalents.

1.3. Methodology

1.3.1 The project used a range of different research methods to inform the study and included the following:

- Identification and analysis of secondary data sources, including the review of relevant policy, research literature, existing models or systems for converting qualifications as well as a forecast of future skills needs for the Health, Care, Early Years and Education sectors.
- The research focused on Polish and Indian³ migrant workers to compare and contrast the experiences of migrant workers from inside and outside the EU as well as the different qualification systems.
- The research focused on individuals who expressed intent to stay permanently in the UK, to participate fully in their chosen sector of work and develop their skills.
- Consultation in the form of face to face and structured telephone interviews with key stakeholders representing:
 - Employers
 - Policy developers - Learning and Skills Councils, Advantage West Midlands, Sector Skills Councils and the Government Office West Midlands.
 - Education and Training Providers
 - Organisations set up to support people with overseas qualifications.
 - Learners – two focus groups were held with individuals who have qualifications from India and Poland.
- Primary research to explore the views of migrant workers, employers and other interested agencies.

1.4. Key Messages

1.4.1 The key messages from the report findings are:

- There are a limited number of studies that have sought to compare and contrast the qualifications of different groups of migrant workers. The research highlighted the difficulties in estimating the number of migrant workers as well as their qualifications, with official figures often underestimating the true picture. There is no single data source that provides a comprehensive picture of the numbers and characteristics of migrant workers in the region, an issue supported by a number of similar studies in the field.
- Available statistical evidence suggests that migrant workers make a significant contribution to the public administration, education and health sectors in terms of maintaining skills levels and filling staff shortages. There is

³ The economic impact of migrant workers in the West Midlands, November 2007, identified Polish and Indian groups to be top two.

evidence to suggest that these sectors will have future skill shortages and that migrant workers could help to fill those gaps.

- In the research conducted it has been found that the proportion of migrants with qualifications at degree level or above exceeded that of the West Midland working population. Around 8.7% of migrant workers qualifications equated to level 3 or equivalent qualifications, and therefore potential target group for the LLN and Aimhigher partnership.
- A significant proportion of the qualifications held by the migrant workers (51%) were classified as other qualifications, indicating that the qualifications could not be matched to the UK equivalence. This group could benefit from an Accreditation of prior learning and attainment system.
- Differences in qualifications structures in different countries and in translating qualifications gained outside the UK to UK equivalents means there are problems in making robust comparison between the qualifications of migrant workers and those of the general population.
- Certain professional qualifications gained abroad including nursing, medicine and law are not always recognised and conversion courses are necessary before practising in the UK. In addition different professional bodies such as the Nursing and Midwifery Council have various registration requirements before individuals can practise.
- The literature review and research has indicated the difficulties experienced by migrant workers in gaining recognition for their overseas qualifications with evidence to support the view that they end up working in lower skilled jobs than they would in their home country.
- The research suggested that employers in the sectors studied did not recognise overseas qualifications. This may be due to the disparate range of qualifications and systems migrant workers could have studied and the lack of a mechanism by which employers could assess the qualifications.
- It is clear that sector specific English language, is the single most important barrier to the short term integration of migrant workers into the local economy. The longer term barrier is the process to convert their qualifications into UK equivalents and thus enable their skills to be fully used in the West Midlands.

1.5. Recommendations

1.5.1 A partnership approach to helping migrant workers make better use of their skills and qualifications seems essential. The partnership would need to include local employers, education and training providers and community associations as well as local authority services such as housing and benefits.

1.5.2 The partnership could support the development of a regional model that focuses on the needs of specific groups of migrant workers to include:

- A single comprehensive and easy to access source of Information, Advice and Guidance – IAG. This source would include common themes such as culture, access to employment agencies education systems and means tested benefits applicable to all migrant workers. In addition, sector specific IAG to take account of sector requirements, organisations and professional bodies would be of value to migrant workers.

- A co-ordinated orientation/induction programme developed by the providers of education and training and employers to introduce migrant workers to the culture of organisations in the sector including the rules and regulations that govern working practices as well as the technical English language associated with the sector. The programme may also take into account specific skills such as presentation skills and interview techniques.
 - A development of a model designed to support migrant workers in putting together a portfolio of evidence that can be presented to education providers, professional bodies and potential employers. The portfolio should include accreditation of prior learning.
 - A development of tool-kit to support advisers of IAG and Careers, employers, teachers, lecturers, and others in position likely to provide information, advice and guidance to people with overseas qualifications.
 - A method to monitor and evaluate the value of this co-ordinated approach by migrant workers and potential employers.
 - Proactively promotion of the availability and value of this co-ordinated approach to the various groups of migrant workers represented in the region.
- 1.5.3 The funders and policy developers within the region should encourage and facilitate the recognition of qualifications and certificates from abroad, in particular to help fill future skill gaps in the UK and West Midlands work force.
- 1.5.4 Once the partnership model is developed with funding from the Lifelong Learning Network and other agencies a longer term sustainable funding model would need to be agreed. One method could be to create a partnership funded by partnership members. One of the activities of the partnership could include a development and implementation of an Accreditation of Prior Learning and Attainment system.
- 1.5.5 LLN could facilitate a pilot project designed to support migrant workers with level three qualifications to access higher education.
- 1.5.6 The partnership could press for the speedier delivery of a single national unified framework for matching and comparing overseas qualifications with UK qualifications.

2. Introduction

The Health, Care, Early Years and Education Progression Working Group submitted a proposal to the Lifelong Learning Network (LLN) Management Steering Committee for a project to undertake research into the number and needs of people with overseas qualifications who would, by converting their qualifications into UK equivalents, be able to progress their education and improve their employability skills. The proposal was approved. The Open University in the West Midlands undertook the work and produced this report based on the key findings.

2.1. Background and context for the research

2.1.1 The West Midlands has a population of around 5.5 million, with Birmingham alone accounting for just over 1 million. The percentage of economically active adults qualified to at least NVQ Level 4 is 26.8 %, compared to a figure of 30.4% for England as a whole (HEFCE, 2006). Changes in the region's economic base and demographic profile are expected to lead to growth in the proportion of occupations that require qualifications at level 3, 4 and 5 and increased demand for key services in the Health, Care, Early Years and Education sectors (Working Futures 2006).

2.1.2 The importance of improving higher level skills in the UK workforce was acknowledged in the Leitch Review of Skills (2005). Leitch proposes the introduction of stretching targets which include ensuring that more than 40% of the adult population have qualifications at Level 4 and above by 2020. However, Leitch also recognises that growth of this nature cannot be achieved solely through expansion of the current Higher Education system.

2.1.3 Migrant workers represent one possible solution to the region's growing skills gaps in the Health, Care, Early Years and Education sectors. Many amongst a growing pool of migrant workers residing in the West Midlands possess higher level skills and qualifications from overseas. However, they are not always able to participate in those sectors for which they have been trained because of problems converting their qualifications into UK equivalents.

2.2. Aims and objectives

2.2.1 Equivalences between overseas and UK qualifications are readily available from the National Recognition Information Centre (NARIC). What is not so clear is how migrants can make good any shortfall in knowledge, skills, contextual understanding and formal accreditation. In order to examine these issues and inform the development of a model at stage two⁴ to enable migrants with overseas qualifications to continue to progress their learning and access level of employment commensurate with level of qualifications.

2.2.2 The objectives of the project were:

- To help the providers of education and training to better understand the experiences of migrant workers with overseas qualifications wanting to progress their learning and seek employment for which they are qualified.
- To identify the vocational and educational barriers faced by migrant workers with overseas qualifications.

⁴ The proposal for this study was submitted in two parts, part one being this study and part two the development of a model to support learners with overseas qualifications converting them into UK equivalent.

- To estimate the number of migrant workers who are currently unable to transfer into the British framework at an appropriate level.
- To help define the nature of support that migrant workers need to convert overseas qualifications into UK equivalents and access employment that best utilises their skills.
- To help map the knowledge and skills offered by migrant workers onto the gaps which currently exist or are forecast to appear in the Birmingham, Solihull and the Black Country area.
- To inform the development of a model in support of learners who wish to convert their overseas qualifications into UK equivalents.

2.3. Methodology

2.3.1 The research project utilised a range of different methods including:

(i) **Identification and analysis of secondary data sources:**

- A desk top review of relevant literature and current policy on the education and training needs of the migrant workers, including a comparison of the UK education system with at one other country within the EC and one country outside the EC.
- A review of existing models or systems for converting overseas qualifications in the Health, Care, Early Years and Education sector into UK equivalents.
- A forecast of future skills needs relevant to Health, Care, Early Years and Education sectors.

(ii) **Consultation with key stakeholders.**

- Structured interviews were conducted face-to-face and over the telephone with key stakeholders representing:
- Major employers - Health, Care, Early Years and Education.
- Policy developers – Learning and Skills Council, Advantage West Midlands, Sector Skills Councils and the Government Office West Midlands.
- Education and training providers – Higher Education Institutions, Further Education Colleges and training providers.
- Organisations set up to match the overseas qualification with study programmes.

(iii) **Consultation with learners.**

- Two focus groups were conducted with migrants with Polish and Indian backgrounds respectively who had overseas qualifications and who wished to work and/or were working in the profession for which they were trained.

(iv) **In-depth case studies.**

- A sub-sample of individuals who took part in the focus groups were identified and invited to contribute to case studies designed to further explore the key issues raised in the literature review and evaluate these in the light of participants' own day-to-day experiences.

2.4 Report structure

2.4.1 This report is set out in 5 further sections:

- **Section 3: Immigration in the UK.** This section briefly outlines the history of immigration in the UK. It then provides a detailed examination of existing statistical data on recent migration to the UK and the West Midlands region and the employment and qualification levels of migrant workers.
- **Section 4: Literature Review.** This section provides a forecast of future skills in the Health, Care, Early Years and Education sectors. It then explores the existing research literature and policy documentation on the education and training of migrant workers.
- **Section 5: Translating Qualifications.** This section examines recent European and domestic developments, policies and procedures for converting overseas qualifications and UK equivalencies. Examples of existing occupational models are provided.
- **Section 6: Consultation with Key Stakeholders.** This section presents the issues raised during interviews and focus groups with key stakeholders
- **Section 7: Conclusions and Recommendations.**

3. Immigration in the UK

3.1. Historical Context

- 3.1.1 Large scale immigration is not a new phenomenon to the UK and the West Midlands in particular. The UK has experienced 'waves' of immigration from around the world. Economic migration on a mass scale was experienced from the late 1940s with the arrival of people from the Caribbean and the Indian sub-continent. The migrant workforce residing in the UK now encompasses refugees and other people from countries ranging from Ireland, through the Commonwealth and 'old' European Union, to the Accession 8 countries.
- 3.1.2 Since the end of the Second World War there has been a considerable movement of people migrating from Poland to Britain. This was initially a result of wartime displacement and deportation (the Polish Resettlement Act, 1947 allowed Polish servicemen to demobilize and resettle in Britain). However, migration continued during the Cold War in spite of heavy restrictions and, after the collapse of the communist regime in 1989, post-socialist economic migration was common amongst those wishing to escape the economic uncertainty of a 'transitioning' country. After the accession of Poland into the European Union in 2004 there has been increased migration of Polish workers into Britain, the majority of these being young, and a significant proportion being highly skilled.
- 3.1.3 This research comes at a time when the UK is implementing a new five-tier points-based immigration system to encompass all employment, student, and training-based immigration into the country. Tier 1 for General Highly Skilled Migrants is expected to be fully implemented by summer of 2008.
- 3.1.4 Currently, non-European Union foreigners already in the UK who wish to stay in the country as highly skilled migrant must apply under the new Tier 1 rules. As from 01 April 2008, the new rules will come into effect for highly skilled applicants from India. Sometime during the summer of 2008, the rest of the world will follow.

3.2. Migrant Workers to the UK

- 3.2.1 According to latest National Statistics on National Insurance allocations to overseas nationals entering the UK (2006/07), there were 713,000 total registrations in 2006/07 an increase of 51,000 (8%) on 2005/06.
- 3.2.2 There were 223,000 registrations made of Polish nationals in 2006/07. Poland is the largest contributor with 68% of total registrations from the Accession (A8) nations and 49,300 registrations were from India. Poland and India are ranked as the top two countries for each year of registration since 2004/05.
- 3.2.3 Migrant workers from the eight Central and East European countries acceding to the EU in May 2004 (A8 countries) are more broadly spread across the UK than traditional migrant groups. The UK was the only large European country not to apply restrictions on access to its labour market by A8 Nationals, although it does require migrants to register as part of the Worker Registration Scheme. Between May 2004 and March 2007, 556,545 people from these countries were registered on the Worker Registration Scheme (National Statistics, 2007).
- 3.2.4 Green *et al*, (2007) demonstrated that Polish workers are disproportionately concentrated in operative and elementary occupations in complete contrast to people of Indian background that are more likely to be concentrated in professional, managerial and associate professional occupations. 'It is clear that

substantial numbers of migrants have previously worked in occupations demanding higher skill levels' (Green *et al*, 2007, p5).

