The emerging live-in care market in the UK and migrant workers' wellbeing: the complex interplay of Brexit and the COVID19 pandemic

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Migrant Care Workers in the UK

An Analysis Of Sustainability Of Care At Home.

Methods and participants

In-depth semi-structured interviews with 13 migrant live-in carers between June 2019 and March 2020

Interviews transcribed verbatim and analysis thematically

- Two rounds of Delphi surveys
- National stakeholders & experts
- Round 1: Jan-Feb 2019; 32 respondents
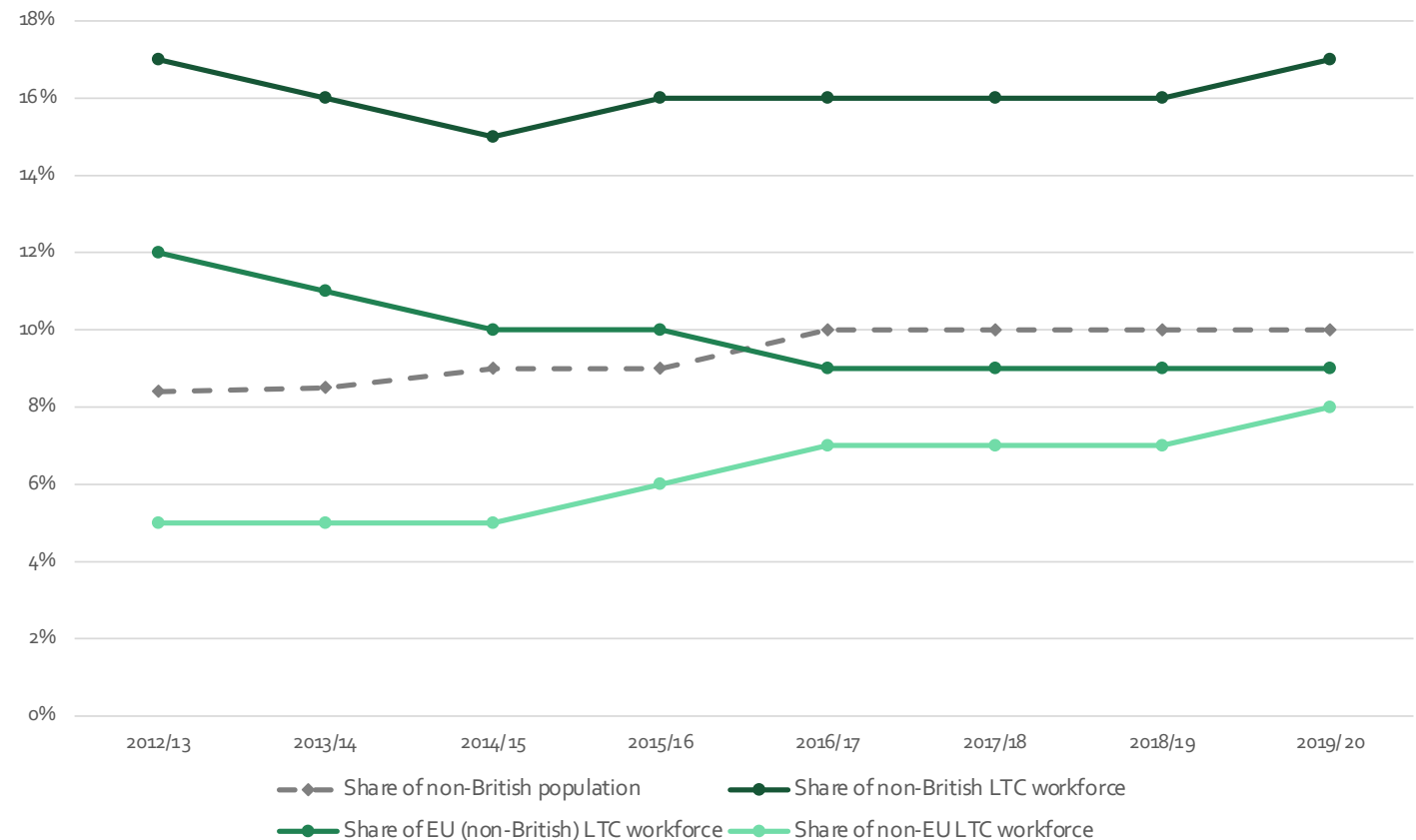- Round 2: May 2020; 28 respondents (10 completed both rounds

