

Memorandum to Social Care Inquiry, November 2009

Submitted by

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Introduction

This evidence is submitted by researchers Dr. Alessio Cangiano, Dr. Isabel Shutes and Sarah Spencer, CBE, at the ESRC funded Centre on Migration, Policy and Society (COMPAS), University of Oxford. Sarah Spencer is also Chair of the Equality and Diversity Forum and is currently serving on the advisory group to the Government Equality Office (GEO). COMPAS is a research centre of excellence with expertise on migration and labour markets. It has conducted a series of research studies on care and migrant labour.

The evidence in this document is based on a study conducted between Spring 2007 and Spring 2009 – funded by the Nuffield Foundation and the Atlantic Philanthropies – which investigated the current and future demand for migrant (foreign born) workers in the provision of older adult social care; the experiences of migrant care workers, of their employers and of older people in residential and home care settings; and the implications of these findings for social care and migration policies. The research included a survey of 557 social care providers (residential and nursing homes and home care agencies), 56 interviews with migrant care workers and five focus groups with older people (both current and prospective users).

Evidence

1. Migrant care workers have remained largely invisible in debates on future social care provision. The recent Adult Social Care Workforce Strategy surprisingly makes no mention of their role. Nevertheless, in 2008 18% of all social care workers in the UK were foreign born (122,000). In London, the migrant share of the social care workforce is over 60%. The reliance on migrant care workers has been significantly growing in the last decade: foreign born care workers accounted for only 7% of the social care workforce in 2001. In older adult care, 28% of care workers recruited in 2007 across the UK were migrants.
2. The overriding reason for the recruitment of migrants given by providers of care for older people was the difficulty of finding UK born workers – nearly 50% of employers reported a shortage. Recruitment difficulties were attributed by employers to low wages and poor working conditions in the sector and associated with low rates paid by local authorities subcontracting care provision. The median gross hourly pay for care workers in adult services (Dec 2008-Feb 2009) is £6.56, only slightly higher than the National Minimum Wage (set at £5.73 in October 2008).

3. Most migrant care workers are recruited from within the UK. Although no accurate breakdown by immigration status is available, our estimates suggest that the migrant care workforce comprises large numbers of people who have entered the UK via non labour related channels – as refugees, family members, students, working holiday makers, or on ancestral visas. Therefore, the policy debate on migrant workers in the care sector, by focusing only on EU nationals and non-EU workers recruited on senior care workers visas, is partly misplaced.
4. Since the start of the recession there has been some evidence that applications from UK-born applicants are increasing. However, employers have reported that they may not have the necessary skills and/or motivation for care work. Nor it can be assumed that in the future there will be a large supply of care workers from within the EU – inflows of Eastern European migrants have already declined and many are leaving the UK.
5. This study found that the contribution by migrants to the quality of care in this sector is appreciated by employers and older people: 71% of employers agreed that migrants have a 'good work ethic', 82% that they are willing to work all shifts and 68% that migrants are more respectful towards older people. A majority of employers (62%) stated that the quality of care provided by their organisation had not changed as a result of employing migrants, and 31% thought that the quality of their services had improved.
6. The main challenges concerning the migrant social care workforce are:
 - 6.1. 66% of employers reported the lack of English language proficiency as a possible challenge of employing migrant care workers. Nuances in the language used in relation to care, regional accents and customs of older people were reported as particularly challenging.
 - 6.2. 41% of employers reported that migrant care workers were not always well accepted by older people; in some cases migrant workers referred to verbal harassment by older people and a refusal to be cared for by them. The study found that employers were often unsure how to manage such situations.
 - 6.3. Self-reported national wage data (from the Labour Force Survey) suggest that a significant proportion of all care workers (close to one in five) may be paid below the National Minimum Wage, with recent migrants most often in that position. However, other data sources collected from employers provide different estimates, making it difficult to assess the actual proportion of the care workforce paid below the statutory pay levels.
 - 6.4. Migrant care workers interviewed for this study reported discrimination and abuse of employment rights, in terms of pay, less favourable shifts, unpaid overtime, non-payment of tax and NI, distribution of less popular tasks, and treatment by co-workers. They also reported little access to information or advice on employment rights.
 - 6.5. Live-in care workers face particular challenges and have fewer employment rights. Those working directly for older people were particularly vulnerable in relation to time

worked and pay. There can be a tension between the personalisation agenda, promoting user choice and control, and the responsibility not to discriminate in the appointment or treatment of the carer.

7. Current demand for migrant care workers raises concerns in the light of future demographic trends. In the UK there is currently one care worker in older adult care for every 15 older people, and the projected increase in the number of older people means that, other things being equal, the size of the direct care workforce in the sector will need to grow by 400,000 over the next 25 years if this ratio is to remain at the current level. If the current percentage of migrant care workers in the workforce remains constant, the stock of migrant care workers working with older people will need to increase by an average annual growth of 3,000 migrant care workers (2.5%) to 195,000 in 2030.
8. Future demand for migrants in the care sector will depend on whether the root causes of care worker shortages – low pay and the low status of care work – will be addressed.

Recommendations

1. With regard to the future funding of social care, efforts should be made to make care work more attractive to the local labour force on a long-term basis by improving pay, conditions, status and career paths. Such efforts should also be targeted at men.
2. The Government should retain the limited migration entry channel for senior care workers and monitor the need for a legal channel for lesser skilled migrant care workers if pay and conditions in the sector do not attract sufficient and suitable job applicants within the UK. The alternative, if employers cannot recruit legal migrants to maintain care services, could be an increase in migrants working without permission – as is already the case in other EU countries. The possible impact of changes made to other immigration routes – e.g. for refugees, students, family members – on the supply of migrant care workers should also be taken into account when migration regulations are revised. Better coordination between migration and social care policies is needed.
3. Government and employers should ensure that migrant care workers have access to English language provision and adequate social care training, accommodating the hours and shifts involved in care work.
4. The Equality and Human Rights Commission needs to address the discrimination experienced by migrant care workers, including guidance for employers on handling the hostility of some older people and their families towards migrant care workers, particularly in the light of the personalisation of social care services.
5. There is a need to improve access to advice and guidance on employment rights for migrant care workers. Trade unions, professional associations, local authorities and migrant organisations all have a role to play.

6. With regard to the personalisation of social care services, the Care Quality Commission, and local authorities funding home care, should monitor the implications of the employment of migrant care workers by older people in their own homes; and ensure that older people and their families have advice and support in relation to their responsibilities as employers, which includes treating staff appropriately and avoiding discrimination.
7. The contribution which migrant care workers are making to the care of older people should be given greater public recognition in debates on the future of social care.