3.3. Migrant Workers to the West Midlands

3.3.1 According to the Labour Force Survey 2006 there were 122,000 non UK nationals in employment in the region as at summer 2006; this represents 4.9% of total employment of non UK nationals in the UK.

- Statistical data drawn from a study of the Economic Impact of Migrant Workers in the West Midlands (Green *et al*, 2007) analysed National Insurance data from the Department for Work and Pensions.
- **Table 1** shows the National Insurance (NINo) registration of overseas nationals for the West Midlands was 48,030 people in 2006/07, which represents 6.7% of the NINo registration of UK overseas nationals – 713,000 people. Table 1 also illustrates the profile of NINo registrations in the Birmingham, Black Country areas and other 28 areas of the West Midlands.
- Of these 48,030 people 81% were under the age of 35, 55% were male and 45% female.
- It also shows that 52.7% of these NINo registrations were from Other Nationality Migrants in 2006/07.
- Polish workers comprised 38.73% of the 48,030 registrations of all overseas nationals in the region. This figure is four times higher than the country, with the next highest number of migrant registrations, India at 8.8%.

Table 1: National Insurance (NINo) Registrations – Non UK Residents in 2006/7 – West Midlands Region

Area	Total	Polish	India	Other Migrants
West Midlands	48,030	18,600	4,130	25,300
	100.00%	38.73%	8.60%	52.7%
Birmingham	14,550	4,310	1,280	8,960
	30.29%	29.62%	8.80%	61.58%
Solihull	730	190	100	440
	1.52%	26.03%	13.70%	60.27%
Dudley	900	240	60	600
	1.87%	26.67%	6.67%	66.67%
Sandwell	3,380	1,400	530	1,450
	7.04%	41.42%	15.68%	42.90%
Walsall	1,390	440	190	760
	2.89%	31.65%	13.67%	54.68%
Wolverhampton	730	190	100	440
	1.52%	26.03%	13.70%	60.27%
Other West Midlands Areas	26,350	11,860	1,870	12,620
	54.86%	45.01%	7.10%	47.89%

Source: Department for Work and Pensions (2007)

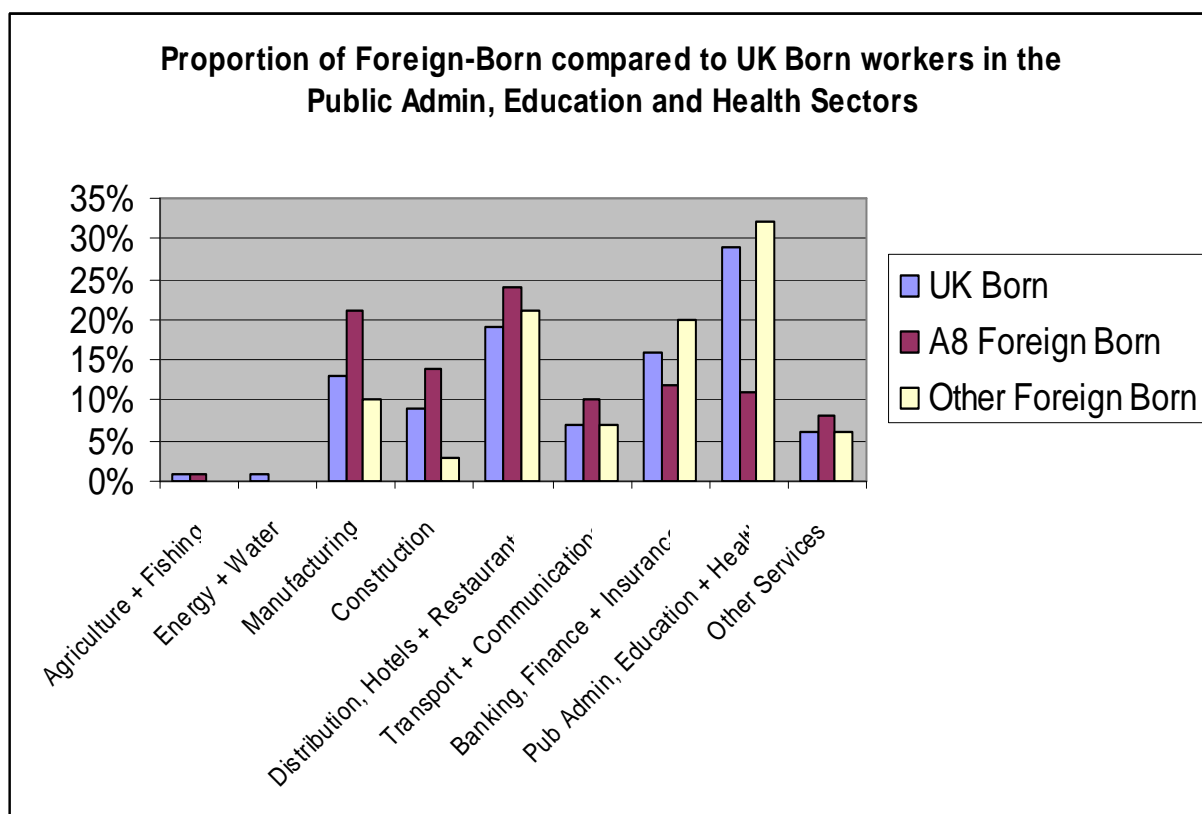
3.4. Employment of migrant workers

- 3.4.1 Large numbers of foreign nationals enter the UK and take up posts in professional and managerial roles. The Health, Care and Education sectors are shown to be more reliant on migrant workers than others (TUC, 2003), with the bulk of them coming from developing countries in the sub-Saharan Africa and south-east Asia.
- 3.4.2 In 2003/4, the British Medical Association (BMA) register showed that 18,006 doctors and 34,627 additional nurses and midwives registered, of which 14,122 (40%) came from outside the UK. According to the West Midlands Strategic Migration Partnership (2007) 58% of new doctors, 40% of new dentists, 1500 teachers and 12,700 care workers were born overseas.
- 3.4.3 According to the BMA, one in three doctors, one in six dentists and one in ten nurses were trained overseas. Since 1997, there have been an aggregate total of more than 80,000 overseas nurses admitted to the UK register.
- 3.4.4 The BMA has called on the UK to achieve self sufficiency in their health care workforces, but drawing upon foreign workers has saved the National Health Service (NHS) time and money in meeting performance targets without having to wait for domestic labour to be educated and trained in the UK.

Table 2: Proportion of foreign-born compared to UK born workers in the Public Admin, Education and Health Sectors

Employment Sector	UK Born	A8 Foreign Born	Other Foreign Born
Agriculture and Fishing	1%	1%	-
Energy and Water	1%	-	-
Manufacturing	13%	21%	10%
Construction	9%	14%	3%
Distribution, Hotels and Restaurants	19%	24%	21%
Transport and Communications	7%	10%	7%
Banking, Finance and Insurance	16%	12%	20%
Public Admin, Education and Health	29%	11%	32%
Other Services	6%	8%	6%
Total	100%	100%	100%

Source: Labour Force Survey 2006



Source: Labour Force Survey 2006

- 3.4.5 **Table 2**, illustrated in the graph above, shows that there are more Other Foreign born people employed within the Public administration, Education and Health sectors than either UK born or A8 Foreign born people.
- 3.4.6 A8 Foreign born people have the highest representation in three sectors namely Manufacturing, Distribution Hotels and Restaurants, Transport and Communication.
- 3.4.7 Banking, Finance and Insurance sector is the only sector with more UK born people employed than A8 Foreign born or Other Foreign born people.
- 3.4.8 **Table 3**, below shows that the 76.59% of people registered with the Workers Registration Scheme (WRS) are employed as care assistants and home carers, the most significant occupation, which may reinforce that a number of nurses with overseas qualifications work as care assistants and home carers.
- 3.4.9 The total number registered with the WRS between May 2004 to March 2007, were 556,545 people of which 22,080 people were employed in the top 12 Occupations within the Health, Care, Early Years and Education sectors.

Table 3: Top Twelve Occupations in the Health, Care, Early Years and Education sectors in the UK

Occupation	Total Registrations	Percentage
Care Assistant and Home Carers	16,910	76.59%
Childminder and Related Occupations	1,075	4.87%
Teacher Assistant	680	3.08%
Doctor (Hospital)	585	2.65%
Nursing Auxiliaries and Assistants	435	1.97%
Pharmacists/Pharmacologist	430	1.95%
Nursery Nurse	420	1.90%
Dental Practitioner	350	1.59%
Social Worker	330	1.49%
Dental Nurse	315	1.43%
Nurse	295	1.34%
Researcher (Medical)	255	1.15%
Total	22080	

Source: Border and Immigration Agency (2007), Accession Monitoring Report A8 Countries, May 2004 – March 2007.

3.5. Qualification levels of migrant workers

3.5.1. There are substantial differences in the UK education system and the systems in operation in other EU and non-EU countries (see Appendices 1 to 3 for a detailed comparison) and information on the qualification levels of migrant workers is very difficult to obtain and compare.

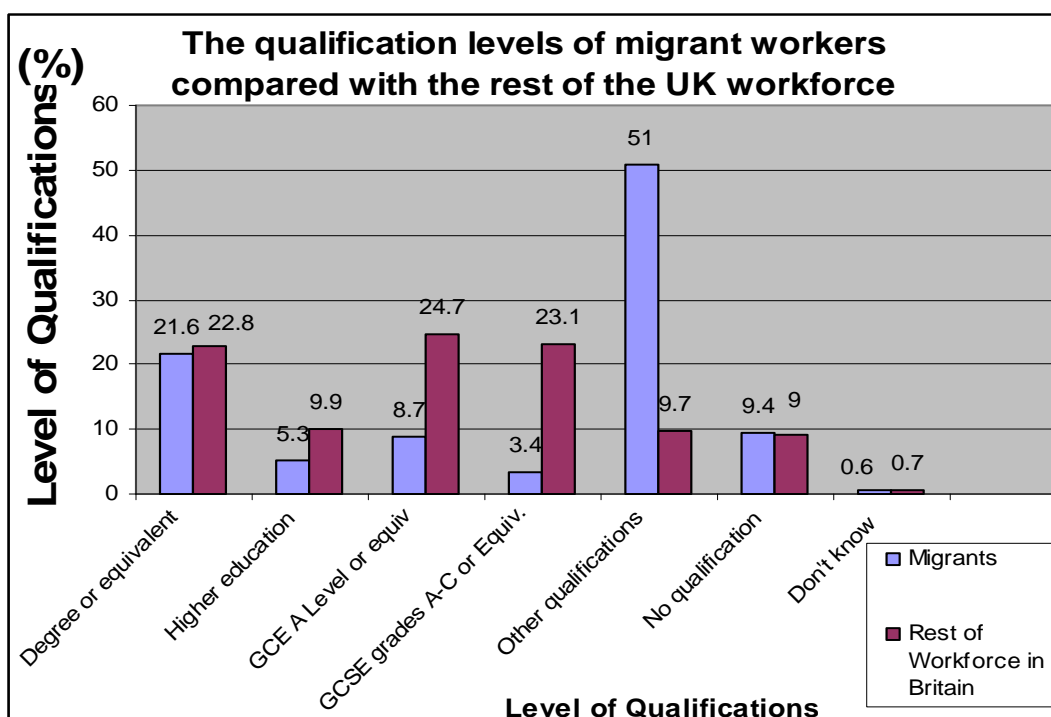
3.5.2. **Table 4** has been extracted from a study undertaken by Cardiff University, which is of particular relevance to this study, as it helps to illustrate the level of qualifications held by the migrant workers compared with the rest of the UK workforce. The table shows that 51 percent of qualifications held by the migrant workers were classed as others, indicating difficulties in matching the qualification to UK equivalence. There may be a percentage of these learners with a level 3 equivalent qualification who could progress into Higher Education but seek to go into employment. 8.7% of migrant workers have qualifications equivalent to 'A' level or other level 3 qualifications and with intervention such as advice and guidance could be helped to overcome the barriers to accessing training and education provision (Green et al 2005). The LLN, other networks and

government agencies have an important role to play in facilitating access into and through higher education by supporting the development of modularised provision, transferable credits and flexible awards (Green et al 2005).

