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Cultural Capital and Professional Development Experiences of Migrant Social Work Professionals

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Background

- Small Grant from the Interprofessional Institute of SWAN (South West London Academic Network)
- Title of project: *“Cultural Capital and Professional Development of Migrant and Refugee Health and Social Care professionals: exploring experiences and expectations and developing interprofessional training strategies”*

Rationale

- Strong evidence of under-utilisation of health and social care services and poor health outcomes amongst migrant and refugee populations in the UK
- Assumption that migrant/refugee health & social care professionals will provide more 'culturally sensitive' services

Social Work context

- Acknowledged need to develop teaching cultural competence in order to respond to the increasing cultural diversity of service users in the UK (Parrott, 2009)
- But does this group of professionals merely fill in vacancies which British-born social workers do not take up? Or can they also enhance the social work workforce with their knowledge, skills and work-experience?

Our Project

Setting out to explore the educational and professional pathways and experiences of migrant/refugee health and social care professionals before and after migrating to the UK

ORIGINALITY:

- Sample ➡ only social work *professionals*
- Research focus ➡ people who ‘have made it through the system’/ not only challenges but also positive experiences

THEORY ➡ Bourdieu's Cultural Capital (1986)

Non-financial resources people 'inherit' (e.g. from the family through socialisation) or consciously acquire over time (e.g. through formal education)

Formal/institutionalized cultural capital - education, accredited professional training, recognised work experience

Informal/incorporated cultural capital – social and professional networks both in their country of origin and the host country, as well as the work ethics they bring along

AIMS & OBJECTIVES ➡ Explore the experiences of migrant & refugee professionals working in health & social care services in the UK & the relevance of cultural capital for their professional development

Methodology

- **3 professional groups:** medical doctors, nurses, social workers who have been trained in home countries & have already work experience in the UK health and social care sector
- **Target :** 5 people per group; N= 15 participants
- **Sample of social workers:** 4 women and 1 man; 1 from Asia, 2 from Africa, 1 from the Americas, 1 from eastern Europe; 30-40 years old; all had at least University degree; 2 were studying for Master's, 1 had completed PQ award & 1 had started it, 1 was exploring Master's programmes; significant work experience in home countries; working full-time in the UK as social workers

Method: narrative interviews

- **Generative narrative question:** *“I would like to ask you to tell me the story of your educational and professional life before and after you came to the UK. A good way to do this would be to start talking about the education you received in your home country and any work experience you had there, and then about your education and work experience in the UK until today. After that you can also tell me about your thoughts about your professional future. You can take your time in doing this, and also give as many details as you want because I am interested in everything that is important for you”*
- **Specific narrative inquiries:** *experiences with UK institutions (e.g. employment agencies); social networks; individual resources*

Recruitment process

“And then in 2004 came an opportunity to come here in England...There was a British person who used to work in a project between the Home Office here and the government in my country to develop probation system there...so he created this private, self-employment business in a way to bring social workers from my country to work here in the UK... and it was very good because he helped us with paying for the fees, with arranging for qualification recognising here, with everything. So I came for an interview, and then I went back to update the visa because at that time we weren't in European Union so we needed a visa and work permit and then I came here in 2004, and I'm here since then...”

(male, Eastern European, social worker in local authority)

“I came here in 2005 on the working holiday visa and I looked for a job only when I got here but when I was in my country I sent all my University transcripts to GSCC to verify that it’s equivalent of that of the British system. So I came here with that verification letter and started to look for a job. Initially job hunting was very difficult because a lot of them rejected because, oh you don’t have UK experience. And they’re not very keen to take on those without UK experience. And I was registered with different employment agencies, social care employment agencies and some of them actually did send me quite a number of things to read on, like the Childrens Act, the Adults Community Care Act. So it was more of the reading but I don’t have practical experiences. It was quite lucky that one of the key teams in the Borough were looking for a social worker and they felt that yes they’ll give me a chance because they said I looked quite motivated and keen” (female, Asian, NHS social worker)

Experiences in the workplace (interactions with employers and colleagues)

