Gender, migration and poverty pay in the precarious English social care sector

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The formal British LTC sector

• Moved ‘slowly’ and to some extent ‘organically’ from the informal to the formal sphere
  – Retaining some qualities and characteristics
• Quantitatively and qualitatively feminised sector
  – Psychological contract
  – Emotional labour
• Dealing with a special kind of ‘commodity’
• Secondary labour-market position
  – Low wages, low status, can be devalued by society
• Migration and labour mobility key in meeting demand
• Policy sensitive
  – Welfare and immigration policies; Personalisation agenda; Big society
The precarious social care sector

• Escalating demands for formal LTC due to population ageing
  – One of the fastest growing sectors offering 2M jobs in the UK
• High turnover (24% vs. an average of 15%) and vacancy rates (4% vs. 1.7%)
• Highly gendered; low paid; significant contribution from migrant and other vulnerable workers
• Increased levels of outsourcing and fragmentation of work
A dynamic policy context

• Ageing in place
• The personalisation agenda including personal budgets (cash for care schemes)
• Outsourcing and marketisation of care
• Fragmentation and casualisation of care work
• Changeable immigration landscape
• Austerity and fiscal challenges
• The inter-changeable roles between formal and informal care giving
Data and methods

• Secondary data analysis of national workforce data
• Primary quantitative and qualitative data from LoCS study
• A total of 1342 frontline care practitioners took part in two rounds of surveys
• 300 interviews over two phases with social care workforce, employers, and service users/carers.
National Minimum Dataset for Social Care (NMDS-SC)

- Relatively new but is now recognised as the main source of workforce information for the LTC sector in England
- No sampling frame, but an attempt to collect information from all care providers
- Completion encouraged by incentives in training funds
- The sample is assumed random for the most part
- In 2016 data covered over 27K care employers and nearly 600K care jobs’ records
<table>
<thead>
<tr>
<th>Participants’ characteristics</th>
<th>T1 2010-11</th>
<th>T2 2012-13</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Marital status</strong>‡</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single</td>
<td>16.7%</td>
<td>13.0%</td>
<td>15.5%</td>
</tr>
<tr>
<td>Married/partnership</td>
<td>51.3%</td>
<td>53.6%</td>
<td>52.1%</td>
</tr>
<tr>
<td>Separated/divorce/Widowed</td>
<td>11.8%</td>
<td>13.3%</td>
<td>12.3%</td>
</tr>
<tr>
<td>Prefer not to say</td>
<td>3.1%</td>
<td>2.4%</td>
<td>2.8%</td>
</tr>
<tr>
<td><strong>% Suffer from any long term illness/health condition</strong>§</td>
<td>65.8%</td>
<td>72.6%</td>
<td>69.3%</td>
</tr>
<tr>
<td><strong>% Judge their health to be poor or very poor during previous 12 months to the survey</strong></td>
<td>7.6%</td>
<td>10.1%</td>
<td>8.5%</td>
</tr>
<tr>
<td><strong>% Provide unpaid care to a family member</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>17.4%</td>
<td>27.2%</td>
<td>20.7%</td>
</tr>
<tr>
<td><strong>% Finding finance quite or very difficult to manage at the time of the survey among:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Frontline workers</td>
<td>28.1%</td>
<td>29.4%</td>
<td>28.5%</td>
</tr>
<tr>
<td>Professional</td>
<td>15.0%</td>
<td>15.0%</td>
<td>15.0%</td>
</tr>
<tr>
<td>Managers/supervisors</td>
<td>17.4%</td>
<td>16.0%</td>
<td>17.0%</td>
</tr>
<tr>
<td><strong>% Currently receiving any benefits</strong>§</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>57.4%</td>
<td>58.7%</td>
<td>59.4%</td>
</tr>
<tr>
<td><strong>Mean overall life satisfaction</strong>§</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>6.98</td>
<td>7.05</td>
<td>7.01</td>
</tr>
<tr>
<td>s.d.</td>
<td>1.9</td>
<td>1.63</td>
<td>1.81</td>
</tr>
<tr>
<td><strong>Total number of valid cases</strong></td>
<td>847</td>
<td>445</td>
<td>1342</td>
</tr>
</tbody>
</table>

‡ May not add to 100% due to missing values; § Out of a score of 10.
Interviews:
1) Frontline Care Workers