Table 4: The qualification levels of migrant workers compared with the rest of the UK workforce.

	Britain	
	Migrants %	Rest of Workforce in Britain %
Degree or equivalent	21.6	22.8
Higher Education	5.3	9.9
GCE A Level or equiv	8.7	24.7
CSE grades A-C or equiv	3.4	23.1
Other qualifications	51.0	9.7
No qualification	9.4	9.0
Don't know	0.6	0.7
Total	100	100

Source: Cam, S (2006) Migrant Workers in Wales - A Comparison between Wales and the Rest of Britain



3.5.2 The West Midlands Regional Survey formed part of the research into the Economic Impact of Migrant Workers in the West Midlands region (Green et al, 2007). This survey found (in terms of qualifications) that the proportion of

migrant workers with qualifications at degree level or above exceeded that of West Midland working population in the 20-39 age range. However, it is noted that this was a small survey so it is difficult to say how qualifications compare on a larger scale with the general population.

3.5.3 From the 399 individuals in the survey whose qualification could be coded out of the whole survey sample of 712 migrant workers, 24% have a qualification at degree level or equivalent compared to 16% of the West Midland working age population.

Table 5: Comparison of Research (West Midlands and UK)

Research	Sample Population	Upper Secondary Education (%)	HE/ University Education (%)
West Midlands Regional Survey (2007)	399	N/K	24%
Migrant Workers in Gloucestershire (2007)	N/K	35%	39%
Migrant Workers in Fife Survey (2007)	900 A8 Workers		30%
Dynamics of Migrant Labour in South Lincolnshire	692 Migrant Workers	40.6%	26.3%

Sources:

Fife Research Coordination Group (2008) Migrant Workers in Fife Survey 2007

Migrant Workers in Gloucestershire (2007) – Gloucestershire County Council – Employer Survey of 3,619

Tirzite A and Zaronaitė D (2006) The Dynamics of Migrant Labour in South Lincolnshire, South Holland District Council

West Midlands Regional Survey (2007) – 399 individual qualifications coded from total survey of 712

4. Literature Review

'The language barrier means that I can't explain my qualifications to potential employers'

'I'm a trained Nurse in Poland but I am unable to translate my qualifications to work in an English hospital so I've ended up working as a Care Assistant'

'NARIC (National Recognition Information Centre) not very helpful – I can't work in the UK as a plumber as my qualification is not recognised'

Responses from Research by Gloucestershire County Council (2007)

4.1 Introduction

4.1.1 This review of policy and existing research literature first provides an overview of the likely future skills needs of the Health, Care, Early Years and Education sectors. It then provides an overview of the difficulties migrant workers face when seeking employment in these sectors and getting their qualifications formally recognised in the UK. There is significant amount of information on migrant workers and this review only addresses what is relevant to this research, i.e. studies that relate to qualifications with a focus on migrants who wish to enter occupations within the Health, Care, Early Years and Education sector.

4.1.2 The economic growth of the West Midlands in comparison is below that of the other regions of the UK and the rest of the Europe. A range of factors, for example levels of productivity investments, pockets of higher deprivation, low retention of graduates, the continued reliance on traditional industry such as agriculture and high proportion of the workforce are not educated to higher level.

4.2 Forecast of future skills

4.2.1 *Health and Care Sector*

- The National Guidance Research Forum website (NGRF, 2005) states that after a rapid increase in employment during the 1980s and early 1990s, growth rates in the health and social care sector have slowed down. However, continued job increases are forecast until 2012 at a rate of 1% per annum. This is the fourth highest growth rate amongst 25 sectors. These projections do not take into account policy-driven changes within the sector and may therefore be an underestimation given the targeted workforce expansion.
- The Skills for Health Sector Skills Council covers the whole Health Sector (NHS, independent and voluntary employers). The Skills for Health report (2003) states that the Health Sector is a large and complex sector with a wide range of both employers and occupations. There is steady growth in the workforce and this growth is set to continue, but there is substantial change in the mix of skills employed at the point of delivery. The sector's future requirement for skills falls into two categories, a significant increase in the number of staff required and a changing skill base within the sector. A combination of replacement demand and growth will necessitate replacing over 80% of the existing professional and assistant professional workforce.

- However, the supply of labour has not kept up with demand. Staff shortages and recruitment problems in social care are widespread with low pay, lack of career progression opportunities and image problems playing a key role.
- The European Care Licence (ECL) is scheduled to be launched in October 2008 and may help migrant workers coming to work in the care sector in England to have the right training for the job.

4.2.2 Early Years Sector

- The key projections contained in the Working Futures report (2006) state that the composition of employment in the sector is projected to remain fairly constant over the next decade, with a workforce that is 85% female and 50% part-time by 2014.
- Employment within the sector suffers from a contradiction. The sector provides care and education in a very formative period of in child's development. Therefore, it is vital that staffs working with babies and children are well trained. Paradoxically, the early year's sector has experienced heavy underinvestment in the past. It is regarded as a low paid sector with low levels of qualifications, high staff turnover and growing difficulties in recruitment.
- Since the introduction of the National Childcare Strategy in 1997, the sector has massively increased in size. It has been estimated that the UK children's day care nurseries market was worth £2.7 billion in 2003. The children's nurseries market has grown rapidly in the last 10 years, and is now more than seven times the size (in nominal terms) than at the end of the 1980s.

4.2.3 Education and Training Sector

- The UK education and training sector is complex, large and diverse delivered through, early years, nursery, primary and secondary school education, further education, private training, higher education, workplace and adult learning.
- The four UK nations, England, Scotland, Wales and Ireland do not share the same funding and planning structure.
- Rapid technological change has contributed to raising the priority that Government has assigned to both compulsory and post-compulsory education, within long-term economic development strategies.
- Education as a sector has experienced an underlying growth in workforce terms since the 1970s, and this has been accelerated by the present Government's public policy commitments. For instance, in compulsory education a range of incentives to increase the number of people applying to train as teachers are encouraging people into the profession. These incentives include increases in basic pay of new teachers, training bursaries and bonuses for teachers in subjects where there is an acute shortage.
- Replacement demands in the education sector as a whole far outweigh the projected expansion demands in this industry (There will be a need to replace over 40% of the workforce by 2017). Therefore, the number of jobs is expected to remain stable over the next 10 years.

4.3 Barriers to the assimilation of skilled migrant workers

- 4.3.1 As noted previously, migrant workers could help the UK meet future demand for skills in the key sectors outlined above. However, despite developments at the European level and the existence of UK-based translation services such as NARIC, research indicates that the migrant worker population is polarised in terms of education and UK employment. A mismatch exists between recognised UK and international qualifications and as a result many migrant workers are under-employed. Haque (2002), McKay (2005), Currie (2007) and Mackenzie and Forde (2007) suggest that migrants suffer de-skilling because the UK fails to recognise migrants in terms of their skills and qualifications.
- 4.3.2 Battu and Sloane (2002) stated that foreign qualifications are less well rewarded in the UK than in foreign nationals' countries of origin. Prospects of high pay and training are one reason migrants seek employment in the UK. However, they are often faced with the realisation that their foreign qualifications are not recognised, and they end up working in lower skilled jobs than they would in their home countries.
- 4.3.3 Dench *et al.* (2006) and the Audit Commission (2007) undertook research into the difficulties experienced by migrant workers seeking recognition for their overseas qualifications. They concluded that the lack of recognition may be due in part to employers who either do not recognise or do not value the qualifications that migrant workers have. Research conducted by the Learning and Skills Council (2006) suggested that there was potential or scope to provide employers with assistance in 'translating' foreign qualifications into UK equivalents. TUC (2007) highlights a lack of awareness among employers about the skills and qualifications migrant workers can offer them, and a systematic failure to employ migrants in jobs that allow them both to use their existing skills and learn new ones to enable their careers to progress.
- 4.3.4 One potential area of concern is that almost all of the migrant workers' home countries outrank the UK in terms of length of time in education, but not all groups seem able to translate this into positive labour market outcomes. Some groups, such as the Polish born, may be working several levels down from their own skills level (Anderson *et al.*, 2006) due to the temporary nature of their migration. More concerning is the fact that other, more settled groups appear to be unable to access jobs at a level commensurate with their levels of education, which is possibly an indicator of discrimination in the labour market.

4.3.1 Sector Skills Councils (SSCs)

- Sector Skills Councils (SSCs) have been set up to decide how training is delivered and funded in the UK. There are currently 25 SSCs covering all sectors of the economy from textiles through finance to IT. They are independent, employer-led organisations that actively involve trade unions, professional bodies and other key stakeholders. SSCs provide employers with a unique forum to express the skills and productivity needs that are pertinent to their sector. Together, the SSCs cover approximately 89 per cent of the UK workforce. NARIC provides information on qualifications from 183 countries and can help recruit migrant workers into jobs that reflect their skills. However, research conducted by the TUC (2007) reported that 75 per cent of the SSCs and regional chambers of commerce interviewed were making little use of the service. The main exception was the construction industry (www.constructionmigrantworkers.co.uk).

4.3.2 Language and other skill gaps

- The category of 'aspiring migrant' was given to workers who were perceived as being either skilled or qualified professionals in their own countries but lacking the English language skills or transferable qualifications to practice their profession in the UK. Often these 'aspiring migrants' take on low skilled or unskilled jobs while they improve their English or gain the necessary qualification.
- A finding from the West Midlands Migrant Worker survey (Green *et al*, 2007) was the importance of fluency in the English language for employment progression and that there is scope for employers to make better use of the skills of 'aspiring' migrants. It was stated that Polish migrants were more likely than average to report receiving help with improving their English in comparison with migrants of Indian origin who were most likely to say they are fluent in English.
- Research indicates that it is not just a lack of English language skills that face aspiring migrants. For instance, the LSC (2006) found that migrant doctors often had to adjust to stricter practices or specific NHS protocols. Employers reported a tendency by these employees to return to their home country once trained in UK practice.

4.3.3 Recruitment and employment practices

- Research suggests that many migrants do not understand what labour market and vacancy information is available and from where (LSC, 2007). Research highlights the prevalence of recruitment agencies in helping migrant workers to find employment and the inconsistent standards and practices in the treatment of migrants by these agencies. However, migrants are increasingly likely to access work through word of mouth rather than through more traditional or 'official' routes such as Jobcentre Plus. Employers indicated that whereas they initially may have used recruitment agencies or labour providers to supply migrant workers, as their number in the workplace increased supply through agencies was being replaced by word of mouth recruitment directly to the workplace. Migrant workers expressed a definite preference for direct employment.
- Research by Gloucestershire County Council (2007), states that the main sources of information and support for employers of migrant workers are central government departments, the Inland Revenue, the internet and Jobcentre Plus. The Audit Commission (2007) stated that some employers and business organisations actively support their migrant workers. The Home Office (www.employingmigrantworkers.org.uk) gives a series of case study examples on its website and possible ways for employers to support foreign workers are included in a voluntary code of practice on employing migrant workers.

4.3.4 University admissions policies

- We are aware that a proportion of migrants want to gain equivalent UK qualifications in their profession and/or have their overseas qualifications recognised. Where research seems lacking, however, is on how migrants can make good any shortfall in qualifications.
- Beyond English language skills, many migrants want to gain equivalent UK qualifications for their profession (Dench *et al*, 2006; the Audit Commission, 2007). However, their lack of knowledge about the UK Higher Education

system and a lack of information are barriers that have the potential to prevent many migrant workers accessing the UK Higher Education sector and the Labour market.

- It is individual institutions of Higher Education that make the decision regarding which international qualifications and English language proficiency they recognize for entry of overseas students. However, from 2008, the International Baccalaureate Diploma (IB) will be part of the qualifications in the UCAS tariff. The IB diploma is an international university entrance qualification, recognised by Higher Education institutions in over 100 countries. Diploma students have to follow a broad range of subjects over the two years of the programme, but can at the same time specialise in those subject areas of greatest interest to them.

