



Live-in, Migrant Care Worker Vulnerability to Modern Slavery

Findings from an 18-month study led by the Rights Lab, Focus on Labour Exploitation (FLEX), Institute of Public Care (Oxford Brookes) & London School of Hygiene and Tropical Medicine, August 2022ⁱ

Feminist, participatory, action research to investigate the vulnerability to modern slavery of paid, migrant, live-in care workers in London.

Key research findings

Adult social care has been identified as a sector where the danger of labour exploitation is high, with live-in and agency care workers thought to be at particular risk. Through 14 semi-structured peer-interviews and two peer-led focus groups with live-in care workers from Hungary, Poland, South Africa and Zimbabwe, the researchers identified five main factors that contribute to live-in care workers vulnerability to modern slavery and labour exploitation:

1. Employment status, business models, and the role of intermediaries;
2. Information asymmetry between care workers and intermediaries;
3. The emotionally and physically intensive nature of live-in care work, blurring of boundaries between work and private life;
4. Barriers to exercising rights at work: sick leave, time off, redundancy/notice, health and safety at work;
5. Individual risk and resilience factors.

Why is this important?

With over 1.6 million jobs, more people work in adult social care than in the NHS. Live-in care, where care workers stay in their client's homes and provide around the clock personal assistance, is a growing sector of the social care market. This is due to the comparatively high costs of care homes and nursing homes, more people paying for their own care, and due to safety and quality considerations. The majority of live-in carers are migrants, including a high proportion of circular migrants who travel between the UK and their country. To date, the working lives of paid, migrant, live-in care workers has remained largely unexamined and their voices unheard in national policy debates. Understanding the factors that exacerbate live-in care workers vulnerability

to exploitation will enable the development of appropriate policy responses to mitigate these risks.

The publication of this research is particularly timely. In the 2022 Queen's Speechⁱⁱ, the UK Government confirmed its intention to make changes to the UK Modern Slavery Act (2015), mandating public authorities to report on the steps they have taken to reduce the risk of modern slavery in their supply chains. As a significant funder of adult social care, this policy intention raises important questions for local authorities related to their understanding of the transparency and risk of severe forms of exploitation in the, increasingly fragmented and personalised, labour supply chains of adult social care.

Recommendations

The key policy priorities stemming from the research are:

- **UK Visas and Immigration (UKVI)** to remove the obligation for care workers to update their visas when they move job roles within the sector.
- **UKVI** to reduce or remove related visa fees for both the worker and the sponsoring employer.
- **UKVI** to ban or regulate the use of exit fees on these visas to make sure that they aren't used to tie workers.
- **The Home Office** to establish a Memorandum of Understanding with labour market enforcement bodies, especially the Gangmasters and Labour Abuse Authority (GLAA), to separate immigration control from labour inspection.

A second cluster of six policy options were identified by our stakeholders:

- **The GLAA, Employment Agency Standards Inspectorate (EAS), or Single Enforcement Body** (once established) to introduce registration and licensing of approved social care recruitment, staffing and immigration agency sponsors.
- **UKVI** to allow live-in care workers or personal assistants to be directly recruited by care users via GLAA accredited recruitment agencies and sponsors.
- **UK Government** to legislate for the regularisation of currently undocumented migrant workers, including those in the live-in social care sector.
- **The Department of Health and Social Care** to expand the role of the Care Quality Commission to ensure live-in care workers are legitimately employed, and that staffing levels and roles enable care workers to take legal rest breaks and rest periods.
- **UKVI** to ensure that everyone who is coming in under the new Health and Care Visa scheme has a written contract prior to arrival given to them in their first language, detailing fees and deductions
- **Business sponsors** to show UKVI that employees' contracts are legal under UK law.