<table>
<thead>
<tr>
<th>Site</th>
<th>T1</th>
<th>T2</th>
<th>Total</th>
<th>Female</th>
<th>Male</th>
</tr>
</thead>
<tbody>
<tr>
<td>Site A</td>
<td>12</td>
<td>18</td>
<td>30</td>
<td>25</td>
<td>5</td>
</tr>
<tr>
<td>Site B</td>
<td>14</td>
<td>19</td>
<td>33</td>
<td>27</td>
<td>6</td>
</tr>
<tr>
<td>Site C</td>
<td>11</td>
<td>16</td>
<td>27</td>
<td>21</td>
<td>6</td>
</tr>
<tr>
<td>Site D</td>
<td>16</td>
<td>13</td>
<td>29</td>
<td>25</td>
<td>4</td>
</tr>
<tr>
<td>Total</td>
<td>53</td>
<td>66</td>
<td>119</td>
<td>98</td>
<td>21</td>
</tr>
</tbody>
</table>

09/08/16
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Interviews: 2) Employers

<table>
<thead>
<tr>
<th>Site</th>
<th>T1</th>
<th>T2</th>
<th>Total</th>
<th>Female</th>
<th>Male</th>
</tr>
</thead>
<tbody>
<tr>
<td>Site A</td>
<td>20</td>
<td>11</td>
<td>31</td>
<td>19</td>
<td>12</td>
</tr>
<tr>
<td>Site B</td>
<td>14</td>
<td>13</td>
<td>27</td>
<td>21</td>
<td>6</td>
</tr>
<tr>
<td>Site C</td>
<td>18</td>
<td>11</td>
<td>29</td>
<td>25</td>
<td>4</td>
</tr>
<tr>
<td>Site D</td>
<td>19</td>
<td>15</td>
<td>34</td>
<td>33</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>71</td>
<td>50</td>
<td>121</td>
<td>95</td>
<td>26</td>
</tr>
</tbody>
</table>
## Interviews:
### 3) Service Users and Carers

<table>
<thead>
<tr>
<th>Site</th>
<th>Users</th>
<th>Carers</th>
<th>Total</th>
<th>Female</th>
<th>Male</th>
</tr>
</thead>
<tbody>
<tr>
<td>Site A</td>
<td>15</td>
<td>3</td>
<td>18</td>
<td>9</td>
<td>9</td>
</tr>
<tr>
<td>Site B</td>
<td>11</td>
<td>0</td>
<td>11</td>
<td>7</td>
<td>4</td>
</tr>
<tr>
<td>Site C</td>
<td>5</td>
<td>10</td>
<td>15</td>
<td>12</td>
<td>3</td>
</tr>
<tr>
<td>Site D</td>
<td>13</td>
<td>3</td>
<td>16</td>
<td>12</td>
<td>4</td>
</tr>
<tr>
<td>Total</td>
<td>44</td>
<td>16</td>
<td>60</td>
<td>40</td>
<td>20</td>
</tr>
</tbody>
</table>
Poverty pay and social care

• Pay distributions are borderline with NMW in most cases
  – Any unpaid working time will make a difference
  – Any changes in the NMW rates will have a large impact
• Larger numbers of workers are likely to be affected
  – ‘other’ workers in the sector- 14% of the total workforce
  – Unreported work; especially through direct payment
  – How to account for:
    • reducing number of staff in shifts; increasing duties of lower paid ranks (care workers to give injections instead of nurses); shorter shifts (forcing some to work extra unpaid time); ‘real time’ shifts by the minutes etc.
Majority of workers concentrated in the private sector and increasingly in the domiciliary sector.
Estimating the scale of ‘poverty pay’- Employing a Bayesian approach
Accounting for some unpaid time

![Graph showing density over hours with 'adjusted' and 'plain' labels.]

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09/08/16
The scale of underpayment of NMW
Summary of pay findings

• %UNMW of direct care workers has a mean around 10 per cent
• 95% credible intervals of the posterior inferences range from 9.2% to 12.9%
• Such probabilities are higher than, but intersects with, other previous estimates, especially those obtained from small scale studies and based on qualitative interviews
• When translated to numbers: From 156,673 to 219,241 direct care jobs in the UK are likely to be paid under the National Minimum Wage
Quantitative findings’ confirmation

• HMRC campaign
  – 48% of care providers included in a targeted investigation were non-compliant of NMW regulations

• Qualitative interviews from LoCS

  INT: They [LTC frontline workers] see several clients during a day?
  RES Yes.
  INT Do they get paid for the time between seeing clients?
  RES: No.
  INT: Their travel between clients, do they get paid for that?
  RES: They are paid for the time they see the client. They get to the client’s place. Between their travel no, they don’t get paid for that.