Policy and Literature Review/Analysis

The Context of Brexit & the Social Care Sector

Significant and consistent share of migrant workers

Brexit risks

- Supply of workers
- Increased employment of undocumented migrants
- Impact on the local labour markets
- Current regulations as mediating factors

Brexit, workers' rights and impact on the care sector

Delphi survey

- R1: 78% Brexit risks weaking workers' rights; 56% increased undocumented migrants
- R2: 93% New points-based system will be detrimental to home care
  - Geographical disparities
  - 50% specifically focused on 'type of provision' with increased risk associated with 'live-in' care

R2: Among 93% of respondents: Where in homecare will these detrimental effects be important?
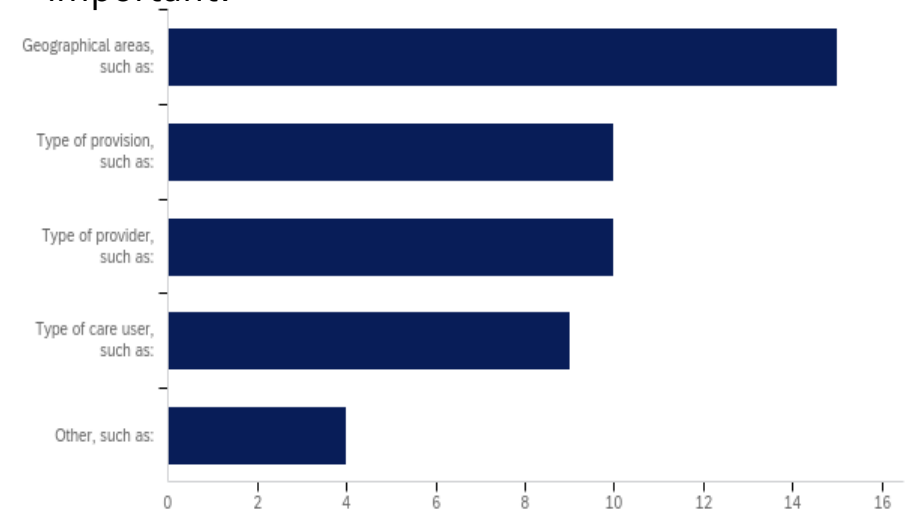
Live-in care in the UK

Live-in care is a small but significant segment of the home care sector in the UK.

Predominantly for people with high and complex needs (e.g. dementia or physical disabilities).

- Emotionally and physically demanding.

Different from other services provided in people's homes:

- Significant market share of non-regulated providers (non-CQC registered)
- Introductory agencies and platforms, self-employment

Highly reliant on migrant care workers:

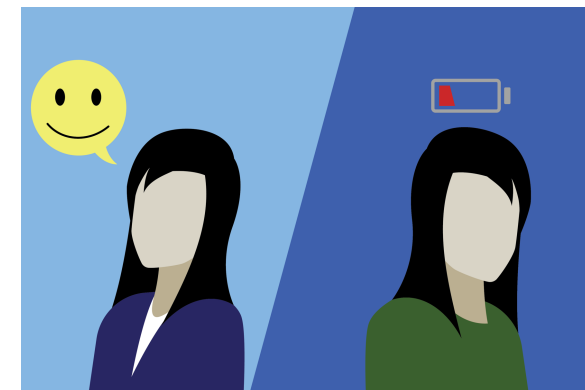- Atypical work pattern, often 4-8 weeks with client without days off

Seen as facilitating the migration process:

- Accommodation with care recipient

Embodied nature of care labour

- Particularly home care and live-in care;
- Emotionally and physically demanding; but not seen as work by everybody (including clients and their family);
- Gender as a key discourse.

They told me it's not necessary to pay the minimum wage because this is kind of au-pair job because I am living there, eating there, watching telly. (Adrienn, EU8)

It's far away from just companionship for the elderly people and just sitting with the ladies watching telly. Where we are working are big houses, really, really huge houses. So organising everything, or even just walking up and down the stairs, it takes time. And we are cooking fresh meals for them, we are shopping for them, and dress them, and all the personal care as well. (Ildiko, EU8)

When you work in live-in, you stay in with this family, with this person. If the person is capable, like Mr X, he talks, he knows what he wants. What I'm there for is to assist. So it's an easy job, if I can say. It's an easy job for a gentleman of my age. (Kuda, non-EU)

Boundaries in live-in care

Inter-relational aspects; multiple boundaries:

- Formal and informal care ... paid worker and family member
- Caring (worker) and cared for (employer, a person in need, 'place owner?').

