

Marginalisation and pay differentials in the UK social care sector

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What is social care?

- Social care supports people of all ages with needs arising from physical, cognitive or disabilities
- Assists in carrying out personal care or domestic routines (activities of daily living)
- Helps sustain paid or unpaid work, education, learning, leisure and other social support systems
- Supports people in building social relationships and participating in society

Marginalisation of social care as a labour market sector

- Dealing with a special kind of ‘commodity’
- Value of ‘care’ work to the society
- Gendered; emotional; for granted !
- Responsibilities and duties of care
 - The role of the welfare state (means tested)
- Assumed or planned
- Difficulty of pricing ‘emotional’ work

The position of the care sector and labour dynamics

- Secondary labour position
 - Migrants and BME workers contribution
- Pay and working conditions
 - Possible other rewards
 - Flexibility
 - Satisfaction
 - Stepping stone
 - Only job!
 - Temporary or continuous work or employer(s)
- Changing structure; place; nature, interaction with health services
 - Domiciliary, residential
 - Personal budgets (cash for care)
- Funded by several government funding streams
- Interactions with other markets
- Prominence of the private and voluntary sectors

Workforce structure

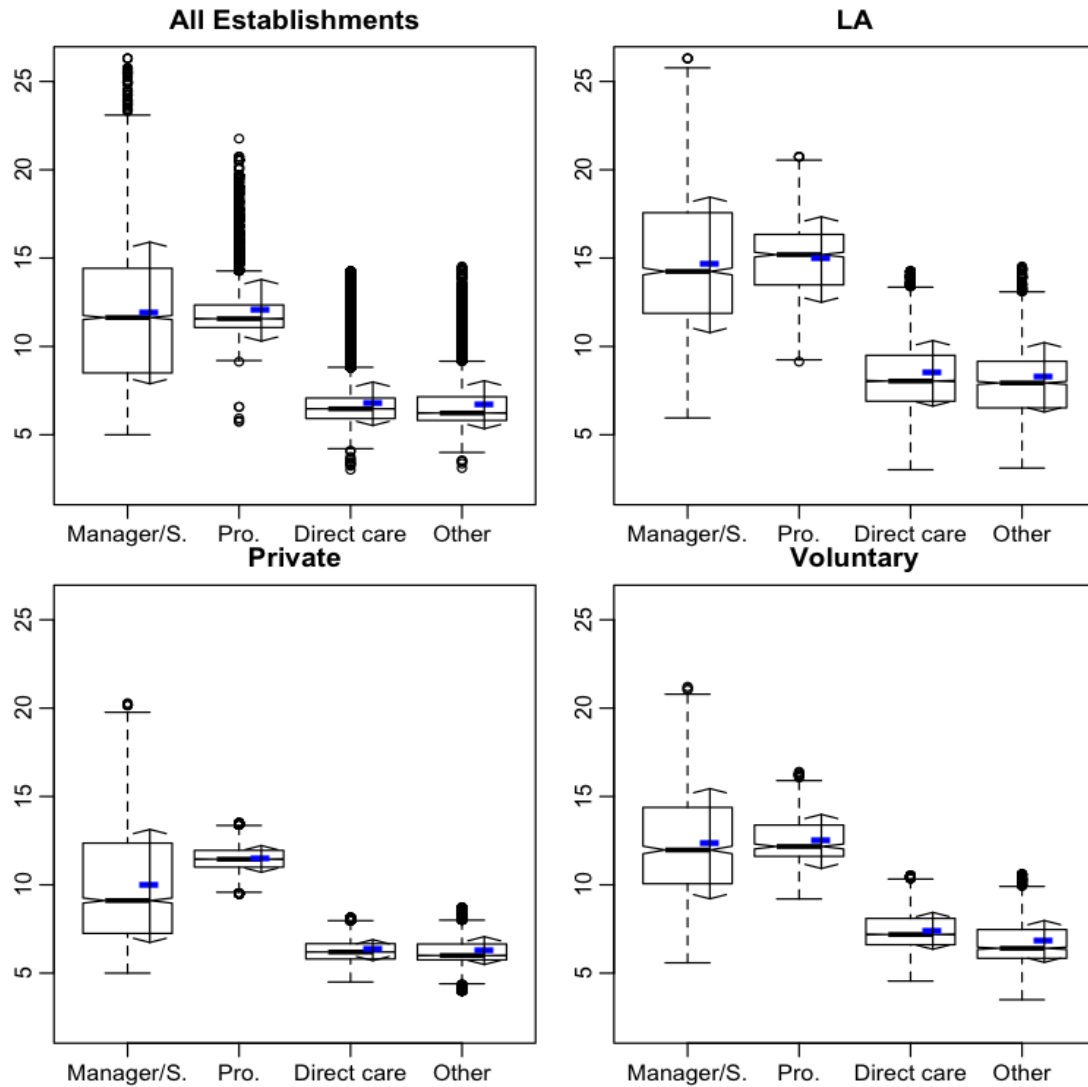
- Gender (80% women), age (mid 40s) and education (minimum skills required)
- Migrants and immigration policies
 - International and local supply
- Grey economy and domestic work
- Lack of clarity in relation to career path

