



Migrant care workers and their future in the UK context

Summary

- Recruiting and retaining quality care staff is one of the main challenges facing the care sector. The home care workforce has one of the highest rates of turnover and vacancy rates in the British economy. About 15% of those employed in the home care workforce are migrant workers, with large regional variations (the percentage is considerably higher in London and the South East). The demand for home care workers is likely to increase due to population ageing and growing demand for long term care.
- The UK's referendum on European Union membership in June 2016 produced a 52% vote for 'leave', and negotiations are currently under way on the conditions for 'Brexit'. It is likely that the outcomes of these will fundamentally alter existing policies, rules and patterns of workforce migration, while the free movement of labour from the EU / EEA will end. In this case, and with the current level of migrant workers in the care sector, existing UK work visa schemes would be unable to satisfy demand.
- This Policy Perspective provides insight from expert contributors on these issues (based on a Round Table discussion on 19th June 2018) and makes recommendations relevant to policymakers, care sector employers and researchers in the **Sustainable Care** programme. It considers the potential advantages and disadvantages of existing work visa and migrant worker schemes from the perspective of the home care sector and highlights some of the risks associated with restricted migrant workers' rights post-Brexit.

Migrant care workers and their future in the UK context

CONTEXT

The sustainability of the migrant workforce in social care is an urgent current issue. It was one of the topics chosen for a series of **Re-Imagining Care Round Tables**, held in London and Birmingham in 2018, bringing experts, practitioners and members of the **Sustainable Care** team together to discuss issues crucial for the sustainability of care arrangements in the UK. At a time when social care is high on the policy agenda and a growing focus of much public debate, the round tables were designed to inform the development of the **Sustainable Care** research programme and to guide the **Sustainable Care** team's advice to policymakers.

Government has promised a [Green Paper on Social Care](#), and working carers feature in the priorities for this, set out by former Secretary of State for Health and Social Care, Jeremy Hunt. In his [speech](#) on 20 March 2018, he stated: *"to attract more people into this sector, financial support [reference to the introduction of the National Living Wage] must be matched with recognition of the value of this vital work and action on the wider set of challenges facing the workforce. [...] [W]e need coherent workforce planning that is better aligned with that now being undertaken by the NHS. [...] We need to ensure we have enough people within all of these skilled roles to support people to live the best possible lives".*

There were 680,000 jobs in domiciliary¹ care in 2017, representing 43% of all social care jobs in England. Of these, 515,000 were in [Care Quality Commission](#) (CQC)-regulated domiciliary care, 16,500 in non-CQC regulated domiciliary care (e.g. domestic services, meals on wheels, etc.) and 145,000 jobs were personal assistant roles funded by direct payments to care recipients.²

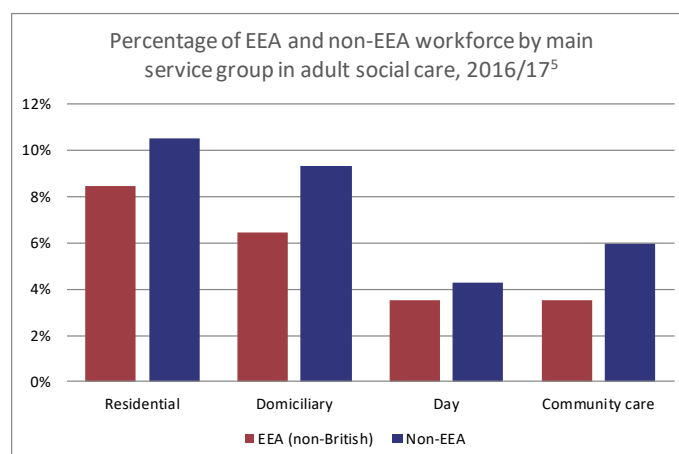
Policy and market developments in recent decades have created conditions that have facilitated migrant workers' entry into social care, including home care jobs.³ In home care in 2016/17, 6% of the workforce were European Economic Area (EEA)⁴ nationals and 9% non-EEA nationals, with marked regional variations (the percentage of migrant workers was considerably higher in London and the South East). The proportion of EEA workers – especially those from Romania and Bulgaria – was higher among new entrants to the care workforce, while the share of non-EEA workers has been declining in recent years.⁵

The UK's referendum on European Union membership in June 2016 produced a 52% vote for 'leave' and negotiations are currently under way on the conditions for 'Brexit'. It is likely that the outcomes of these will fundamentally alter existing policies, rules and patterns of

workforce migration, while the free movement of labour from the EU / EEA will end. Brexit may also affect the status and rights of EU nationals already resident in the UK, and consequently their ability or decision to remain in the country.

