Migrants and the state of long term care in England: opportunities and Challenges

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Introduction

- Structure of this presentation
  - International migrants, a brief overview
  - Long term care demand and supply
  - State of long term care workforce in England
  - Migrants’ contribution to the sector
  - Conclusion and reflections

- Data sources and studies presented
  - In-depth analysis of large scale national workforce data
  - Mixed-method study of international social care workers in England
  - A national on-line survey of migrant workers in the care sector
International migrants - who are they?

The United Nations' definition of migrants is broad, including any people working outside of their home country.

- Different types of migrants
  - Economic migrants
  - Forced migration
  - Family movements
  - Circular migrants etc.
  - All may well overlap

- Different groups of migrants have different decision making process, motives, experiences and future plans

- Most plans are subject to changes!!
Why Long-Term Care

- Long-term care definition vary across countries, in general, refers to supporting adults with long term needs including older people.

- Support can be offered in a variety of settings: own home, residential home, hospitals etc.

- Growing demand:
  - Medical advances
  - Improved mortality rates for children born with severe disabilities
  - Increased life expectancy
  - Demographic changes
  - Social changes
    - Family structure
    - Labour force participation
    - Impact on the availability of informal support
Meeting the increasing demand for long-term care needs

- Types of support needed
  - Care and assistance provided to disabled people in their daily lives to improve/sustain wellbeing and quality of life;
  - Care receivers can be older or younger adults with different medical conditions/needs

- Formal and informal spheres
  - Informal dimension
    - Includes support provided by family and friends as well as ‘others’ including domestic help
  - Formal workforce
    - It can be argued that in England there is a two tier workforce
      - professional qualified staff (e.g. nurses, social workers and occupational therapists)
      - and less qualified staff (e.g. care assistants, care workers, support workers etc.)
The state of long term care workforce in England

- Estimated 1.75 million people, in England alone, work in this sector, one of the most expanding sectors and usually regarded as a ‘recession proof’ sector

- Around 75 percent of the workforce can be grouped within the ‘less qualified’ tier

- Workers are on average older (mean age 41.7), mostly women (84%) and higher proportions are from black and ethnic minority groups (17%) and migrants (20%- 30%) than the UK labour market

- The majority of care is provided by the private sector where working conditions are harder than state run provisions

- High vacancy and turnover rates

- More regulated – but more expansion of personal budgets (less regulation)

- State or privately funded
Direct care workers’ hourly pay rate differentials

Source: Hussein (2010); SCWP issue 6
Pay and ethnicity in the care sector

Source: Hussein (2010); SCWP issue 6
The labour position of long term care in England

- Secondary labour position
- Difficult working conditions but may offer flexibility
- Unfavourable pay
- Image and status
- No clear career path particularly among the less qualified group
- Emotionally intensive but rewarding—difficult to put a price tag on emotional work
- Recruitment difficulties, both in large cities and in remote areas
- Some efforts by the government to attract non-traditional groups of workers such as young people and men
Labour movements- UK and the rest of the world

- Macro factors associated with movement to and from the UK
  - Historical, political and cultural links with different countries
    - Commonwealth countries
  - Recent changes and European Union expansion
  - New immigration cap on non-EEA migrants

- Micro factors
  - Need – economic position
  - Capital (including social and skills capitals)
  - Decision perspective (individual/family/societal)
  - Choice (decision making process and (un)availability of alternatives)
Globalisation and care

‘the growing integration of markets and nation-states and the spread of technological advancements’ (Friedman 1999)

- Skills needed are, in most cases, common and are fundamentally based on personal characteristics, willingness and attitude

- Demand for LTC regarded and utilised by many as an important facilitating factor for migration

- Brings a feminine perspective to the traditional ‘male business’ of migration
  - However, proportionally more migrant men work in the sector than UK born men

- Role of technology and the internet and migration

- Push and pull forces of migration
Migrants and care

- Politically contested issue
  - effects on both sending and receiving countries
    - brain drain vs. increase in GPD (case of nurses from the Philippines for example)
    - Meeting demands vs. possible integration issues, public perceptions etc.