Marginalisation within a marginalised sector

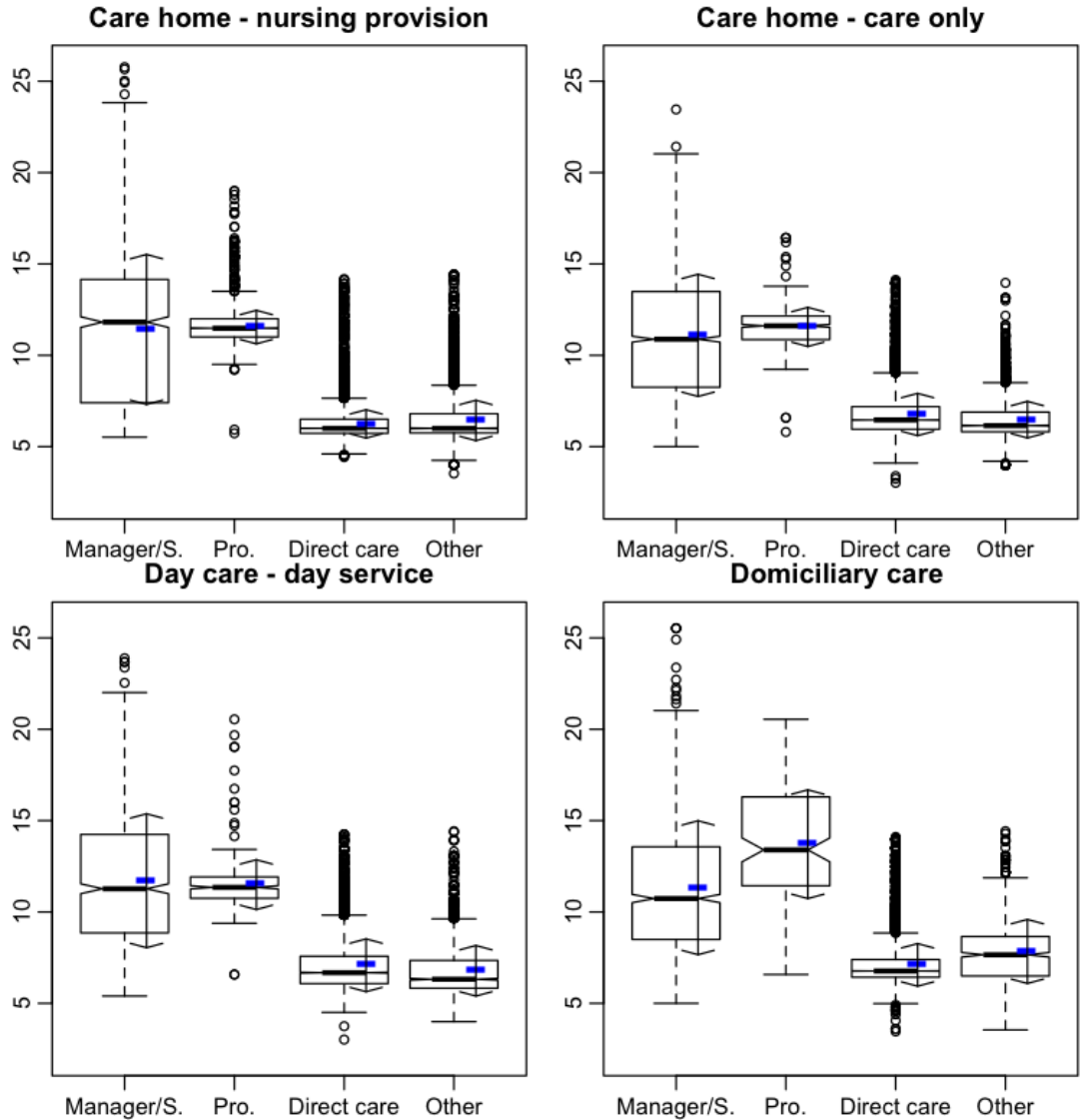
Marginalisation in pay

- One of the main low paying sectors (LPC)
 - Before and after the introduction of the NMW
- Two tier pay levels; with direct care and 'other' workers paid on, below or just above the NMW
 - 'Top' tier includes professional workers (SW, OT ect.) and managers
- Pay rates are significantly lower in the private sector and in domiciliary care settings
- Ethnic pay-gaps also exist
 - BME workers paid lower than white workers after accounting for other factors
- More people leave care work due to low pay from the private than statutory sector