KEY ISSUES

Working conditions in home care are among the most precarious in the British economy, characterised by a



lack of job security; casualisation; low pay (with widespread non-payment of the living wage); lack of adequate training; and stressful working conditions (e.g. inadequate time allocated for visits and travel). In 2016/17 over 95% of home care jobs were in the independent sector, and it is estimated that 48% of the workforce in domiciliary care were employed on a zero-hours contract in 2016. Care work has been historically undervalued and is widely perceived as 'low-skilled women's work', although in reality it is a demanding and skilled job.

The home care workforce has one of the highest rates of turnover (32.5% in 2016) and vacancy rates (9.2%) in the British economy. Recruiting and retaining quality care staff is one of the main challenges facing the sector.^{6,7}

Restrictions on lower, middle-skilled migration are likely to be imposed after Brexit. In social care this could have significant consequences that are very difficult to predict accurately or in detail. Currently, there is little clarity about the Government's post-Brexit migration policy intentions. Possibilities range from a 'free-movement-like' arrangement to a more restrictive regime similar to the current visa system for 'third country' nationals (those from outside the EEA).⁸

Demand for home care workers is likely to increase due to population ageing and growing demand for long term care⁹. In this case, and with the current level of migrant workers in the care sector, existing UK work

Migrant care workers and their future in the UK context

visa schemes would be unable to satisfy demand.¹⁰ It is unclear how local labour could plug these gaps. Some promising initiatives that transform home care jobs or tap into workforce reserves exist (involving, for example, migrants who enter the UK via non-work routes, and work with refugees and asylum seekers), but their capacity to deliver sufficient numbers is uncertain, and such approaches would require a fundamental transformation of how home care services are organised.

Currently, free movement affords many rights to EEA migrants that are almost indistinguishable from the rights of British workers, but under any replacement programme, migrants will probably have fewer rights.

'Temporariness' has been an important issue in UK migration and the direction of travel for the Government since 2010. There is a clear intention to break the link between entering the UK on a work permit (or other temporary visa) and settling in the UK. This is likely to continue after Brexit and in the longer run will potentially affect the composition of the workforce by creating a rotating pool of workers entering for short periods, rather than allowing people to settle, build networks and acquire country-specific knowledge in the UK.

The inadequacies of such temporary arrangements would not be immediately evident; in the short term, they could appear to satisfy workforce demand in home care but not in the longer term, due to economic and social costs which are difficult to quantify and likely to be significant (relating to factors such as negative impacts on, for example: continuity of care; workers' and care users' wellbeing; turnover and recruitment; loss of skills; and need for retraining). Relying on a larger pool of temporary workers would also run counter both to established principles in social care (personalisation, choice, quality, relationships, etc.) and the Government's own proposals¹¹ (relating to valuing the care workforce, developing social care careers, etc.).

A further concern is the link between migration restrictions and risk of labour exploitation. Factors that increase risk and/or vulnerability to exploitation for migrant workers include: visas sponsored by employers or agencies; limited rights to change jobs or sector; time restrictions (e.g. six months, two years), with typically no right to family reunification or recourse / access to public funds for housing or employment benefits. Some current visa schemes also require workers to stay in employer-provided accommodation and make employers responsible for ensuring workers leave the UK after their visas have ended.



Undocumented workers in the UK are already extremely vulnerable because illegal working is a criminal offence, especially as there is no agreement prohibiting sharing of information between labour market enforcement agencies and inspectorates (whose role is to protect vulnerable workers, including undocumented workers) and immigration enforcement agencies (whose role is to deport undocumented workers without a valid visa).

In home care the combination of restricted migrant worker rights (e.g. limited rights to change jobs) and precarious employment conditions (lack of job security, low pay, etc.) could increase the risk of exploitation.

Labour inspection and enforcement in the UK is limited and largely reactive (i.e. it responds to complaints from workers or intelligence gathered from other sources).¹² Resources to carry out proactive enforcement are scarce and sector-specific intelligence is limited. The regulatory enforcement and inspection of social care do not extend to employment practices, although this issue is increasingly recognised as a challenge, including by the CQC (in its 2018 statement on modern slavery).¹³

RECOMMENDATIONS

Round Table participants felt these major issues call for policy, employer and research responses.

For policymakers:

1. Ensure migrant care workers in the future can make complaints without fear of losing their job or employer-sponsored visa.
2. Adjust policies so enforcement of migration rules and labour regulations are kept separate.
3. Any post-Brexit restrictions on care labour migration should be accompanied by increased enforcement of labour rights in the care sector.
4. Value the social care workforce in its own right, and promote better understanding of social care workforce roles, providing workers whose roles have equivalents in the NHS with the same immigration

Migrant care workers and their future in the UK context

and labour rights.

5. Improve information, and increase awareness of risks and forms of labour exploitation associated with care worker migration, for all stakeholders.

