KING'S College LONDON

The dynamic role of migrants employed in social care in the UK: Reflections and policy implications

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Why is Social Care Important?

- Population ageing
  - Over-65 population grows by 33% between 2016 and 2030; from 11.6 million to 15.4 million
  - Combined with social change and associated with reduction in people at working age (will increase by only 2% between 2016 and 2030)
  - Increased complexities of needs
- Changing perceptions and expectations
  - Nature of care provision, workforce skills' requirements and types of services
- The interface between health and social care services
- Competition with other sectors

Overview of the Social Care Sector

- Partially funded by the state
  - Price differences for eligible and non-eligible individuals
- Divergence between health and social care coverage
- Reduction in funding and austerity measures
- Lack of an industrial strategy
- Dynamic social care policy developments
  - Personalisation agenda
    - Flexible care arrangements at people's own homes
    - Higher control (and accountability) for users managing their own funds

Overview of Social Care- cont.

- Marketisation
  - Growth of the independent sector (esp. for-profit)
    - Competitive markets – procurement criteria tend to be focused on unit price
    - Insecure contracts, unpaid working time (travel, sleep-in, planning etc.)
  - Changing the role of the state (commissioners/ coordinators)
- An estimated gap of 200,000 workers by 2020
  - Predictions of a between 350,000 to 1.1M workers' gap by 2037 according to different scenarios
  - The predicted required increase in the size of the care workforce is significantly larger than for any other occupation in the UK
- Care jobs are more difficult to automate than those in other sectors

Wider Concerns

- Increased concern about the availability and quality of social care provision (LGA 2014, Quality Watch 2016)
- Shifting demand from SC to the NHS
  - delayed transfers of care cost hospital trusts £270 million over a six-month period (Monitor and NHS TDA 2015)
- Safeguarding of older people
- Implications on informal carers and their wellbeing and ability to participate in the labour market
- Implications on the workforce (compliance with national minimum wage for example)

The Social Care Workforce

- A growing sector of the overall labour market
  - 1.43M workers; 1.55M jobs in England alone (larger than that of the NHS- estimated at 1.2M jobs)
  - Grew by nearly 18% from 2009 to 2015 despite funding cuts
- Significant minority of professional jobs
- Predominantly female with an average age 42 years
- Ageing workforce
- A trend of increased vacancy and turnover rates in the sector

Why is it difficult to recruit to SC?

- The growth in the working age group does not match that in aged groups
- Unattractive package of work
  - Emotional work
  - Stress and work-life balance
  - Status and value by society (gendered work)
  - Poor wages
  - lack of career progression pathways
  - Increasingly fragmented work
  - Perceived as requiring 'low-skills' threshold

Social Care and Immigration Policies

- 2004: 8 accession countries joined the EU (A8)
- 2007: Romania and Bulgaria (EU2) joined the EU
  - Work restrictions in the UK removed in 2014
- 2010: introduction of the non-EEA immigration cap on migrants
- 2012: removal of 'senior care workers' from the skill shortage list

