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THE CONTRIBUTIONS OF MIGRANTS TO THE ENGLISH CARE SECTOR

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About *Social Care Workforce Periodical*

The *Social Care Workforce Periodical* (SCWP) is a regular web-based publication, published by the Social Care Workforce Research Unit, King's College London. *SCWP* aims to provide timely and up-to-date information on the social care workforce in England. In each issue, one aspect of the workforce is investigated through the analysis of emerging quantitative workforce data to provide evidence-based information that relates specifically to this workforce in England. The first issues of *Social Care Workforce Periodical* provide in-depth analyses of the latest versions of the National Minimum Data Set in Social Care (NMDS-SC); for further details on NMDS-SC please visit http://www.nmds-sc-online.org.uk/. We welcome suggestions for topics to be included in future issues.

About the author

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Acknowledgments and disclaimer

Executive Summary

Demographic dynamics and public health advances mean that in most developed countries the need for care is rising. Simultaneously, economic, social and demographic factors have led to shortages of staff in social care. Across the world, care work has become an important vehicle of migration from the developing world to more economically developed countries. Migrant care working has been permitted and encouraged across and between continents, either through formal employment channels or privately. The UK immigration system is currently going through a process of restructuring with the Coalition Government promising to reduce the net migration to the UK by 'tens of thousands'. The first in a plan to achieve this reduction is the introduction of a 'cap' or a maximum annual number of visas on non-EEA economic immigrants.

In 2010, the National Minimum Data Set for Social Care (NMDS-SC) started collecting information on nationality and country of birth of workers from social care employers; these changes became an official part of the NMDS-SC in October 2010. Such additions provide unique insight into a large national sample of migrant workers in English care sector. By end of October 2010 employers completing the NMDS-SC returns provided detailed information on a total of 554,108 workers, out of these, nationality and country information were available for 233,051 workers (42% of total individual returns). The analysis presented in this Issue starts by establishing that the sample of workers with nationality data is relatively similar to the overall returns to the NMDS-SC, with the exception of an under-representation from local authorities. This needs to be set in context that the current NMDS-SC is not a complete census of the whole English social care sector.

The current recent returns on the nationality of nearly a quarter of a million workers (n=233,051) from the English care sector indicate that the presence of migrant workers in this workforce is significant. Overall, they constitute 15 percent of all recent returns. The vast majority of migrant workers in social care are from non-EEA countries, with over a quarter of them arriving from just two countries: the Philippines and India. Other main sending countries include Poland, Zimbabwe, Nigeria and South Africa.

The findings presented in this *Issue* indicate that the employment of migrant workers seems high in some regions, with certain job roles and some sectors and settings having particularly high numbers of migrant workers. Among all returns from London, 39 percent were identified as migrants. Similarly, 40 percent of the 7,823 registered nurses, included in current NMDS-SC returns, are reported to be migrants, largely from non-EEA countries, specifically the Philippines. Around 16 percent of workers within the private sector are migrants compared to 9 percent among local authorities (including local authority owned establishments). Migrant workers are more prevalent within adult residential and domiciliary settings than community care or day care; they also appear to be

more likely to work for private providers in these settings. On the other hand, migrant workers are proportionally less likely to hold managerial and supervisory roles. Proportionally more migrant workers are reported within establishments providing services for people with dementia (16%), other older people with mental health problems (15%) and adults with physical disabilities (15%); while least among those providing services to adults who misuse alcohol/drugs (11%).

The current analysis confirms previous qualitative evidence that migrants tend to be younger and more likely to be men than British social care workers. The youngest group of workers are A8 nationals with a mean age of 34.8 years compared to a mean of 41.2 among British workers. A2 and non-EEA nationals contained proportionally more men than British workers with 27 percent of A2 workers and 26 percent of non-EEA workers being men compared to only 16 percent among British workers. Migrant workers are less likely to be employed on permanent contracts (which may reflect visa restrictions and timed work permits). Nearly 7 percent of EEA and non-EEA workers are employed through recruitment agencies, compared to 2 percent of British workers.

Several policy implications arise from the current analysis. The most palpable ones relates to the magnitude of the contribution of non-EEA workers to the sector and questions about how this shortfall will be resolved when the expected immigration cap on non-EEA economic migrants comes in place. The second relates to the over-representation of migrant workers in the private sector and within establishments providing services to people who may require high levels of care, such as older people living in care homes who have dementia, and older people with other mental health problems.

Background

Demographic dynamics and public health advances mean that in most developed countries the need for care is rising (Rankin 2004). Simultaneously, economic, social and demographic factors have led to shortages of staff in social care (Hussein and Manthorpe 2005). The debate on the role and importance of migrant workers' contributions to the social care workforce has been the focus of many commentators, and has intensified given the new Coalition Government cap on non-EU migrant workers (BBC 2010a).

Currently (January 2011), the UK government is introducing annual limits (or 'caps') on the number of people from outside the European Area (EEA) admitted to work in the UK. The first annual limits are intended to come into effect in April 2011. Primary legislation is not expected to be needed (House of Commons 2010). Interim limits for some Tier 1 and Tier 2 visa categories came into effect on 19 July 2010. However, the interim cap was deemed 'unlawful' in December 2010 by the High Court after an appeal by the Joint Council of Welfare of Immigrants (JCWI) and the English Community Care Association (ECCA) (The Independent 2010). It is expected nonetheless that once the 'cap' is agreed by the Parliament it will take effect from April 2011. Many politicians, employers and businesses are concerned about the effect of the proposed cap on meeting demand and attracting people with the right skills and talents. Voices of concern include Mayor of London, Boris Johnson, (BBC 2010b), Scotland's government and business community (Immigration Matters 2010) and some concerns have been voiced by the governments of New Zealand and India (WorkPermit.com 2010 and 2011).

In June 2010, the government launched a consultation on how the limits on economic migration by nationals of countries outside the European Union, through Tiers 1 and 2 of the points-based system, should be implemented (Migration Advisory Committee 2010a). On 18 November 2010, the Migration Advisory Committee (MAC) published its recommendations to the government pointing out that economic migration only accounts for a relatively small proportion of the country's annual net migration. The MAC has also acknowledged widespread concern among employers regarding the potential effects of the limits (MAC 2010b).

Growing demands for care and the shortage of quality care workers are common phenomena in the developed world. Different strategies are used to address these escalating demands and associated shortages. The UK has traditionally, and continues, to meet some of this demand by employing migrants, either recruited directly from their home countries, or through intermediary agencies; or, increasingly, drawn from the pool of migrants already in the UK (Cangiano *et al.* 2009; Hussein, Stevens and Manthorpe 2010a).

Across the world, care work has become an important vehicle of migration from the developing world to more economically developed countries. Migrant care working has been permitted and encouraged across and between continents, either through formal employment channels or privately, via 'domestic' help often including care (Lutz 2004; Williams 2010) or 'migrant minding' of older family members (Lyon 2006). In the UK, migrants, mostly women, have previously been estimated to be a significant minority of the formal social care workforce - in the range of 16 to 20 percent of the total workforce (Cangiano *et al.* 2009) – but this has been thought to be an underestimate.

The majority of migrants working in the English care sector are from the Philippines and African countries. However, since 2003, the enlargement of the European Union (EU) and tighter UK immigration laws applicable to people from outside the EU have restricted work permit availability to non-EU citizens. Recent research has revealed changes in the profile of migrant workers in the UK care sector, particularly in terms of country of birth and ethnicity: reflecting European Union (EU) enlargement, with the inclusion of the new accession A8 states (Hussein, Manthorpe and Stevens 2011a; Walsh, Wilston and O'Connor 2010). The UK was one of a minority of EU states to permit free labour flows on A8 accession (Portes and French 2005). Slightly older data from the UK government's Worker Registration Scheme, 2008, identify care work as one of the eight most commonly recorded occupations amongst migrants from the EU A8 populations, being particularly popular with migrants from Poland. However, migrants from the Philippines was the largest (10%) migrant group from any developing country in this sector (Gould 2008).