5. Translating Qualifications

5.1. The European Context

- 5.1.1 The European Job Mobility Portal (EURES) states the importance of transparency and mutual recognition of qualifications as a crucial complement to the free movement of workers.
- 5.1.2 The possibility of obtaining recognition of one's qualifications and competences can play a vital role in the decision to take up work in another EU country. It is therefore necessary to develop a European system that will guarantee the mutual acceptance of professional competences in different Member States. Only such a system will ensure that a lack of recognition of professional qualifications will not become an obstacle to workers' mobility within the EU.
- 5.1.3 For the purpose of overcoming the differences, the EU has set up a system for the recognition of professional qualifications. Within the terms of this system, a distinction is made between regulated professions (professions for which certain qualifications are legally required) and professions that are not legally regulated in the host member state.
- 5.1.4 Education and training systems in the EU member states still show substantial differences. The last enlargements of the EU, with different educational traditions, have further increased this diversity. This calls for a need to set up common rules to guarantee recognition of competences.
- 5.1.5 In order to overcome the diversity of national qualification standards, educational methods and training structures, the European Commission has put forward a series of instruments, aimed at ensuring better transparency and recognition of qualifications both for academic and professional purposes.

5.1.1 *The European Qualifications Framework (EQF)*

- The European Qualifications Framework is a key priority for the European Commission in the process of recognition of professional competences. The main objective of the framework is to create links between the different national qualification systems and guarantee a smooth transfer and recognition of qualifications. The EQF was formally adopted by the European Council on 14 February 2008. The EQF proposes that Member States relate their national qualifications systems to the EQF by 2010 and that their qualifications contain a reference to the EQF by 2012. The framework will therefore enable individuals and employers to use the EQF as a reference tool to compare the qualifications levels of different countries and different education and training systems, for example vocational training and Higher Education.

5.1.2 *The European Credit Transfer System (ECTS)*

- The European Credit Transfer System aims at facilitating the recognition of periods of study abroad. Introduced in 1989, it functions by describing an education programme and attaching credits to its components. It is a key complement to the highly acclaimed student mobility programme Erasmus.

5.1.3 Europass

- Europass is an instrument for ensuring the transparency of professional skills. The Europass system makes skills and qualifications clearly and easily understood in the different parts of Europe. In every country of the European Union and the European Economic Area, national Europass centres have been established as the primary contact points for people seeking information about the Europass system.

5.2. The UK context

5.2.1 The National Recognition Information Centre (NARIC) provides information with regard to equivalences between broad overseas and UK qualifications. The UK NARIC is part of a network of National Academic Recognition Information Centres established in 1984 at the initiative of the European Commission. Located in all EU Member States as well as in the countries of the European Economic Area, NARICs play a vital role in the process of recognition of qualifications in the EU. NARIC offers a subscription based membership which gives individuals and organisations access to relevant databases. This means that individuals do not have to wait for responses to individual queries and can be helped to understand what a response means. NARIC does have information for organisations about equivalencies in the occupational sectors of Childcare, Social Care and Teaching but this is a subscription service costing between £900 - £1000. NARIC is a branch of the DfES and the only official provider on the comparability of international qualifications.

5.2.2 UK National Reference Point (NRP)⁵ provides an assessment service for professionals and those who hold overseas qualifications, skilled worker, trade and technician certificates with detailed information about the comparability of their own international qualifications (for example when coming over to the UK to work or study). NRP can also offer guidance to UK citizens going overseas.

5.2.3 Migrant workers are concentrated at the higher and lower ends of the earning scale and many have the qualifications and skills beyond those needed for the jobs they are doing. Migrant workers could make a bigger contribution to the UK economy if their skills and qualifications were recognised by employers.

5.3. Occupational models for converting qualifications obtained overseas

5.3.1 The literature review identified examples of existing models for converting qualifications obtained overseas for some occupations within the target sectors of Health, Care, Early Years and Education. The models are outlined below.

5.3.1 Dentistry

- Dentists are skilled professionals who diagnose and treat problems that affect the teeth, mouth and gums. There are around 35,000 registered dentists in the UK. The majority work in general dental practice and are usually self-employed. Around 5,000 dentists are employed by the NHS in hospitals and as community dental officers. Dentists are also employed by the Armed Forces, some large organisations and universities. The number of dentists has grown over the past decade. There are also more dental graduates, which has led to greater competition. However, there is still a shortage of NHS dentists in many local areas; often the shortages are in rural areas.

⁵ Further details refer to NRP's website – www.uknrip.org.uk

- To practice in the UK, dentists need to gain a degree from one of the 14 dental schools. The standard degree programme lasts five years. The requirements vary, but applicants generally need at least three A levels, including chemistry and biology. Competition for places is fierce.
- The British Dental Association⁶ (BDA) provides information for overseas dentists who wish to work in the UK. The EU/EEA dental qualifications held by the nationals of EU/EEA member states, give eligibility to apply for registration with the General Dental Council (GDC). Once registered EU/EEA dentists can practice without restriction in the UK. There is a language requirement for those wishing to work in the NHS General Dental Services.
- Outside the EU/EEA, the GDC recognises certain dental qualifications gained in 2000 or before as being eligible for registration. These are qualifications gained in Australia, Hong Kong, Malaysia (1950 - 1962 and University of Malaya 1997-2000 only), New Zealand, Singapore and most South African dental schools. Dentists from these countries must contact the GDC for advice on their eligibility. If a Dentist has a qualification from one of the countries that are not eligible for registration, they will need to take an additional examination in the UK.
- Dentists who have qualified abroad contribute a significant amount to NHS dentistry in England they now make up 20% of all dentists with Poland contributing the largest share of new dentists, making up 17% of all new entrants (Skills for Health, 2007).

5.3.2 Nursing and Midwifery

- Nurses are an essential part of a UK healthcare team. They work with patients who are ill or injured or who have problems due to age or disability. As well as providing care for patients and supporting their treatment and recovery, nurses give support and advice to patients' families and carers. They also promote good health.
- There are around 670,000 nurses in the UK. The majority are employed by the NHS. There are also opportunities in private healthcare, nursing agencies and residential homes, charities and voluntary organisations.
- Nurses must hold a degree or diploma in nursing recognised by the Nursing and Midwifery Council (NMC). These are offered at universities and colleges throughout the UK. Each university decides on its own academic entry requirements, but all applicants must demonstrate ability in literacy and numeracy, and provide evidence of good health and good character.
- Midwives care for mothers and their babies during pregnancy, birth and while the baby is still very young. They are actively engaged in promoting wider issues around public health. They also play an important part in advising and supporting partners and other family members, making sure that everyone is prepared for the arrival of the new baby.
- There are around 43,000 midwives practicing throughout the UK. Work locations range from inner city hospitals to community health services in rural areas. Most midwives are employed by the NHS, but there are also opportunities with private healthcare companies and in the Armed Forces. There may be opportunities to become self-employed. There are around 43,000 midwives practicing throughout the UK. Work locations range from inner city hospitals to community health services in rural areas.

⁶ Refer to the BDA website for further information – www.bda.org

- To become a midwife, candidates must have either a diploma or a degree in midwifery. Diploma and degree courses last either three or four years full time and combine theoretical background with hands-on practical experience. Longer, part-time courses are available at some universities for staff employed in support roles. Modules studied include biological sciences, applied sociology and psychology, and professional practice.
- The Nursing and Midwifery Council (www.nmc-uk.org) provides information for nurses and midwives registered in European Union (EU) countries wanting to work in the UK, and UK registered nurses and midwives wanting to work in the EU. The EU has agreed minimum standards that nurses responsible for general care (adult nursing in the UK) and midwives must meet in order to be registered. This framework approach is set out in the Recognition of Professional Qualifications Directive 2005/36/EC. This means that nurses and midwives qualified overseas can check online if they meet the requirements for automatic recognition of their qualification. If there are significant differences between the qualifications the NMC will invite overseas qualified nurses and midwives to make up the differences through a period of adaptation or through an aptitude test. The level of English language of all prospective employees must meet the requirements of the IELTS test (International English testing) at level 7.0.
- Statistical analysis of the Nursing and Midwifery Council (2007) register indicated that India is first in the 'top 25' of countries from which nurses and midwives were admitted to the register in 2006/07 with 50% of all admissions from India (2,436 admissions). From EU/EEA countries Poland (578 admissions) represented 39% of all EU/EEA admissions.
- However, according to the Nursing and Midwifery Council (NMC), in the year ending 31 March 2004, only one in three (14,122 people) of the 41,406 overseas trained nurses and midwives who applied for registration were accepted.

5.3.3 Social Work

- Social workers work with people who need help and support at times in their lives. This may include working with children, families, older people, people with mental health issues and people with physical or learning difficulties, or sensory impairment.
- There are over 100,000 registered social workers in the UK. Although this number has grown there is still a shortage, particularly in London and south-east England. Becoming a social worker requires an accredited honours degree or postgraduate degree in social work followed by registration with the General Social Care Council in England, the Care Council for Wales, the Northern Ireland Social Care Council or with the Scottish Social Services Council.
- The social work recruitment website (www.socialworkandcare.co.uk) directs people from overseas to the General Social Care Council (GSCC) website. All social workers practising in England must be registered with the General Social Care Council (GSCC). If qualified abroad, in order to be registered, overseas workers must meet criteria on qualifications, health and good character. In addition their qualification will be assessed to make sure it meets the requirements of the most recent UK-recognised qualification. This is known as the equivalency procedure. If they are a national of an EU/EEA country or Switzerland, their application for registration will be processed according to the EU Directive 92/51/EEC on the recognition of professional qualification.

5.3.4 Teaching

- School teachers play an essential part in helping children and young people to acquire and develop the knowledge and skills they will need in later life. The work involves building relationships that encourage pupils to learn and fulfill their potential. Primary school teachers usually teach one class in all subjects, while secondary school teachers usually teach one or two subjects to different classes.
- Over 485,000 teachers work in state-maintained schools in England, Wales and Scotland and are employed by local authorities. There are also opportunities to work in sixth form colleges, city academies and technology colleges, independent schools and non-maintained special schools. Teaching is an increasingly popular career for students and career changers. However, there are still good opportunities to enter the profession and there remains a shortage of teachers in certain subjects.
- To teach in a state-maintained school and in many other institutions, candidates must have Qualified Teacher Status (QTS) in England and Wales. A number of degrees and postgraduate qualifications (and, in England, work-based qualifications) are available. Entry requirements vary, but include specific qualifications in English and Maths, and experience of working with children. Most entry routes require applicants to have a degree.
- Information on teaching is readily available via the Training and Development Agency for Schools website (www.tda.gov.uk). The website states that if a migrant worker is qualified as a teacher inside the EU, mobility laws apply and they can access teaching positions in the same way as 'home' trained teachers. EEA national's who are recognised as qualified school teachers in an EEA member state, may apply for Qualified Teacher Status (QTS) in England under the terms of Council Directive 89/48/EEC, without the need for further training.
- If someone is qualified as a teacher overseas but outside the EEA, they may be eligible to work in England as a temporary teacher without qualified teacher status (QTS) for up to four years. This programme is currently available in England only and they are referred to the General Teaching Council for England (GTCE) website.
- Once the migrant worker has found a teaching position in a school, the Overseas Trained Teacher Programme (OTTP) will provide them with their own individual training and assessment programme which will ultimately lead to a qualification to teach in England permanently. According to the DFES (2007), overseas trained teachers provide around 11,000 teachers to England, approximately 2.5% of the teaching workforce.

6. Consultation with key stakeholders

6.1. Employer Perspective

6.1.1. The following two case studies help to explain the employer's perspective of employing people with overseas qualifications and illustrate some of the issues faced by employers experiencing skills shortages.

Lyndel Homes, Handsworth – providing care for older people

The owner Delores Matadeen is responsible for three homes caring for a total of 42 people and employing 42 staff. She strives to ensure her staffs are 'knowledgeable carers' with the ability to care for a diverse range of people. The home has a pool of staff that can be drawn upon to meet the cultural, ethnic and religious needs of residents. Staffs are usually recruited through the local Jobcentre. However, the home also offers placements to students undertaking care courses at a local Further Education College. Placements are voluntary and usually last for one year. Students who demonstrate they have the ability to work in the care environment are normally offered employment with the home and the opportunity to progress on to NVQ level 4 in Management and Advanced Care.

Delores has experienced problems recruiting motivated staff with the right attitude for care work from the UK. No UK worker has applied for a job at the home in over two years and Delores believes this is because of the stigma attached to working in care and the perception that it is hard and demanding work. Many of home's staff are, therefore, recruited from overseas and predominantly from non-EU countries. However, in Delores' experience, non-EU migrants experience difficulties obtaining work permits.