You do get your clients that are very demanding, that want their pound of flesh out of you, expect you to be the gardener, the cleaner, the carer, the dog walker... Yeah, you get those. But most of the clients I've been with have been absolute, absolute pleasures. You grow so attached to them. Which is not always a good thing. (Gillian, non-EU)

If the family is very nice and appreciate what we are doing, so it is a good feeling and usually creates a good relationship with the family members. And it comes to the trust, they are trusting me, they just leave the money there for buying some things but they don't need any receipts. (Szilvia, EU8)

In home care, you get to know the person you are looking after. You stay with them. You eat with them. You become family. (Kuda, non-EU)

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Cross-border care provisions and private life: physical and virtual places

Distance and proximity

Relationships with families (partners, parents, children, grandchildren)

- the role and actual forms of inter-generational relations and care exchange

Communications, presence and technology

We are fortunate now 'cos with technology, because before I think it would have been much more difficult. I Skype and Whatsapp my children and my grandchildren in SA and [country]. But I don't like being away for eight – nine weeks. I don't… (Vivienne, non-EU)

So my husband and I have been living apart for a long time. Because, when I worked in Asia we were away from each other for a while. We travelled together for two months last year. So we talk every day on WhatsApp. If it wasn't for WhatsApp messaging, we Skype occasionally. My son, WhatsApp, just about every day I talk to him on WhatsApp. […] it's difficult having a marriage long distance, it really, really is. It's not always healthy and it's not always a good thing. But you try to make the best. (Tina, non-EU)
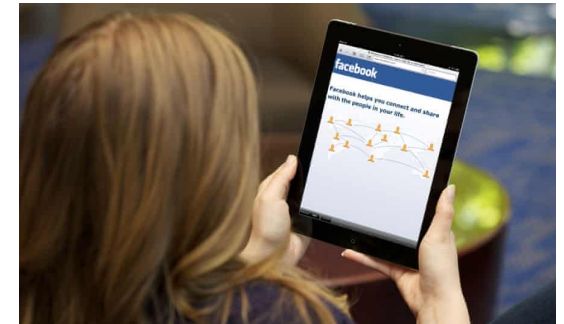
Place, proximity and vulnerability

Older People:

- Boundaries
- Authority and power
- Risk of abuse

Migrant live-in carers:

- (Lack of) social support at work, physical and social isolation, virtual contacts
- Work/personal boundaries, surveillance
- Authority and power
- Professionalism, exploitation

Other stakeholders:

- Family / individual family members
- Older people's social network
- Agency/employer
- Other care and domestic workers
- Professionals

I have been in a house where cameras were installed. I was under the cameras, the family could see me, all the children. And, for example, if I call my friends for one minute or just ask something, and the family see me, "Oh yes. Oh, she's on the phone." It was a bit difficult. [...] There are five children who wanted to make sure that the dad who had dementia didn't leave the house, and see what he is doing or how he is. So they just followed [him] with the camera, but didn't take the cameras off [when they got a live-in carer]. They said it's not for the carer, but it wasn't comfortable, really [laughs]. (Ildiko, EU8)
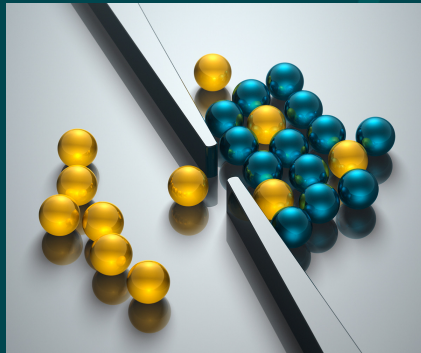
You've got to be able to set very clear boundaries in this job. So [agency] assessed you as they went along as to have you got the personality to be able to do care? It's not a one size fits all. You've got different clients with different personalities, but I think there are general things that if you've got a personality where you need to always be right, you can't work in care. You cannot. Because inevitably you're going to trample over your client's feelings, over your client's wishes.
(Gillian, non-EU)

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Place as a construct of wellbeing

Work environment is an important factor in relation to wellbeing –space, cleanliness, comfort.