Sector effect: hourly pay rate statistics for different job groups working in different sectors, (Hussein 2010a) SCWP 6

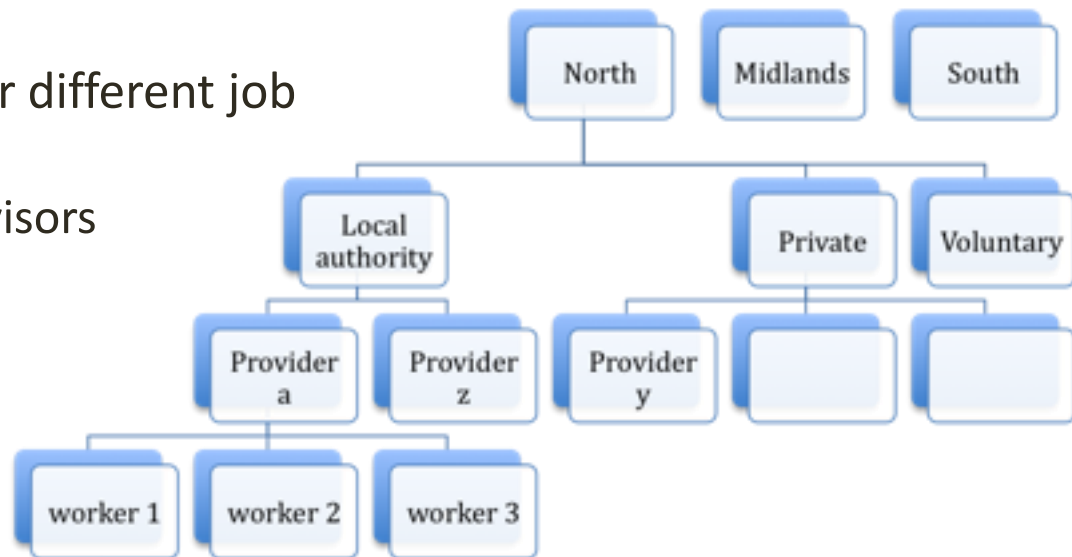


Setting effect: hourly pay rate statistics for different job groups working in different settings, (Hussein 2010a) SCWP 6



Investigating pay differentials in the social care sector

- Using mixed-effect models
 - Controlling for measured and unobserved factors and cluster effects at different levels of hierarchy
- Separate models for different job role groups
 - Managers/supervisors
 - Ancillary
 - Direct care
 - Professional

