Advocacy Brief for Unions: The Exploitation of Migrant Carer Workers in the Workplace

Sondra Cuban

The following themes about workplace exploitation were gleaned from a recent study (October-January 2009/10) of 15 migrant social care workers in various regions of England (mostly in the South), who were recruited by UNISON and other means, to discuss their experiences in the workplace.¹ This study was complimented by two other studies—a London-based study of 14 Filipino migrant social care workers (same time frame as above) and an ongoing two-year study of 27 migrant social care workers in Cumbria (3 of whom also participated in the first study mentioned here) who, whilst living in a rural region, expressed similar concerns to the other two groups with regard to workplace exploitation (January 2008-June 2009). Therefore, a total of 53 participants who were migrant social care workers of various nationalities, gender, and ages, were interviewed and assessed over the phone and face to face in 2008-2009 as part of an ESRC study, Home/Work: The Roles of Education, Literacy, and Learning in the Networks and Mobility Patterns of Migrant Carers. All participants were paid for their involvement in the studies and their permission to participate, through consent forms, was granted to the researchers. Case studies were created about the participants’ struggles with regard to their exploitative circumstances.

The majority of the participants worked in the private care home industry² (residential, nursing, domiciliary), with only a few being members of unions. The participants shared another similar socio-demographic trait across the studies—they were well-educated professionals in their former countries, often in the health care field, and were operating far below their qualification levels (as carers or senior carers). Nearly all of the participants wanted to move out of the care sector and into the professions but with institutional barriers that prevented their advancement; these barriers included, significantly, restrictive immigration policies, overloaded schedules that inhibited study time and discrimination towards them as migrant workers in the workplace, as well as the upgrading of standards (like the IELTS being raised to a score of 7) by professional organizations. While ‘barriers to professional advancement’ is not usually considered to be an “exploitation” issue in the policy arena, in this brief it is indeed central, with the aim of showing that not only were there few accessible professional career pathways for the participants to follow but that they had few means for complaining, protesting, or appealing their current situations in the workplace and that their high skill and education levels did not safeguard their rights. Other studies (Goodchild 2007) have shown that a “superior work ethic and skill levels give migrant workers little advantage or protection in a global marketplace.”³ The themes below reflect the participants’

¹ A special thanks to Joy Spiliopoulos, PhD candidate and RA on the Home/Work project who collected data for this study.

² Private care homes comprise approximately 74% of all providers in the UK. Statistic from: (Laing & Buisson, 2007) in Frogatt, K., Davies, S., and Meyer, J. (2009), Understanding Care Homes: A Research and Development Perspective. London: Jessica Kingsley Pub. (p. 13) The authors describe the industry as part of a “mixed economy of care (p.12)”

downward mobility and brain waste in Britain---which is the opposite of why they migrated here in the first place—to seek further opportunities and to improve their lives and those of their families. This brief has implications for a range of strategies by various agencies to increase migrant social care workers’ empowerment with regard to workplace practices, as well as issues surrounding professional advancement in policy and research areas. For more information about the studies, please see: http://www.oxfam.org.uk/resources/policy/trade/downloads/bp_ukpp_who_cares_210110.pdf and http://www.lancs.ac.uk/fass/projects/homework/index.htm and http://www.lancs.ac.uk/fass/projects/homework/praxis_video/praxis_video.htm

Themes from the interviews

The following themes were amassed during a review and re-reading of the fifteen interviews and case studies, with additional information supplemented by the other two studies (discussed above).

• Economic desperation: Economic reasons appear to be the chief reason for migrating and becomes more prevalent with an increasing loss of income in response to the high cost of living and self-funding requirements of companies (to purchase cars on loans from them as but one example). Remitting becomes difficult with such low salaries and at least one worker depends on family (abroad) to help with her basic living costs, including sending her clothes, in what could otherwise be called, a “reverse remittance” pattern. Since the wages in the industry are so low (hovering around the minimum), workers feel encumbered to take on extra and unsociable shifts (that British-born staff reject) in order to remit and survive in this pricey environment, and are also pressured to do so by their managers. Furthermore, managers may remind the care workers that they migrated for the money and insist they take on more work. At the same time, if the care worker refuses to work these shifts, employers may lower their hours as punishment. Migrant care workers were aware of the public perception of them as migrating to earn money in order to support family abroad and they would make clear that they also wanted to integrate socially and advance professionally but were given few opportunities. They also made clear that they saw themselves as economic contributors to the UK, through their taxes and consumer purchases.