Blurred boundaries between domestic/work-spaces impact wellbeing.

Balance/interface of work–family time control and its relationship with wellbeing.

Uncertainty as to the next placement.

I normally work in the summer months here because it's just obviously warmer and the circumstances are actually much nicer, and then I normally go back to [country] round about summer months. So, I'll work here, say three months like I am now, and then I'll go back and then I'll come back again another, say six or twelve weeks, and then I'll go back in November for like four months, so that's like my holiday months. (Lauren, UK national, permanent resident in a non-EU country)

Usually for me my troubles are always the bedding and the mattresses, because they don't really tend to change those things. But they don't really think about it that a lot of people sleep on them, different shapes and sizes and weights. And that mattress becomes really very funny. I mean, yeah, it's just shapeless. So, yeah, I can have a hard time. (Ausra, EU8)
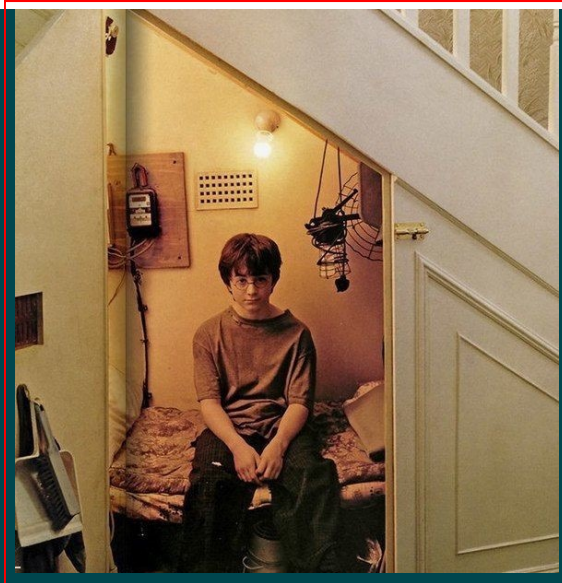
I have had anything from the broom cupboard to a beautiful double room. And you know what I've realised over the last 18 months? It's not better, it's not worse, it's just different. You know, even a golden cage is still a cage. [Laughs]. With some clients I didn't have privacy in my room. It was really difficult. They have got dementia, so they would just wander in. You know that was their room that they used to use, or that was their child's room, they're coming to look for their child. They can remember that 20 years ago they had something in that drawer, and now it's your knickers that's in there. (Gillian, non-EU)

I've got my stuff in a suitcase, I've got some summer stuff, I've got some winter stuff. I'm lugging this huge, big bag of 20kg around the UK with me. Getting on trains, getting off trains, getting on buses. I'd have no idea where I'm going three quarters of the time, you know. (Tina, non-EU)

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The dilemma of wellbeing among migrant live-in carers

Migrant live-in care workers (usually women) search for better wellbeing (for themselves and their families)

Having a 'home' as an essential element of ones' wellbeing

- Can live-in care work achieve this goal?
- It is a quasi-home – segregated, compromised privacy, dependency, and vulnerability

Wellbeing, as an aspiration, could be externalised onto 'others' – family left behind rather than self

Thinking back now, if I'd done this ten or 11 years ago, it would have been better for my son. Because he would have been able to get the passport as well. (Tina, non-EU)