Three further recommendations were generated through peer researcher-led focus groups and report review:

- **Agency pay rates** should more fairly reflect the nature of the work and the carer's skills.
- **Standardised risk assessments** of both the condition of the property and the care plan to be conducted by both staffing and introductory agencies.
- The **Health and Safety Executive** to review the Working Time Regulations for rest periods and breaks for live-in care workers employed in a domestic setting and issue a separate set of legal guidelines

Research overview

The purpose of this 18-month research project, conducted between February 2021 and July 2022, was to investigate the vulnerability to modern slavery of paid, migrant, live-in, care workers in London. The project used a feminist participatory action research (FPAR) approach; an approach which aims to work with communities or groups affected by an issue to generate knowledge for social change, with a focus on maximising the involvement of minoritised and traditionally 'othered' groups.ⁱⁱⁱ As part of this FPAR approach, four live-in migrant care workers acted as paid Peer Researchers to help design the research tools, collect data, and provide feedback on data analysis. The Peer Researchers undertook a total of 14 semi-structured peer-interviews and two peer-led focus groups with live-in care workers from Hungary, Poland, South Africa and Zimbabwe.

What is live-in care?

Live-in care represents a specific segment of the adult social care sector in England. Live-in care workers stay in their client's home and provide around the clock presence and personal assistance, as required, with activities of daily living (e.g. dressing and washing) to enable people with care and support needs to live independently in the community or remain at home with intensive and often specialised support (as opposed to moving to a care home for example).

The dominant pattern of live-in care is via either care providers – companies that employ live-in care workers and place them with clients – or introductory agencies – companies that match self-employed live-in carers with clients. Although introductory agencies operate on a similar basis, some are more akin to platforms whilst others are more traditional matching agencies.

Entry into live-in care work

Nearly all participants cited economic reasons for their migration to the UK and entry into care work. While live-in care workers from the South African and Zimbabwean communities talked about direct entry to live-in care work, for the majority of Polish and Hungarian participants this was not necessarily either the first step in their migration trajectory or a straightforward move. Some entered live-in

care work after they had experienced exploitation in other sectors or jobs.

Risks and drivers of exploitation

1. Employment status, business models & the role of intermediaries

The two most common forms of employment status mentioned by participants were employment under a zero-hour contract (with daily average hours) and self-employment. Nearly everyone interviewed was first employed on a zero-hour contract; some people later decided to become self-employed for greater freedom and control over their working conditions.

However, self-employment for live-in care workers is not necessarily straightforward nor does it necessarily afford the control hoped for when it is facilitated via introductory agencies. One participant described how the international agency that hired her directly in Poland operated a two-tiered system, where some carers would be paid at a higher rate or have more favourable conditions for doing the same job. A number of participants also mentioned unclear payslips where the number of hours worked and any deductions, including tax and national insurance were unclear. The lack of clear guidance and regulation mean that some agencies – deliberately or mistakenly - misinterpret the regulations and make deductions from live-in carers' pay, for example for accommodation charges.

2. Information asymmetry

Agencies, including introductory agencies, have near-total control of matching carers and clients and hold - or withhold - key information. Participants described how companies took advantage of carers perceived as less experienced – often migrant workers who had recently moved to the UK and/or been recruited to work as a live-in carer. It was common for live-in carers to find themselves in difficult or even hazardous situations when starting a new placement.

3. The nature of live-in care work

Participants identified various types of emotional pressure associated with being closely involved in the everyday lives of their clients and their families. Although to an extent these are seen as "part of the job", they can become significant and have a long-term impact on carers contributing to burnout and mental health problems. Inappropriate behaviours, including sexual harassment and racism/xenophobia, were mentioned by many participants.

Sleep deprivation was also noted to be a major challenge. Live-in carers are required to be constantly present and available – apart from a short daily break. A number of participants spoke about the difficulty of getting the break



they were entitled to or their breaks being used to run errands for clients. Being asked to carry out non-care related tasks was also a common experience and many live-in carers felt/were pressured to go beyond supporting activities of daily living, and carry out a range of domestic tasks, often for the whole family, such as cleaning, cooking and gardening.

4. Barriers to exercising rights at work

Participants talked about many ways they were either denied or experienced barriers to exercising rights at work, including taking time off work due to sickness and accessing healthcare in the UK (due to not being able to register with GPs and not getting support from companies to register with the NHS).

When clients are hospitalised or pass away suddenly – not uncommon considering the age and needs of this population – live-in carers do not tend to enjoy similar protections and are often asked to leave at short notice with no compensation for lost earning, or are allowed to stay and wait for their flight with no pay, or must take up a new placement without having time to grieve or rest. Placements could also be extended at short or no notice when this was in the company's interest, which has practical implications for live-in carers who were circular migrants with pre-arranged travel plans, as well as a psychological impact.