“Anyway I ended up starting work at the beginning of December and it was OK. I had a really great supervisor... Unfortunately she went away on leave, she had to go back to the US. When she returned she said she had another job. So I worked with her for less than 3 months and she left and then I was by myself working in that other hospital which actually it was fine. People were quite understanding, supportive and they understood that I was stretched across the clinic. So that was good. They ended up hiring another social worker to be my boss who was absolutely horrendous. It was really bad, he was quite bullying with me and... I remember feeling quite shocked. I don't know why I had it in my mind that, you know, the UK would be a very progressive kind of place to move to and I found that many things that happened were very like sexist and... it got to the point where I couldn't take it anymore” (female, from the Americas, social worker in private hospital)

“It’s a bit different here [in comparison to social work in the home country] because we do more with the clients... me and my colleagues are able to set up... you know, go through the process and then set up a group and then for example we set up a substance misuse group and then a family group as well, we actually invite their family members to come in and then conduct a group with the family members and conduct a group with the clients and then the last few sessions we have them in together... So here I don’t know, it is just teamwork...” (female, Asian, social worker in the NHS)

“I remember it was an international social worker, she got all the complex cases... I could see why she was feeling she’d been dumped on and deskilled because she’d done up to Masters level, she was working on lots of projects before she came so she was dealing with being deskilled which is a big issue, as well as trying to do her job well. There’s a lot of that with international social workers. So I supported her and after that she was able to move to a senior post. Every time I worked with people I’d be trying to improve them because I think it’s the culture I come from, always trying to get everyone to improve and grow...Then also I challenged allocating cases which were complex. I would do it in a very quiet way, I suggested we have an allocations meeting to go through people’s cases. So we’ve set up a system now to go through it and I said no-one should get something until we’ve sorted that out. You have to find ways to work with the system and your value base and now within the team we still have support workers because we’ve got a shortage but we don’t allocate cases which are complex in the core work. So you can see how we influence change but it is so difficult...”
(female, African, social worker in local authority)

Opportunities for professional development

“So when I had my appraisal I thought you know what, I’m not going to let myself down, I know where I want to be. And I said to my manager this is where I want to be, how I get there I’ll put that up to you. And I was clear in terms of saying I do not want you to feel sorry for me. Do not feel that I cannot do it. If I can’t do it I’ll let you know or you will find out that I can’t do it. And I think that conversation helped...And then there was an opportunity to do practice teaching and I thought I am going to go for it. So I did go for it which was good...And then I continued on to PETHS. I don’t know I have just worked hard yeah. Because then in 3 years I got promoted to being an Assistant team manager, now I have just been promoted to be a team manager...” (female, African, team manager in local authority)

“And around the same time the immigration rules started to change and I wasn’t eligible for a highly skilled migrant worker visa anymore because I don’t have a Masters. So I thought well, you know, maybe this is the time when I should go and get my Masters because then I can also get the different visa which makes you feel a bit more secure I suppose. So I started looking into it and I looked at a couple of different programmes and I really liked one in mental health.... It was part-time, it was actually for people who were employed in mental health at the same time. Yeah, so it was absolutely perfect. I got a bunch of ideas. I contacted my tutors back home and I got them to send transcripts and everything over. Everything was kind of all... you know, I got set up. I had an interview to go in for this and I got a call, it was probably the week before the interview and it was the programme leader. And he just said basically that he had had a conversation with people and they said that the university is operating in a deficit and they couldn’t negotiate overseas student fees and I said I can’t go then. I just can’t. There’s no way I can afford that...” (female, from the Americas, social worker in private hospital)

Aspirations

“The identity needs to be established. Honestly, the stories you hear in the papers sometimes ... And the professionalism has only just been picked. I worked in Africa in social work, but in this country it is quite challenging because people you are trying to help, one to one people, might acknowledge it but the biggest challenge is from the community itself. The difference is that there the communities are happy to have you working with them. They acknowledge the fact you are a catalyst to mobilise things. Because social workers, don’t go into it for the money... it’s... you want to make some changes. So your job is challenging but here you have an extra challenge from the media or from the community. People don’t introduce themselves as social workers, especially those working with children. Sometimes you introduce yourself and you’ll get... even among my friends who live in this country. I’m telling them you need to understand how.. so you’re constantly educating people” (female, African, social worker in local authority)

Concluding

So far the analysis shows how institutional mechanisms & attitudes in the workplace influence the participants' experiences. At the same time we can see how they deal with professional challenges

NEXT STEPS:

- 1) examine in detail how they use their cultural capital to cope with challenges
- 2) Comparing the three groups of migrant doctors, social workers and nurses

THANK YOU