A shift in the personal profiles, skills and motivations of migrant workers in the care sector is likely to occur as more A8 and A2 members are free to work in this sector and fewer non-EU migrants are permitted to enter the EU. Within this immigration policy climate, and the new Coalition government proposed migration cap on non-EU migrants (House of Commons 2010), employers are likely to direct their efforts towards broader recruitment strategies within the UK or through agencies active within the EU.

In 2010, the National Minimum Data Set for Social Care (NMDS-SC) started collecting information on nationality and country of birth of workers from their employers; these changes became an official part of the NMDS-SC in October 2010. Such additions provide unique insight into a large national sample of migrant workers in English care sector. This and further Issues of the *SCWP* will focus on understanding the characteristics of this group using NMDS-SC data up to the end of October 2010.

We aim to provide a clearer picture of the profile of EU and non-EU migrant workers in the sector and to highlight any specific roles and aspects of work that may require specific attention as restrictions on non-EU migrants become more embedded. The current Issue aims to provide an exploratory analysis of the levels and differentials in the profile of migrant workers. In the next Issue of the *SCWP* we will provide further analysis on trends in the profile and composition of migrant workers from different nationalities to the care sector as well as

further investigation of differentials related to some work related elements such pay scales and average working hours among different groups.

Methods

This current Issue of the *SCWP* utilises recent data of NMDS-SC up to the end of October 2010. This data set includes recent additional data items related to nationality and country of birth of workers, which were introduced at the beginning of 2010 and became an official part of the NMDS-SC returns from October 2010.

By the end of October 2010 employers completing the NMDS-SC returns provided detailed information on a total of 554,108 workers in the 'individual workers dataset', out of these, nationality and country information was available for 233,051 workers (42% of total individual returns). The analysis presented in this Issue starts by establishing how the sample of workers with nationality data may differ, or be similar to the overall returns to the NMDS-SC. It should be noted however, that the NMDS-SC itself does not constitute a complete census of all social care workers in England. The NMDS-SC provides a very large sample of over half a million social care workers in England. Currently (October 2010) the NMDS-SC sample may under-represent workers employed in local authorities.

The second part of this *Issue* presents an exploratory analysis of the characteristics of non-British social care workers in comparison to their British counterparts. We used a set of personal and organisational characteristics obtained from both the 'provisional' and 'individual workers' files of the NMDS-SC, October 2010. The analysis investigates the level of EU and non-EU migrants within different regions, sectors, types of provisions and user groups within the sector. We also compare the personal and work related profile of different groups of migrant workers with British social care workers. The findings are discussed in light of other related research and the current policy context. It should be noted that Skills for Care has only started collecting data on nationality very recently, thus, the findings presented based on the current data may under-represent the prevalence of migrant workers within the English care sector. The data, however, provide much needed insight into the patterns of use of migrant workers within the sector.

Profile of NMDS-SC sample with Information on Nationality

The aim of this section is to establish whether the sample within the NMDS-SC, which includes details of nationality data (hereafter will be called 'NMDS-SC sub-sample'), provides a representative sample of the overall NMDS-SC returns or not. The NMDS-SC sub-sample constitutes 42 percent of the overall NMDS-SC individual workers records, October 2010 returns. Regional samples are around 40 to 43 percent except for London where only 35 percent of NMDS-SC contained nationality information while this percentage increased to 47 percent for the Eastern region. However, Figure 1 shows that these differences do not alter the overall distribution of the sub-samples by region.

Figure 1 Distribution of the sub-sample with information on nationality and population of NMDS-SC Oct 2010 by region
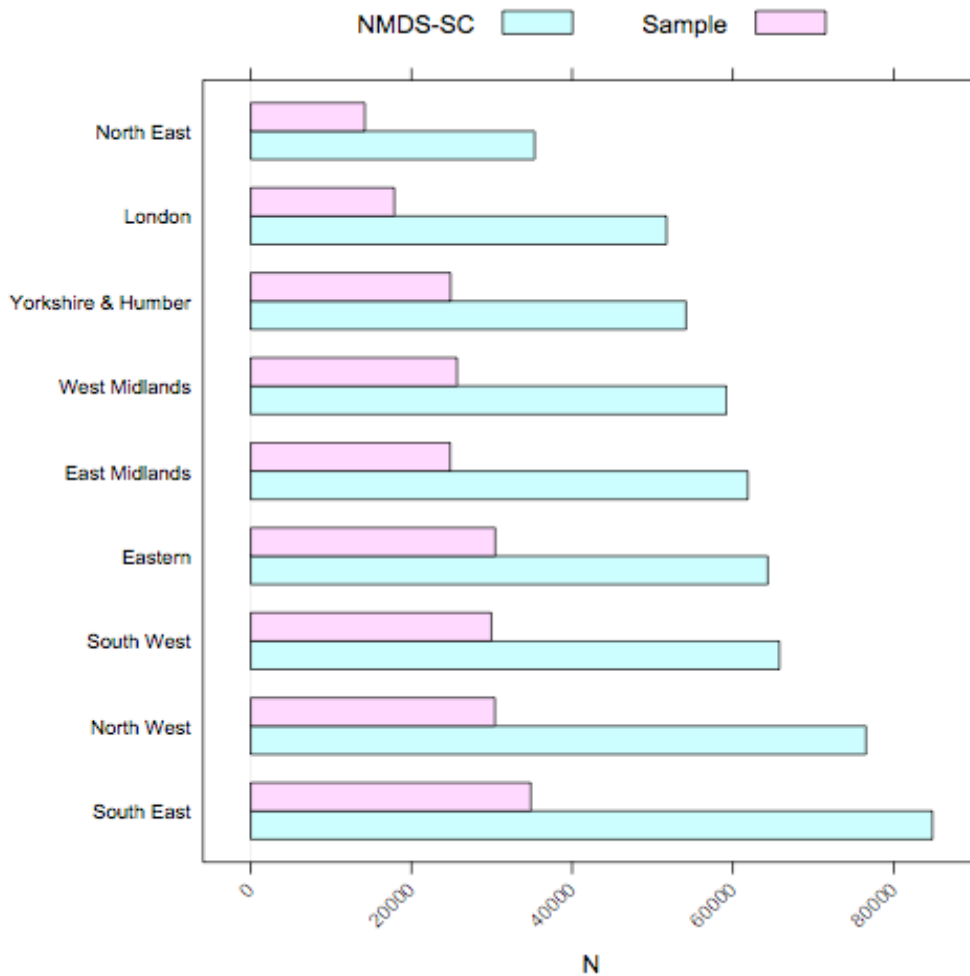
In terms of the main type of services provided, Figure 2 clearly shows that in both the sample and the NMDS-SC the main services relate to adult residential care (care homes) followed by adult domiciliary care (home care).

