

# DIVERSITY WORKS

Executive summary

Research report on  
work placements for  
refugees in the NHS



**RAGU (Refugee Assessment and Guidance Unit)  
August 2006**

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Research report on  
Work placements for refugees in the NHS

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## EXECUTIVE SUMMARY

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*“when you bring refugee professionals into the NHS they not only support the professional achievement, but facilitate cultural awareness in the field”*

*(NHS Manager)*

### INTRODUCTION

‘Diversity Works in the NHS’ was a pilot project led by RAGU (Refugee Assessment and Guidance Unit) at London Metropolitan University in partnership with: Newham PCT and the Royal Free Hampstead Trust. The project was funded by the Learning and Skills Council, London Central between June 2003 and December 2004.

The research study conducted by RAGU in 2004, focused on the impact of work placements for refugee professionals within the NHS. The views of both refugees and NHS staff were sought at various stages throughout the programme. The research findings provide both useful insights and a practical toolkit for developing work placements for refugees and simultaneously addressing Diversity issues in the work place. While the findings of the study are based in the NHS, they are inherently transferable to other public sector employers and to the voluntary sector.

The report will therefore be of relevance to those committed to promoting the social inclusion of a highly marginalised group of people in the UK refugee agencies, NHS Trusts, other public and voluntary sector employers, policy makers and of course refugees themselves.

RAGU is a specialist refugee agency, uniquely placed within London Metropolitan University. Since 1995 RAGU has delivered services to refugee professionals and those with high-level qualifications. RAGU provides specialist careers guidance and training courses to enable greater access to appropriate employment, training and education. RAGU’s work also includes research, advocacy and networking at regional, national and international levels.

## THE CONTEXT: refugee unemployment, legislation and the NHS

Refugees face some of the highest unemployment rates in the UK (six times the national average in 2004)<sup>1</sup>. Since 1996 four Asylum and Immigration Acts have been passed. The most recent, the Nationality, Immigration and Asylum Act 2002, placed restrictions on asylum seekers access to employment, by removing their previous entitlement of permission to work after 6 months. Even with permission to work refugees face numerous barriers to employment<sup>2</sup>. This has been heightened by the Home Office decision in August 2005 to introduce the Five-year rule on permission to remain for those with refugee status<sup>3</sup>. It will likely to impact adversely on employers recruitment and retention practice in relation to refugees within first five years of a refugee receiving status in the UK.

Nearly a third of refugees hold high level or professional qualifications<sup>4</sup>, yet of those who enter employment, for many this is temporary, part-time work well below their skills level. The barriers for refugees' entrance to sustainable and meaningful employment, commensurate with their skills are well documented. The main obstacle of '*finding employment that engages their (refugees) skills fully*' is one of a series of specific challenges recognised by the Home Office in their 2005 strategy to support refugee integration.<sup>5</sup>

In a climate of increasing hostility and negative media coverage of both asylum seekers and refugees, it has been essential to challenge prejudices and create opportunities for this group to fully integrate and enter employment, in the UK. Within the refugee professional population, refugee health professionals (HPs) (e.g. Doctors and Surgeons) and allied health professionals (AHPs), (e.g. Biomedical Scientists and Radiographers), face a particularly arduous process to enter the work force. The particular irony for refugee HPs and AHPs is that skills and expertise notwithstanding their entry to the NHS workforce is exceptionally difficult, despite the shortage of skilled labour in the NHS, (though this shortage is now decreasing). They are a pool of untapped skilled labour for the NHS to draw on.

The situation for refugee HPS and AHPs is not unique. Many hundreds, possibly thousands of refugee professionals in both regulated and unregulated professions, such as teachers, engineers, accountants and lawyers, experience considerable obstacles to entering employment.

