



Migrant workers in England's homecare sector

Summary

This Policy Brief outlines early findings from a new study of **migrant labour in England's homecare sector** led by Professor Shereen Hussein at the University of Kent. The study forms part of the wider *Sustainable Care: connecting people and systems* research programme, and draws on:

- A review of existing evidence about migrant care workers in the UK
- A survey of 32 people with expertise and knowledge of social care and migration, focused on issues of demand and supply
- Interviews with 25 migrant homecare workers
- Ongoing comparative analysis of the sustainability of migrant care work in eight countries, to be reported separately.

Data were collected, in 2019-2020, at a time of uncertainty associated with the UK's departure from the European Union, its future immigration system, and ongoing challenges in adult social care.

Key points to inform debate

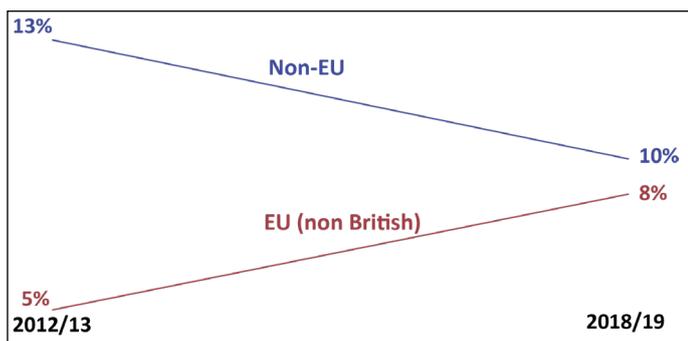
- Migrant care workers have been important in homecare for over a decade
- In the short-to-medium term, and in some regions, the sector will remain reliant on migrants to fill vacancies
- Demand for migrant homecare workers is driven by local labour shortages in a context of uncompetitive and unattractive employment conditions
- Past acute workforce shortages in homecare occurred despite unrestricted access for EU workers
- Immigration rules and visa systems affect the number and types of migrants attracted to the sector
- Live-in care, a growing market segment, attracts high proportions of migrant care workers. If migrant workers' rights are restricted, the risk of exploitation in this segment could be high
- Given the expected continued and increasing demand, urgent consideration should be given to introducing a sectoral visa scheme.

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Findings¹

Homecare is heavily dependent on migrant workers:

- In 2018-19, [over 83,000 home care workers](#) – 1 in 6 of the total – were non-UK nationals
- Over half these workers (56%) were from outside the EU, while 44% were non-UK EU nationals
- Between 2010 and 2019, the share of migrant workers in homecare was stable, although its composition changed. The share of EU nationals rose, while that of non-EU nationals fell.



Skills for Care, [The state of the adult social care sector and workforce in England](#), 2019 (Leeds, 2019).

Migrant workers have responded to demand in the home care sector

- Jobs in homecare have been readily available; vacancies in social care have been increasing over the last decade, with vacancies in this form of care higher than in residential care
- Reliance on migrants has been high in London and in the south east, south west and east of England
- The sector has many small and individual employers and high levels of casualisation and fragmentation.

"I came to the UK in 2010, on a spouse visa, joining my husband who migrated in 2006. The process is ... complicated, it's not as easy as it seems. (...) My husband had migrated, and we had to make a decision (...) To be together, it's either him coming back, or me going there. So we made a decision that I was going to join him."

Home care worker, female, from Zimbabwe

How do migrant homecare workers access the homecare market?

Two main factors have shaped non-UK workers' access to jobs in homecare:

- EU treaty rights permitted free movement within the EU; following Brexit, this will end in 2021
- UK immigration policy – some workers from outside the EU have 'indefinite leave to remain' based on past residency or a family, ancestral or youth mobility visa.

However, the General (Tier 2) Work Visa Scheme's [qualification and earnings requirements](#) put homecare jobs out of reach for other migrants.

In our interviews, *non-EU migrants* expressed concerns about the high cost of visas and the complex rules and

changing eligibility criteria for permanent status.

"The UK was an option (...) I have an ancestral visa. It's not a decision I made lightly ... I had to invest a lot of money beforehand to get here ... I've got to work that back. (I decided) to do care work (because) I didn't need to set up a home base."

Live-in care worker, female, from South Africa

The EU migrants we spoke to worried about uncertainty regarding Brexit and the future of the UK economy.

"I was a primary school teacher at home, but I didn't earn enough money to support my children through university... First I was a daily carer but it was really difficult and I didn't earn enough money. I decided to be a live-in carer, where I don't need to pay my accommodation and my food. I've been a live-in carer since 2006."

