

Migrant care workers at the intersection of Brexit and COVID19: Sustainability and Quality

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Introductions:

Drawing on three studies

- RESSCW: Funded by the Health Foundation's Efficiency Research Programme. Collaboration between LSHTM, UoK, UCL, City and Sfc: 2019-2022.
- Sustainable Care Programme: Funded by Economic and Social Research Council (award ES/P009255/1, Sustainable Care: connecting people and systems, Principal Investigator Sue Yeandle, University of Sheffield): 2017-21.
- Developing a scale of quality of life among social care workers: funded by NIHR, RfPB (NIHR200070): 2019-2021.

Focusing on the LTC and migrant workers (including live-in care)
Reflecting on COVID19 in relation to training, retention & wellbeing

The UK LTC Sector & COVID19

UK LTC context

- Devolved responsibility (four nations: England, Scotland, Wales, NI)
- % GDP spent on LTC: 1.5%
- Mixed-economy of care
- Ageing in place policy: home care, marketisation & personalisation

COVID19

- LTC residence accounted for 34% of COVID19 deaths
- Hazard pay introduced in some nations (Scotland & Wales)
- Single-site restrictions 'recommended' (England, Scotland & NI)

Some long-standing workforce challenges

Working conditions

- Contract (in)security, wages, fragmentation

The profile of the workforce

- Gender, age, ethnicity, nationality

Recruitment & retention

Wellbeing: emotionally taxing work

Funding & relationship with NHS

The state of the adult social care sector and workforce in England

Key findings

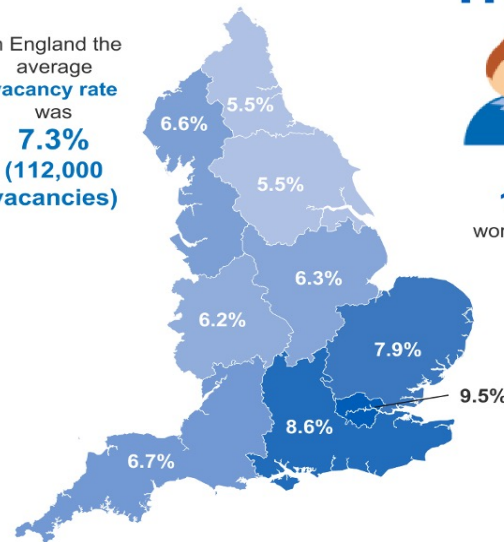
Source: Skills for Care workforce estimates, 2019/20

[Download PowerPoint](#)

[Press here to explore the data](#)

Workforce vacancy rate

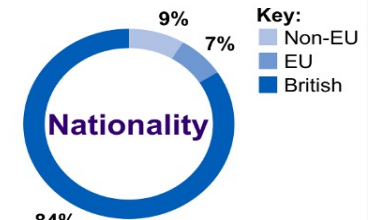
In England the average vacancy rate was **7.3%** (112,000 vacancies)



1.65m jobs

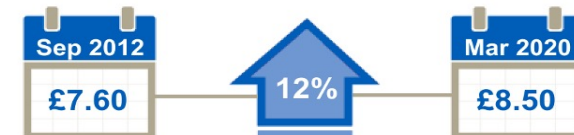


1.52m people working in adult social care in 2019/20

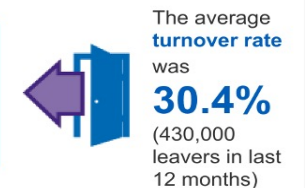
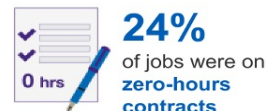