- De-skilling or opportunity

- Different models of care

- Care gaps

- Different (or similar) care culture
  - Medical/social models
  - Completing tasks/empowering care receiver
Migrants contribution to the English care sector

- Filling the ‘gaps’ while offering new perspective
- Documented, formal work and ‘grey’ market
- More recently, privately employed by people with long term care needs → increasing with personalisation (cash for care)
- Significant part of the formal care workforce at least 20%
  - Much higher among certain jobs, sectors, cities and towns where recruitment is particularly challenging
Migrant workers’ characteristics

- Distinctive profile from the UK care workforce
  - Significantly younger
  - Traditionally come from countries with historical ties with the UK
  - More men
  - Easily identified – risk of racism by users
  - Sometimes tied to an employer (immigration status/work permit) – different forms of exploitation

- High level of skills and education capital investments

- Usually work in establishment with high vacancy and turnover rates

- Observed trends of changing profile since the EU expansion
  - Even younger
  - More ‘white’
  - Language and possible skills’ differences
  - Possibly more mobile
## Top nationalities of migrant workers in the care sector England

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

Source: Hussein (2011); SCWP Issue 11
Migrants in the care sector

<table>
<thead>
<tr>
<th>Main job role</th>
<th>British</th>
<th></th>
<th>Migrants</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>%</td>
<td>N</td>
<td>%</td>
</tr>
<tr>
<td>Direct Care</td>
<td>108,878</td>
<td>74.9</td>
<td>22,835</td>
<td>81.1</td>
</tr>
<tr>
<td>Manager/Supervisor</td>
<td>12,453</td>
<td>8.6</td>
<td>779</td>
<td>2.8</td>
</tr>
<tr>
<td>Professional</td>
<td>4,686</td>
<td>3.2</td>
<td>2,534</td>
<td>9.0</td>
</tr>
<tr>
<td>Other</td>
<td>19,292</td>
<td>13.3</td>
<td>2,008</td>
<td>7.1</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Gender</th>
<th>British</th>
<th></th>
<th>Migrants</th>
<th></th>
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</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>%</td>
<td>N</td>
<td>%</td>
</tr>
<tr>
<td>Male</td>
<td>23,090</td>
<td>15.9</td>
<td>6,841</td>
<td>24.3</td>
</tr>
<tr>
<td>Female</td>
<td>122,219</td>
<td>84.1</td>
<td>21,315</td>
<td>75.7</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Any reported disability</th>
<th>British</th>
<th></th>
<th>Migrants</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>%</td>
<td>N</td>
<td>%</td>
</tr>
<tr>
<td></td>
<td>2,453</td>
<td>1.7</td>
<td>127</td>
<td>0.5</td>
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</table>

<table>
<thead>
<tr>
<th>Mean Age</th>
<th>British</th>
<th></th>
<th>Migrants</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>41.1 years</td>
<td></td>
<td>37.6 years</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Mean vacancy rate</th>
<th>British</th>
<th></th>
<th>Migrants</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2.5 %</td>
<td></td>
<td>3.4 %</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Mean turnover rate</th>
<th>British</th>
<th></th>
<th>Migrants</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>23.9 %</td>
<td></td>
<td>31.8 %</td>
<td></td>
</tr>
</tbody>
</table>

Source: Hussein (2011); SCWP Issue 12
Migrants pay differentials

Source: Hussein (2011); SCWP Issue 12
Trends of migrant workers entering the UK by nationality groups

Source: Hussein (2011); SCWP Issue 12
Trends of migrant workers starting their care jobs in the UK

Source: Hussein (2011); SCWP Issue 12
Motivations of migrant working in the care sector

- Gendered nature of care work – female perspective important - under theorised

- Women’s motivations incorporate more than individual factors – eg family norms and gender roles (De Yong, 2000)

- Macro and micro economic factors important and interact eg Filipino migrant care workers (often nurses) sending money home (Menjivar et al. 1998)