When you leave home, connections between you and your wife become difficult to maintain. The long-distance relationship became so difficult to maintain. So, my wife and I decided it was best for us to go our separate ways. […] Money was at the forefront of our separation. My wife thought when people do come to the UK, they are coming into a money treehouse. (Kuda, non-EU)
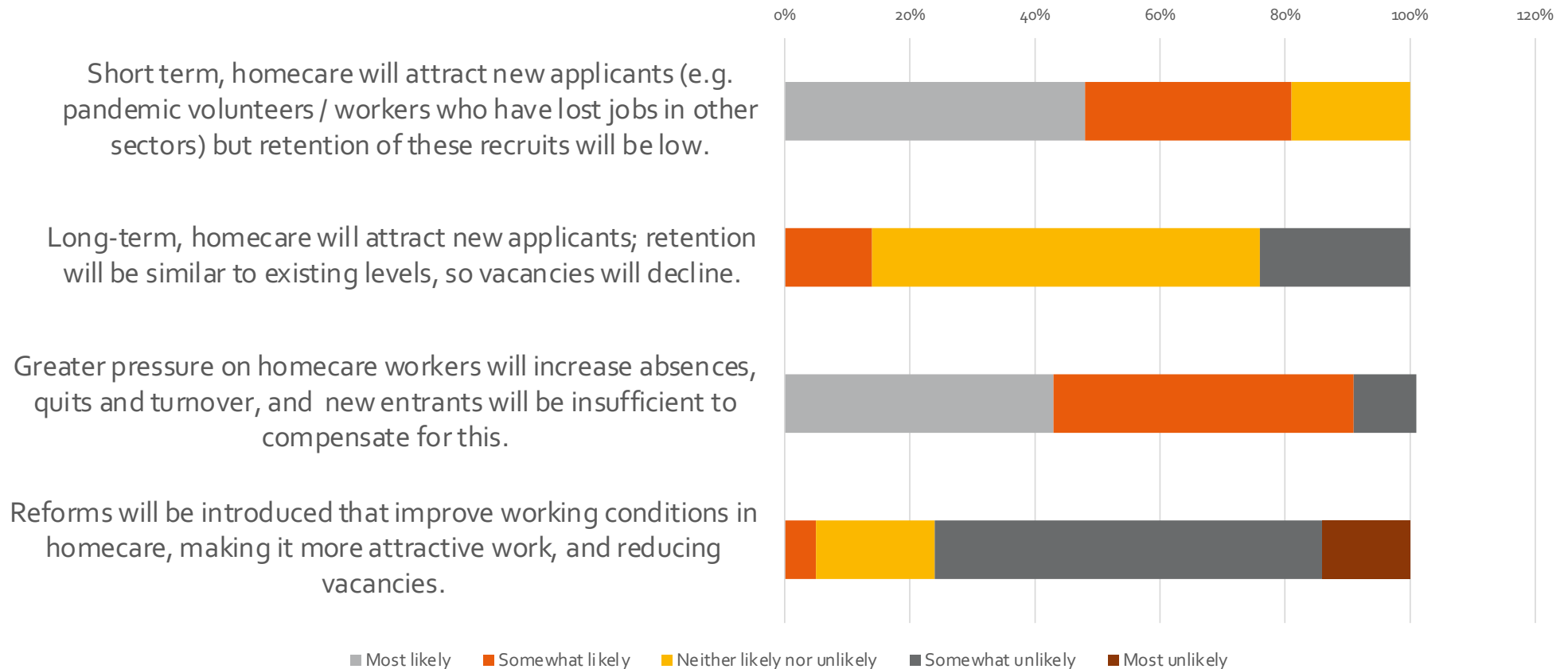
COVID19 and Social Care

Care homes disproportionally impacted

- Care home residence accounted for 34% of COVID19 deaths
- Social distancing and lockdown → isolation, lack of mobility and potential adverse impact on residence wellbeing

- Some indications of changing care preferences/culture

- Impact on care homes
- Live-in care being presented as a 'real' alternative to residential care

- Labour market

- New groups of workers would be attracted to join the sector – short term (92% -DS- R2)
- Retention?

- International travel

- Circular migrants (live-in carers)
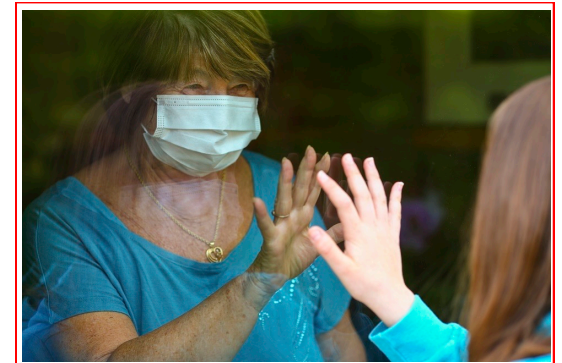
Likely outcomes of the COVID-19 pandemic for the homecare workforce (n =21; DS R2)

Discussion

Positive and negative impact of live-in care:

- Belonging and safety vs. temporality.
- Expectations and dependency.
- Displacement of wellbeing in time and space.

Brexit & COVID19 → the nature and structure of social care provision?

Delphi survey: most impacted groups are older people with complex needs and live-in care

Migrant workers: who will fill the gaps?

- Sector-wide changes
    - Better pay & better jobs
    - Expansion of formal services
    - Regulation/registration
- Geographical disparities
- Impact on users and their informal carers

Wellbeing ?

Thank you for listening!

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