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<sup>1</sup> Department for Work and Pensions., 2003. *Working to Rebuild Lives: a preliminary report towards a refugee employment strategy*. Sheffield

<sup>2</sup> Bloch A., 2002. *Refugee's opportunities and barriers in employment and training*. Dept. for Work and Pensions, Research Report No.179

<sup>3</sup> HM Government., 2005. *Controlling our borders: Making migration work for Britain*. Available at [www.homeoffice.gov.uk](http://www.homeoffice.gov.uk)

<sup>4</sup> *ibid*: footnote 2

<sup>5</sup> Home Office., 2005. *Integration Matters: A National Strategy for Refugee Integration*. [www.nrif.org.uk/docs/IntegrationMatters](http://www.nrif.org.uk/docs/IntegrationMatters)

The NHS nationally, especially in London, continue to face workforce shortages in skilled areas, despite the NHS financial deficits and resultant job cuts. (There are still around 3500 jobs advertised daily on NHS websites)<sup>6</sup>. Concomitantly the Department of Health (DoH) seeks to redress the “inequality of employment in the NHS”<sup>7</sup> with socially inclusive initiatives, identifying refugees among other groups, as under-represented in the NHS workforce. In addition the NHS has conducted recent research<sup>8</sup> on a range of positive action schemes in the NHS in order to act as a:

*tool for NHS organisations to use to create a workforce which truly reflects and supports the communities in which it serves*  
NHS Employers., *Positive Action in the NHS*, October 2005

In this climate, ‘Diversity Works in the NHS’ was a timely project addressing refugee HPs’ and AHPs’ under-employment in the NHS.

## **KEY RESEARCH FINDINGS**

The research findings show the unequivocal benefits of managed and structured work placements in the NHS both for refugee professionals and the NHS managers and their teams. They illustrate the extent to which employers, refugees and agencies need to directly address cross-cultural and integration issues in employment as a tool to redress discrimination and promote the inclusion of refugees in the workforce.

### **NHS managers**

The work placements contributed to supporting the NHS strategy for Equality and Diversity in their organisations, not least significantly increased knowledge and awareness about the issues faced refugee professionals, some of which was previously unknown to them.

### **NHS Trusts**

The findings demonstrate how work placements can act as a powerful tool to change employers’ attitudes towards socially excluded groups. The research uncovered polar views on equality and diversity operating within the NHS. NHS managers held empathetic and informed views about refugees’ social welfare, psychological and professional situation. However this contrasted with mis-information about refugees’ rights and stereotyping in relation to refugees’ expertise and qualifications. For some NHS managers the work placement was a first opportunity to engage in diversity issues specific to refugees as employees, and those views were challenged and in some cases transformed by the work placements.

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<sup>6</sup> Tash Shifrin., The Door is Still Open, *The Guardian* 31<sup>st</sup> May 2006

<sup>7</sup> Department of Health. 2003. *Equalities and Diversity Strategy and Delivery Plan to Support the NHS*

<sup>8</sup> NHS Employers., 2005. *Positive Action in the NHS*, October 2005. University of Bradford. [www.nhsemployers.org/excellence/equality-diversity.cfm](http://www.nhsemployers.org/excellence/equality-diversity.cfm)

The findings evidence specific structural barriers within the NHS which limit refugee professionals entrance to the workforce. In addition the structural processes that need to be in place in order to make work placements work for refugee HPs and AHPs is described. This includes developing meaningful, appropriate work placement roles with a limited clinical remit, creating effective work placement supervision, establishing strategic processes in the Trusts e.g. induction, communication systems, support for NHS managers, secure funding streams.

### **Refugee professionals**

Work placements served to increase confidence, professional skills and employability. Of especial note was refugees reporting improved psychological health and well being while on placement, of particular relevance in the NHS in addressing health inequalities.

The findings point towards the value of creating champions of refugees within organisations, NHS, local government, professional bodies and within the Department for Work and Pensions (DWP). Specialist refugee agencies, providing quality programmes, are working with organisations such as LORECA<sup>9</sup> and Employability Forum<sup>10</sup> who advocate for refugees at policy level. There is now real potential for practical steps to be taken by employers, policy makers and refugees themselves to tackle obstacles to employment.