• Brainwaste Britain: All of the participants were highly skilled professionals, many of whom were former nurses, occupational therapists, and midwives—in health care—or in other fields, ranging from, engineering to teaching. Nearly all of the participants worked below their qualifications levels as social care workers and were not using their skills and expertise. In one case, a former nurse turned carer who tried to assist a nurse in a care home deliver an insulin injection to a client was told “you are only a carer,” which she felt was degrading. These migrants, according to a 2006 LSC report, would be considered “aspirational” in that they are expected to do unskilled work first as an opening to greater opportunities later4 and many carers believed that these jobs were mere stepping stones rather than the dead-end occupations. Newly arrived migrant care workers (6) who were directly asked as to whether they felt,

4 The actual quote reads: “An aspiring migrant could be a medical doctor working as a labourer at a building site, or a graduate at the beginning of their work career. Aspiring migrants are happy to make easy money doing unskilled work and view it in the context of being an opening to greater opportunities.” (LSC. 2006. Migrant workers and the labour market. Coventry: Learning and Skills Council, 24-25)
‘deskilled,’ or ‘reskilled,’ or ‘upskilled’ in their work environments, in a total of 24 interviews over a period of a year, showed that the majority of them said they were deskilled, and were not using the skills they acquired from their professions. Adaptation and qualification conversion opportunities were few and far between for them. For those few migrant carers who did adapt to become nurses (for Third Country migrants) or convert their qualifications (as with European members) they did so at a very high cost, and often, over a long period of time, and were subsequently exploited as nurses in nursing homes, which Kingma (2006) has described as a “migrant nurse ghetto.” It is not an economical strategy for Britain to have talented professionals and their expertise lost on positions that do not require extensive education. It can lead to unethical recruitment strategies as well as ill treatment in the workplace by virtue of the fact that the perception is that migrants who are working below their ‘stations’ are also willing to accept exploitation without complaint.

• Trafficked-Like Students: With students, in particular, there is a quango of exploitation with a number of agencies: 1) an overseas recruitment company taking much money upfront from recruits (and their families) but without providing enough information or support before and upon arrival (two participants paid £9000 each) in addition to sometimes not giving receipts and requesting extra payments for ambiguous services, a 2) a sister agency or contact in the UK, which may also withhold important information, ask for additional payments, or not protect, or offer help to migrants upon their arrival, and 3) companies, large and small, which often pressure and load up the carer with demands and require intense investments on their part which are unrealistic. Finally, 4) training agencies and colleges—some of which act like recruitment agencies, that offer training that is substandard, assessors that are unable to fulfill their duties, or simply not offer it at all (as was the case for several students who enrolled in Precision Training). Linked to the recruiters, the training companies may threaten students with deportation if they don’t pay up. Also, the training agencies charged astronomical amounts for the NVQ3, for those on student visas. These courses, normally given for free in workplaces to both migrant and non-migrant carers, because of government allowances, cost the students around £2000 on average. These workers, on student routes, then, appear to be migrating under false pretenses, if they are professionals who simply want to work and are only studying for vocational qualifications for no other reason than because of government mandates (for working and staying in the UK). Recently, the government, in trying to reduce the number of rogue agencies and colleges, has restricted the vocational student route, further adding to the impression that these remaining vocational “students” are not credible. Training companies, colleges, and universities exploit these migrants’ vocational status, using the migration route to feather their own nests when they enroll people who easily pass NVQ exams and pay all the more money for the chance—this goes for both credible institutions as well the scandalous ones. Meanwhile the companies pressure students to take on more work (than their legal 20) putting their legal “student” status at risk. Finally, it is not clear who the “sponsors” of the students actually are, apart from their companies: the

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recruitment agencies? The Home Office? Training agencies? OfQual? Who takes responsibility when things go wrong or when migrants need help, or want to appeal decisions? The Care Quality Commission only protects the elderly, but who protects migrant care workers? See the report: *Who Cares?*  