For care sector employers:

1. Identify the risks and any labour exploitation experienced by care workers, especially those who are migrants, and consider their consequences for employees, clients and business.
2. Support care workers who are EEA nationals to achieve 'settled status' registration and to better understand the administrative requirements involved.
3. Monitor the contribution and turnover of migrant care staff in organisations, and identify staffing and skills gaps as early as possible.

For the Sustainable Care research team and partners

Sustainable Care research teams and partners are working to develop the evidence base on the impact of future UK policy changes on migrant care workers' roles, recruitment and status; implications for the sustainable wellbeing of stakeholders; and the changes needed in how home care work is supported and organised. We are focusing on:

1. Monitoring the workforce implications of changing immigration schemes
2. Examining the outcomes of existing temporary work visa schemes.
3. Exploring the likely impact of restricting family rights for new arrivals and competition/factors affecting the supply of EU27/EEA workers after Brexit.
4. Exploring the likely impact of temporary migration on wellbeing and other outcomes in home care.
5. Identifying good practice examples from other countries.

Footnotes

1 The terms 'domiciliary care' and 'home care' are used interchangeably in UK policymaking and data collection.

2 [The size and structure of the adult social care sector and workforce in England](#) (2018), Skills for Care.

3 *The English social care workforce: the vexed question of low wages and stress* (2017), S Hussein, in *The Routledge Handbook of Social Care Work Around the World* (pp. 94-107).

4 The EEA includes the 28 EU countries plus Iceland, Liechtenstein and Norway. Switzerland is part of the [European Market](#) and Swiss nationals have the same rights to live and work in the UK as other EEA nationals (<https://www.gov.uk/eu-eea>).

5 [Domiciliary care services in the adult social care sector](#) (2017), Skills for Care.

6 [Facing the facts, shaping the future: a draft health and care workforce strategy for England to 2027](#) (2017), Health Education England.

7 [The lives we want to lead: the LGA green paper for adult social care and wellbeing](#) (2018), Local Government Association.

8 Currently the UK has three [points-based visa schemes](#) for non-EU nationals who wish to work in the UK: Tier 1 visas are 'high-value' schemes open to those who show 'exceptional talent' or are planning to invest large sums of money in the UK. Tier 2 visas are 'general visas' for those who have been offered a skilled job in the UK. Tier 5 includes a range of temporary visa schemes, such as 'youth mobility'. Non-points based visas provide very restricted access to the UK labour market or have very limited scope (e.g. UK ancestry). The Domestic Workers in Private Households is the largest non-points based scheme. In the year ending March 2018, 162,874 work-related visas were issued. Of this total, Tier 1 visas made up just over 3%, Tier 2 visas 57%, Tier 5 visas 25%, and non-points-based and other work visas 15%.

Source: <https://www.gov.uk/government/publications/immigration-statistics-year-ending-march-2018/why-do-people-come-to-the-uk-2-to-work>.

9 [The adult social care workforce in England](#) (2018), National Audit Office.

10 [Evidence on EEA nationals working within the health and care system, focusing on England](#) (2017), Department of Health.

11 [Social care: forthcoming Green Paper on older people and parallel programme](#) (2018), House of Commons Library.

12 [Risky business: Tackling exploitation in the UK labour market](#) (2017), FLEX.

13 [Modern slavery statement](#) (2018), CQC.

The support of the Economic & Social Research Council (award ES/P009255/1, *Sustainable Care: connecting people and systems*, 2017-21, Principal Investigator Sue Yeandle, University of Sheffield) is gratefully acknowledged.

The recommendations in this Policy Perspective are from the Sustainable Care team, and do not necessarily reflect the personal and/or collective opinions of those taking part in the Round Table or the ESRC.

ABOUT THE RESEARCH

The [Sustainable Care: connecting people and systems](#) programme explores how care arrangements can be made sustainable with wellbeing outcomes. It studies the systems, work and relationships of care in the context of changes in technology and mobility and aims to support policymakers, the care sector and academics to conceptualise sustainable care as about ethics, justice and the distribution of resources. The programme focuses on adults living at home with chronic health problems or disabilities and their families, carers and paid workers. Funded by the ESRC, it is delivered by eight universities and Carers UK, led at the University of Sheffield by Professor Sue Yeandle. This Policy Perspective was prepared by Agnes Turnpenny, Shereen Hussein, and Sab Siddiq. Policy Perspectives were designed by Kelly Davidge.

EXPERT CONTRIBUTORS TO THE ROUND TABLE

- Meri Ahlberg, Research Officer, Focus on Labour Exploitation (FLEX)
- Matthew Egan, National Officer, UNISON
- Madeleine Sumption, Director, The Migration Observatory, University of Oxford

sustainablecare@sheffield.ac.uk // @CircleShef