- Motives to migrate usually intertwine with motives to work in the care sector

- Personal and professional factors are also important (eg for nurses: Ryan and Coughlan 2009)

- Importance of inter country dynamics
  - Similarity of social work/social care work context (Valios 2008)
  - Differences in terms of workloads (Sale 2002)

- Care work as means of coping and stepping stone to other work (MacGregor, 2007)
## Variations in main motivations by country of birth

<table>
<thead>
<tr>
<th>Commonwealth</th>
<th>Philippines</th>
<th>EEA</th>
<th>Other countries</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive views of UK</td>
<td>Financial</td>
<td>Passion for English language</td>
<td>Build on previous work</td>
</tr>
<tr>
<td>Builds on previous work</td>
<td>Builds on previous work</td>
<td>Following spouse</td>
<td>Following spouse</td>
</tr>
<tr>
<td>Broaden horizon</td>
<td>Positive views of UK</td>
<td>Financial</td>
<td>Positive views of UK</td>
</tr>
<tr>
<td>Stepping stone</td>
<td>Bringing family</td>
<td></td>
<td>Passion for English language</td>
</tr>
</tbody>
</table>

| Financial                   | Stepping stone                   | Gain qualifications          | Gain qualifications          |
| Following spouse            | Broaden horizon                  | Positive views of UK         | Bringing family              |
|                            | Following spouse                 | Broaden horizon              |                              |
| Bringing family             | Keen to work in social care      | Build on previous work       | Broaden horizon              |
| Gain qualifications         | Gain qualifications              |                              | Stepping stone               |
Experiences of racism

- Large proportion of migrant workers in the two studies (70% and 54%) gave accounts of racist behaviour of:
  - employers,
  - colleagues
  - service users

- Differential experiences of different ethnic groups
  - Visible social markers
  - Being ‘foreign’

- Accounts of mistreatment on the grounds of language were fairly evenly spread

- Lack of social capital and professional/legal advise and support

- Time changes the perception of racism and mistreatment
  - Possibly allows the development of social networks and coping strategies
Migrant workers in the care sector - issues to consider

- Heterogeneous group
  - Different entry and recruitment process
  - Skills’ variability
  - Social capital and support
  - Immigration status

- Exploitation of workers

- Risk for clients

- Communication and language issues

- Personal traits: hard working; ‘resilient’ group

- Role of family and peer support

- Attachment and substitution
Some UK and wider policies/issues

- The personalisation agenda (cash for care)
- EU enlargement
- Recession and austerity measures
  - Local government budget cuts → more informal provision?
- Immigration cap on non-EEA workers
- Risk and protection of vulnerable people
- Big Society (will volunteers do it all?)
- Private/public provision of care
Concluding remarks

- Demand will continue to grow and supply is not likely to catch up
- Exploitation of migrants – what can prevent this?
- Role of settled migrants’ communities including refugees
- Are there risks - for care receivers and care providers?
- ‘Domestic’ work – should this be regulated? How?
- What is the impact of wider policies- immigration policies; social policies; care policies?
- Can the supply be sustainable with policies changes and without improving the labour position of the sector?
Thank you

- This presentation is largely based on the following studies:

- In-depth analysis of national social care workforce data in England (2009-ongoing)
  - *The Social Care Workforce Periodical*
    - [https://www.kcl.ac.uk/scwru/pubs/periodical](https://www.kcl.ac.uk/scwru/pubs/periodical)

- A large scale, mixed method study of international social care workers in England (2007-2009)
  - [http://www.kcl.ac.uk/scwru/res/capacity/intl.html](http://www.kcl.ac.uk/scwru/res/capacity/intl.html)

- An online survey of international social care workers in the UK
  - [http://www.kcl.ac.uk/content/1/c6/06/75/83/Husseinetal2009Experiences.pdf](http://www.kcl.ac.uk/content/1/c6/06/75/83/Husseinetal2009Experiences.pdf)

Migrants and long-term care

5 May 2011