- *The Silent Partner:* As briefly discussed above, withholding information appears to be a major strategy of recruitment agencies in exploiting migrant care workers, especially with regard to the company and the terms and conditions of their contracts. They do not often provide accurate information about the full context of their post. Contracts signed by workers often took place under pressure, and with no clear indication of hours, terms of compensation (for petrol for example) and shifts. Recruits may be told that they would receive a certain salary from the company rather than their hourly rate of pay and amount of hours they would work. No risk assessments were done and recruits were often surprised to discover what the real conditions of their work entailed, including sick pay and days and holiday pay, and their rights as employees, which were not discussed. The care workers, however, found it difficult to pinpoint the agencies as culprits, especially when the companies, which they went to secondly, exploited them overtly and for long periods of time and at a close range. Yet the agencies were the silent partners, in forging the bond and original contract between the company and the new recruit and migrant social workers, in recounting the steps they took and the amount of money they paid to them, including their transactions, would often describe exploitative circumstances. In particular if the agency (outside of the UK) or, as with the case of a sister agency in the UK, has a co-ethnic staff it may be even more difficult for the new employee to consider that ‘their own’ could be partners in their exploitation. In fact few participants mentioned the agencies, unless they were directly asked. Agencies were not available to help the workers after they began their posts in the company, even when care workers contacted them, and appeared to wipe themselves clean of all responsibilities once the employee started work in the companies. When the employees had problems, the agencies did not help them or give information, and only offered feeble suggestions that did not contribute to their welfare or security. There was a sense amongst other migrants in the social care industry, as reported by the informants in the study, that more discretion should have been used on the part of the prospective recruits in engaging with recruitment agencies and that their involvement was regarded as imprudent. Responses to rogue recruiters were mixed; some carers blamed themselves for engaging with rogue recruiters whilst others felt deceived.

- *Plantation Economy:* Housing was often tied in some way to the migrant care workers’ employment, at least initially, creating a climate at first of security but then one of feeling trapped—companies, or recruiters, might pay everything up front, or lend money to the workers or pay initially for rent, leaving the carer feeling bonded to them. In other cases, the initial housing arrangement was abysmal and obvious to the carer that it would not work. One worker was promised a room and had to sleep on a sofa and others were in overcrowded, expensive places. Because the housing was often close (or even on site) to the workplace, the carers’ proximity to the workplace was used to coerce them to

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work longer and unsociable hours and extra shifts, as well as to take on other roles within the care home, including domestic work. Employers might rent to employees and expect them to work overtime due to this totalitarian relationship. Workers might also stay in homes that were owned by their employers, initially, as well renting from the employer’s acquaintances/friends. Employers may also ask migrant care workers to help them locate housing for new recruits (of their nationality) and aid them in their adjustment, which added pressure to their otherwise overloaded rotas. While some care workers lived with others in overcrowded conditions in order to afford the rents, others chose to move in to houses/flats with colleagues, further condensing the networks around the workplace and limiting relationships outside of it.