Live-in carer, female, from Hungary

Care migration is also shaped by other factors

- Migrants' own choices and preferences about jobs and destinations
- Their access to recruitment agencies and other intermediaries, and how these operate
- Their own informal networks.

Different types of migration are associated with different pressures and risks for migrant homecare workers.

- In conventional homecare services, *direct recruitment from abroad* is uncommon; most non-UK nationals in homecare were already in the UK when they applied for their jobs
- By contrast, '*live-in care*', a small but growing segment of the homecare market, is attractive to applicants from outside the UK, and seen by some as way of migrating to the UK or as a form of circular migration.

Social networks, on-line platforms and recruitment agencies are used to attract workers from outside, as well as within, the UK; they involve both opportunities and risks:

- Direct communications and information from peers can give migrants *choice and agency*
- International recruitment agencies and chains *offer few safeguards* with regard to working conditions and employment security
- Some recruiters seem to target workers in vulnerable situations
- Recent migrants may be unaware of UK employment legislation/regulations relevant to care work that might make them more vulnerable to labour abuses.

"Someone online recommended the UK to me ... I don't remember how I found the company. I came to the UK with them, but they lied about the work (and) working conditions ... didn't give me a contract and didn't pay us. ... They were taking advantage of the Eastern European carers, (who) ... don't speak English and ... are in a vulnerable situation. I reported them ... (for) human trafficking and tax evasion and money laundering."

Live-in care worker, female, from Hungary

¹ Findings relate to England unless otherwise specified.

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Market competition and worker mobility within the UK

Most migrant homecare workers from the EU or non-work migrants face few legal restrictions on changing jobs, in contrast to the situation in some other countries (e.g. Taiwan, Australia etc.). This is likely to change in the near future with Brexit. Freedom to change job is important. It can:

- *Guard against exploitation*, enabling workers to challenge unfair practices or walk away
- *Remove fears* workers may have about endangering their immigration status
- *Enable workers to improve their position* in the labour market once settled in the UK.

Wellbeing of migrant workers in homecare

Our interviews showed that some migrant homecare workers experience *unfair and exploitative practices* in parts of the sector, alongside other issues that affect their wellbeing:

- Undeclared employment or bogus self-employment, leaving workers unprotected in terms of entitlement to sick pay, holiday pay, and employment-related benefits
- Non-payment of the UK national minimum wage
- Unrealistic or false promises of continued employment, which can mislead or entrap workers.

"My client's husband (said) 'Why are foreign people coming here to work?' I said, '... if an English woman would do these jobs for this much money, you wouldn't need foreigners'. After this he asked my office to send someone else."

Worker in critical care, female, from Hungary

Although social care is a [priority sector for targeted enforcement](#), our research suggests *the live-in care sector is at particular risk* due to *limited regulation of domestic work*, non-traditional working time patterns, and the fragmented and isolated nature of the work. Experts also felt that local authority commissioners and individuals who 'self-fund' their care may *lack the means, and have few incentives, to check the legality of employment conditions* when purchasing services.

Challenges migrant workers face

Some migrant homecare workers face challenges in *adapting to local conditions* and other difficulties:

- *Lack of local knowledge*, and little guidance on how to access this
- Concerns about *cultural adaptation* or problems *accessing services* (e.g. a GP, a bank account)

"I would say (...) as a person of colour, some of them are not really comfortable being helped by me (...) Some ... tell you straight to your face "You can't do this", they don't need your help. They say that they prefer to be helped by someone else. But others it's a bit indirect, they don't really say it to your face ... just try to shut you out?"

Community care worker, male, from Zimbabwe

- *Social isolation*, due to disconnection from social and/or family networks; few ways of making new connections
- *Discrimination or racist/xenophobic attitudes* among service users, families and the public.

Overcoming or addressing challenges can be *especially difficult for live-in care workers*. Live-in care makes extensive use of migrant workers, attracting them by offering accommodation. It also enables some to spend time away from the UK (through cross-border migration within the EU) by offering an 'on-off' working pattern. Some workers use this to combine paid work in the UK with family caring responsibilities in their home country. Live-in care work can be challenging for new or established workers, who report:

- Isolation
- Strain on their mental health
- 'Burn out', due to continued exposure to complex needs without adequate support
- Stress and frustrations due to blurred boundaries between work and personal time.