Some of the overseas workers employed in the homes are qualified nurses and many are highly skilled. However, it is common for migrant workers to have to complete NVQ level 2 and 3 in order to gain entry into the UK higher education system and in some instances staff have had to completely retrain. There are different rules for immigrants wishing to enter the UK from different countries (particularly non-EU) and Delores noted that some students wishing to progress into higher education have also experienced problems because of their immigration status.

Delores feels that poor basic skills, especially English language, act as the biggest barrier to employment for migrant workers. The local Further Education College runs sessions for all workers wishing to learn or improve their spoken and written English. However, Mahmood believes that ESOL programmes need to be developed in order to ensure learners understand the specific terminology used in the care sector. In addition, some migrant workers need additional support to develop an appreciation of the needs of culturally-diverse residents.

Building Health Hub, Birmingham

The Building Health Hub in Birmingham is involved in recruitment on behalf of the NHS and other organisations in the Health and Social Care Sector.

Mahmood Ash explained that in his experience there has been a recent growth in people with overseas qualifications looking for work in the Health and Social Care sector. Mahmood explained that there are difficulties in recruiting for vacancies and those migrant workers with overseas nursing qualifications are taking up these vacancies. He feels that although they are highly skilled there are cultural and language barriers that hinder them working in roles they are qualified for.

6.2. Migrant worker perspective

- 6.2.1 During this research two Migrant Worker focus groups were conducted in order to capture individuals' experiences of employment within the Health, Care, Early Years and Education sectors. Each group had access to a translator in order to ensure all participants could contribute effectively to the discussion. The focus groups were held at a Citizens' Advice Bureau centre and the Open University West Midlands Regional Centre. These venues were chosen on the basis that they were known to participants and easily accessible. The focus groups were organised in a way that enabled people who work shifts to participate.
- 6.2.2 Migrant workers are regarded as a hard to reach group and contacts were made through a variety of sources. A total of six Polish participants attended the first group and ten Indian participants attended the second group. Researchers planned to conduct a focus group of seven Polish dentists and related jobs in Staffordshire but for unforeseen circumstances the employment agency withdrew the permission at the last minute and therefore this focus group failed to materialise.
- 6.2.3 Two hours were allocated for each focus group. The groups consisted of two sessions of approximately an hour split by an opportunity to have refreshments. The aim was to offer participants the opportunity to discuss issues highlighted by the researchers, but also to raise and address issues they felt were important to them.
- 6.2.4 At the outset, the facilitator outlined the proposed format for the session and explained the purpose of the focus group and the remit of the research. Participants were assured of confidentiality and were told that if they wished, certain points would not be recorded. The names of some participants have not been recorded to protect their identity (at their request).

6.3. Participants in Polish migrant worker focus group



Agnieszka Bochen (female, 38 years old, and one son) arrived in the UK in 2005. She was previously a Customs Border Agent in Poland. She came to England in search of more highly paid work. Agnieszka initially lived in London but after a couple of months moved away from the capital. She is currently working as a community carer. She would like to attend college to do an interior design course. However, the college course fees are an issue for her.



Anita Pichla (female, 31 years old) arrived in the UK in November 2006. Anita is a qualified nurse but was unable to gain work experience due to a shortage of available places in Polish hospitals. Since arriving in the UK she has worked as a home carer in Wales and a carer in England. She would like to gain employment as a nurse. However, it has taken four months to translate her qualifications from Poland and she has experienced problems with the Nursing and Midwifery Council (NMC). Anita is planning to attend a return to practice programme that allows her to register with the NMC as a registered nurse.



Marzena Jakosz, (female, 45 years old) arrived in the UK approximately two years ago. She is a qualified nurse and previously worked as a senior nurse in Poland. She recently started work as a nurse in the UK but her job largely involves a mix of care assistant and nursing work. She has been attending college for two years studying English.



Marek Sek (male, 53 years old) arrived in the UK in October 2006. Marek is a qualified teacher of engineering and has previously run his own business. He decided to come to England because his oldest son lives here. Marek spoke very little English on arrival in the UK and has undertaken ESOL courses at a local college. He is currently employed as a delivery person/van driver but would like to work as a teacher. Marek has seen a nextstep Adviser who provided him with some information about his Polish qualifications and the UK equivalent.



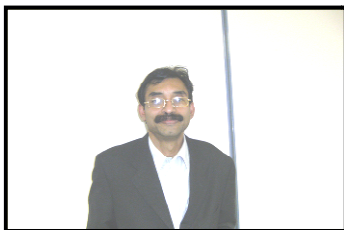
Joanna Wickiewicz (known as Asia) (female, 27 years old) is a qualified teacher. She arrived in the UK in August 2006 with her husband, having driven from Poland to England with enough food and money for the first month. Asia has taken an ESOL course at a local college and is currently a night shift general assistant at Tesco. She applied but was not successful for a teaching assistant job working with Polish school children. Asia saw a college careers adviser who gave her information about her Polish qualifications from NARIC. Asia doesn't want to go back to see the careers adviser and knows that she must pay for more information about her qualifications from NARIC.

6.4. Participants in Indian migrant worker focus group

6.4.1 The majority of the group were professional medical staff working for the NHS in the Birmingham and surrounding areas. Three members were employed in the Education sector.

Susan Philip Chaprathue (Female) arrived in the UK in 2005 looking for a better lifestyle and education for her children. Highly qualified with a PhD, MSc, and BSc in Physics and BEd in Physical Science. UKNARIC assessed all her qualifications as comparable to UK qualifications with the exception of the BEd in Physical Science. As a result she undertook a teacher training qualification and is currently working in a local FE college as a lecturer teaching Physics, Science and Maths. In her feedback, Susan explained that although she was proficient in English she found the different accents challenging and the different cultural attitudes towards work and lifestyles unfamiliar. Based on her experience Susan said an induction programme that included work practices, culture and attitudes would have helped her more easily integrate. Susan felt there were differences between being able to speak English and being able to communicate effectively.

Male, aged 45 arrived in the UK in 1996 for further training and to improve job prospects. In India he successfully undertook an MBBS in Medicine, Surgery and Gynaecology and a DMRD in Radiology and Physics and is working as a Radiologist. He moved to the UK for further training and employment. Whilst in the UK he undertook further studies and qualified as an MSc in Ultrasound and an FRCRI in Radiology. He felt that he would have benefited from interview training.



Billey Graham Matthew arrived in the UK in 2005 looking for employment and was qualified as an MSc in Chemistry with a PhD in Research in Bio-Physics. Whilst in the UK he undertook Further Education training specifically C&G 747 Stage 1 and 2 which enabled him to teach in sixth form colleges in the UK. He is working as a Lecturer and Teacher of Chemistry at a sixth form college in Birmingham. Billey

explained that the education system he experienced in India was very successfully focused on students graduating with high levels of knowledge. Billey felt that an introduction into the UK systems and culture would have benefited him.

Dr Ajit Gomez arrived in the UK in 1996 with an MBBS qualification in Medicine and Surgery and DPM in Psychiatry. He undertook further study in the UK in Psychiatry and is working as a Consultant Psychiatrist. Ajit was recruited from India as part of the UK Overseas Doctors training scheme. He explained that the protocols and guidelines were well established in the UK which meant any new worker needed to be familiar with these. Ajit added that the UK offered a second chance to mature learners which was not so common in India. He suggested that an orientation programme with the opportunity to see how things work in practice would have been helpful. He also suggested that an opportunity to practice presentation skills as well as a management and leadership programme would have helped him – a view which the remainder of the group supported.



Sheeja Cherian arrived in the UK in 2003 looking for better opportunities and to continue with her teaching career. Sheeja has teaching experience at the Mahatma Gandhi University and arrived in UK with a PhD, MSc in Biochemistry and BSc in Chemistry. She found the initial experience in the UK very disorientating and challenging, particularly as one University was very discouraging concerning her attempt to obtain a PGCE qualification. She withdrew from that University and successfully completed that qualification with the Open University. As a result, she is currently enjoying a satisfying teaching career with Halesowen College. With an orientation programme and guidance about the UK job market, culture, support agencies and work practices she feels she would have been better prepared and may not have spent four years doing menial and unrelated work to that for which she was qualified.

Jessamma John (female) is a trained nurse and midwife with a specialism in Haemodialysis. Jessamma arrived in the UK in January 2003, looking for a better job and to further her experience. Jessamma used UK NARIC but found the process very lengthy and not very helpful; a view that resonated with other members of the focus groups, who had also used UK NARIC. In the UK, Jessamma completed an adaptation nursing programme which re-covered the aspects of her experience, training and qualification from India that were not recognised. In her experience Jessamma found the practices, with varying standards in UK, very different to those in India. She is currently working as a staff nurse at a local hospital. Like others Jessamma suggested that a programme for people with overseas qualifications and newly arrived in the UK would have been very helpful. She suggested the programme could include an introduction to the UK Job market, insight into sector practices, culture and the education structure, as well as signposting organisations who offered initial advice, guidance and support.

Male, aged 43 arrived in the UK in 2000 looking for advanced training and work. He has an MBBS and MD in Anaesthesia which took eight years of study. The key motivating factor for him to come to UK, was to further his career by advancing his training in Anaesthesia. His experience, training and qualifications gained in India were partly recognised and with an awareness of the UK systems and procedures, he found navigating the job market relatively straightforward. He is currently working as Consultant Anaesthetist at a local hospital.

Male, aged 42 arrived in the UK in 1997 seeking specialised training in Ophthalmology. He has a number of qualifications in his related field of Ophthalmology. He mainly relied

on informal and personal contacts in the UK to provide him with information and guidance on training opportunities in the UK and the systems and procedures. It took him almost a year to secure a training post, where he was able to undertake specialised training in his field. He is working as a Consultant Ophthalmologist. He felt that an orientation programme for those new to the UK, which included health and safety issues, protocols, system and procedures governing UK organisations, together with an introduction to Management would have been helpful.

Female, aged 36 arrived in the UK in 1997 looking for training and to join her family. She has MBBS, MRCGP - Royal College of General Practitioners, MRCPCH - Royal College of Paediatrics and Child Health qualifications. She too suggested an orientation programme designed to introduce people new to UK, to the culture and UK legislation appropriate to the sector, and that a dedicated website would benefit people like her. She is currently working as a General Practitioner.

Female, aged 43 arrived in the UK in 1996 looking for employment and further training. Although fully qualified with MBBS and MD qualifications from India, she had to undertake further qualifications that would allow her to equate her Indian qualifications in medicine to their UK equivalent before she secured relevant employment in UK. After further training and completing the MRXPCCH qualifications in the UK, she was successful in securing her current employment with the local hospital as a Paediatrician Consultant. Like most members of the focus group, she heavily relied on an informal network of friends and family to provide her with support and information. Her view, supported by others in the focus group, is that there are differences between people training in India and those qualified and trained in the UK. For example, in India, the clinical skills are better, people are more knowledgeable, have better interpersonal skills and have the freedom to practice, whereas people qualified in UK have better independent skills and training, with excellent resources and have established protocols and procedures. She too suggested that a training or orientation programme dedicated to people new to the UK would help integration into the UK community. The programme could be an introduction to UK culture, attitude, the education system and the job market as well as work practices, protocols and procedures appropriate to the Health sector.

6.5. Overseas Education

- 6.5.1 All the members of the Polish focus group were educated to at least college level. All the medical professionals in the Indian focus group were educated to degree level and the two working in the education sector each had a PhD. The topics studied by participants reflected their vocational choices and included Nursing, Teaching and Economics of Tourism in the Polish group. The Indian participants' stated that Medical School in India is very theoretical and differs from UK training which is perceived to be more practical. Subjects in Medical College could include a combination of anatomy, biochemistry, medicine, ophthalmology, paediatrics, physiology and surgery.
- 6.5.2 The Indian participants identified a number of differences between the UK and Indian education system. The participants perceived that:
- a) India has a higher standard of primary education than the UK. In India students progress when they have reached a particular standard rather than when they reach a certain age.
 - b) Indian students are expected to develop their mental capacity, e.g. in maths, and not rely on technical aids such as calculators.
 - c) There is a difference between Indian medical training and training in the UK. In India training stresses the importance of the application of knowledge in comparison to the UK.
 - d) Indian students do not have the opportunity to develop their communication skills

- e) English students seem to be more motivated by money than by what studying can do for them (the Educational Maintenance Allowance (EMA) was mentioned).