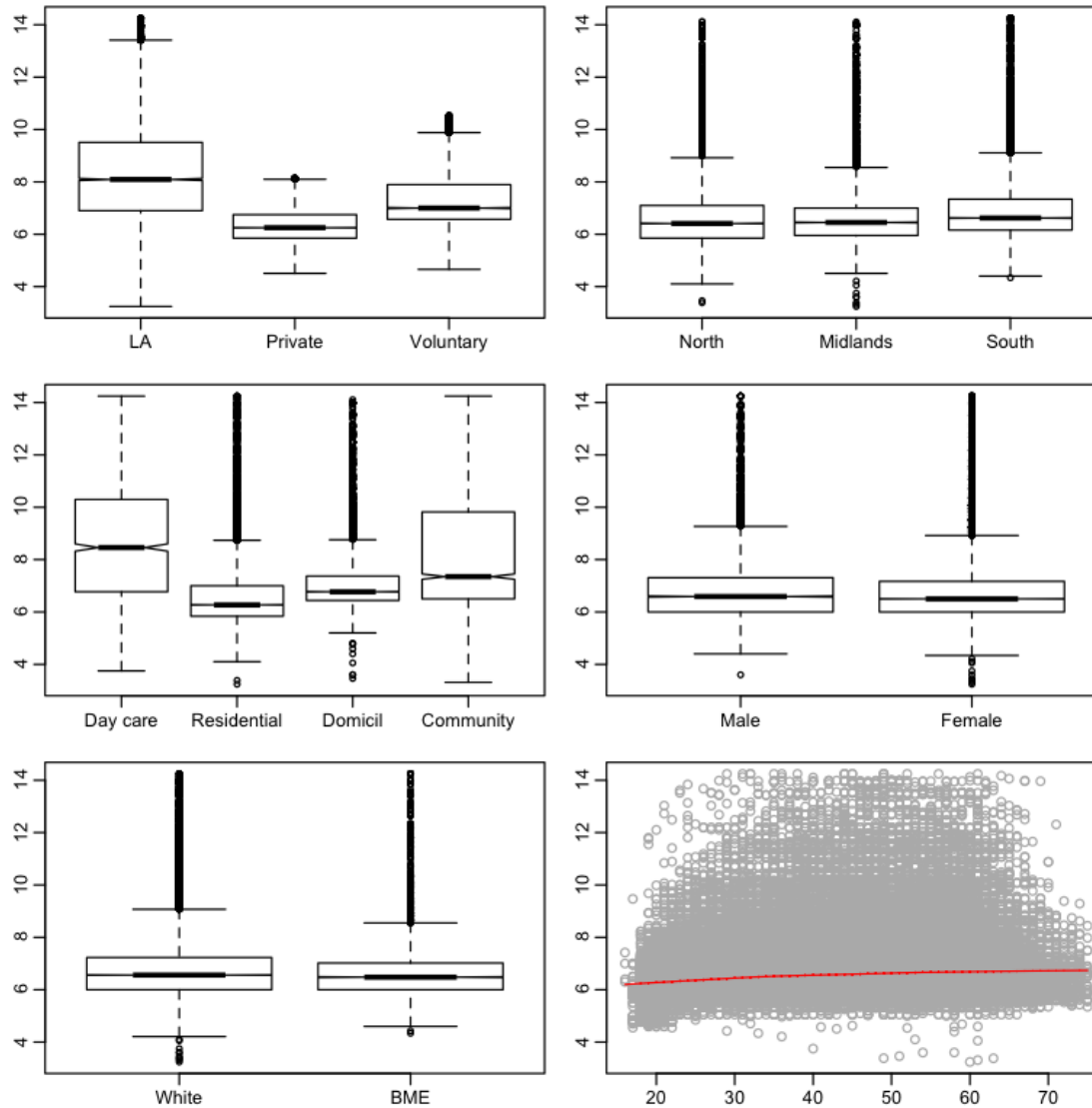


Direct care workers' pay differentials

- Significant and large in magnitude effect of individual providers (55% of variance)
- Sector variations are large and significant
- Some regional effects
- Significant fixed effects:
 - Type of care setting/service type
 - Ethnicity
 - Interactions between age and setting
 - Interactions between gender and setting
 - Interactions between sector and setting

Descriptive: Variations in hourly pay of adult direct care workers by some selected individual and employer-level characteristics, (Hussein 2010b)

SCWP 7



Results of final mixed-effect model of hourly pay of adult direct care workers, (Hussein 2010b) SCWP 7