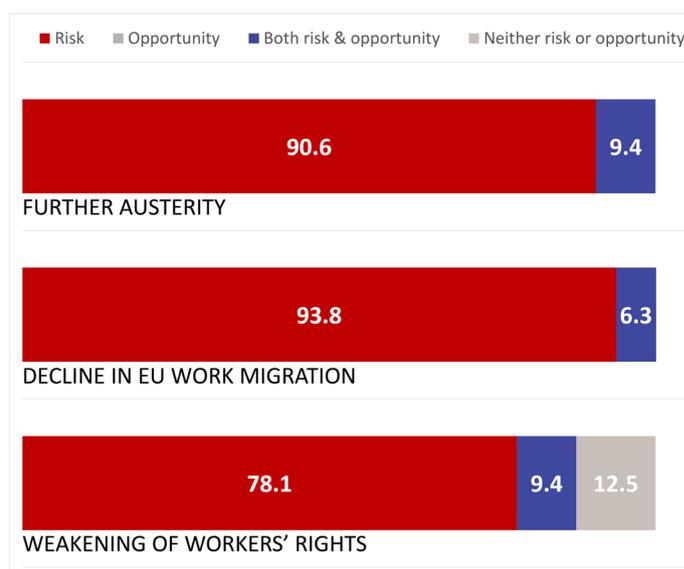
"I was quite fortunate in the way I got into it, but it would never have been a chosen profession for me because it's – Well, for me, because I'm a single person the financial thing is not the most important thing because, well, I'm quite frugal and I don't need much for myself, so I'm quite happy with what I get paid. But I think that the whole social care system is in not a good state at all. On paper it might look like it, but it's not working at all, it's literally just, you know, putting out fires. It's like, you know, one of those wildfires, you have to try to keep under control, but you never put them out."

Personal assistant, female, from Germany

Experts' views of current challenges

Experts felt further economic austerity and a fall in EU work migration were the main risks to the sector.

They also saw ensuring EU nationals in homecare jobs apply for settled status, and supporting them in this, as an important challenge. Interviews with live-in care workers



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who were EU nationals showed some were:

- Finding it hard to provide evidence of UK residency, as they lacked a permanent UK address
- Being granted 'pre-settled' status', despite working in the UK for over five years
- At risk of become 'undocumented' by failing to transfer to settled status or exceeding the permitted number of days spent outside the UK.

"I spend one month, more or less, in the UK, one month outside the UK. Of course I don't have a permanent address. I am spending time and supporting my client 24/7, how should I rent a flat, for what reason? Of course I don't have a permanent address, and of course I cannot use the client's address. So we are floating workers, migrant workers. It was very difficult to get a bank account. We need the bank account because our wages will be transferred by the employers. So why is it so difficult?"

Live-in carer, female, from Hungary

The post-Brexit immigration system and its implications

In February 2020, the Government announced new immigration arrangements, reiterating these in its Immigration & Social Security Coordination (EU Withdrawal) Bill 2020 and specifying that:

- The [new immigration system will end free movement for EU nationals from January 2021](#).
- At the same time, a new universal 'points-based' work visa system will be introduced that will apply to all non-UK citizens January 2021
- The points-based system will have lower skills and earnings thresholds than the old Tier 2 visa
- However, homecare workers are unlikely to reach the 70 points needed due to low wages in the sector
- [The 'time-limited' route originally proposed](#) will not be introduced
- Most direct care roles are classified as 'low-skill' by the immigration system. Although many of the migrant care workers moving to the UK to fill these roles are highly educated and skilled, but their skills may not be formally recognised in the UK care or health sector.

Our interviews with migrant homecare workers and survey of experts warn of the *inadequacy of short-term visas in social care*. Adaptation and learning culturally appropriate care take time. A short-term visa system would make this very difficult, with implications for quality of care, wellbeing, and the cost of care.

NEXT STEPS

We are continuing to explore the perspectives of employers and those who use care and support, and will run a second round of our survey of experts in 2020. We are also examining migration regimes in countries outside the EU (including Australia and Canada), working with international partners to identify lessons and examples from other countries' experience. Read our blog, [Post-Brexit immigration policy and social care](#), [here](#).

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The recommendations in this Policy Brief are made by the Sustainable Care team, and should not be taken as representing the views of 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.

We would like to thank the migrant care workers who have generously contributed their time and shared their experiences with us. We also acknowledge the contribution of Sustainable Care PhD student Obert Tawodzera, who conducted two of the interviews referenced in this policy brief. This policy brief was authored by Agnes Turnpenny and Shereen Hussein, edited by Sue Yeandle and designed by Kelly Davidge.



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