Figure 2 Distribution of the sample with information on nationality and population of NMDS-SC Oct 2010 by main type of service provided
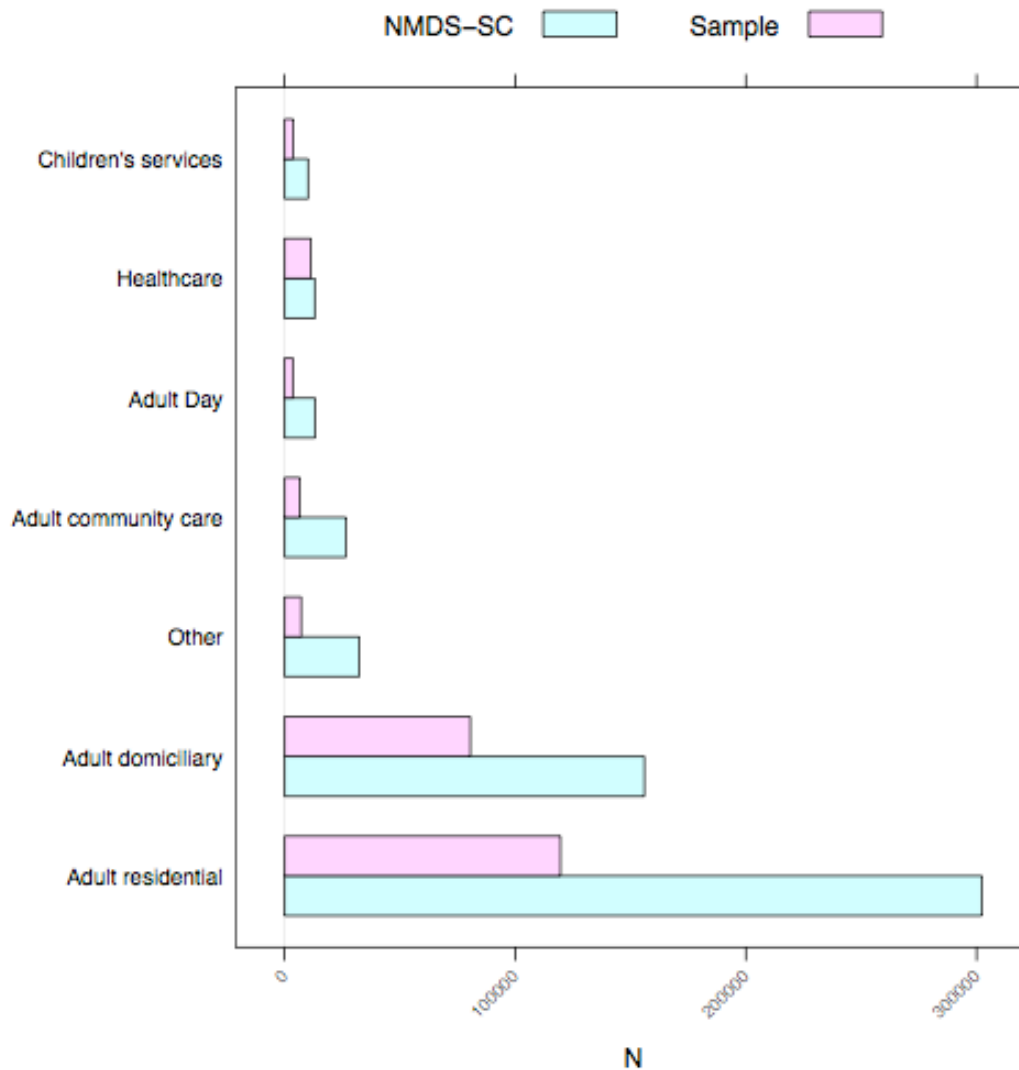
Comparing the distribution of the sub-sample and the NMDS-SC (October 2010) by the four main job role groups[1], Figure 3 shows that both distributions are very similar in structure. Nearly three quarters of workers of the sub-sample and NMDS-SC have job roles that are classified as direct care work.

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[1] Grouped as: 1. 'Managers/supervisors': senior management, middle management, first line manager, register manager, supervisor, managers and staff in care-related jobs; 2. 'Direct care': senior care worker, care worker, community support, employment support, advice and advocacy, educational support, technician, other jobs directly involving care; 3. 'Professional': social workers, occupational therapists, registered nurse, allied health professional, qualified teacher; 4. 'Other': administrative staff, ancillary staff, and other job roles not directly involving care.
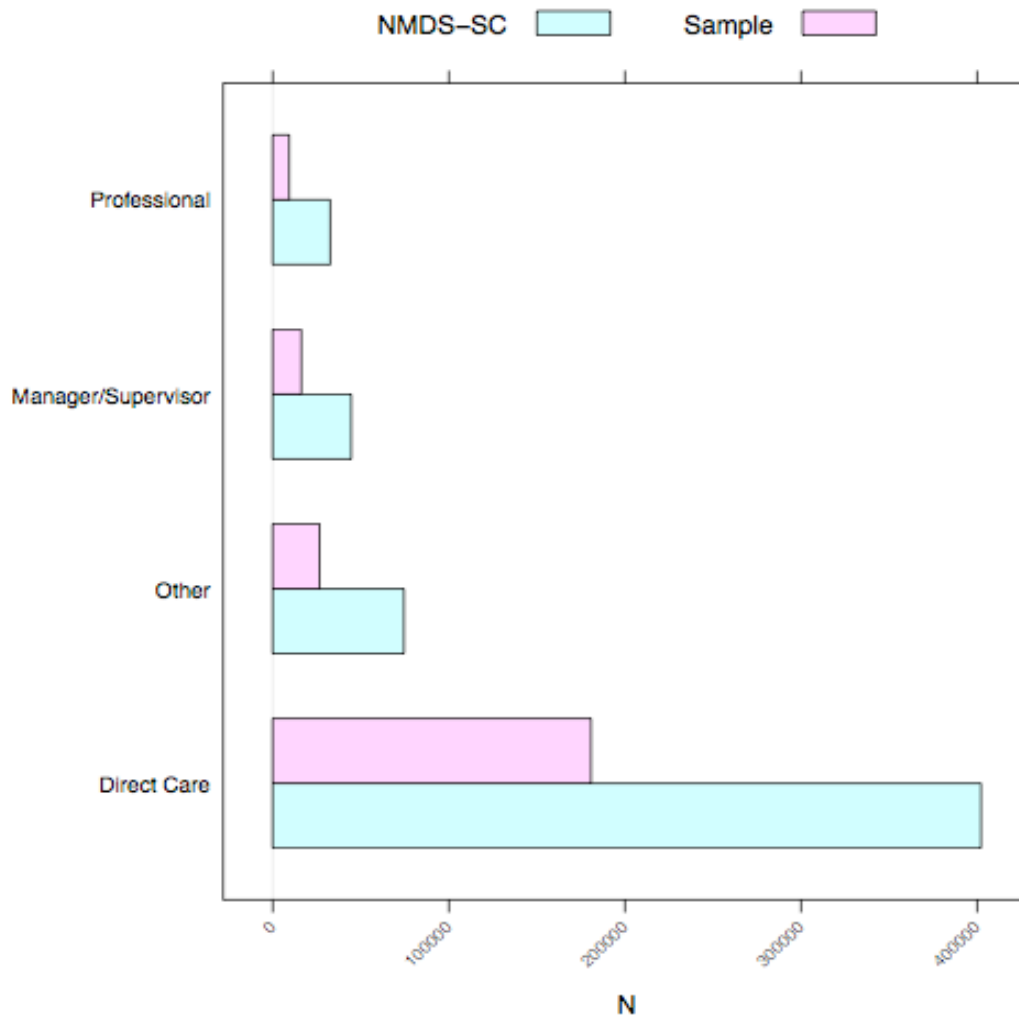
Figure 3 Distribution of the sample with information on nationality and population of NMDS-SC Oct 2010 by main job role (grouped)

Similar analyses were conducted on most of the workers characteristics and the findings show similar results to those presented in the above Figures. The findings indicate that the sub-sample with nationality data can be seen as representative of the whole NMDS-SC data. The only difference was detected in relation to sector, where the sub-sample contains relatively fewer returns from local authorities (5.2% vs. 14.2%). This simply reflects the nature of recent returns to the NMDS-SC and we acknowledge that Skills for Care is currently developing a specific system to facilitate returns from the local authorities, which is anticipated to go live in 2011.

The analysis indicates that overall the sub-sample of NMDS-SC with information on nationality is comparable to the whole NMDS-SC. With the exception of relatively fewer returns from local authorities than the NMDS-SC October 2010, most other variables, such as job roles and type of settings, retain a similar distribution to that observed within the NMDS-SC. One should bear in mind, however, that NMDS-SC is not a complete census of the whole English social care workforce.

Levels of use of migrants in the sector

Using the sub-sample from the NMDS-SC, which contains information on nationality and country of birth, we investigated the prevalence of migrant workers (identified as non-British) and how this varies by different characteristics. Overall, 15 percent of all workers in the sub-sample (n=33,998) were identified by their employers to be 'not-British'. Table 1 presents the distribution on non-British workers by nationality. The data show that over 50 percent of identified migrants working in the sector are from five countries only: The Philippines, India, Poland, Zimbabwe and Nigeria. With the exception of Poland, the remainder are non-EEA countries. Recently completed research into the use of international workers in the English sector, indicates that current and historical economic and political relations between the UK and other countries facilitate the mobility of professionals from these countries. For example, there has been long standing flow of professionals, particularly social workers, from Zimbabwe (Hussein et al 2010a).