## **KEY RECOMMENDATIONS**

### **Recommendations for NHS Trusts**

Trust Boards are recommended to develop refugee specific strategies within the Trusts' Equality and Diversity strategy to include

- specialist training for staff on refugee issues within Diversity training
- positive action programmes for refugee professionals
- refugee working group or individual champions to identify key structural barriers to recruitment and retention of refugee
- conduct research on the contribution of refugee HPs and AHPs currently employed in the NHS in relation to reducing health inequalities

Trusts need to raise the NHS profile to refugee professionals and the refugee communities to promote NHS as an employer committed to Equality and Diversity practice in the workforce

NHS needs to work with refugee agencies in training for Trust staff to raise awareness and promote refugee professionals (including HPs and AHPs), and employ their expertise in managing work placement programmes for refugee HPs and AHPs.

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<sup>9</sup> LORECA: London Refugee Economic Action – [www.loreca.org.uk](http://www.loreca.org.uk)

<sup>10</sup> Employability Forum - [www.employabilityforum.co.uk](http://www.employabilityforum.co.uk)

Trusts are recommended to develop adaptation and re-qualification programmes for refugee HPs and AHPs along the lines of overseas recruitment programme and identify and develop a range of intermediate role vacancies throughout the NHS.

## **Recommendations for refugees agencies**

Refugee agencies need to develop partnerships with NHS Trusts, across London, to deliver quality work placement programmes refugee HPs and AHPs in primary, acute and secondary care, deliver training to NHS Trusts on promoting refugee professionals as skilled and experienced contributors to the workforce as part of the NHS Equality and Diversity Strategy.

Refugee agencies are recommended to develop work placements for refugee professionals to include:

- *Quality careers guidance matched with appropriate selection and assessment procedures to work placement programmes*
- Pre-placement training for refugee professionals
- *Negotiated work placement roles to maximise opportunities for refugee professionals and the NHS teams*
- *Reflective work placement supervision and support to refugees and managers*
- *Strategies to support refugee professionals in reflective learning methods while on work placement.*
- *Project steering groups to guide work delivery of placement projects to include refugee agencies refugee professionals and NHS managers.*

Refugee agencies need to continue to lobby DoH and DWP.

Refugee agencies to research alternative career paths and to develop partnerships with public and voluntary sectors to manage work placement programmes for refugee HPs and AHPs seeking alternative careers.

Refugee agencies are recommended to develop programmes for new and existing NHS refugee professional employees with Trusts, to provide careers guidance and counselling to increase retention rates and further their progression in the NHS.

## **Recommendations for policy organisations**

Confederations should work with DWP to support local Trusts' positive action programmes to promote entry into NHS employment

Professional bodies should identify barriers to re-qualification for refugee HPs and AHPs, create transparent and fair processes that enable registration while maintaining professional standards of practice

Job Centres should facilitate processes for refugee professionals to access appropriate training, employment support, work placements and pathways into

meaningful and sustainable employment and ensure that those on these programmes are not obstructed in their progress by funding issues.

DoH should create funding streams to encourage Trusts to develop Positive Action programmes for initiatives such as work placements and mentoring, so that programmes have sufficient resources to be delivered effectively

DoH and DWP should develop integrated policies to enable refugee HPs and AHPs to access training and work experience without loss of benefits.

## **How the report is organised**

**Chapter 1** provides an overview of the structure and nature of the work placement programme, the placement roles and the research methods employed within that framework. Questionnaires are included in the Appendices.

**Chapter 2** brings together the findings from interviews with NHS managers and refugee professionals prior to and following work placements and identifies significant changes as a result of programme participation. Two case studies are included.

**Chapter 3** serves as a toolkit for the development and management of work placement of refugee professionals. We identify examples of good practice and the specific challenges of managing work placements for refugee professionals in the NHS. These findings are relevant to the practice of work placements in other large public sector organisations.

**Chapter 4** presents the case for inclusion and development of refugee employment in the NHS in terms of workforce issues and managing diversity. Secondly the chapter provides practical steps to facilitate the recruitment and retention of refugees including overcoming some of the structural barriers within the organisation.

**Chapter 5** groups the recommendations arising from the research for NHS Trusts, refugee agencies and policy makers.

Public sector employers and voluntary sector employers will find much that is transferable from this study in the NHS to their own organisations.