  (Manager 1001010, T2[2012-13])
Understanding the determinants of poverty-pay in the sector

• Based on analysis of LoCS interviews

• Three main themes
  – Poor wages as a direct component of the nature of care work
  – The value the wider society, and consequently the government, places on caring for older people
  – The impact of current LTC policies particularly marketization and outsourcing as well as wider fiscal challenges
The intrinsic nature of the job

• An implicit, and in some cases explicit, assumption that workers who challenge poor wages are not particularly suitable to work in the sector:

  – *I think some staff shouldn’t be working in this sort of field, because it’s just. We don’t do it for the money. It’s a poorly paid job. You don’t get a lot of thanks for what you do. It’s a dirty job. Hard work mentally and physically and I don’t think we are paid for that sort of level of commitment. We have to be committed.*

  (Manager 1033001, T1 [2010-11])
Society and the value of LTC work

• The acceptable norms of the society in terms of the value placed on LTC work.

• That is related to the old, disabled and the weak
  – *It [working in the sector] isn’t respected at all, and it’s incredibly important. People [society and government] making judgments on how much money is allocated, they don’t realise, because they’re not disabled, or they haven’t got an elderly relative – they’re heading that way too. It’s going to happen to all of us. Either we’re going to die or we’re going to be old and vulnerable and needing help.* (User/carer 110003, T2)
Funding, outsourcing and marketisation of care

• Very marginal pay rise (5p; 10p per hour)
• Wages are governed by NMW
• Working conditions were becoming more difficult (lack of sick leave, employee protection etc.)
• Outsourcing can be an issue (conflicting aims)
  – I mean to hear our finance managers say it’s all due to the recession. I think that is just a cop out. If they can afford to buy up new homes and open up new homes then surely they can afford paying a different [better] wage. (Manager 1063001, T2)
Social care and austerity measures

You are doing split shifts a lot of the time and they vary as well ... because we have a zero hours contract .... [the council] only pay us the work that the carers [care workers] do. If a client goes into hospital, that’s their whole work gone for the week. **As a carer [care worker] you need to say yes to absolutely everything**, ..... So we ask an awful lot and we don’t give that much back. But as a private organisation we can’t just pay people guaranteed contracts if we’ve not got the clients.

(Anna, Employer)
CARE WORK AND MIGRATION
Overview of UK immigration policies

• Long history of colonial links to other parts of the world
• Work permit schemes introduced since 1920s
  – Employer-driven schemes
• Until the 1950s – no major waves of immigration to the UK
  – Except from Ireland
• New Commonwealth immigration since 1950s
• Since 1960s start of successive tighter immigration control
Overview of UK immigration policies..

• 2003: EU expansion- A8 accession countries
  – UK, Ireland and Sweden only three European countries allowing early free labour mobility to A8 citizens

• 2008: Introduction of Points-Based system
  – Replacing earlier work permit schemes
  – Classifying migrants into different ‘tiers’
  – Designed to classify non-EEA migrants based on skills
  – Accompanied by a ‘Shortage Occupation List’

• 2011: Non-EEA Immigration Cap

• 2016: UK voted to leave the EU (Brexit)
Migrants and labour dynamics

• Constitute a large portion of the formal workforce
  – Estimated at 20% among all jobs; 8% of social workers
  – Migrant social workers concentrated in children’s services
  – Much higher prevalence in the capital and large cities (40% in London)
• More in the private sector and in direct care and nursing jobs
• Traditionally five sending countries:
  – The Philippines, India, Poland, Zimbabwe and Nigeria (54% of all migrants)
  – More recent migrants form within the UE
Aged care as a mobiliser for women’s migration

• Feminisation of poverty
• Escalating demand + low status → a means for women to migrate and work in this ‘feminine’ occupation
  – It’s always short staffed; the work is not proportioned... I mean, the money that you are getting is not good. That’s why the English people don’t want to join the business, or join the kind of work. (Filipino, woman, 50-59 years)
• In many cases active choice of care related skills and training as a facilitator to the act of migration
  – I read in the newspapers and watching the television. I’ve heard of loads of nursing home in this place (in England). I decided (to come to England) because, before in my country, I’m (I was) working in the hospital (Indian, woman, 35-39 years)
• Care chains and care gaps
Aged care as an (inconspicuous) option for migrant men

• Not necessarily a ‘mobiliser’ for the act of migration but a post-migratory ‘option’ for labour participation
• Different set of motivations and perception
• Beyond ‘revolving door’ (Jacobs 1989, 1993)
  – Finders, seekers (Williams and Villemez, 1993); and settlers (Simpson, 2005)
  – Negotiating the trapdoor when seeking care work (Hussein and Christensen 2016)
Entry and settling dynamics of migrant men into care work

• Facing and negotiating a trapdoor
  – Operates at the initial stage of locating and accessing gender atypical jobs
  – At a later stage during career progression

• Stumbling upon care work – and developing compensating perspectives
  – The unexpected entrance into care work may explain why a pragmatic approach to care work could easily be developed

• Migratory settling into care work
  – Negotiating an acceptance strategy, building on own culture and heightening the perception of importance
**Table 2.** Characteristics of migrant and British men working in the social care sector in England, NMDS-SC, February 2016.