7% (113,000) of the workforce in England held an EU nationality

Care worker real term median hourly pay



Please note this refers to care workers in the independent sector only



The contributions of migrant workers

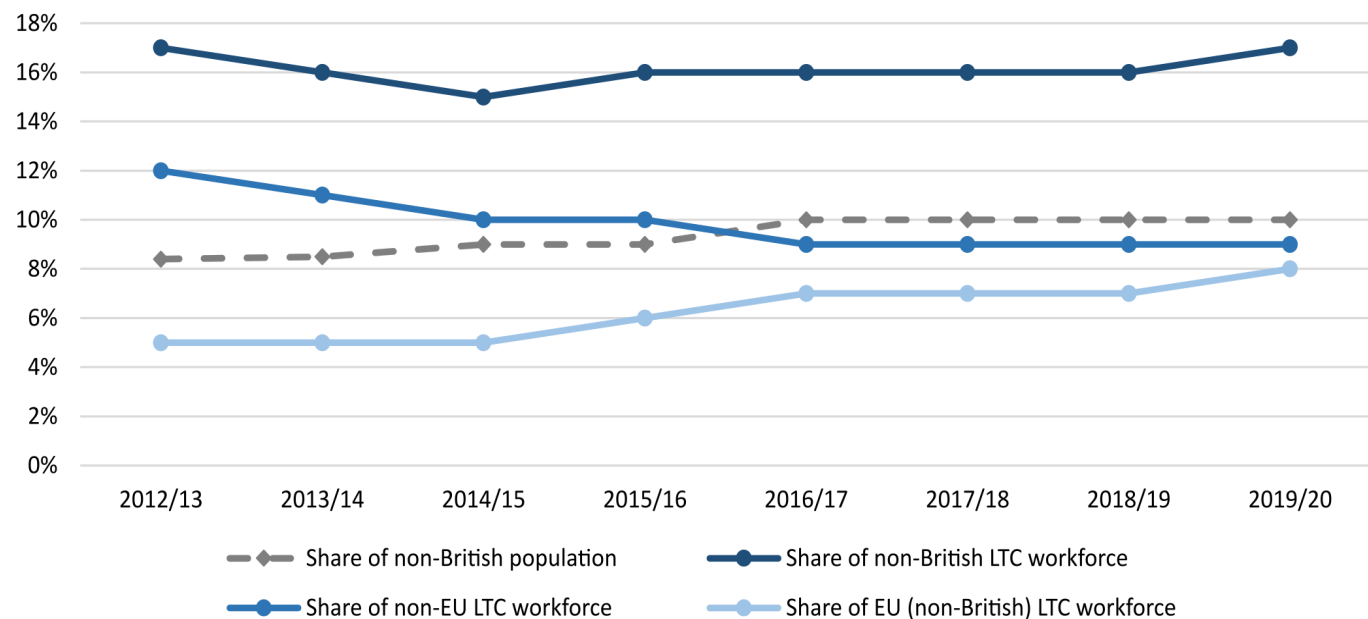
Significant & consistent contribution over the past decade and more

Changing profile - linked to immigration policies

2004 EU expansion; 2010-2012 Immigration reforms; 2016 referendum

Significant differences from UK workers: gender, age, qualifications

Differences in prevalence by region, care settings and client groups



Source: Vadean, Hussein, Turnpenny & Saloniki (2020)

Training: existing & emerging needs

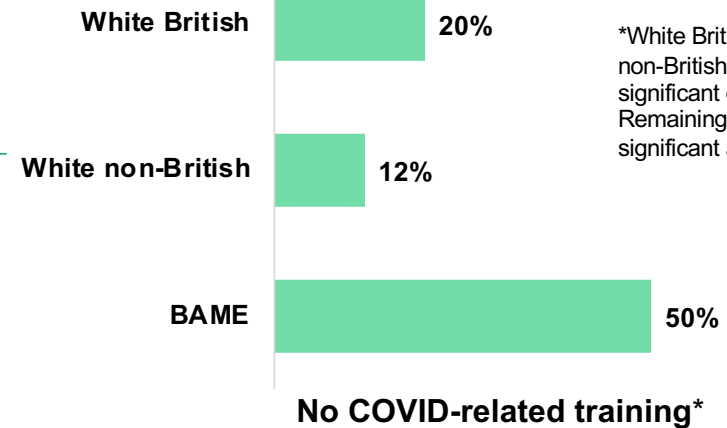
Since the onset of COVID-19:

22% have not had the COVID-related training to ensure adequate care

16% have not had clear guidance to do my job safely and effectively

16% have not had the PPE required to do my job safely and effectively

6% have had COVID-19 symptoms and did not receive a test



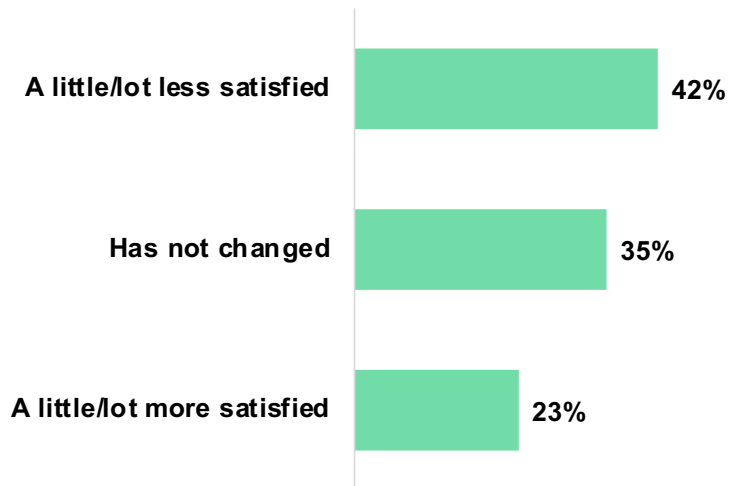
*White British vs White non-British not statistically significant difference. Remaining differences significant at 5%.

- New tasks & responsibilities
- Expansion of types & levels of support
 - Personal care, support with independent living including employment etc.
- More fragmented & isolated working environment
- Self-reliance

Pre-COVID

Job satisfaction & Retention

How satisfied are you with your job now, compared to the situation before the onset of COVID-19?



48% - likely or very likely to quit their current job

33% - likely or very likely to quit the sector all together

Interim Findings: May 21

Overall: 48% satisfied or very satisfied

Pay: 29% satisfied or very satisfied

Workload: 34% satisfied or very satisfied

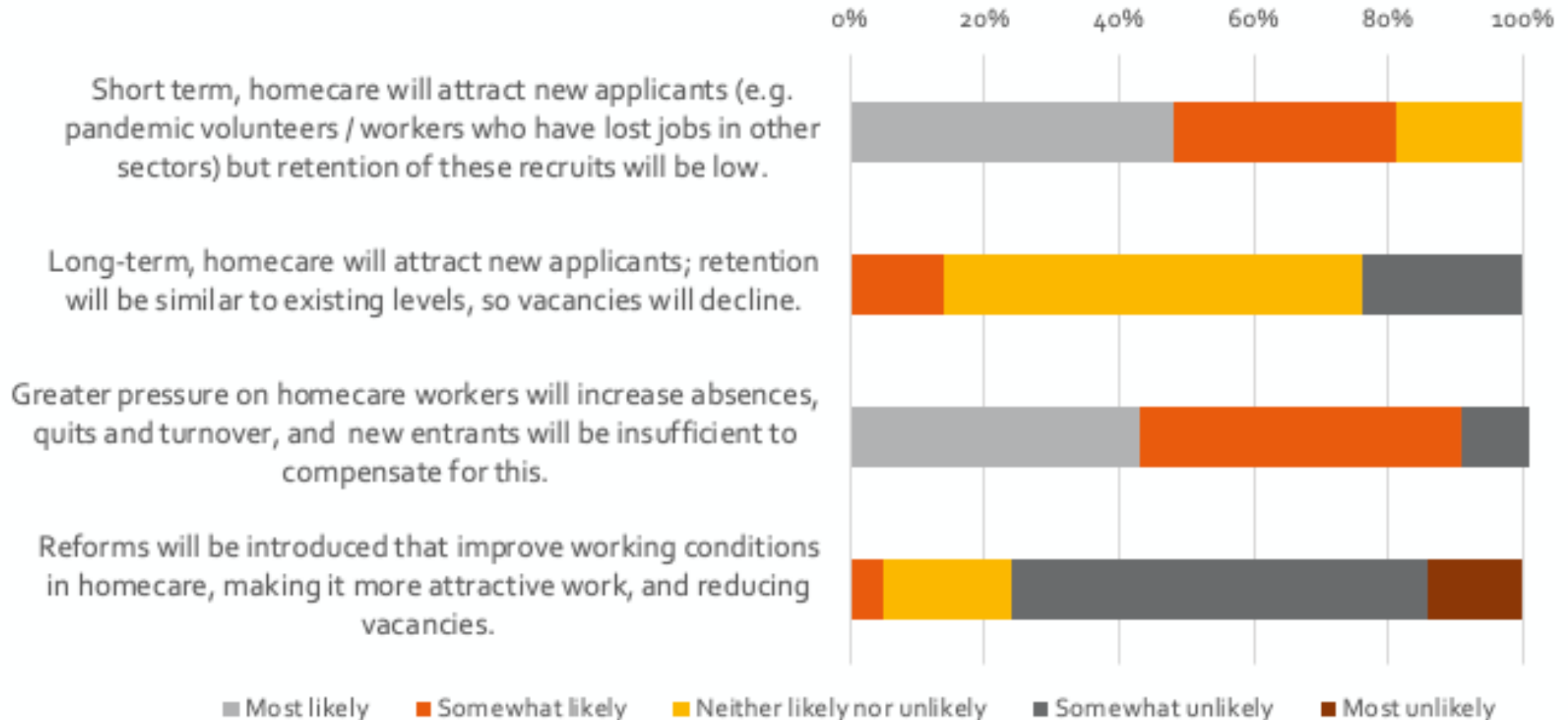
Job security: 42% satisfied or very satisfied