**Codes of Discrimination:** Discrimination could be overt and covert, and would often be in the form of creating an environment where migrant care workers were cast as ‘outsiders’ and were subsequently identified as being able to take on tasks no one else wanted (toileting and cleaning), including enduring heavier workloads, night shifts, and extra shifts, all, in a climate of fear or intimidation so that they didn’t request or ask for accommodations. This was especially the case for newcomers who were unaware of their rights and the norms and culture of the care home or care agency. Migrant carers often felt the need to prove themselves as perfect employees and were taken to test by colleagues and managers. Many of them felt they were being monitored more closely than their British-born colleagues and were worried about making mistakes or failing to live up to an unrealistic standard that was imposed on them. These fears were real; one pregnant senior care worker was wrongly accused by her manager of sleeping on the job during her night shift and was told that she lied to the company upon being hired, by refusing to alert them to the fact than she was pregnant (when she herself did not know). Those migrant care workers who were employed through care employment agencies were often pressured to work over time and take on more work by permanent staff at the home because they were seen as being paid more than the home. They felt they had little recourse other than to comply with these staff members because the agency did not interfere once the worker entered the home, unless it was an emergency. British women supervisors and managers were identified by migrant care workers as the main perpetrators of bullying. They used covert and overt bullying tactics. Bullying of women by women has not been discussed much in the literature, although this phenomenon is widely recognized in the care sector. This problem was compounded when care homes were staffed by British family members, immediate and extended (and their friends) who might position the migrants as outsiders, thereby weakening their ability to assert themselves against a posse of related/familial staff. Their outsider status was reinforced, even more when companies actively prevented workers from learning and studying English. While most workers in the study came through recruitment agencies that tested their English abilities, and many of the participants had studied and used English prior to arriving to the UK, they were often not confident in their English competencies and some of them desired to take ESOL courses. Further fueling this feeling, employers, colleagues, and clients might bully migrant carers for having English “problems” when in fact they had different accents than what was familiar to locals. Without feeling confident in using English, or in grasping a regional dialect, and feeling misunderstood, workers said they could be easily manipulated, and knew they were. As one worker said, ‘you just say ok’ (to management).
Company Perpetrators: Whilst the literature on migrant care work and domestic work emphasizes the negative power relations between clients and carers in private care home situations, with the types of mistreatment and ways it is handled---specifically racist and degrading encounters---the problem amongst the participants in this ESRC study was primarily with management, supervisors and colleagues in companies, who enforced their power over migrant staff through maintaining poor working conditions (especially hours, pay, and tasks) and in not upholding their rights. Some workers felt like slaves, and used this term, when describing their work situations and in two cases, company managers explicitly told workers that they were either “bought” by them from the agency, or that their “investments” were not paying off with their labour. As previously discussed, managers could regularly and overtly bully the migrant workers---a different tactic than agencies, which tended to keep silent. In order to escape, the migrant carers might often go to another home only to experience similar treatment. Only a very few of the migrant carers ever complained about the clients themselves, although a number of them had faced racial/ethnic discrimination by them. In these cases, and over time, most of the carers realized that they were put in the firing line by the management by being made to work with difficult clients and being unprotected. Health and safety hazards of the carers were usually dealt with in ‘abuse’ trainings or information leaflets, which encouraged workers to report incidents and manage them to the best of their abilities by being understanding--even of violent mentally ill patients. Domiciliary managers, in demanding that carers not deviate from the care plan of a client, often put the carers in difficult ethical dilemmas; for example, sending carers to homes with clients who needed far more than the care plan stipulated, including living in filthy conditions. Some clients may ask carers to give care off of the care plan or use or not use equipment. Other clients would complain about their time, or make them hurry or slow down. When carers had no cars, they might walk alone at night or in bad weather conditions to clients’ homes. Carers often suffered from aches and pains resulting from working in the care home or driving, which were seen as normal hazards in the industry and considered to be the workers’ fault (because they didn’t comply with training requirements). Additionally, the care workers were engaged in many hidden expense schemes of the company. The large amount of hidden expenses to the workers themselves (of activities and supplies that the company should have paid and the agency should have forewarned about) sabotaged their ability to regularly remit effectively, or at all, and caused much stress. Hours were not often counted (like travel time) to and from houses, for example, and care workers were expected to foot the bill for petrol, only to be reimbursed much later. Their car payments might be on loans too, from their companies, and their insurance was often higher if they got it through their companies. These items were deducted from monthly paychecks. Finally, these companies expected their employees, both migrants and non-migrants alike, to take on training but with very little or no wage compensation: Most companies, although not all, provided training opportunities, which migrant workers appeared to take and pass with ease. Yet their wages were not compensated and the additional skills they brought with them from their former countries, and added to their workplaces. These were neither validated nor monetarily remunerated.