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>British Male</th>
<th>British Female</th>
<th>Migrants Male</th>
<th>Migrants Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean age</td>
<td>43.5</td>
<td>43.1</td>
<td>41.3</td>
<td>41.7</td>
</tr>
<tr>
<td>Standard deviation</td>
<td>13.9</td>
<td>13.7</td>
<td>11.1</td>
<td>11.5</td>
</tr>
<tr>
<td>Sector</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Statutory local authority (%)</td>
<td>14.4</td>
<td>12.4</td>
<td>10.3</td>
<td>11.7</td>
</tr>
<tr>
<td>Private sector (%)</td>
<td>58.5</td>
<td>66.5</td>
<td>67.8</td>
<td>67.2</td>
</tr>
<tr>
<td>Voluntary or third sector (%)</td>
<td>23.7</td>
<td>17.7</td>
<td>17.8</td>
<td>17.2</td>
</tr>
<tr>
<td>Other (%)</td>
<td>3.3</td>
<td>3.3</td>
<td>4.1</td>
<td>4.0</td>
</tr>
<tr>
<td>Valid (N)</td>
<td>73,645</td>
<td>382,854</td>
<td>21,420</td>
<td>66,227</td>
</tr>
<tr>
<td>Main job role</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Direct care (%)</td>
<td>62.5</td>
<td>71.5</td>
<td>71.2</td>
<td>74.6</td>
</tr>
<tr>
<td>Manager/Supervisor (%)</td>
<td>10.6</td>
<td>8.0</td>
<td>5.2</td>
<td>4.5</td>
</tr>
<tr>
<td>Professional (%)</td>
<td>4.7</td>
<td>5.2</td>
<td>7.7</td>
<td>10.8</td>
</tr>
<tr>
<td>Other (%)</td>
<td>22.1</td>
<td>15.2</td>
<td>15.9</td>
<td>10.0</td>
</tr>
<tr>
<td>Valid (N)</td>
<td>73,645</td>
<td>382,854</td>
<td>21,420</td>
<td>66,227</td>
</tr>
<tr>
<td>% with level 4 qualifications or above</td>
<td>12.5</td>
<td>12.1</td>
<td>13.5</td>
<td>16.8</td>
</tr>
<tr>
<td>Service users’ groups^a</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Older people receiving end of life care (%)</td>
<td>1.6</td>
<td>11.7</td>
<td>2.7</td>
<td>10.1</td>
</tr>
<tr>
<td>Adults detained under the MHA (%)</td>
<td>0.9</td>
<td>3.7</td>
<td>2.1</td>
<td>5.4</td>
</tr>
<tr>
<td>Adults with dementia (%)</td>
<td>2.9</td>
<td>17.6</td>
<td>5.3</td>
<td>17.3</td>
</tr>
<tr>
<td>Older people with physical disabilities (%)</td>
<td>4.5</td>
<td>29.5</td>
<td>8.8</td>
<td>30.4</td>
</tr>
<tr>
<td>Older people with dementia (%)</td>
<td>6.9</td>
<td>50.1</td>
<td>12.7</td>
<td>45.8</td>
</tr>
</tbody>
</table>

^aPercentage of those working with each group of users out of all workers in that category.
However, there are differences within gender differences

• Between women and between men
• Immigration policies and free labour mobility are important issues
  – Examining motivations to migrate to the UK and work in the care sector by country of origin
  – Post-Brexit?
• For those from outside the EU with no free labour mobility
  – Choice of work is an elaborate process – but women tended to invest more pre migration
  – For EU migrants- care work is an option among many
    • Learning English was key attraction factor
• Post migratory relationships between different migrant groups can be complex
  – Let’s say in my case, I’m just saying the one who is sitting on the [management] position is an Indian they prefer to give people from their country. (Filipino, woman, 50-59 years)
TIME TO REFLECT
Discussion points

• A dynamic landscape of various policy changes – similar situation in many developed countries
  – Poverty pay, vulnerable workers and users
• Lessons to be drawn in relation to the newly introduced Australian National Disability Insurance Scheme (NDIS)
• Migration and gender structures → power relation dynamics → care workers and care recipients protection and rights
• The continuous complementary roles of the formal and informal care spheres
Disclaimer & acknowledgment

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Thanks for listening

• Hussein, S. (submitted) ‘We don’t do it for the money’... The scale and reasons of poverty-pay among frontline long term care workers in the United Kingdom.