



**KALAYAAN**  
justice for migrant domestic workers



# Care and Immigration

migrant care workers in private households

## A Guide for Stakeholders

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September 2009



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This research was conducted by Kalayaan in collaboration with Dr Bridget Anderson,  
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## Introduction

This research investigated the role of migrant domestic workers employed to care for the elderly in private households in the United Kingdom. It explored the living and working conditions of these migrant care workers; the ways in which they negotiate their employment and social relationship with their care user; and the impact of race and racism on their experiences of employment. It also highlighted ways in which to promote the inclusion and greater support of migrant care workers. Conducted between January 2007 and October 2009, the study was funded by the Big Lottery Fund and conducted by Kalayaan in collaboration with the Centre on Migration, Policy and Society (COMPAS), University of Oxford.

The full report of Care and Immigration, which discusses each issue in detail, is available from Kalayaan.

## Recommendations

The following outlines the recommendations made in light of this research. They are intended as a guide for stakeholders within the fields of social care and immigration. We would urge all stakeholders to consider all of these recommendations. However, some may be particularly relevant to certain groups. For this reason we would draw the attention of the government to Recommendations 1 and 2, the Care Quality Commission to Recommendations 3 to 5 and social care organisations to Recommendations 5 and 6.

### **Recommendation 1: Making migrant care workers visible**

We recommend that migrants' organisations, policy makers, and other stakeholders recognise the important contribution that MCWs working in private households make to society through their provision of care of the elderly. This is important both in terms of increasing their visibility, which was one of the underlying aims of this project, but

also in terms of harnessing their potential in the future social care workforce. If MCWs working within private households are not recognised as such, their years of experience providing care assistance may be lost since future employers in other care settings may not recognise it, as some of the interviews indicated.

In particular, we recommend that a route for entry and settlement for those providing elderly care in private households be considered. Our research has found that the provision of elder care in private homes is principally *demand driven*. We note that, unlike in other sectors, there is no organised body of employers that can lobby the government or the Migration Advisory Committee about demand for labour. There is a risk that this demand will be met by undocumented workers, with consequences for both workers and care users. Undocumented elder care provision is in nobody's interest.

We further recommend that those working in this sector be given a route to settlement in the UK (currently restricted to Tier 1 and Tier 2 entrants). The work of caring for the elderly is a vital social contribution. The work of care, rather than the immigration status on entry, should qualify migrants for citizenship. Moreover, from this research it is clear that elder care workers do not have the resources or time to undertake voluntary work. It is difficult for them to gain additional qualifications or to earn high wages. This is particularly true given the intense commitment to care users that so many of our interviewees demonstrated. We recommend that the new requirements of earned and active citizenship recognise the contribution of migrant elder care workers building a humane society that treats its elderly with dignity.

### **Recommendation 2: Regulation of care agencies**

The fragmentation of care agencies that is likely to result from personalisation means that regulation of agencies is necessary to protect both workers and care users. It is

recommended that tests should be applied to agencies operating in this field as is being done successfully under the approach laid out in the Gangmasters Licensing Act (2004). Recommendations to ameliorate issues surrounding employment relations are presented in the section below on employers.

### **Recommendation 3: Employers**

As we have witnessed, the market for MCWs is largely employer-driven. Employers are free to choose whom they want to provide care and what type of home care arrangement they desire. It is important to respect the dignity and choices of care users. However, the informal nature of many of the home care arrangements where written contracts and terms and conditions were generally not provided by employers can leave care workers in precarious employment situations. Indeed they are often not clear who their employer is (or indeed if they have one at all in the case of self employment). Private employers and care workers should be supported to be clear about the different types of employment relationship that are possible. A model employment contract should be provided to employers. This should include wages (with reference to the minimum wage), hours (including clarifying when workers are expected to be available), holiday and sick pay, days off, and, importantly, provisions for when the care user dies. This last point was a significant cause of insecurity for some workers, and the death of the care user left them homeless and unemployed. MCWs should also be encouraged to ask for these written terms and conditions from their employers.