AIC		BIC		Log lik			
132220.3		132456.9		-66084.2			
Random effects							
		Standard Deviation	Variance	Prop of variance			
Groups							
Region		0.358	0.128	10.7			
Sector		0.231	0.053	4.4			
Provider		0.812	0.659	55.0			
Residual		0.599	0.359	29.9			
Number of cases					N		
Number of individual records					66,056		
Groups							
Region					3		
Sector within regions					9		
Providers within sectors within regions					4420		
Fixed Effects							
Variables	Estimate	Std. Error	t-value (F-value)	p-value	Lower 95% CI	Upper 95% CI	
BME	-0.024	0.008	-2.99	0.003 **	-0.040	-0.008	
Sector			(106.08)	<0.001 ***			
Private vs. LA		-3.008	0.302	-9.962	<0.001 ***	-3.846	-2.170
Voluntary vs. LA		-2.370	0.240	-9.866	0.001 ***	-3.037	-1.703
Service type			(143.01)	<0.001 ***			
Residential vs. day care		-1.085	0.098	-11.105	<0.001 ***	-1.277	-0.894
Domiciliary vs. day care		-1.081	0.113	-9.586	<0.001 ***	-1.303	-0.860
Community vs. day care		0.899	0.112	8.010	<0.001 ***	0.679	1.119
Age centered† & service type			(39.47)	<0.001 ***			
Age & residential		-0.001	0.001	-0.424	0.672	-0.003	0.002
Age & domiciliary		-0.005	0.001	-3.492	0.001 **	-0.008	-0.002
Age & community		-0.002	0.002	-0.915	0.360	-0.005	0.002
Service type & gender			(6.24)	<0.001 ***			
Day care & female		-0.177	0.040	-4.431	<0.001 ***	-0.256	-0.099
Residential & female		-0.008	0.009	-0.844	0.399	-0.026	0.011
Domiciliary & female		0.033	0.015	2.249	0.025 *	0.004	0.062
Community & female		-0.029	0.031	-0.940	0.347	-0.090	0.032
Sector & service type			(44.90)	<0.001 ***			
Private & Residential		0.808	0.242	3.346	0.001 **	0.335	1.282
Voluntary & Residential		1.157	0.161	7.178	<0.001 ***	0.841	1.473
Private & Domiciliary		1.161	0.251	4.632	<0.001 ***	0.669	1.652
Voluntary & Domiciliary		1.205	0.180	6.693	<0.001 ***	0.852	1.558
Private & community		-0.629	0.286	-2.198	0.028 *	-1.190	-0.068
Voluntary & community		-0.745	0.200	-3.732	<0.001 ***	-1.136	-0.353

Migrant workers

- Still a considerable part of the workforce
 - Majority non-EEA migrants (usually with nursing qualifications)
 - Large regional; urban/rural variations
 - Concentrated in certain jobs
 - No large variations in pay levels
 - Linked to immigration status- minimum wage > NMW
 - Usually given 'harder' shifts which may pay more, e.g. night/weekend
 - Other types of marginalisation including discrimination
- Effect of immigration policies:
 - Differences between EU and non-EU migrants
 - Attachment to employer
 - Qualifications
 - Choice and mobility
 - Language

Experiences of racism not confined to pay

- Many experience racism and or discrimination
 - *Then I noticed some of my colleagues started to, you know, I don't know kind of my colleagues then so I think I noticed that, you know, people really sometimes they bully especially if you're a different colour (Site 06, Migrant worker, Asian man 607)*
 - *Most are fine, but some clients can be rude and swear at you they can use racist comments: colour plays a big part. The excuse is often their mental health (Site 01, Migrant worker, black African woman 137)*
- Differential experiences of different ethnic groups
 - Visible social markers
 - Being 'foreign'
- The 'time' and 'resilience' factors

Source:

Hussein, Stevens and Manthorpe (2010)