6.6. Career aspirations and motivation for migration to England

6.6.1 All of the participants aspired to a career in the vocational area in which they trained. Although there appear to be clear progression routes in their home countries for professionals in the teaching, health and medical fields, participants were motivated to migrate by better employment prospects and higher salaries. The Indian group indicated that they were also motivated to live and work in the UK because the UK is perceived to be at the 'leading edge' in medicine and provides excellent training for doctors seeking to specialise. The Indian lecturers were also attracted by the standards of professionalism in the UK. Some of the participants were motivated to migrate for non-work reasons such as to join family, to learn English and to experience another culture.

6.7. Support to migrate and find work

6.7.1 There were stark differences between the groups in terms of the level of support individuals had received to migrate to the UK. The Polish migrants indicated that they had received very little support, other than from friends and family. The Polish migrants and the educationalists from India indicated that they would have liked more support, particularly in finding suitable accommodation. Many had relied on family and friends.

6.7.2 All the Polish migrants had used the internet to gain information about working in the UK. However, they added that although the information was easy to find, it was not always accurate. The group recommended a couple of well known Polish language websites that are useful including www.mojawyspa.co.uk and www.onet.eu. A fifth (20%) of Polish migrants had used recruitment agencies to find work but in the main this group had relied on word of mouth and family and friends. Most would have like more support in the form of good simple advice tailored to individual needs.

6.7.3 Personal networks of peers and friends already working in the UK were also a key source of employment opportunities for the Indian migrants. However, they also indicated that the 'Overseas Doctor and Nurses scheme' had been very supportive. Some had made use of publications including the Times Higher Education Supplement and the British Medical Journal. One doctor was sponsored to come to the UK and another was supported by a consultant for research training

6.7.4 The participants in the Indian focus group felt that more should be done to support and orient people coming to the UK to work. It was suggested that agencies '*could assess the quality of work we did and skills we possessed*' and additional help with writing applications and interview techniques would be beneficial.

6.8. Working in England

6.8.1 Participants identified a number of barriers to working in England:

- **Language.** All the Indian migrants could speak and write in English before entering the UK. However, they perceived that a strong accent can disadvantage some applicants. This was in contrast to many of the Polish migrants who attended English language lessons on arrival.

Marzena stated that she couldn't speak English when she came to the UK: *'I have tried to teach myself but I started to go to college for English classes'*.

Anita stated that, *'from the beginning I was ashamed to talk in English and I find it hard to understand customs'*.

- **Interview skills.** The Indian migrants felt that overseas candidates have poor interview techniques and do not present themselves well at interview.
- **Cultural differences.** One Indian migrant mentioned that there are enormous cultural differences between India and the UK and that this can act as a barrier.
- **Lack of recognition for qualifications gained overseas.** A couple of Indian participants praised NARIC for helping to compare their qualifications with UK equivalents. However, they felt that the comparison was unjust. A minority of the medical professionals indicated that their training was only partly recognised or was not recognised at all. Some indicated that they had to sit an exam before they were able to practice and others indicated that they were required to completely retrain.

6.8.2 Despite these barriers the majority of Indian migrants and some of the Polish migrants were confident that they would be able to gain employment in the job for which they were trained.

6.8.3 Anita stated that her qualification would help her get work, because *'I know there is a lack of nurses in the UK'*.

6.8.4 The Indian migrants believed that they brought valuable skills and experience from their home countries, including practical nursing skills and experience of treating a large volume of cases.

6.8.5 The majority of Polish participants are over-qualified for their current occupations. This is in contrast with the Indian participants who are all employed in full-time permanent posts in the occupations for which they are trained.

7. Conclusions and Recommendations

7.1. Literature Review

- 7.1.1 It is clear from the statistical evidence that migrant workers make a significant contribution to the Public Administration, Education and Health sectors in terms of maintaining skills levels and filling staff shortages. In particular, many managerial and professional roles in the Health and Education sectors are more reliant on migrant workers than other sectors. There is much evidence to suggest that these sectors will need migrant workers to meet the demands of future workforce requirements. The work initiated by the West Midlands Strategic Partnership will hopefully ensure that the region will meet the need to fill future skill gaps.
- 7.1.2 Researchers have found that gaining information on the qualification levels of migrant workers has been very difficult. In the research that has been completed it has been found that the proportion with qualifications at degree level or above exceeded that of the West Midlands working population. To gather robust intelligence on migrant workers is extremely difficult reflecting gaps in official data and the fact that migrant workers are a hard to reach group. There are a number of migrant worker communities rather than a single migrant worker community, each with their own aspirations and experiences, hence generalising to other groups is problematical.
- 7.1.3 The national literature indicates that the migrant worker population is polarised in terms of education and a mismatch exists between recognised and international qualifications. That means that many migrant workers are employed in jobs below their skill and qualification level. This finding was reflected in our own research as the majority of migrants in the Polish focus group are overqualified for the jobs they do. The transfer of overseas qualifications is an important issue, and is currently being investigated by the Learning and Skills Council. It is a systematic failure not to employ migrants in jobs that allow them both to use their existing skills and learn new ones.
- 7.1.4 Certain professional qualifications (nursing, medicine, law) gained abroad are not always recognised and conversion courses are necessary before practising in the UK. Enabling migrants to use their qualifications and skills in the UK would not only encourage them to stay for longer periods but would also contribute to filling skills gaps. In other words, migrant workers could make a bigger contribution to the West Midlands economy if their skills and qualifications were more widely recognised by employers.
- 7.1.5 The literature review indicated the difficulties experienced by migrant workers into gaining recognition of overseas qualifications and some of the problems that employers experience. It was highlighted that employers are failing to seek advice from NARIC on the comparability of international qualifications. Where research seems lacking is on how migrants can make good any shortfall in their qualifications.

7.2. Focus Group

- 7.2.1 Participants in both focus groups commented on how time consuming and frustrating the process of translating their qualifications can be. This is particularly evident for nursing. The majority of the Indian focus group were confident that their qualifications would enable them to work in their chosen field, in comparison with Polish workers who experienced more of a struggle to gain recognition for their qualifications.

- 7.2.2 A key contributing factor to the difficulties, other than qualification recognition is English language fluency. This was reflected in the findings from all focus groups which cited English language skills and problems in obtaining recognition for qualifications gained outside the UK as barriers to migrant workers being able to secure the level and type of employment for which they were qualified.
- 7.2.3 One example from the Indian focus group was the issue on arrival in the UK of concern with skills in the English language within the medical profession. Participants possess the appropriate medical qualifications and experience, but feel that they do not have the required knowledge and/or command of the English language. The English language level of all migrant workers in the focus groups was at a very high. However, there were differences in that the Indian focus group required specialised English support for careers for the medical field whilst the Polish group wanted to improve their English in general.
- 7.2.4 For all focus group participants the motivations for coming to the UK were largely economic in terms of simple cost of living benefits in comparison with their home country. The participants who indicated a longer term ambition to settle in the UK were the ones who found the greatest frustration with identifying equivalent qualifications. Indeed, 'aspiring migrant' workers could make a bigger contribution to the UK economy on a longer (rather than short term) basis if their skills and qualifications were recognised by employers

7.3. Key Stakeholders

- 7.3.1 Employers state that migrant workers are highly motivated, have the right attitude and their skills are generally better than carers who have trained in the UK. The importance of placing English language learning into the context of working in the Care sector is crucial in order that migrant workers can understand the correct terminology. In terms of qualifications, comparability needs to be clearer for employers with regards to overseas qualifications.

7.4. Overall Conclusions

- 7.4.1 It is clear that the UK and the West Midlands are missing out on the full skills of migrant workers. The Health, Care Early Years and Education sectors will require high level skills in the future. If this is not met by the UK workforce then the skills of migrant workers will need to be utilised. It is not clear what the significance is of migrant workers' inability to speak English as fluently as home workers, in relation to why they were working below the level of their qualifications or skills.
- 7.4.2 In the case of some economic migrants in the UK for a short period, workers are content to work beneath their skill level and reap the monetary rewards of employment in the UK. However, some of the more 'aspiring' migrant workers are frustrated by their under-employment and are keen to utilise and improve their skills and qualifications in the UK for the longer term.
- 7.4.3 A theme that is evident from discussions with employers and focus group participants is that some overseas workers who are qualified nurses have had to retrain completely to be able to gain UK employment. This shows a high level of commitment by migrant workers to their future employment in the UK.
- 7.4.4 It appears that whilst there are some difficulties relating to qualifications for professionals within the Medical sector these seem to be easier to overcome than within other areas. There are different challenges between the Health, Education and Social Care sectors that may require further research. Medical qualifications appear to be more portable. There appears to be an interesting split between the acceptability of professional qualifications and that of vocationally based qualifications

7.4.5 A key theme that is evident from the research and one that needs to inform any model is the need to overcome difficulties in meeting the advice, information and guidance needs that both migrant workers and employers face. In particular, a question is raised of where to situate appropriate information, advice and guidance to ensure that it is accessible and appropriate. It was noted from the literature and focus groups the importance of family, friends and word of mouth in finding employment in the UK was noted. Indeed, many migrants bypass the official routes into employment and use personal networks, although the role of agencies should be noted in relation to recruitment for specific skill shortages such as doctors. The significance of recruitment agencies needs to be recognised and their role supported because they are playing a key part in meeting the needs of employers and migrant workers.

7.5. Key Messages

7.5.1 The key messages from the report findings are:

- There are a limited number of studies that have sought to compare and contrast the qualifications of different groups of migrant workers. The research highlighted the difficulties in estimating the number of migrant workers as well as their qualifications, with official figures often underestimating the true picture. There is no single data source that provides a comprehensive picture of the numbers and characteristics of migrant workers in the region, an issue supported by a number of similar studies in the field.
- Available statistical evidence suggests that migrant workers make a significant contribution to the public administration, education and health sectors in terms of maintaining skills levels and filling staff shortages. There is evidence to suggest that these sectors will have future skill shortages and that migrant workers could help to fill those gaps.
- In the research conducted it has been found that the proportion of migrants with qualifications at degree level or above exceeded that of the West Midland working population. Around 8.7% of migrant workers qualifications equated to level 3 or equivalent qualifications, and therefore potential target group for the LLN and Aimhigher partnership.
- A significant proportion of the qualifications held by the migrant workers (51%) was classified as other qualifications, indicating that the qualifications could not be matched to the UK equivalence. This group could benefit from an Accreditation of prior learning and attainment system.
- Differences in qualifications structures in different countries and in translating qualifications gained outside the UK to UK equivalents means there are problems in making robust comparison between the qualifications of migrant workers and those of the general population.
- Certain professional qualifications gained abroad including nursing, medicine and law are not always recognised and conversion courses are necessary before practising in the UK. In addition different professional bodies such as the Nursing and Midwifery Council have various registration requirements before individuals can practise.
- The literature review and research has indicated the difficulties experienced by migrant workers in gaining recognition for their overseas qualifications with evidence to support the view that they end up working in lower skilled jobs than they would in their home country.

- The research suggested that employers in the sectors studied did not recognise overseas qualifications. This may be due to the disparate range of qualifications and systems migrant workers could have studied and the lack of a mechanism by which employers could assess the qualifications.
- It is clear that sector specific English language, is the single most important barrier to the short term integration of migrant workers into the local economy. The longer term barrier is the process to convert their qualifications into UK equivalents and thus enable their skills to be fully used in the West Midlands.

7.6. Recommendations

7.6.1 A partnership approach to helping migrant workers make better use of their skills and qualifications seems essential. The partnership would need to include local employers, education and training providers and community associations as well as local authority services such as housing and benefits.

7.6.2 The partnership could support the development of a regional model that focuses on the needs of specific groups of migrant workers to include:

- A single comprehensive and easy to access source of Information, Advice and Guidance – IAG. This source would include common themes such as culture, access to employment agencies education systems and means tested benefits applicable to all migrant workers. In addition, sector specific IAG to take account of sector requirements, organisations and professional bodies would be of value to migrant workers.
- A co-ordinated orientation/induction programme developed by the providers of education and training and employers to introduce migrant workers to the culture of organisations in the sector including the rules and regulations that govern working practices as well as the technical English language associated with the sector. The programme may also take into account specific skills such as presentation skills and interview techniques.
- A development of a model designed to support migrant workers in putting together a portfolio of evidence that can be presented to education providers, professional bodies and potential employers. The portfolio should include accreditation of prior learning.
- A development of tool-kit to support advisers of IAG and Careers, employers, teachers, lecturers, and others in position likely to provide information, advice and guidance to people with overseas qualifications.
- A method to monitor and evaluate the value of this co-ordinated approach by migrant workers and potential employers.
- Proactively promotion of the availability and value of this co-ordinated approach to the various groups of migrant workers represented in the region.