Safety at work: 47% satisfied or very satisfied

Brexit and COVID19 uncertainties

- Restructuring demand
 - Informal vs. formal care
 - Shifting preferences (home and live-in care)
 - Technology and self-care
- Workforce supply
 - Two forces on opposite directions
 - Local surplus: sustainability & sufficiency
 - Improving the sectors' conditions
- Demand for migrant workers likely to remain
 - New points-based immigration system
 - Implications: working conditions, grey economy

Likely outcomes of the COVID-19 pandemic for the social care workforce (n =21; DS R2)



COVID19 and the wellbeing of the workforce

Care staff are particularly vulnerable to low levels of wellbeing, due to:

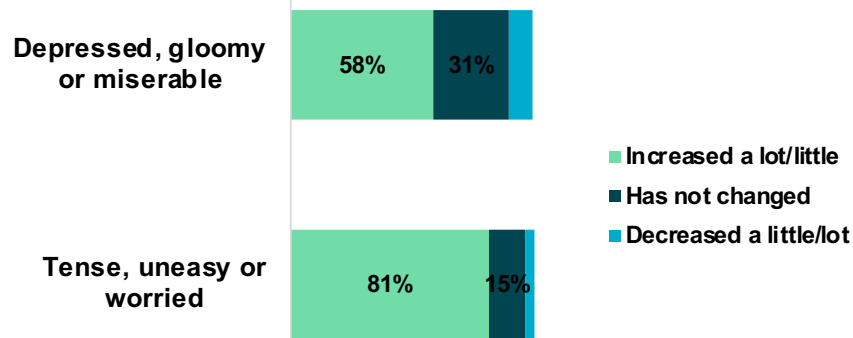
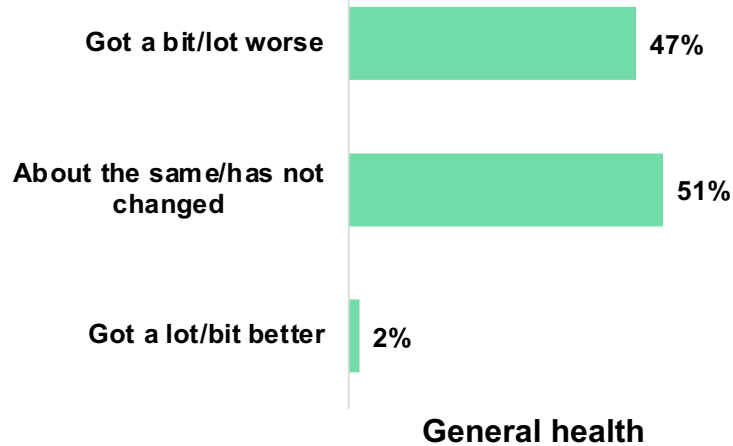
- Caring being emotionally taxing
- Structural pressures in sector – low wages and increased fragmentation
- Moral distress