Table 1 Distribution of migrant workers by nationality, NMDS-SC sub-sample October 2010

Nationality	Number workers	% Out of all migrant workers
Philippines	5,114	15.0%
India	3,508	10.3%
Poland	3,299	9.7%
Zimbabwe	3.234	9.5%
Nigeria	3,088	9.1%
South Africa	1,212	3.6%
Ghana	956	2.8%
Ireland	750	2.2%
Jamaica	726	2.1%
Romania	658	1.9%
China	491	1.4%
Lithuania	458	1.3%
Hungary	449	1.3%
Pakistan	441	1.3%
Kenya	439	1.3%
Malawi	400	1.2%
Nepal	397	1.2%
Mauritius	393	1.2%
Germany	365	1.1%
Slovakia	358	1.1%
Bulgaria	355	1.0%
Portugal	353	1.0%
Zambia	335	1.0%

Nationality	Number workers	% Out of all migrant workers
Bangladesh	328	1.0%
Uganda	301	0.9%
France	273	0.8%
Czech Republic	250	0.7%
Thailand	249	0.7%
Italy	246	0.7%
Latvia	223	0.7%
Tanzania United Republic of	203	0.6%
Spain	202	0.6%
Netherlands	199	0.6%
Sri Lanka	194	0.6%
Sierra Leone	181	0.5%
Cameroon	169	0.5%
Rest of the World	*3,201*	*9.4%*
Total number of migrant workers	33,998	100.0%

We further grouped the nationality of migrants, as identified by their employers, into the following four categories European Economic Area (EEA), A8 countries, A2 counties and non-EEA countries. We will use these categories for the rest of the analyses.

The first category comprises all countries where citizens are free to travel and work within the European Union (EU); and this group include Malta and Cyprus which joined the EU recently in 2004 whose citizens are not restricted in terms of labour market mobility. The second group, 'A8 countries'; comprises those countries who joined the EU in 2004 but were identified to be low income states, with *per capita* less than 40 percent of the European average. While A8 nationals have the right to travel in the EU, many European countries closed their labour markets to them. The UK was the first to allow A8 citizens to work freely in the UK (Portes and French 2005). In the UK A8 nationals currently have similar entry rights to people from other EEA/EU countries but there are some restrictions on their rights to work, apply for benefits or receive help with housing. However, their work restrictions in the UK are minimal and they are simply required to register with the Worker Registration Scheme *within* 30 days of finding a job. Bulgaria and Romania joined the EU in January 2007 and are often called the 'A2 nations'. A2 nationals have the right of 'free movement' within the EU/EEA, but their citizens cannot start working in the UK until they are authorised by the Home Office. A2 nationals can obtain an accession workers card *before* starting work under the Worker Authorisation Scheme and they need a valid job offer to apply for this. In the UK, A2 nationals are not entitled to any benefits, homelessness assistance or access to social housing; however, they may apply for some of these after starting work (Home Office 2011). In the current analysis, we refer to the rest of the countries as 'Non-EEA' countries; this group include Commonwealth countries as well as others with historical labour market association with the UK such as The Philippines but also those with none such relations in particular.

Below is a list of individual countries in each of these four categories:

- EEA countries (excluding UK, A8 and A2)
    o Austria
    o Belgium
    o Cyprus
    o Denmark
    o Finland
    o France
    o Germany
    o Greece
    o Iceland
    o Italy
    o Liechtenstein
    o Luxembourg
    o Malta
    o Norway
    o Norway
    o Portugal
    o Republic of Ireland
    o Spain
    o Sweden
    o Switzerland[2]
    o The Netherlands

- A8 countries[3]
    o Czech Republic
    o Estonia
    o Hungary
    o Latvia
    o Lithuania
    o Poland
    o Slovakia
    o Slovenia

- A2 countries
    o Bulgaria
    o Romania
- Non-EEA countries
    o The rest of the world

Figure 4 shows that the vast majority of non-British workers are from non-EEA countries (11% of total workers). The top five non-EEA nationalities are the Philippines, India, Nigeria, Zimbabwe and South Africa. This was followed by

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[2] While Switzerland is not in the EEA, Swiss nationals have the same rights as EEA nationals
[3] Countries joined the European Union in May 2004, with low-income levels. While both Malta and Cyprus have joined the EU during the same time (2004) they are not identified as 'A8'.

workers from A8 countries, mainly Polish, while those from A2 constituted less than one percent of all workers (0.4 %). Workers from EEA countries comprised one percent of all workers, with workers from Ireland and Germany more proportionally represented.

Figure 4 Distribution of NMDS-SC sub-sample of individual workers by nationality, October 2010.
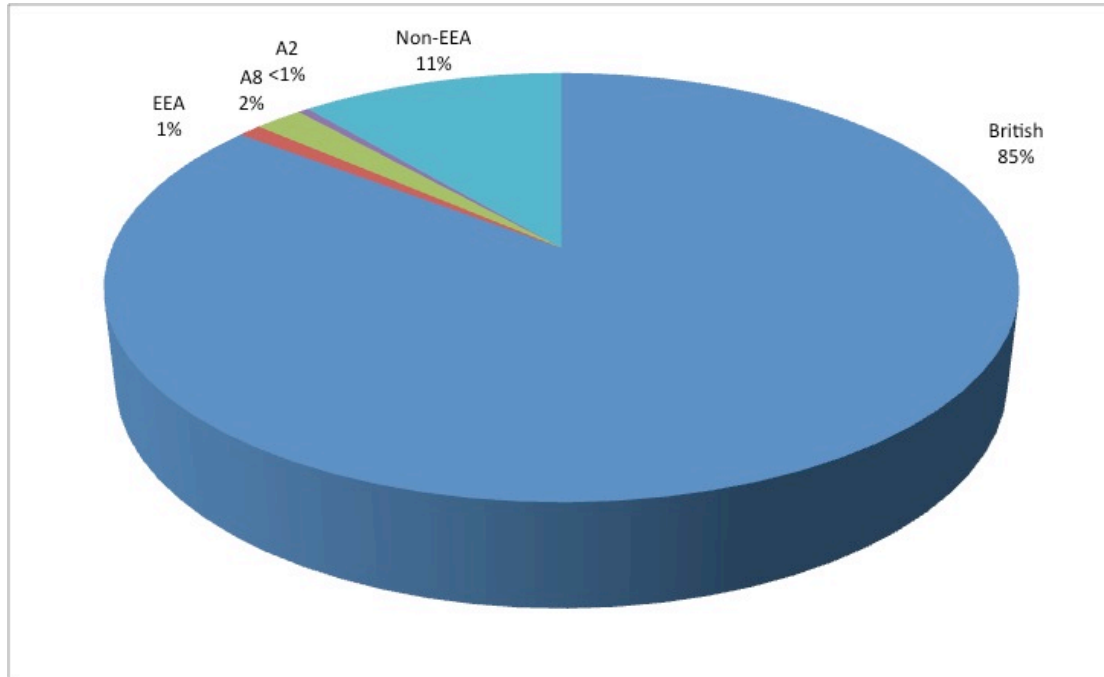
Regional differences

Table 2 shows clear and significant regional variations in the prevalence of migrant workers in the care sector (χ^2= 13782.91, df = 8, p-value < 0.001). The prevalence of migrant workers in the care sector is highest in London as more than a third of the workers were identified to be not-British (38.8%); this was followed by the South East at 21.9 percent. The prevalence of migrant workers was least in the North East of England at only 3.8 percent. The high prevalence of migrant workers in London may be a function of a number of factors including the attraction of the Capital to immigrants in general, and difficulties of recruiting in the Capital due to the high cost of living in London and low pay of the sector making it less attractive to British workers. Other research shows the concentration of migrants in low paid jobs in; who usually experience high levels of de-skilling and downward social mobility (Evans 2005). On the other hand, the very low prevalence of migrant workers in the North East may reflect some of the migrants' perceptions or knowledge of the region (Hussein et al 2010a; Cangiano et al 2009); however, it is observed that many migrants tend to move away from the Capital after an initial phase due to a combination of economic push and pull factors as well as initial unrealistic expectations of the cost of living (Eden et al 2002, Thompson et al 2010).