Key stakeholders within the care sector and social care organisations will play a vital role in making employers aware of their responsibilities. They can do so by working in conjunction with employers and educating them about the need for written terms and conditions and a model contract in order to ensure the safety of the care user and the care worker. In addition, employers need to be made aware of their

responsibilities, particularly with regards to the payment of tax and national insurance contributions and accident and liability insurance. These measures, coupled with the aforementioned care plan, will provide for the protection of both parties and are therefore likely to result in long and fruitful care arrangements. Employers who are also care users must be given support in fulfilling these responsibilities.

### **Recommendation 4: The need for care plans**

Our findings underline the need for care plans for all care users within the domiciliary care sector. A template of a care plan should be drawn up based on the advice of the Care Quality Commission and UK Home Care Association in conjunction with care home managers. Care plans should include the condition of the care user, their daily schedule and medications. They should also include a risk assessment and a plan of action which the MCW can follow, if necessary, and this should be regularly reviewed and updated. Details of the care plan must be agreed by the care worker, the relatives of the care user and, where appropriate, the care user him or herself. Care plans would help to improve the level of care received by care users as well as ensure the safety of the care user and the care worker particularly in situations where care users became aggressive, distressed or abusive (a scenario which is particularly pertinent to dementia-related illnesses).

### **Recommendation 5: Training**

As demonstrated in the section on living and working conditions, many MCWs are performing domiciliary care work without appropriate training which can be dangerous for both the care user and the care worker. We therefore recommend that funding be provided for MCWs to be able to gain access to basic training. Training should include induction training, perhaps modelled around Skills for Care's Common Induction Standards breakaway techniques and, where appropriate, a dementia course run by the Alzheimer's

Society. MCWs lack of access to training is further compounded by the fact that they are unable to access government funding for NVQ level 2 until they have been working for three years in the UK.

The provision of funding for training such workers is particularly pertinent to Skills for Care's 'New Types of Worker' Programme and should be viewed in the context of harnessing the potential of this group of migrant workers who possess the skill and commitment to carry out care work. Formalising their training would also ease the transition for those who indicated a desire to work in other care settings once they had obtained Indefinite Leave to Remain. Migrant rights organisations would need to discuss this access to training with their clients in the context of actively choosing to do care work as opposed to working in a variety of positions such as child care.

### Recommendation 6: External support

MCWs performing domiciliary care work in private households are extremely isolated and so when faced with situations beyond the realm of their knowledge, or in instances of conflict with the care user over the terms of their employment, they are left particularly vulnerable. External support from the local council and social care organisations is necessary to ensure the safety of both parties and in order to sustain an acceptable level of care for older people, especially given the likelihood that there will be an increase in such informal arrangements of care in the context of the ongoing personalisation of care. In light of this, we recommend the following:

- **Helpline for home care workers:** Care and Counsel currently operates a helpline for older people, their families, and unpaid carers which gives advice on issues such as funding and arranging home care. However, paid care workers are not included within the remit of this. An extension of this existing helpline or another dedicated solely to care workers should provide them with advice on access to training

opportunities, problems within the job itself and contractual difficulties with their employers.

- **Social care organisations to encompass care workers within their remit:** Many of the existing social care organisations currently provide invaluable support to older people, their relatives and their unpaid carers. This support should be extended to encompass paid care workers and there should be increased coordination between carer organisations and care worker organisations.
- **Increased responsibility for agencies:** Agencies should indicate at the outset what type of employment contract they are offering to MCWs. In addition, policies on racism, physical abuse and complaints should be implemented by all agencies. Templates of these policies should be drawn up and national care organisations should assist in the circulation of these policies to agencies.

## Conclusion

The findings of this report underline the need for greater formal recognition of migrant care workers performing domiciliary care work in private households. This needs to be coupled with the provision of funding for training as well as the implementation of external support from local councils and social care organisations. Rather than obfuscating migrant care workers' employment rights, agencies need to increase the transparency of their employment practices in order to reduce the vulnerability of MCWs. As with agencies, employers need to be made more aware of their responsibilities, should be encouraged to provide contracts with written terms and conditions, and should draw up care plans which should be agreed by all parties. This will be particularly important in years to come as personalisation of care continues to be implemented throughout the country and is vital to ensuring the provision of an optimal level of home care as well as in terms of safeguarding the employment rights of the care worker.

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Registered charity number 1103847