Some important elements of wellbeing

- Opportunities for learning and growth
- Social support and relationships
- Working culture
- Spill-over from work to home
- Professional identity

Place &
relationships are
particularly
important in home
and live-in care

Since the onset of COVID-19:



The amount of time that job makes you feel

Interim Findings: May 21

87% received **first dose of vaccine**

42% reported some form of **abuse** since the onset of C19

32% felt **depressed, gloomy or miserable** - all or most of the time

Migrant workers' outcomes

Journal of International Migration and Integration
<https://doi.org/10.1007/s12134-021-00807-3>



Migrant Home Care Workers in the UK: a Scoping Review of Outcomes and Sustainability and Implications in the Context of Brexit

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Abstract

Migrant care workers play a significant role in meeting the escalating demand for social care in the UK. Workforce shortages create opportunities for new migrants to enter the social care workforce. This scoping review aims to identify and synthesise available evidence on the contribution of migrant workers to the provision of home care in the UK focusing on care worker and service outcomes as well as sustainability, and identify challenges and gaps in the context of Brexit and changing immigration policies. Twenty-two articles were identified for inclusion in the review and extracted using a structured format. The analysis presents a narrative description and synthesis of the research. Findings from the reviewed articles were grouped into five main themes: migrant, user and employer outcomes, effect on workforce, and sustainability—and 15 sub-themes that were described in detail. Much of the existing research on migrant care work is qualitative and focuses on migrant outcomes. The review identified some important gaps in research, namely, the impact of immigration status on migrant care worker outcomes, the cultural and psychological adaptation of migrant care workers to care practices, and the emerging UK live-in care market. Implications of findings are discussed in the context of post-Brexit immigration system.

Keywords Migrant care workers · Social care · Scoping review · Sustainability · Brexit · European Union

- Migrant agency & choice
 - Migration decisions & Diversity of trajectories
 - Care work as 'arrival narrative'?
- Migrant experience
 - Lived experience of being a migrant 'first' then a care worker – coping mechanisms
 - Global care chains
- Risk & vulnerabilities
 - Precarity, isolation, emotional challenges, abuse, unfair treatment
- Relationships & values in care
 - A valued experience despite its difficulties; clients as families

Live-in care in the UK

Live-in care is a small but significant segment of the home care sector in the UK.

Predominantly for people with high and complex needs (e.g. dementia or physical disabilities).

- Emotionally and physically demanding.

Different from other services provided in people's homes:

- Significant market share of non-regulated providers (non-CQC registered)
- Introductory agencies and platforms, self-employment

Highly reliant on migrant care workers:

- Atypical work pattern, often 4-8 weeks with client without days off

Seen as facilitating the migration process:

- Accommodation with care recipient

Place, proximity and vulnerability

Older People:

- Boundaries
- Authority and power
- Risk of abuse

Migrant live-in carers:

- (Lack of) social support at work, physical and social isolation, virtual contacts
- Work/personal boundaries, surveillance
- Authority and power
- Professionalism, exploitation

16/6/21

Other stakeholders:

- Family / individual family members
- Older people's social network
- Agency/employer
- Other care and domestic workers
- Professionals



COVID19 and LTC: What next?

Care homes disproportionately impacted

- Social distancing and lockdown → isolation, lack of mobility and potential adverse impact on residence wellbeing
- Some indications of changing care preferences/culture
 - Impact on care homes
 - Live-in care being presented as a 'real' alternative to residential care
- Labour market
 - New groups of workers would be attracted to join the sector – short term (92% -DS- R2)
 - Retention?
- International travel
 - Circular migrants (live-in carers)

Brexit & COVID19

- The nature and structure of **social care provision?**
- Delphi survey: most impacted groups are **older people with complex needs** and **live-in care**
- **Migrant workers:** who will fill the gaps?

Care workers feel neglected and undervalued

- **Workload;** job satisfaction; sense of responsibility
- **Wellbeing:** physical, mental and financial
- Further **retention** issues

Sector-wide changes

- + Better **pay** & better jobs
- + Expansion of formal services
- + Regulation/registration
- Geographical disparities
- Impact on **users** and their **informal carers**

Wellbeing ?

Thank you for Listening

Questions

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