Table 2 Percentage of workers identified by employers as being not-British by region, NMDS-SC sub-sample October 2010

Region	Not-British	British	Total number of workers[4]
London	38.8	61.2	17,877
South East	21.9	78.1	34,854
Eastern	16.0	84.0	30,431
West Midlands	13.4	86.6	25,675
East Midlands	11.6	88.4	24,814
South West	11.0	89.0	29,948
Yorkshire & Humber	8.9	91.1	24,866
North West	7.2	92.9	30,388
North East	3.8	96.2	14,198
All	14.6	85.4	233,051

Figure 5 shows that the distributions of workers by region of work vary considerably between UK workers when compared with other workers of different nationalities. All four groups of migrant workers appear to be more concentrated in London and the South East, For example, over 40 percent of non-EEA workers work in these two regions compared to less than 20 percent of British workers.

Figure 5 Distribution of workers with different nationality by region of their employment, NMDS-SC sub-sample October 2010

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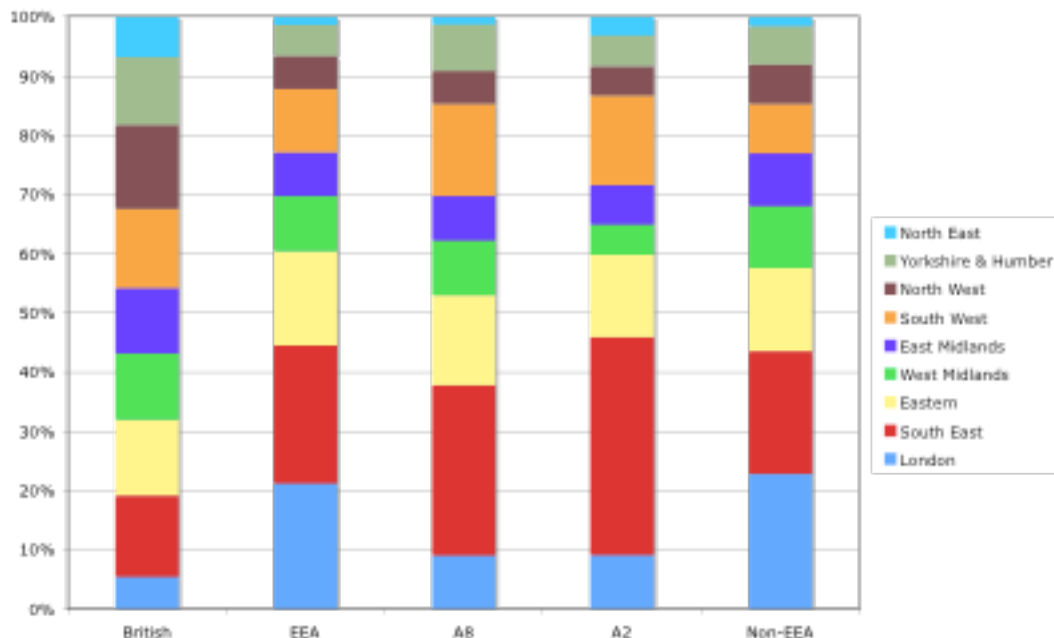
[4] Total number of individual workers' records within the sub-sample, with information on nationality of workers by the end of October 2010. Totals presented in different tables may vary due to missing values.

Main job roles

Employers provided detailed information on job role of individual workers; these roles have been grouped into four main groups, involving: direct care work, managerial and supervision roles, professional roles and other roles (for details see Footnote 1). Table 4 shows that 40 percent of all registered nurses in social care are non-British while 17 percent of senior care workers are non-British.

Around 8 percent of reported social workers are non-British; this figure is consistent with the overall prevalence of non-UK qualified social workers obtained from the General Social Care Council (GSCC) Registration data (Hussein et al, 2011). Table 3 also indicate that the prevalence of migrant workers is considerably lower among managerial and other professional roles, such as occupational therapists.

These differences are reflected in the distribution of workers by nationality within different groups of job role, with a considerable proportion, 34 percent, of 'professional' staff identified as non-British. Among all jobs involving direct care, such as care workers and senior care workers, 15 percent were reported to be migrants. The lowest proportion of migrant workers, 5 percent, was among those with care related managerial or supervisory roles. Figure 6 shows that these differences are highly related to the prevalence of non-EEA migrants, because the percentage of other migrant workers appears to be very similar among different job role groups except for those working in managerial/supervisory roles.

Table 3 Percentage of workers identified by employers as being not-British by main job role, NMDS-SC October 2010

Main job role	Not-British	British	Total number of workers
Registered Nurse	39.8	60.2	7,823
Senior Care Worker	16.8	83.2	17,416
Care Worker	15.3	84.7	154,162
Other non-care-providing job roles	11.4	88.7	60,60
Ancillary staff not care-providing	11.1	89.0	152,07
Nursery Nurse	10.0	90.0	20
Other care-providing job role	9.3	90.7	2,069
Community Support and Outreach Work	8.7	91.4	5,841
Social Worker	8.1	91.9	578
Supervisor	7.1	92.9	2,947
Childcare Worker or Childcare Assistant	7.1	92.9	3,10
First Line Manager	6.0	94.0	3,178
Registered Manager	5.7	94.3	4,089
Senior Management	5.6	94.4	2,481
Middle Management	5.3	94.8	1,923
Educational Support	4.7	95.3	235

Main job role	Not-British	British	Total number of workers
Educational Assistant	4.4	95.6	273
Administrative or office staff not care-providing	4.1	96.0	5,355
Counsellor	4.0	96.0	25
Teacher	3.9	96.1	204
Allied Health Professional	3.6	96.4	525
Employment Support	2.8	97.2	141
Occupational Therapist	2.8	97.2	217
Managers and staff not care-providing roles	2.3	97.7	1,677
Technician	1.9	98.1	157
Advice Guidance and Advocacy	1.7	98.3	119
Youth Offending Support	0.0	100.0	4
Total	14.6	85.4	233,036

Figure 6 Distribution of workers by main job role and nationality, NMDS-SC sub-sample October 2010
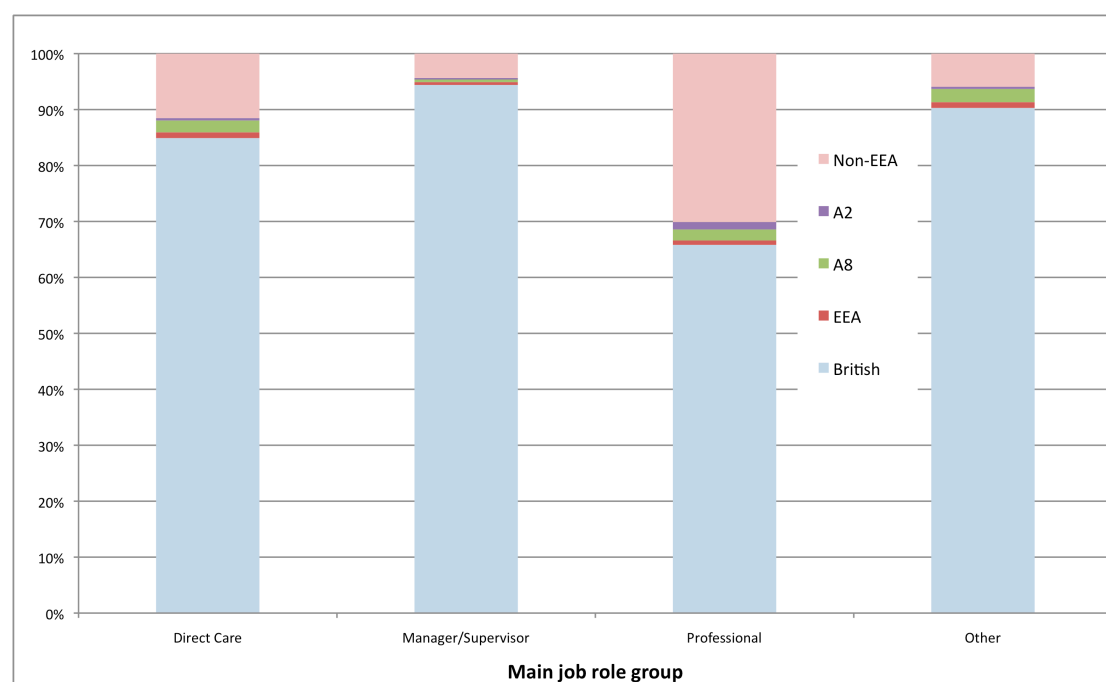
Migrant workers and sector

Previous analyses presented in the *Social Care Workforce Periodical* (*Issues* 6, 7 and 8), reflected that pay is relatively lower and working conditions are relatively less favourable within the private sector. At the same time, the private sector provides the majority of formal social care in England. As presented in Table 4, the current data reveal that migrant workers are proportionally better represented within the private sector, constituting 16 percent of the total sample

of workers. This is followed by the voluntary sector at 12 percent, then other sectors (including health care settings) at 10 percent, and lowest among local authorities and local authority owned provision at 9 percent (NB the local authority sector does not have so many returns).