Limited Sources of Outside Help: When workers complained about their situations directly to their companies, they were either punished (by lowering or raising hours or difficult shifts) or simply ignored, unless the worker threatened to leave or persistently reported a blatant incident that had to be acknowledged. The care worker might go next to the recruitment agency, which did not offer
support, telling employees they were now in the hands of the company, not them, and there was nothing they could do. The workers therefore had few places to turn to for help for workplace exploitation. In a few cases, unions were indeed contacted. Most of the participants did not know about their employment rights or of authorities—they only found out about certain community-based agencies, through their networks, when they were in dire straits and many did not know of any agencies at all that could help them. Most of the participants were keenly interested to know more about the authorities and agencies that could help them either now or in the future. The internet was used mainly for information-seeking about new jobs, not so much rights. Since it is a popular medium, information about rights would be needed on accessible internet sites and, as many participants stated, they had an interest in perusing them, if they were accessible. Some of the local agencies that participants turned to were of little or no use in assisting migrant care workers to resolve their problems at work. Some of the participants felt they knew more than the staff about these problems, which was a disappointment, especially when they gave a limited amount of information. To be fair, these agencies were almost always contacted very late in the game and at crisis stages. Generally speaking, few agencies appeared in the workers’ interviews, as helping them.

Three case studies of migrant social care workers are presented below which illustrate many of the issues above:

The following three cases demonstrate the issues of non-European students who were domiciliary care workers, and the interplay of immigration policies, and the lack of advancement opportunities in to the professions. Their major training (NVQ2 and 3) was catastrophic in that they were bamboozled by a training agency and had no right of appeal or financial compensation after they lost their money and never received training. Whilst students in the UK are now considered to be “suspects” little attention is given to those who have been exploited by the agencies that were sanctioned by the government.

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<th>Annabelle</th>
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<td>Anabelle, who was an occupational therapist in the Philippines, first arrived in the UK in August 2008, after paying £9000 for a student visa and started working as a domiciliary care worker in September 2008. Since her arrival she has worked for the same care agency. She has been financially exploited by the recruitment agency and its sister agency in the UK, but also by the training company which collaborated with the UK recruitment agency. She has been exploited by her company in not having enough information about her employment (contract) and especially hours needing to cover per week. She is expected to pay for petrol fuel for clients’ visits and then is repaid a small percentage, whilst they give her loans to buy a car and she pays for car insurance, all the while, being pressured to work overtime. This amounts to much financial pressure especially after she is expected to sign up for an additional training company, without being compensated for the last one. The financial exploitation and lack of training has brought her into a precarious situation regarding her student visa and thus permission to reside, study and work in the UK, whilst limited disposable income is putting more pressure on her ability to remit to her family in the Philippines.</td>
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Billie

Billie has been employed to work as a domiciliary care assistant, although his professional background is as a nurse, this being known by the employment agency and company. As a recent nurse graduate, employment insecurity in the Philippines led him to seek employment in the UK. He has suffered economic exploitation in various ways, first by the employment agency in the Philippines, asking for high fees for medical examinations, the second, the training school he enrolled in by coercing him to pay large amounts of money without offering training and not being able to ask for refund, and then lastly by the company expecting him to be able to afford a car and driving lessons whilst lending money so as to do this and thus creating financial dependence. He may have had the money to take the driver’s license test if he had not lost it all with the training agency and had to re-enrol in a University NVQ course for £1600. The first training course did not offer any training and frustration led him to seek educational support from the company. The employment agency in the Philippines did not offer sufficient information regarding the kinds of issues he would face with regard to the training. Financial hardship, following financial exploitation, has led to him being forced to borrow money from his employer to meet the work role requirements of being able to drive in the UK and have a vehicle to secure his job as a carer in the domiciliary company. Even through the company has knowledge of his difficulty in reaching clients because of distances, they do not offer support and he has to walk a long way to client’s houses because he has not received his British license. As a result of financial exploitation and lack of educational support, Billie is concerned about his student visa being renewed in 2010 by the Home Office on the grounds of not having received training.