7.6.3 The funders and policy developers within the region should encourage and facilitate the recognition of qualifications and certificates from abroad, in particular to help fill future skill gaps in the UK and West Midlands work force.

- 7.6.4 Once the partnership model is developed with funding from the Lifelong Learning Network and other agencies a longer term sustainable funding model would need to be agreed. One method could be to create a partnership funded by partnership members. One of the activities of the partnership could include a development and implementation of an Accreditation of Prior Learning and Attainment system.
- 7.6.5 LLN could facilitate a pilot project designed to support migrant workers with level three qualifications to access higher education.
- 7.6.6 The partnership could press for the speedier delivery of a single national unified framework for matching and comparing overseas qualifications with UK qualifications.

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Appendix 1: Education and Qualification Comparison - Key Differences and Similarities

	Non EU Countries				EU/EEA Countries	
	England	India	Bangladesh	Pakistan	Czech Republic	Poland
Pre-School	Provision available for ages 3-5	None	Kindergarten, tutorial and pre-cadet schools exist offering wide range of pre-primary education	Over one third of Pakistani Children below the age of five attend pre-primary lessons	Pre-school education is voluntary in Crèches (age 1-3) and in nurseries (age 4-6).	Provision available for ages 3-5
Primary	Age 5-11 Compulsory education Delivery of a National Curriculum	Age 6-14 Compulsory Education in two stages. Elementary school curriculum	Students sit an examination at the end of Grade 5. Approximately 80% of primary school leavers progressed to junior secondary level.	Age 5-10 Primary and Age 11-13 Middle	Two stage model (primary, ages 6-11) and lower secondary (11-15)	Age 7-12 At the end of primary school, pupils take a competence test. This is a national and compulsory test, which is set and marked by regional examination boards.
Secondary	Age 11-16 Common curriculum leading to the GCSE examination	Age 14-16 two national boards of secondary education	Age 11-18 Junior Secondary, Secondary and Higher Secondary Technical and vocational streams offered	Secondary School is divided into two phases: Secondary and Higher Secondary/Intermediate	Upper secondary school is to prepare pupils for either university or employment	Age 13 - 16 Compulsory three-year cycle of non-specialised general secondary education in one of four school types
Further Education	Age 16+ and Adults Both academic and vocational courses	Age 16 -18 Academic and vocational streams			Tertiary technical schools prepare students to be fully qualified for demanding vocational activities or to deepen knowledge of an existing subject that the individual is already trained in.	Age 16-18 Vocational and Higher professional schools
Higher Education	Higher education in England is provided by universities, university colleges, colleges of higher education and some further education colleges. Undergraduate degrees usually three years in length	Universities award degrees and polytechnics provide vocational and technical training. Undergraduate degrees usually three years in length	Several types of undergraduate degree offered over three years of study.	Two year Bachelor degree (pass) and three year Bachelor degree (honours) offered.	Bachelor study usually lasts three years (exceptionally four years). Completion of undergraduate study concludes with a state examination.	18+ New higher education vocational schools, universities, technical universities and specialised academies.

Key to type of education



Compulsory

Optional



Appendix 2: Comparing Educational Participation and Performance

		Non EU Countries			EU/EEA Countries	
	United Kingdom	India	Bangladesh	Pakistan	Czech Republic	Poland
*Early compulsory School Leavers as % of pop aged 18-24	13%	n/a	n/a	n/a	5.5%	5.6
Population having completed at least Upper Secondary Education (Pop 25-64 %) (Level 2)	72.6%	49%	n/k	n/k	90.3%	85.8%
Higher Education Participation rate – % of 25 to 34 year olds	30%	n/k	n/k	n/k	15%	28%

Sources

* Early school leavers as % of the population aged 18-24 years with at least lower secondary education but NOT Further Education or training.

EUROSTAT Website www.eurostat.gov.uk

OECD Organisation for Economic Cooperation and Development – Education at a Glance 2007

Appendix 3: Education Overview – Selected Countries

England	India	Poland
<p>The education systems of England, Wales and Northern Ireland remain very similar and share a common framework. In England, School education consists of primary (i.e. infant and junior) and secondary education. The division is sometimes into first (primary), middle and upper (high) schools. Education is compulsory between the ages of 5 and 16</p>	<p>The education system of India still bears a close resemblance to the British model. The 10+2+3 system is often referred to with Indian education. Ten years of primary and secondary education are followed by two years of upper secondary education. Undergraduate degrees at universities are usually three years in length. Education between the ages of six and 14 are compulsory.</p>	<p>Since 1999 the school education system follows a 6+3+3 pattern. Compulsory education lasts from the age of 7 to 18 until the completion of 'gymnasium'. but there are some non school alternatives from 16, including apprenticeships</p>
<p>Primary</p> <p>Children attend primary school (usually co-educational) from age 5 to 11. Compulsory education begins at the start of the term after a child's fifth birthday. There are three types of primary school, infant (ages 5 to 7), junior (7 to 11) combined junior and infant schools (5 to 11). All schools must deliver the National Curriculum, which provides a minimum entitlement to a broad and balanced curriculum for all pupils. Within that framework, schools may decide for themselves how to plan and deliver the curriculum. Assessment tests in English and mathematics are taken at the ages of 7 and 11</p>	<p>Primary education comprises eight years' schooling from the age of six. The first five years are known as the primary stage (Standards I - V), whilst the upper primary stage, also known as middle school, teaches children between the ages of 11 and 14 (Standards VI - VIII).</p> <p>Two thirds of the eligible population leaves school after primary education.</p>	<p>6 year primary (7 to 13). At the end of the first six years of primary education the students have to sit exams set by regional examination boards.</p>
<p>Secondary</p> <p>Secondary education lasts from age 11 to the minimum school-leaving age of 16, though many students continue to age 18. A common curriculum is followed leading to the GCSE examination which is taken by the majority of pupils. Where possible, pupils may stay on at school for up to three years beyond GCSE, or transfer to a further education establishment</p>	<p>Secondary education begins in Standard IX (or Standard VIII in some cases). Hindi or the regional language is used as the medium of instruction, though English is used in many private schools and is taught as a second language in other areas.</p> <p>Students in Standard X sit for public examinations held either by individual states or by one of the two national boards of secondary education, the Central Board of Secondary Education (CBSE), and the Council for the Indian School Certificate Examinations (CISCE).</p> <p>Higher secondary education is provided by schools and Junior Colleges. Courses focus primarily on university preparation. Presently two years in duration after</p>	<p>Three year gymnasium or lower secondary school (13 to 15) takes place in one of four types of school described below:</p> <p>3 Year general lyceum offering general education leading to the maturity certificate, a requirement for entry to Higher Education (HE);</p> <p>3 year specialised lyceum leading to the maturity certificate but also offering a general vocational education in a chosen area;</p> <p>4 year technical lyceum leading to the maturity certificate and vocational qualifications at technician level;</p>

England	India	Poland
	<p>completion of Standard X. Public examinations are held at the end of Standard XII either by individual states or by central boards (see below), leading to the award of the Higher Secondary Certificate (otherwise titled the All India Senior School Certificate, Higher School Certificate, Indian School Certificate, Intermediate Certificate or Pre-University Course etc).</p>	<p>and 2-3 year basic vocational school leading to skilled worker qualifications.</p>
<p>Further Education</p> <p>Further education (FE) covers all types study undertaken after the completion of compulsory education. Courses can be studied at schools with 6th forms, separate 6th form colleges or further education colleges. Both academic and vocational courses are offered at this level.</p>	<p>On completion of Standard X, students have the options of:</p> <p>Progression to senior secondary school (10+2) for either the academic stream or vocational courses (see secondary education, vocational and technical education).</p> <p>Craftsman or apprenticeship courses offering trade certificates (see vocational and technical education). Technician qualifications in polytechnics (see vocational and technical education).</p> <p>Students who are awarded a Standard XII Upper Secondary School Certificate may progress to higher education institutions (see higher education). Students who have followed vocational courses may be considered for entry to relevant higher education courses.</p>	<p>Under the new reforms, post-secondary schools were introduced which provide vocational education at the post secondary level. Admission is on the basis of the Matura or Certificate of Completion of Lyceum. The subjects studied are directly linked with the student's chosen occupation and there is no element of general education at such schools (with the exception of physical education).</p> <p>Schools of Higher Professional Education</p> <p>These schools train students in vocational / professional specialisations and prepare them for specific occupations by including 15-week internships and school practice in the mandatory curriculum.</p> <p>The vocational specialisations are Agricultural Forestry and Veterinary Sciences; Fine Arts; Mathematics, Physics and Chemistry; Technical Science; Social Science and Law</p> <p>Those graduating from these schools may continue their studies in university-type institutions and subsequently obtain the title of magister or its equivalent.</p>

England	India	Poland
<p>Higher Education</p> <p>Higher education in England is provided by universities, university colleges, colleges of higher education and some further education colleges</p> <p>Higher Education Act 2004 brought in changes to the funding of higher education by introducing a scheme whereby students contribute towards their tuition</p>	<p>Higher education is provided by universities, institutions 'deemed to be universities', and Institutions of National Importance, which have powers to award degrees. Polytechnics in India are involved primarily in vocational and technical training. They generally do not award degrees nor undertake research.</p> <p>There are three principle levels of qualification within the HE system. These are: Bachelor; Master's; Pre-doctoral / Doctoral; Postgraduate Diplomas are awarded after 1 year's study on completion of a Bachelor degree.</p>	<p>The HE sector comprises the new higher vocational schools, universities, technical universities, and specialized academies such as academies of medicine and music. First cycle qualifications include: licencjat and inżynier and second cycle: magister, eg magister inżynier (engineering) and lekarz, eg lekarz medycyny (medicine). At doktoral level the titles are doktor and doktor habilitowany</p>