Table 4 Distribution of workers within different sector by nationality, NMDS-SC sub-sample October 2010

Sector		Nationality					
		British	EEA	A8	A2	Non-EEA	Total
Local Authority		91.3	0.5	0.8	0.2	7.3	100.0
	N	11,054	59	95	18	880	12,106
Private		84.2	1.0	2.2	0.5	12.1	100.0
	N	145,885	1,768	3,845	880	20,931	173,309
Voluntary		88.2	1.0	1.6	0.3	8.9	100.0
	N	36,045	416	664	105	3,619	40,849
Other		89.4	0.8	2.0	0.2	7.6	100.0
	N	6,069	57	136	10	515	6,787

The majority of migrant workers working in all settings are non-EEA nationals. Figure 7 shows that the prevalence of migrant workers from all nationalities is highest among the private sector; particularly from non-EEA countries. In local authorities the majority of migrants are also from non-EEA countries.. A higher proportion of non-EEA migrants within the private sector are in professional job roles; mainly nurses. For example, 1.5 percent of all workers within the private sector are non-EEA professional workers; while this proportion is only 0.4 percent for local authorities. However, overall the majority of migrants from all nationality have direct care related jobs.

Figure 7 Prevalence of migrant workers from different nationality within different sectors by main job roles, NMDS-SC sub-sample Oct 2010
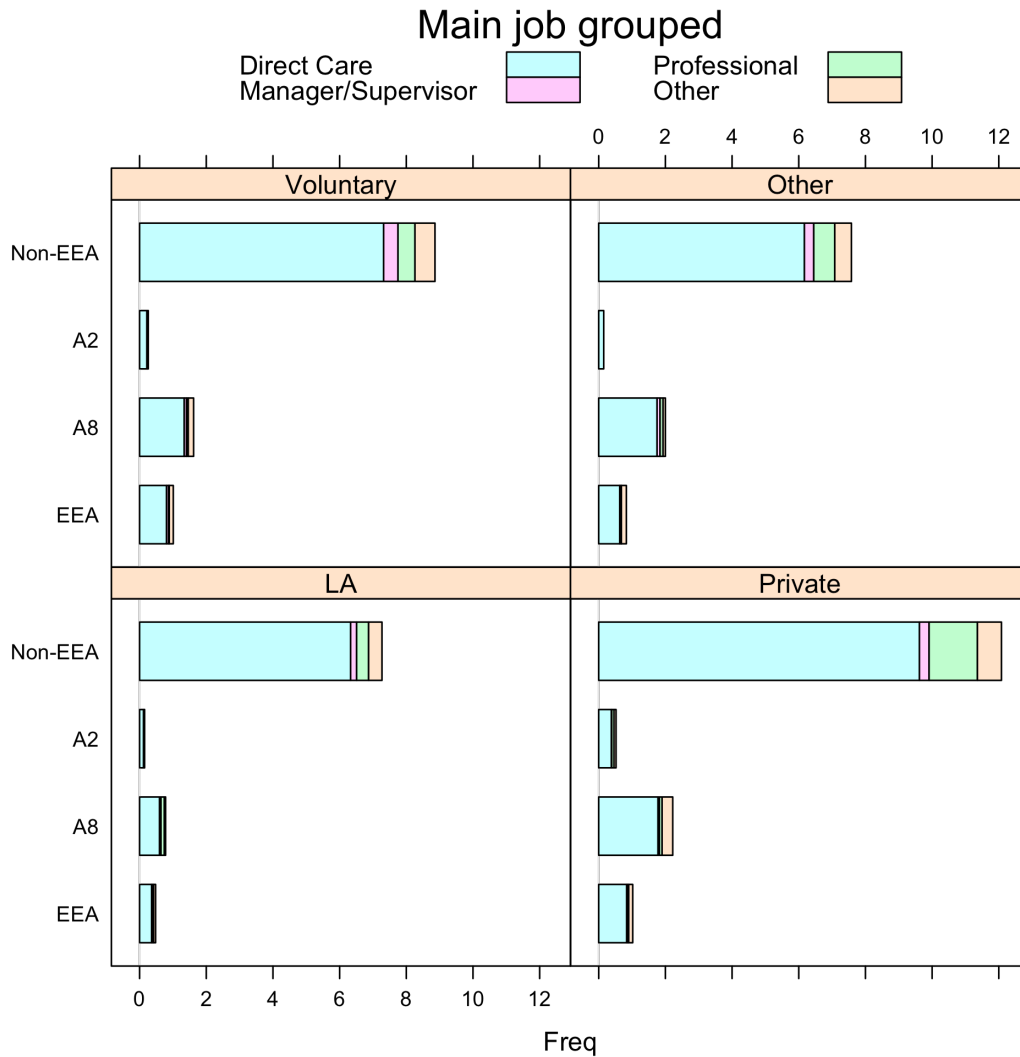
Type of settings

Adult social care services are provided in different settings, mainly in care homes and in people's own homes (domiciliary care) but also in day care, community care and other settings, such as some healthcare. In England the majority of care is concentrated within residential and domiciliary care settings, with a recent decline in day care services (see *Issue* 4 of the *Social Care Workforce Periodical*).

Findings presented in Table 5 indicate that the employment of migrant workers is highest within adult residential services where nearly 18 percent of workers are non-British. The proportion of non-British workers increases to 25 percent

within care homes with nursing provisions (figures not shown in the table but available from the author). In contrast, day care settings have the lowest representation of migrant workers, at only 5 percent.

Table 4 Distribution of workers in different settings by nationality, NMDS-SC sub-sample October 2010

Type of setting	Nationality					Total
	British	EEA	A8	A2	Non-EEA	
Residential care	82.1	0.9	2.4	0.7	13.9	100.0
	98,197	1,106	2,884	830	16,614	119,631
Day care	94.7	0.7	0.5	0.1	4.0	100.0
	3,496	26	17	3	149	3,691
Domiciliary care	87.0	1.3	2.1	0.2	9.4	100.0
	70,145	1,020	1,687	153	7,590	80,595
Community care	92.3	0.7	0.7	0.1	6.2	100.0
	6,130	45	49	9	409	6,642
Other settings[5]	93.7	0.5	0.5	0.1	5.3	100.0
	21,085	103	103	18	1,183	22,492

Figure 8 presents three-dimensional distributions of the prevalence of migrant workers by nationality, type of settings, and main job role. The graph clearly illustrates that the prevalence of migrant workers from all nationalities, but particularly among those from non-EEA countries, is much higher within adult residential settings followed by adult domiciliary settings. It also highlights that professional non-EEA workers are concentrated within the adult residential sector; mainly employed as nurses in care homes. Within adult residential settings 2.1 percent of all reported professional staff are migrants, while 3.6 percent are professional workers from the UK. However, only 0.4 percent of those working in adult residential settings are non-EEA managers/supervisors while 6.9 percent of those working in residential settings as managers/supervisors are British. Full figures are included in Table A.1 in the appendix.

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[5] Including health care and children services settings.