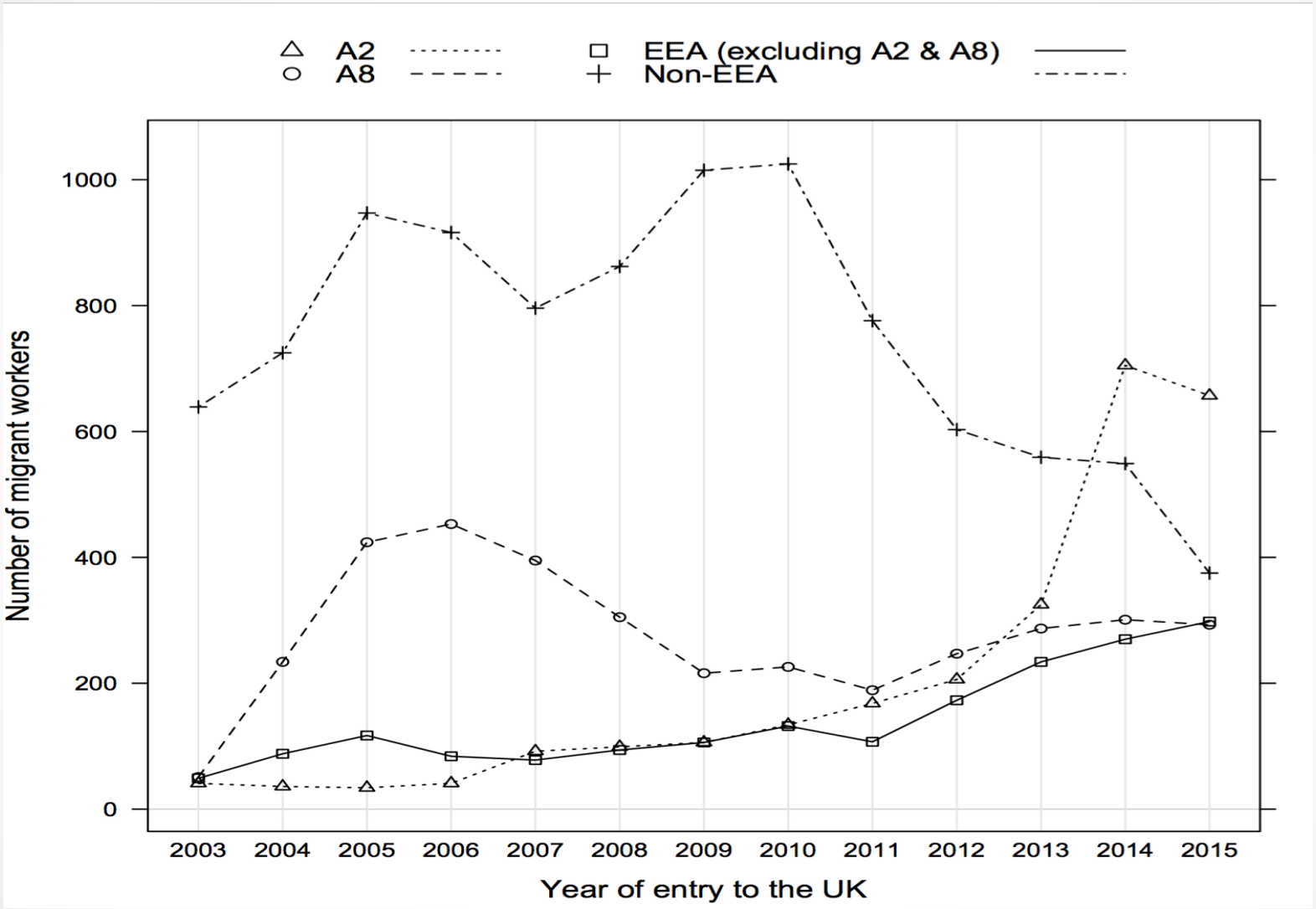
Migrant Labour in Social Care

- Had always contributed significantly to the sector
- There is currently 280,000 foreign born workers (c. 20%) in the English adult social care sector alone
  - Much higher percentage in Greater London (59%)
  - Of which, 84,000 workers (30% of all migrants) are EEA-born
  - 150,000 working in residential care homes and 81,000 working in adult domiciliary care
- Have a younger age profile, includes higher percentage of men and present higher levels of skills/qualifications on average when compared to British born workers

Historical and current trends: challenges and opportunities

- Traditionally, mainly came from non-EEA countries
  - Trained as nurses and were subject to stringent language and qualifications' tests
- Since 2012, more entrants to the sector came from EEA than non-EEA
  - Reflecting UK immigration policies
- Poland (12%) and Romania (11%) among the top five countries of birth for migrant care workers who moved to the UK social care sector between 2007 and 2014.

Trends of number of migrants working in the social care sector in England by year of entry to the UK and nationality



Source: Hussein (2018)- Author's calculations using NMDS-SC 2016

Migrant Labour in Care Work

Advantages

- Meet some of the escalating demands
- Skills & training
  - Esp. nurses from the Philippines
  - Concerns re transferability of qualifications(Eastern Europe)
- Attachment to employer
  - Reduced turnover
  - Historical for non-EU migrants
- Work ethos
- Cultural matching
  - In some cases – not a primary focus

Challenges

- Variable concepts of care
- Language issues
  - Communications
  - Managing risk
- Temporariness
  - Esp. from EU but also non-EU in the case of SC -> NHS
- Supply issues
  - Both in terms of quality and quantity; Current debate focuses **only** on quantity
  - Current competition on the same pool of EU migrants