On the other hand, carers had no protection or long-term security against immediate termination– even long-standing placements and contracts can be ended at short or no notice, leaving people without accommodation and a safety net to draw on.

Inadequate working and living conditions were often mentioned by participants that amounted to health and safety risks. These could include unsanitary working conditions, lack of equipment for safe handling and moving, and inadequate food provision.

5. Individual risk and resilience factors

All participants expressed a sense of agency and an awareness of the risks and drivers of exploitation, and many have critically reflected on their personal situation and broader, structural factors that are creating the conditions for widespread exploitation and labour abuse.

Peer support was highlighted as one of the most important resilience factors, being able to draw on advice and help from fellow care workers and friends is highly valued. Many participants mentioned that they could rely on others for support. These relationships sometimes pre-dated live-in care work but often they developed during people's employment trajectory at trainings, handovers, or social media networks.

Research conclusions

This research is set against a backdrop of changes to UK immigration policy including the cessation of free movement for EU citizens due to Brexit and, in December 2021, the temporary introduction of a Health and Care visa for social care workers earning above a salary threshold of £20,480.^{iv} This latter policy shift highlights a continued willingness on the part of the UK Government to use migration to supplement the existing social care labour pool. In London, a reliance upon such non-British nationals is coupled with a rise in the use of on-line platforms and introductory agencies which has led to the emergence of a gig economy for paid care work.

This research aims to centre the voices and experiences of migrant, live-in carers. Considering these research findings, the major policy priorities identified by an expert stakeholder group^v as most likely to achieve a reduction in vulnerability to labour exploitation, particularly among those with precarious immigration status, are the following:

- **UK Visas and Immigration (UKVI) to remove the obligation for care workers to update their visas when they change employer to provide greater freedom to move without risk to immigration status** – falling into an irregular migration status greatly increases a workers' vulnerability to exploitation.
- **UKVI to reduce or remove related visa fees for both the worker and the sponsoring employer.** The evidence suggests that the imposition of exorbitant immigration fees creates a perverse incentive whereby sponsoring employers use the threat of debt in the form of restrictive financial exit penalty clauses to protect them against incurring high sponsorship, immigration and recruitment costs and then losing the employee.
- As recommended by Matthew Taylor, the previous Director of Labour Market Enforcement, **the Home Office and Gangmasters and Labour Abuse Authority (GLAA) to establish a Memorandum of Understanding to implement a firewall, separating immigration control from labour inspection** so that people feel safe about coming forward if they are experiencing labour exploitation without fearing immigration enforcement or deportation.

ⁱ The vulnerability of paid, migrant, live-in care workers in London to modern slavery, Meri Ahlberg, Caroline Emberson, Lucila Granada, Shereen Hussein and Agnes Turnpenny, www.nottingham.ac.uk/Research/Beacons-of-Excellence/Rights-Lab/resources/reports-and-briefings/2022/July/The-vulnerability-of-paid-migrant-live-in-care-workers-in-London-to-modern-slavery.pdf. This research was funded by Trust for London. This research was funded by Trust for London. This research was funded by Trust for London. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1074113/Lobby_Pack_10_May_2022.pdf

ⁱⁱ See Cornwall, A. and Jewkes, R. (1995). *What is Participatory Research?*. Social science & medicine, 41(12): 1667-1676.; Goodson, L. and Phillimore, J. 2012. 'And Lorenzetti, L. and Walsh, C. A. 2014. Is there an 'F' in your PAR? Understanding, Teaching and Doing

Action Research. *Canadian Journal of Action Research*, 15(1): 50-63.; Gatenby, B. and Humphries, M. 2000. Feminist Participatory Action Research: Methodological and Ethical Issues. *Women's Studies International Forum*, 23(1): 89-105.

^{iv} <https://www.gov.uk/government/news/biggest-visa-boost-for-social-care-as-health-and-care-visa-scheme-expanded>

^v Members of the stakeholder group include the Care Quality Commission, East European Resource Centre, Gangmasters and Labour Abuse Authority, Greater London Authority, Joint Council for the Welfare of Immigrants, Kalayaan, Kanlunan Latin American Womens' Rights Service, Live In Care Hub, Local Government Association Migrant Voice, Skills for Care, The Care Workers' Charity, UK Home Care Association UNISON, and the Work Rights Centre.