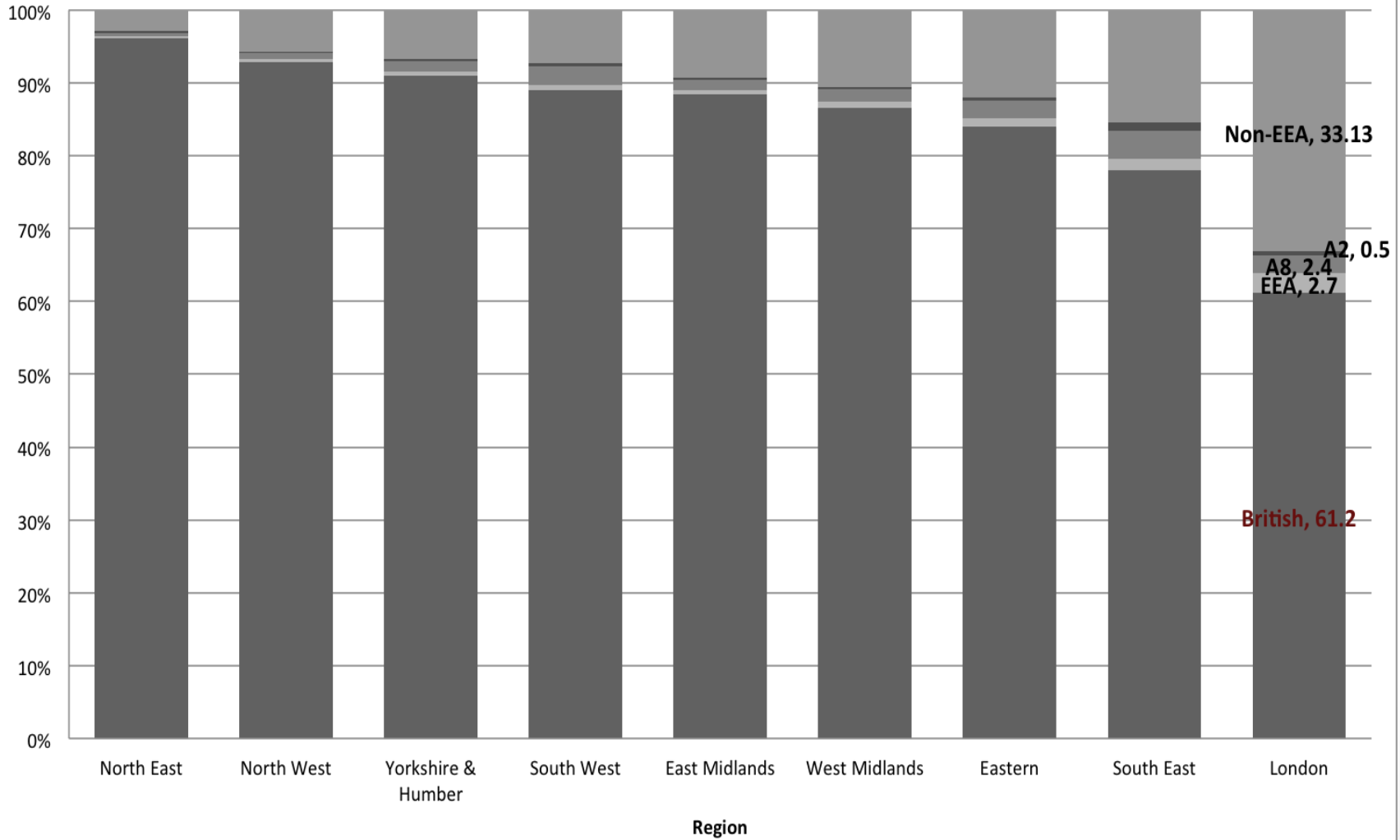
Stevens, Hussein and Manthorpe (2012)

