The employment of migrant workers in long-term care: dynamics of choice and control

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Aims

The aim of the article was to assess if immigration controls determine what types of care work migrants select, and if immigration controls impact on the ability of such workers to exercise choice and control over their terms and conditions and their ability to leave employment.

Methodology

The article was based on 56 in-depth interviews carried out with different categories of migrant care workers of foreign nationalities during 2007. The gender split was 49 females and 7

males, and interviewees were based in England: mainly London and the South East, the South West, North West, and Yorkshire and Humber.

The cohort was recruited to reflect several categories of migrant workers; those with unrestricted rights to work in the UK; those who were restricted to care work; those without right to work [for example, visa overstayers] in order to observe how this influenced decisions. Approaches were made to residential care homes and home care agencies, migrant community organisations, faith-based groups, trade unions. Snowball sampling was applied to obtain further recruits.

Other variables to the sample were the different types of employment found in the care sector in England: for example, direct employment by residential care homes, employment by home care agencies, direct employment by older people or their families. There was also an objective to ensure the main nationalities in the workforce of migrant carers were reflected in the sample. The author states a majority of foreign born care workers [74 per cent] are non-EEA nationals, subject to immigration controls, with the Philippines, India, Nigeria, Zimbabwe and South Africa all important sources. The remaining [26 per cent] have arrived from EEA countries. Written and verbal information on the research and on confidentiality and

anonymity was provided to all prospective interviewees and Interviews were carried out in the first language of care workers [who had received translated information].

Key issues

- Those migrants with restricted rights to work had taken employment in the care sector because it was one of the few sectors in which they could find a job.
- Restrictions on employment of non EEA nationals meant that even those with care or related qualifications and occupational experience faced difficulties in accessing employment in areas such as the NHS, and were restricted to care jobs
- Terms and conditions attached to visas [for example, domestic care visas] effectively restricted migrants on them to a specific care role.
- Migrant care workers were often ‘in highly unequal relationships with employers, leading to exploitation'.
- Higher barriers to forms of immigration status [including citizenship] which would enable greater access to the labour market for migrant care workers are hindering mobility.
- Race, gender and class continue to affect the make up of the care workforce, with gendered allocations of care remaining a dominant fact.
- Nevertheless, for some migrants care work is a positive step, particularly compared to other forms of work, and provides opportunities to generate a steady income, often

aiding remittances.

Conclusions

Choice and control for migrant care workers are circumscribed by immigration regulations, with non EEA nationals experiencing the greatest restrictions. This has implications for both their own social mobility and job security, but also for the care sector itself.

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