Figure 8 Prevalence of migrant workers from different nationality groups within different settings by main job roles, NMDS-SC sub-sample Oct 2010
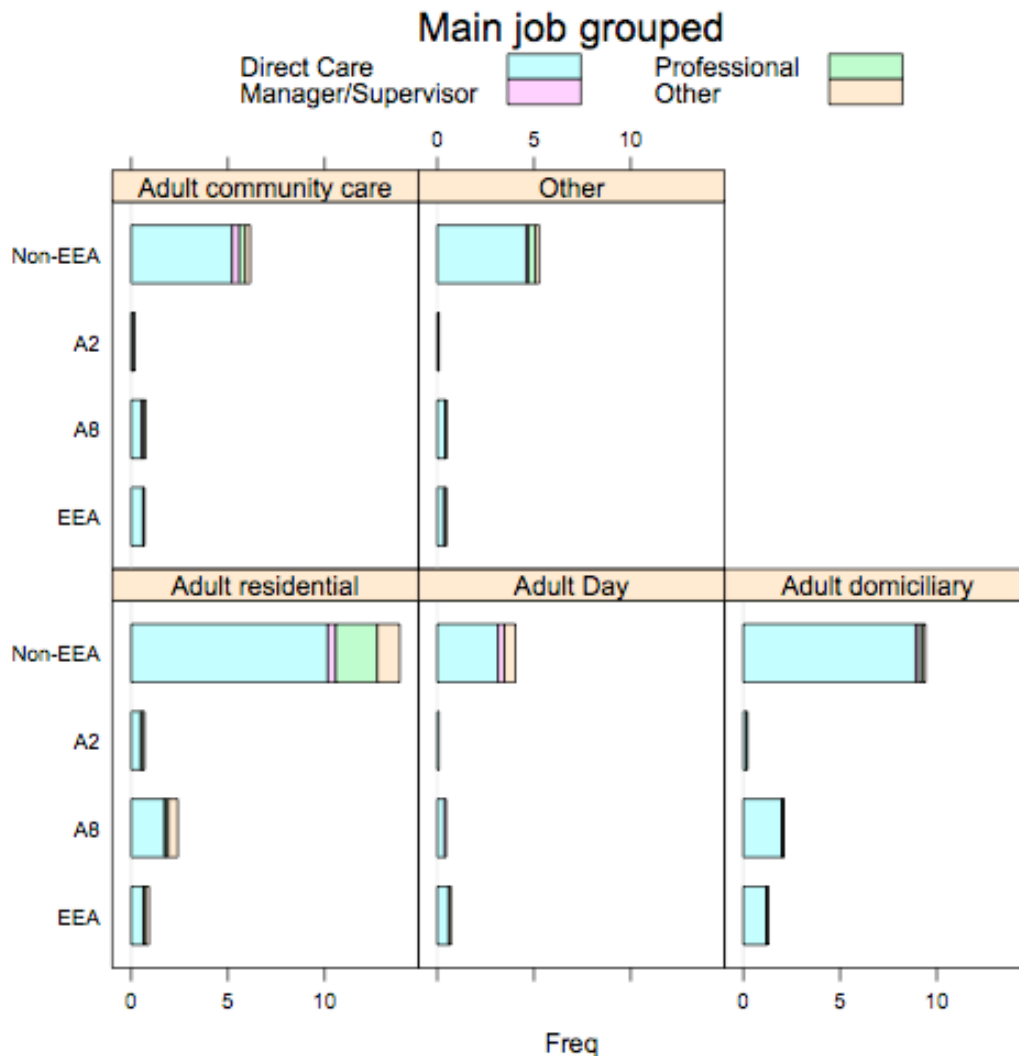
Figure 9 presents the prevalence of different groups of migrant workers by sector and type of settings. It is clear from the data that the majority of migrant workers from all nationality work in the private sector in all types of settings. For example, around 11 percent out of the 14 percent of non-EEA workers within adult residential sector work in the private sector; the pattern is consistent for all settings and within all groups of nationality.

Figure 9 Prevalence of migrant workers from different nationality groups within different settings by sector of work, NMDS-SC sub-sample Oct 2010
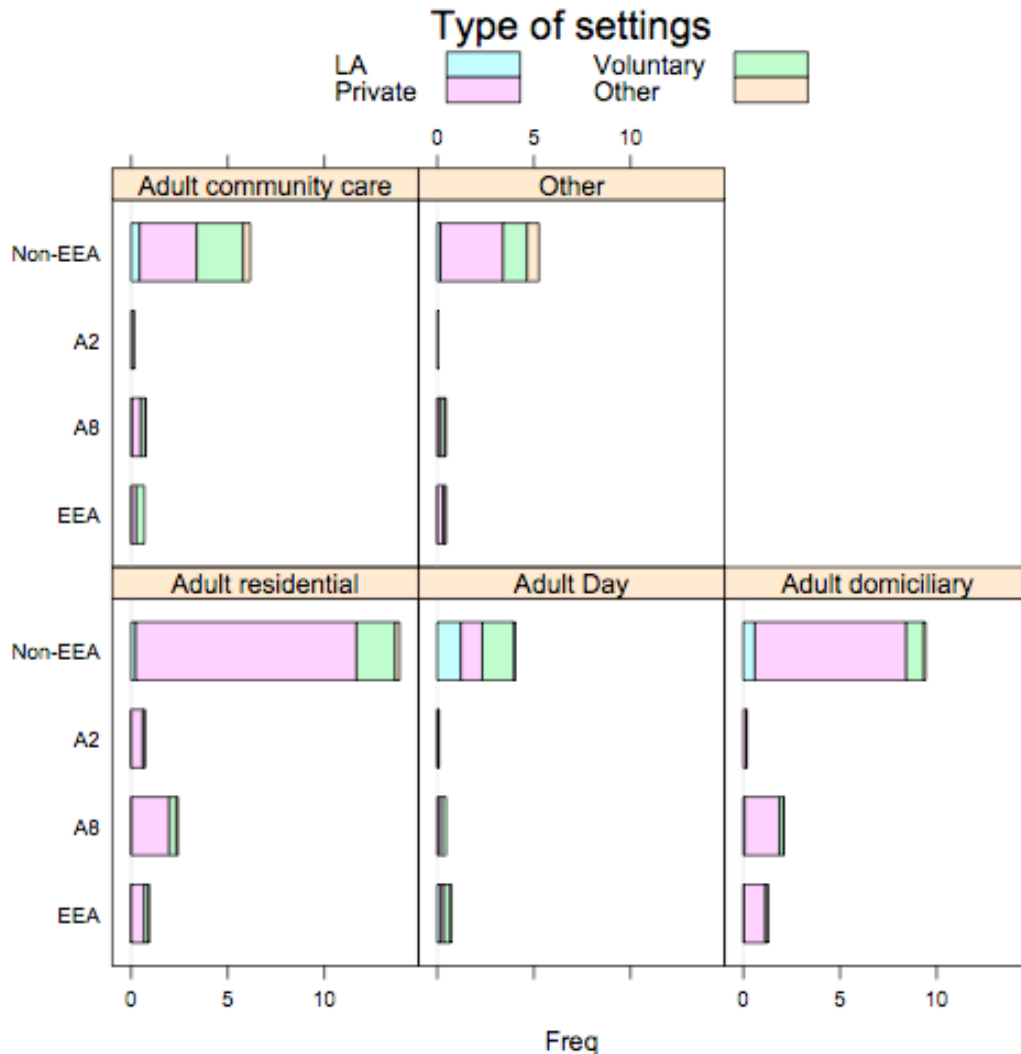

Service users groups

The NMDS-SC collects information on groups of service users in each type of social care provision; each generally provides services to more than one group of service users (for example, a home care service may have clients who are older people and younger disabled people). Table 6 shows that migrants comprise from 11 to 16 percent of workers providing services to different groups of users, with highest proportion among workers providing care for older people with dementia. This percentage is followed by those working with older people with mental disorders or infirmities, where nearly 15 percent of workers within settings providing services to these users are identified as migrants. These results confirm some findings from qualitative research indicating that migrant workers are usually employed in or recruited to jobs where it is hard to recruit UK citizens (Cangiano et al, 2009; Stevens et al, in press).