‘Top’ nationalities of migrant workers in English social care

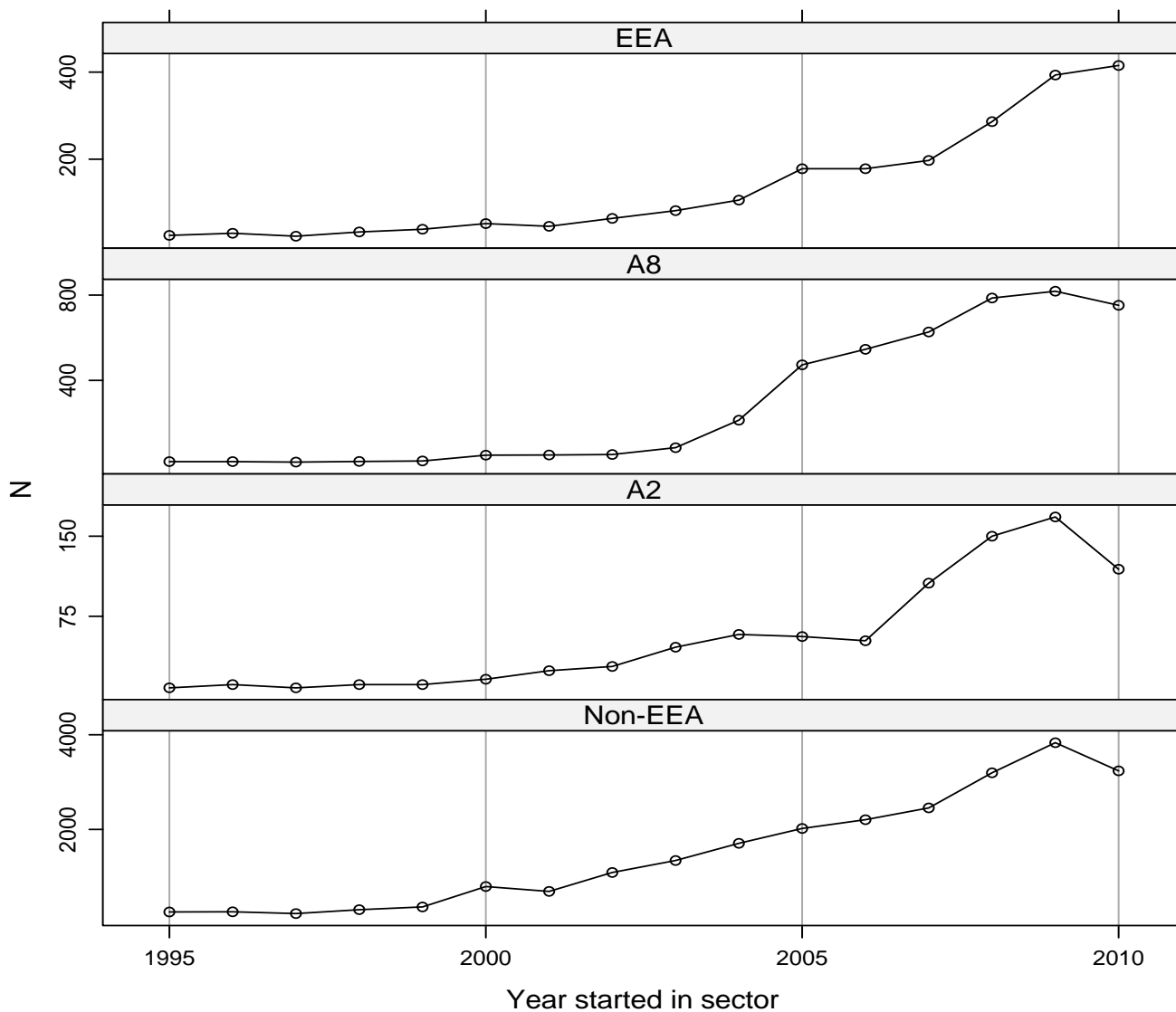
<i>Nationality</i>	<i>Number workers</i>	<i>% Out of all migrant workers</i>
Philippines	5,114	15.0%
India	3,508	10.3%
Poland	3,299	9.7%
Zimbabwe	3,234	9.5%
Nigeria	3,088	9.1%
South Africa	1,212	3.6%
Ghana	956	2.8%
Ireland	750	2.2%