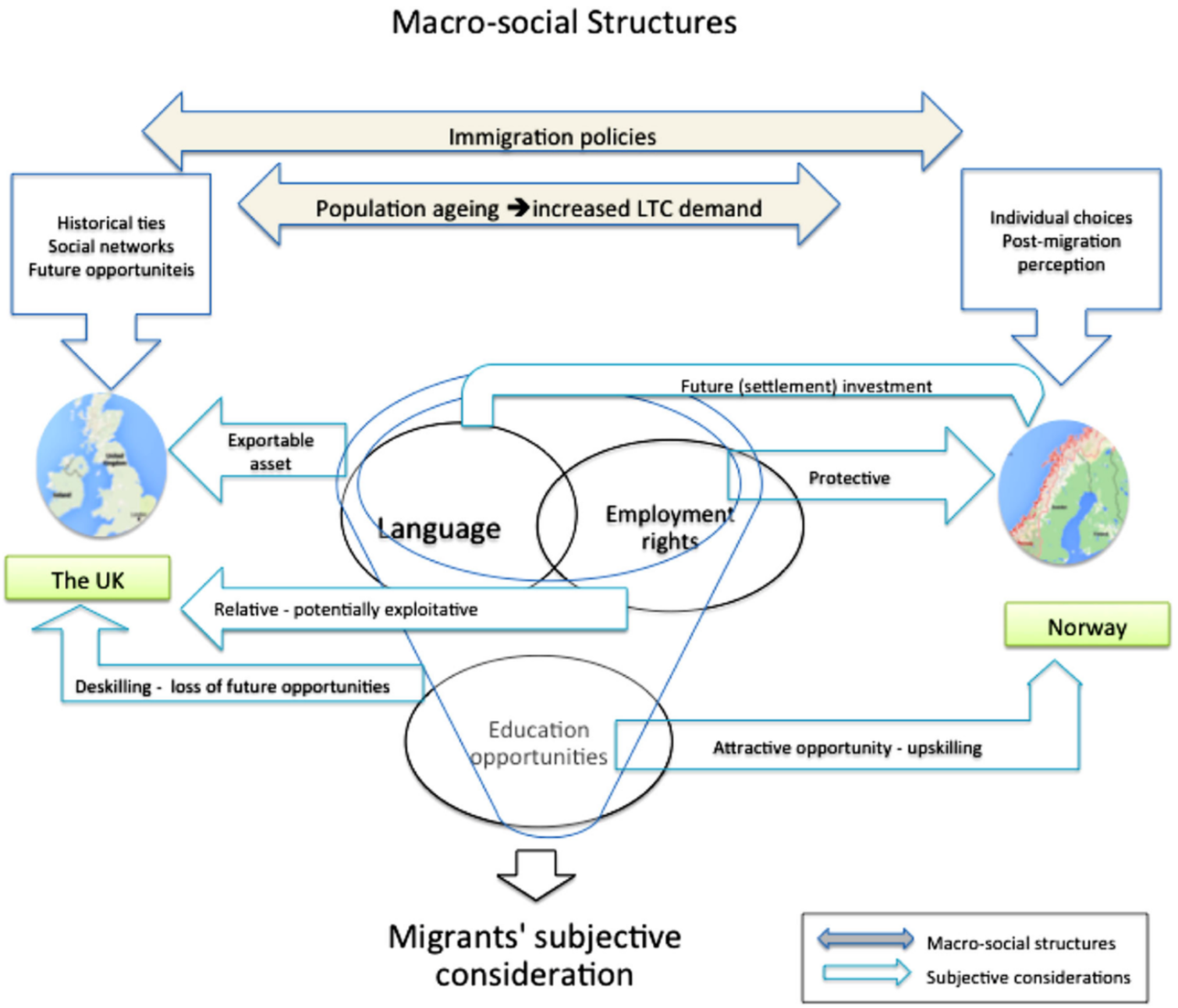


Fig. 3 Summary of migrants' subjective consideration of structural factors (and their potential impact) in relation to the UK versus Norway decision

Source: Christensen, Hussein & Ismail (2017)

Challenges in meeting demand

- Austerity measures and funding envelops
- SC remains unattractive to many British workers
  - Especially younger people and men
- Immigration rules and implications on the ability to recruit migrant workers
  - Tighter rules for bringing non-EEA workers to SC
  - Brexit and uncertainties of access to EU migrant workers
- Predicted future gaps in recruitment to the sector
  - Even with scenarios of high immigration, attractive sector combination

Potential solutions: What other countries do

- Norway: strong trade union presence, improve working conditions for all SC workers
  - Migrants are still able to move and join but strict training and language requirements (facilitated by the state)
- Canada: a specific scheme for recruiting migrant care workers – the Live-In Caregiver Program (LCP).
- Australia: in the process of creating a new visa system specific to SC (Temporary Skill Shortage visa)
- Italy: familial approach, policy targets family carers → reliance on informal migrant labour (a migrant in the family model)

Discussion points

- Address social care funding and develop a social care industrial strategy
  - Enhancing working conditions and the attractiveness of the sector
- The demand exceeds potential supply and the need for migrant labour remains
- Debates should move to ensuring 'quality' of migrant labour in addition to 'quantity'
- New immigration schemes are needed to ensure selection, recruitment and retention of migrant labour (both in volume and quality)
- Improve informal carers' support policies

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Thank you for listening