

Migrant workers' care role is set to increase

Last year UKHCA members helped Oxford University with an important survey on migrant workers in the care sector. Here Dr Alessio Cangiano describes some of the early results for homecare.

The provision of suitable, accessible and affordable care is a major factor in enabling older people to live independently. The ongoing debate on the present and future challenges of the long-term care system has focused more on the financial sustainability than on the human resources needed to ensure high-quality services. In particular, until recently little attention has been paid to the role played by migrant workers, who are increasingly important actors in the delivery of paid personal services to the older population.

The issue of the role of migrant workers is central to an internationally comparative research project coordinated by the ESRC Centre on Migration, Policy and Society (COMPAS) and carried out in collaboration with researchers in Ireland, the USA and Canada (see Note). This ongoing research explores experiences of migrant workers, their employers and older people in institutional and home care settings. The UK analysis is based on large datasets (NMDS-SC, Labour Force Survey), a survey of 570 organisations providing residential and homecare for older people (followed-up by 30 telephone interviews with selected respondents), in-depth face-to-face interviews with 56 migrant workers and 5 focus groups with older people (current and prospective care users).

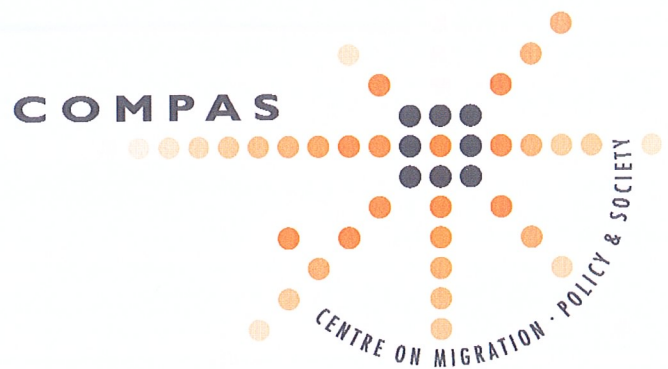
Since the mid-1990s the employment of migrant workers in care occupations has increased at unprecedented levels. At present, almost one in five care workers employed by residential or homecare organisations providing care to older people are migrants. Nearly half of them entered the UK since the beginning of the 2000s, accounting for about 40% of the expansion of the workforce over the same period. Care workers'



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migration to the UK has originated mainly from Zimbabwe, Nigeria, the Philippines, India and Poland. The latter has become by far the main country of origin since the 2004 EU enlargement - one in four of the new arrivals.

These figures suggest that reliance on the migrant workforce has become a structural feature of the social care sector. Emerging findings from the COMPAS research suggest that multiple factors have contributed to this. First and foremost, the demand for migrant workers in the care sector is found to be associated with employers' perceptions and experiences of a shortage of UK-born workers. About two-thirds of the



surveyed homecare providers reported difficulties in recruiting UK-born workers, who are considered difficult to recruit because the wages - just above £6 an hour in the private sector - and employment conditions - e.g. working nights and shifts - are not acceptable to them. This would explain, for example, why the demand for migrant care workers is significantly higher in private organisations than in domiciliary care services run by local authorities - the latter typically pay higher wages and provide more secure contractual conditions.

However, for many organisations the inability to find UK-born workers seems not to be the only reason to hire migrant carers. Although employers perceive some of the challenges of employing migrants (mainly language and communication issues), they appreciate more often the advantages for their businesses. For instance, the vast majority of the surveyed organisations employing migrant workers agreed that they have a good work ethic, are more respectful towards older clients and are willing to learn new skills.

One private provider in the South East said: "[Migrants] are more punctual. They don't take time off without genuine cause. They're more willing to do extra work if it's available; you know, just generally they're polite and very, very personable ... and more willing to be open and friendly".

Preliminary analyses show that while over 60% of employers think that employing migrant workers has not changed the quality of care and staff relations in their organisations, a significant 31% consider the quality of their services to have improved - while less than one in ten employers think that it has worsened.

Although the availability of migrant workers has significantly helped 'fill the gaps' in the provision of care for older people, the extensive reliance of private care providers on the foreign-born workforce is not unproblematic. Issues around language and communication were reported by employers, migrant workers and older clients alike.

Interviews with migrant workers also raised issues

Note: The research, with funding from Atlantic Philanthropies and the Nuffield Foundation, involves COMPAS and the Oxford Institute of Ageing (University of Oxford); the Institute for the Study of International Migration, Georgetown University (USA); the Irish Centre for Social Gerontology, National University of Ireland; and the CIHR Chair in Health Human Resource Policy, University of Ottawa (Canada). The research team thankfully acknowledge the support received by the United Kingdom Homecare Association in the data collection for the UK. The definitive results of the study will be presented in a report due to be launched in May 2009.

related to their experiences of inequalities and discrimination and unequal access to employment rights. These experiences seem to be shaped by race and immigration status. For instance, migrants with restricted access to the labour market - e.g. work permit holders, international students, and irregular workers - may be more 'willing' to accept poor working conditions because of the restrictions on their right to work. After the recent changes to work permit regulations, difficulties in renewing visas of senior care workers were also reported by both migrants and employers.

For a number of reasons, the care sector is likely to remain highly dependent on the migrant workforce in the future. The increasing demand for personal care services due to a rapid population ageing and a decreasing provision of informal care will put even more pressure on the care industry, which will continue to operate under serious funding constraints.

Although interventions aiming to improve the working conditions and the attractiveness of the care jobs for the domestic workforce are possible and highly desirable, a complete reliance on the domestic labour supply seems a difficult goal to achieve.

In the light of these foreseeable scenarios, it should be among the priorities of policy-making in the immigration and care sector to tackle the significant unresolved issues related to the employment of migrant workers.

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UKHCA Comment

Sector and workforce need change – for mutual benefit

The COMPAS study provides vital evidence of the reliance of the homecare sector on migrant workers and the mutual benefit for both the sector and the overseas workforce.

If there are employment difficulties to be addressed (we note the study covered both care homes and homecare), there are opportunities for these to be picked up by care regulators who keep our sector under close supervision. Regrettably, this is not the case for the growing sector of unregulated care provided by personal assistants, who may be more vulnerable to exploitation.

Improving terms and conditions for the sector is also not easy when local authority commissioning rates remain inadequate.

UKHCA is helping the Migration Advisory Committee (MAC) review the "skills test" for senior care workers. This requires new entrants to the UK from outside the European Economic Area (EEA) to receive at least £8.80 per hour to qualify for a work permit under Tier 2 of the new points based system.

We will be trying to persuade the MAC the way forward should not depend on an unrealistic salary scale but instead focus on a range of skills that a senior careworker needs to meet often complex care needs.