Source: Hussein (2011); SCWP Issue 11

Distribution of social care workers by nationality and region

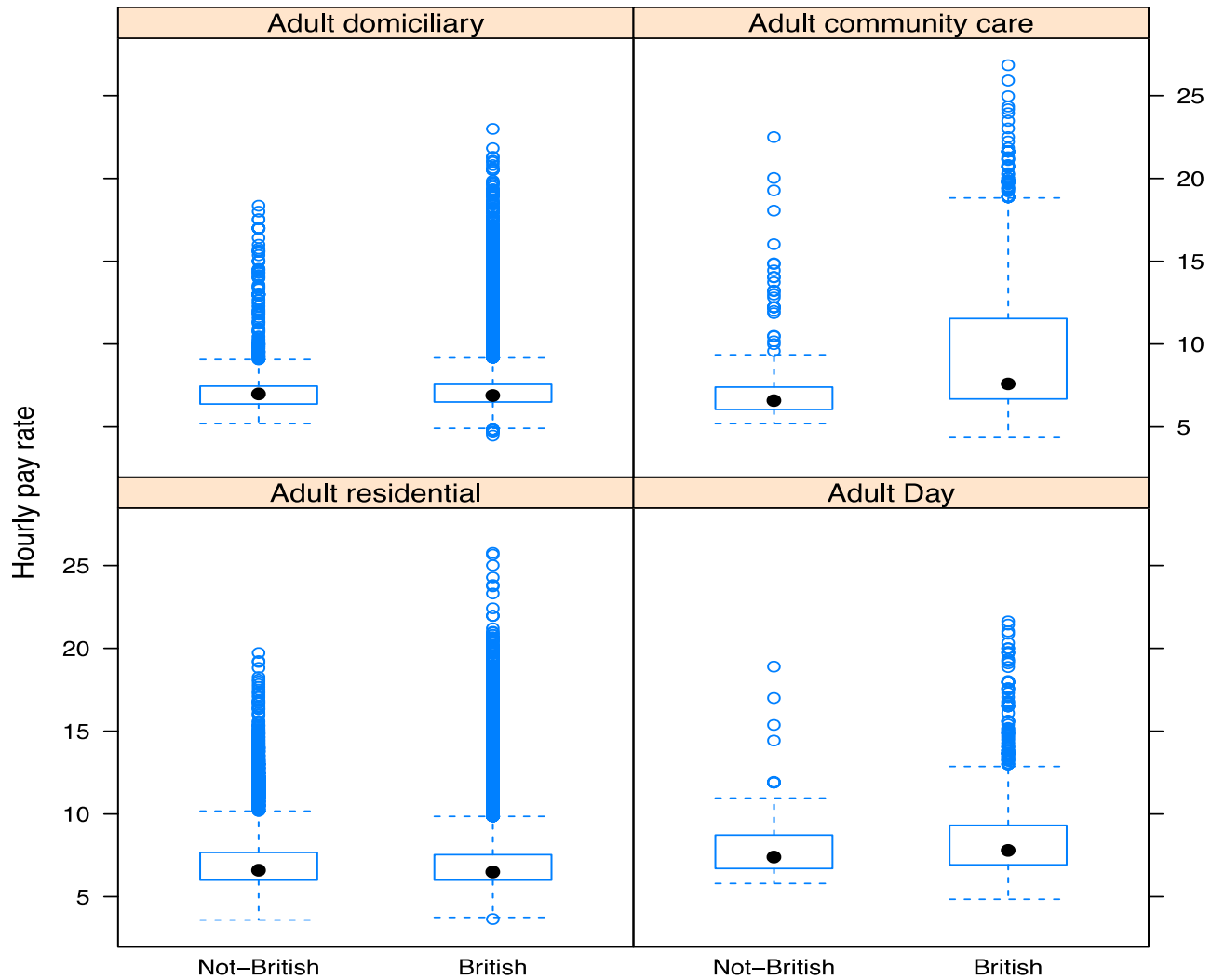


Trends of number of migrant workers (in the care sector) entering the social care sector from 1995-2010 by nationality groups



Source: Hussein (2011); SCWP 12

Migrants and pay



Some personal and employers' characteristics of migrants in the care sector

	<i>British</i>		<i>Migrants</i>	
	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>
Main job role				
Direct Care	108,878	74.9	22,835	81.1
Manager/Supervisor	12,453	8.6	779	2.8
Professional	4,686	3.2	2,534	9.0
Other	19,292	13.3	2,008	7.1
Gender				
Male	23,090	15.9	6,841	24.3
Female	122,219	84.1	21,315	75.7
Any reported disability	2,453	1.7	127	0.5
Mean Age	41.1 years		37.6 years	
Mean vacancy rate	2.5 %		3.4 %	
Mean turnover rate	23.9 %		31.8 %	

Another advantage of many migrants

“...are less likely to quibble and will accept worse conditions than established citizens; getting on with the job and not complaining too much.” (Refugee organisation director)

Source: Hussein, Stevens and Manthorpe 2010

Conclusion

- Sustained problem of low wages in the care sector
 - With wage gaps between the majority low paid and the minority of professional workers
 - Even within lower paid groups, gender and ethnic pay-gaps exist
- Relationship between poor wages and career development opportunities
 - High costs of professional training within the sector
 - Reduction in sponsorships/secondment and possibly bursaries
- Relations between low pay and other marginalisation observed
- Social care policies need to be more connected with other policies such as immigration, higher education, employment and pay regulations

References

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Thank You For Listening

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