Louisa

Louisa arrived in the UK in August 2008, her migration being fuelled by her need to support her three children as a lone parent. She was a nurse attendant in the Philippines, doing a similar type of work as a carer in the domiciliary care company where she now works. Yet she finds the jobs difficult because of numerous exploitative experiences that have happened. She has been exploited by her recruitment agency in the Philippines because they didn’t give her sufficient information about the job, the UK recruitment agency because of coercion and financial exploitation, the training agency (more financial exploitation) and finally her current employer (financial exploitation, emotional abuse). The employer has made it clear to Louisa that she owes them because they ‘paid’ for her and that she must withstand exploitative circumstances and is punished if she protests. They even told her that she could not leave the company. Louisa discovered that this was wrong after contacting an agency (through the researcher) which offered her consultation, that she could indeed leave and that they could intervene on her behalf if she wanted. Scrutinizing the visa renewal policy, and thinking she needed to be working in a nursing home to get her visa renewed, she has found another job with staff that have promised her more support. She is encouraged by her contact with this agency that she can be supported being on a student visa and is hopeful about working for her new employer.
Recommendations for Policy, Practice and Research in Unions:

• The education and training cottage industries surrounding the migration industry block adaptation and advancement of health care professionals by mandating them to take NVQ courses which are unmarketable in the professions. Adaptation opportunities were few and far between and bogus training agencies caused students problems. The mandates for “students” leads to brain waste, exploitation and a loss of human dignity. Yet current government reforms to the regulations for the tier 4 system are to punish the students and prevent their entry. See: http://www.bia.homeoffice.gov.uk/sitecontent/newsarticles/2010/February/tougher-rules-for-foreign-stud Students not suspects http://studentsnotsuspects.blogspot.com/ has raised awareness about these issues and started a campaign, and a new report, entitled, Fortress Academy (Hartwich, see: http://www.manifestoclub.com/fortressacademy ) tackles the hidden agenda of the new points based system for students. The hidden workforce project and Pathways to Leadership programme in UNISON for example is a start, and unions can educate about this agenda in study circles and the internet (like Facebook) circulating information for students and educating on choices and issues. In the policy arena, campaigning for right of appeal to receive financial compensation from rogue training agencies would be important, as is campaigning for the NMC to lower the score and/or provide more options for migrant health care professionals, many of who are fluent in English and have high academic and workplace literacy. One of the studies showed that students needed information on whether or not they could switch to a different tier, and if this option were available, how to do it. Some students felt trapped with little hope but to continue working in their present workplaces, rather than attempt to advance. Finally, more research and a concerted effort to disentangle and regulate recruiters (in foreign countries) and training agencies and colleges, needs to occur to ensure greater transparency, and fairness for students themselves.

• Migrant care workers transform the sector by going the extra mile for clients. Yet media and policy reports say it’s because of their cultures rather than the importation of their former expertise and professional dispositions, which need to be recognized and compensated by workplaces in terms of wages, promotions, and better working conditions as well as advancement opportunities. Media awareness needs to be improved about this populations’ full and active contributions, which constitute their citizenship. One example is UNISON’s leaflet about migrant carers, telling their stories and issues. It doesn’t paint a romantic portrait of this population, but one that is realistic. See: http://www.unison.org.uk/file/MWphotoexhib.pdf

• The Nurse Midwifery Council, in raising the IELTS score with criteria that is not transparent, discourages care workers from adapting because they cannot often achieve a score of 7, especially on the first try, irrespective of their language fluency and academic literacy. Whether or not a score of 7 benefits them and the public good should be questioned. Even most adapted nurses had no encouragement to apply to the NHS and worked in private nursing homes earning low salaries. A strategy for assisting these workers to transition to the NHS would be important.

• English language communication problems were emphasized by employers, when care workers simply had accents, similar to their clients(Cangiano et al 2009). They both adjusted over time; regional lingo and British idiomatic expressions were picked up with ease. There should be adult and community education courses/workshops and information for the general public on diversity issues, especially in rural areas.

• Migrant care workers were expected, and sometimes bullied into overtime, night shifts, and unpopular tasks for low pay and with unpredictable rotas. Unions could help them advocate
for better working conditions and pay. Organising migrant care workers through programmes like, Pathways to Leadership (in UNISON) as well as GMB (Southern branch) programmes have shown to be effective in mobilizing this population around common problems they face. The Gangmasters License may be the most effective way to enforce employment laws. See the December 2009 Oxfam brief, *Who Cares*, which investigates these issues in depth.

For more information, please contact:
Dr. Sondra Cuban, Educational Research, Lancaster University
s.cuban@lancaster.ac.uk