Appendix 4: Case Studies Mapping of Journey

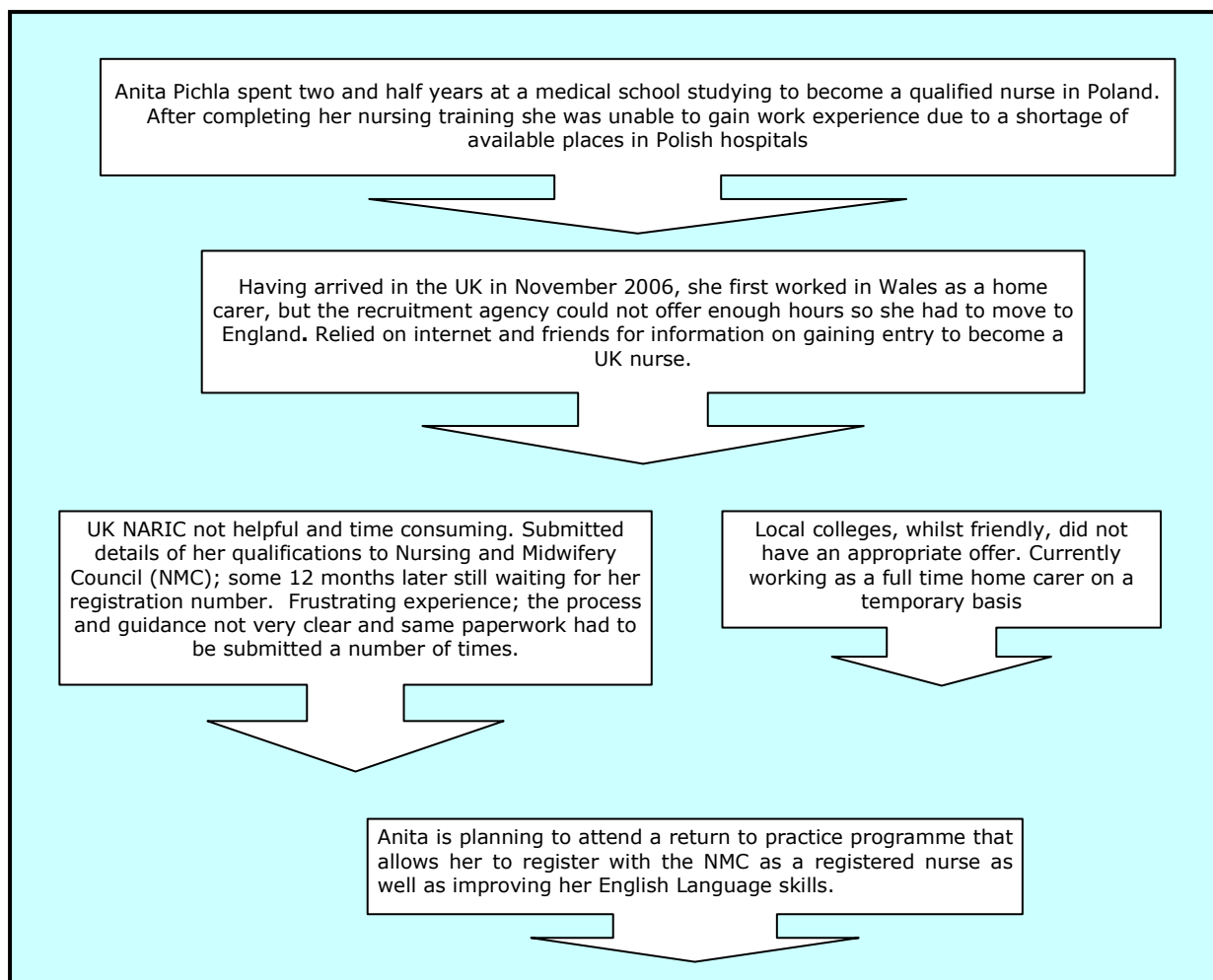
Case Study One



Anita Pichla (female, 31 years old) attended primary school, High School and then spent two and half years at a medical school studying to become a qualified nurse in Poland. After completing her nursing training she was unable to gain work experience due to a shortage of available places in Polish hospitals. On arrival in the UK in November 2006, she first worked in Wales as a home carer, but the recruitment agency could not offer enough hours so she had to move to England. She is currently working as a full time home carer on a temporary basis. Anita stated that her qualification would help her get work, because 'I know there is a lack of nurses in the

UK'. In terms of support in the UK, Anita confirmed that she has had no official support in coming to the UK, but the recruitment agency has been supportive.

Anita explained that she had been advised that it would take four months to translate her Polish qualifications before she could work as a nurse in the UK. In reality it has taken her twelve months and she is still waiting to hear confirmation about her qualification. She had problems with the Nursing and Midwifery Council (NMC) who repeatedly asked for the same paperwork and she also said that she didn't find NARIC helpful. Anita is planning to attend a return to practice programme that would allow her to register with the NMC as a registered nurse. In the longer term she would like to improve her English and to find work as a nurse in the UK. Anita said that 'from the beginning I was ashamed to talk in English and I find it hard to understand English customs'. Anita explained that she has been left alone to find out what she needed to do to become a UK registered nurse and this has been very time consuming. Anita felt that many other people would have given up earlier.



Appendix 4: Case Studies Mapping of Journey

Case Study Two

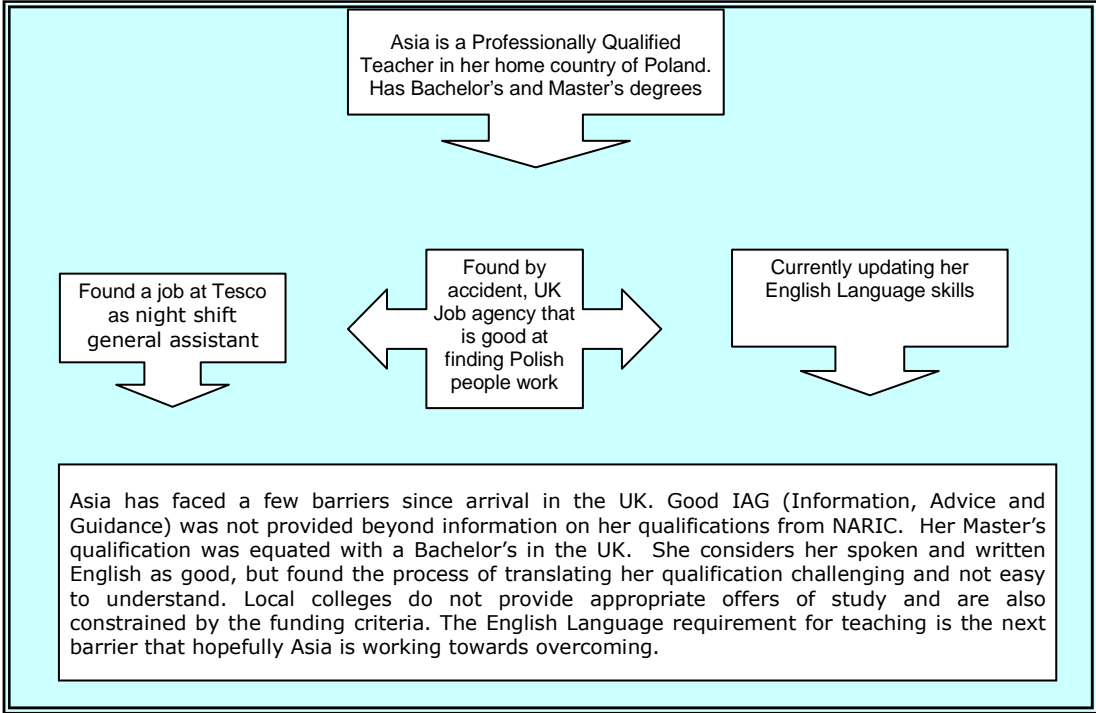


Joanna (known as Asia) Wickiewicz, (female, 27 years old), completed her primary, education and university study in Poland. Asia obtained both her Bachelor's and Master's degrees to enable her to teach at a secondary school level. The teaching profession in Poland has three stages. Asia has successfully finished the first stage as a trainee teacher, after which she can apply for the next stage that comes after about three to five years teaching experience. Finally, after eight to ten years' teaching experience she could apply for the full qualification status.

After finishing university Asia found it hard to earn money for the whole family on the wages paid to teachers in Poland. She and her husband decided to drive to England, leaving her 3 year old son, behind with her parents, in August 2006, with one month's supply of food and money. She found, by accident, a local job agency that helped Polish people find jobs. She found a job as a night shift general assistant, easily, in Tesco. Tesco were very happy that she could speak and write English and she also works at the local Citizen Advice Bureau (CAB) as a volunteer, where she acts as an interpreter for Polish people.

Asia has taken an ESOL course at a local college in order to use her skills to find a better job and, in the longer term, to find a more permanent job. An Asia state that the work at Tesco is permanent, but she is fed up with working nights so is trying to find something else. In the long term would like to teach, (she feels that she does not have much spare time and would like her three year old son to join her, and she said she is often quite tired). Asia stated that she doesn't

have to think in her current job, as it is filling the shelves at Tesco and this reflects that she is overqualified in her current role. She is trying to find time to research her options for employment in the UK as a teacher and did see a college careers adviser who unfortunately was not that helpful in terms of her needs, but gave information on NARIC. Asia doesn't want to go back to this careers adviser and knows that she must pay NARIC for more information about her qualifications. Asia has applied but wasn't successful for a teaching assistant job working with Polish school children. She has stated that her long term intention is to work towards finding a job as a teacher and/or teaching assistant but feels her current circumstances, leave her with very little time and money to pursue this intention.



Appendix 4: Case Studies Mapping of Journey



Case Study Three

Sheeja Cherian attended primary school, secondary school and university in her home country of India gaining a BSc in Chemistry and PhD in Biochemistry. Sheeja came to UK, some twelve years ago, to join her husband, who joined the NHS as part of an UK overseas training scheme for doctors. He reported no barriers in finding employment in the UK and was sponsored by his employer.

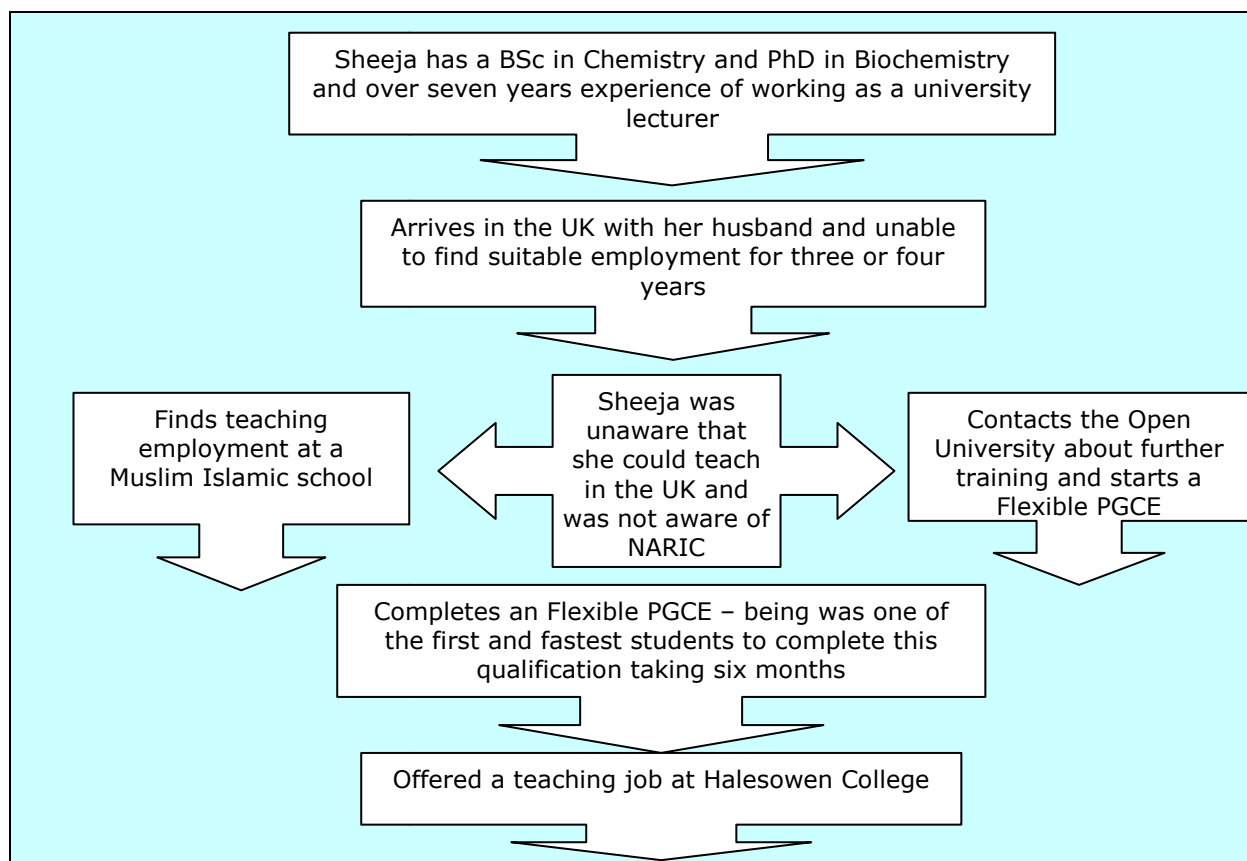
Sheeja reported difficulties in gaining employment within the education sector, even though she had over seven years of experience of working as a University lecturer. For three to four years Sheeja struggled to find employment for which she was trained in, however, she was successful in finding a job as an assistant practice manager at a doctor's surgery. Sheeja was unaware that she could teach in the UK and a neighbour recommended that she approach a Muslim Islamic school for a teaching position which she did and gained her first experience of working in the sector of her choice in the UK.

Sheeja saw and contacted the Open University after seeing an advertisement and applied for further training. It took about one year for Sheeja to have her overseas qualifications mapped, assessed and recognised. She decided to study for the flexible Post Graduate Certificate in Education (PGCE) offered by the Open University and she was one of the first and fastest students to complete this qualification taking six months.

Sheeja successfully completed the PGCE course and obtained a teaching post at the Halesowen College. Sheeja is currently teaching Biology and Chemistry to students on A Levels, BTEC Nationals in Forensic Science, Medical Science and access to higher education courses.

Sheeja confirmed that she did not know that organisation such as NARIC existed.

A description of Sheeja's experience can be seen in the Open University Flexible PGCE prospectus and the Open University Sesame and Open Eye publications.



The research team on behalf of the Birmingham, Black Country and Solihull Lifelong Learning Network would like to thank the following organisations, in no particular order, for their contribution towards the completion of this research.

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