Table 5 Percentage of workers identified by employers as being not-British by service user groups, NMDS-SC October 2010

Service users' group	Not-British	British	Total number of workers[6]
Older people with dementia	16.4	83.6	114,206
Older people with mental disorders or infirmities[7]	14.7	85.3	75,554
Adults with physical disabilities	14.5	85.5	106,429
Other older people	14.4	85.7	118,579
Adults with mental health needs	13.1	86.9	84,288
Adults with sensory impairments	12.7	87.3	84,141
Adults with learning disabilities	12.7	87.3	110,503
Carers of older people	11.3	88.7	29,014
Carers of adults	11.3	88.8	27,553
Adults who misuse alcohol/drugs	11.1	89.0	40,580

Size of provisions

With the policy of personalisation it is expected that sole or 'micro' employers, including people who employ their own care staff, will dramatically increase. Currently, NMDS-SC data under-represents individual employers, however, it is expected that there will be more information on this group in the near future since Skills for Care is in the process of adapting the NMDS-SC questionnaire to facilitate its completion among this group of employers. The current NMDS-SC sub-sample, presented in Table 7, indicates that the prevalence of migrant workers is highest among micro employers (those employing less than 10 members of staff who may be small care homes, for example as well as families or individuals); with 20 percent of workers identified as migrants.

Table 6 Distribution of workers within different size organisations by nationality, NMDS-SC sub-sample October 2010

Size of organisation	Nationality					Total
	British	EEA	A8	A2	Non-EEA	
Micro (<10 staff)	80.5	1.6	1.7	0.5	15.8	100.0
N	10,241	201	221	60	2,007	12,730
Small (10-49)	84.4	1.0	2.1	0.5	12.0	100.0
N	84,253	983	2,105	512	11,992	99,845
Medium (50-199)	86.4	0.9	2.0	0.4	10.4	100.0
N	87,013	885	1,994	404	10,453	100,749
Large (200 or more)	89.3	1.5	2.7	0.1	6.4	100.0
N	12,064	202	367	9	867	13,509

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[6] Same workers may be work in provisions that provide care to different groups of users; therefore, total number of workers will exceed total number of workers with information on nationality.

[7] Excluding dementia and learning disabilities

Characteristics of migrant workers in the care sector

The NMDS-SC collects a number of important personal characteristics such as gender, age and any reported disabilities. Recent research conducted by the Social Care Workforce Research Unit on international recruitment within the care sector has provided quantitative and qualitative evidence of the likelihood of migrant workers in the care sector being younger, and containing more men than the UK care workforce. Here we aim to investigate observations by employers, recruitment agencies and other stakeholders in relation to age and gender differentials.

Age, gender and reported disability

Table 8 shows some clear variations in the personal characteristics of migrants and their UK colleagues. First, migrants are younger than UK workers; this is particularly so when considering A8 nationals. The latter are 6 years younger on average than UK workers in the sector. Workers from EEA countries are not particularly younger than UK workers since they have a difference of only 2 years on average. Another important difference is observed in relation to gender. Although the majority of migrants working in the care sector are women, the prevalence of men is considerably higher than that among UK workers. The widest gap is observed among A2 nationals, followed by non-EEA nationals, where men constitute 27 and 26 percent respectively. Overall, a small percentage of all workers are identified by their employers to have any form of disability. This may not reflect the true situation and may be due to non-disclosure or non-awareness among employers who report the data. However, the percentage of migrant workers identified as having any form of disability, among all four groups, is much smaller than the 1.7 percent identified for UK workers.

Information on reported ethnicity is included in the Table to explore further the characteristics of migrants from different nationality groups. It is expected that most A2 and A8 migrants will be identified as 'White' and indeed migrants' ethnicities reflect their nationality to some extent, however, there are relatively large proportions of EEA workers who are identified to be from Black or other ethnic groups (14 and 10 percent respectively). The ethnicity of non-EEA migrants to large extent reflects the main sending countries of the Philippines and Zimbabwe, where 32 percent are identified as Asian (from the Philippines presumably) while 43 percent are Black (likely to be from Zimbabwe). These figures seem to contradict expectations; since those with Asian nationality exceed those of Black ethnicity given that the Philippines is the most frequent country of origin of most non-EEA social care migrants, however, it may be that employers have classified many of them as 'other' ethnicities.

Table 7 Personal characteristics of workers by their nationality group, NMDS-SC sub-sample October 2010

Personal characteristics	British	EEA	A8	A2	Non-EEA
Age					
Mean	41.2	39.7	34.8	38.0	37.9
s.d.	13.5	12.2	10.1	10.6	10.7
Valid N	194,933	2,271	4,627	984	25,601
Gender					
Male	15.5	21.3	18.6	27.0	26.3
Female	84.5	78.7	81.4	73.0	73.7
Valid N	197,358	2,295	4,728	1,009	25,826
Any disability					
No	98.3	99.5	99.6	99.5	99.5
Yes	1.7	0.5	0.4	0.5	0.5
Valid N	170,631	2,193	4,545	960	25,073
Ethnicity					
White	89.1	71.8	93.1	92.4	8.7
Mixed	0.9	2.2	0.5	0.9	3.2
Asian	2.1	2.3	0.1	0.1	32.1
Black	3.2	14.0	0.3	0.1	43.0
Other groups	4.7	9.8	6.0	6.5	13.1
Valid N	167,329	2,187	4,586	982	24,912

Qualifications held and being undertaken

Te NMDS-SC collects information on induction, detailed of social care relevant qualifications held, and details of social care qualifications being worked towards. Table 8 presents the distribution of workers by nationality and by categories of induction, qualifications held, qualifications being worked towards, whether they have no social care related qualification, and whether individuals are not working towards any qualifications at the time of the NMDS-SC return.

The data presented in Table 8 indicate that migrants from the four main nationality groups are more likely to have completed a period of induction than those from the UK. For example, 80 to 83 percent of migrants from different nationality groups are reported to have completed induction, compared to only 72 percent of UK workers. However, it should be noted that a larger than average proportion of UK workers (19%) are identified as 'not applicable' for induction. It is not clear why this might be the case but may be their jobs do not involve direct care work or they are managers or more qualified staff.

Table 8 Distribution of workers by induction, qualifications and nationality, NMDS-SC sub-sample October 2010

Induction and qualifications	*British*	*EEA*	*A8*	*A2*	*Non-EEA*
Induction					
Induction complete	72.3%	80.1%	82.7%	80.9%	81.7%
Induction in Progress	8.7%	11.5%	9.5%	11.8%	10.6%
Not applicable	19.0%	8.5%	7.7%	7.3%	7.7%
Valid N	183,647	2,107	4,329	895	23,870
Qualifications held^					
Entry Level or Level 1	0.9%	1.8%	0.9%	1.2%	1.2%
Level 2	37.4%	42.5%	47.1%	33.5%	32.1%
Level 3	25.8%	23.1%	24.7%	42.0%	38.5%
Level 4 or above	10.1%	9.2%	7.7%	6.9%	8.5%
Other relevant qual	25.8%	23.5%	19.7%	16.4%	19.8%
Valid N	85,407	775	1,605	421	10,557
Qualifications worked towards^					
Entry Level or Level 1	0.2%	0.7%	2.3%	2.9%	1.1%
Level 2	35.9%	57.5%	58.5%	56.6%	44.9%
Level 3	19.5%	24.9%	26.4%	28.7%	34.3%
Level 4 or above	5.7%	5.3%	3.9%	3.7%	9.8%
Other relevant qual	38.7%	11.6%	9.0%	8.1%	9.9%
Valid N	30,281	285	648	136	3,795

^ Percentages are based on valid responses to qualifications' questions excluding missing values these may include workers with no qualifications

In relation to highest qualifications held, among workers with valid qualification data, a number of observations can be deducted from Table 8. First, the percentage of EEA workers who hold other qualifications relevant to social care is very similar to that of British workers (24% vs. 26%), however, these are higher than among other groups of workers. Second, the proportion of workers with level 3 NVQ is considerably higher among A2 and non-EEA nationals than other groups.

Work patterns (full/part time)

Figure 10 shows that non-EEA migrants were the least likely to be employed on a full time basis of all migrant groups. Fewer A8 and A2 nationals appeared to be working under flexible arrangements.

Figure 10 Distribution of workers by nationality and pattern of work, NMDS-SC sub-sample October 2010
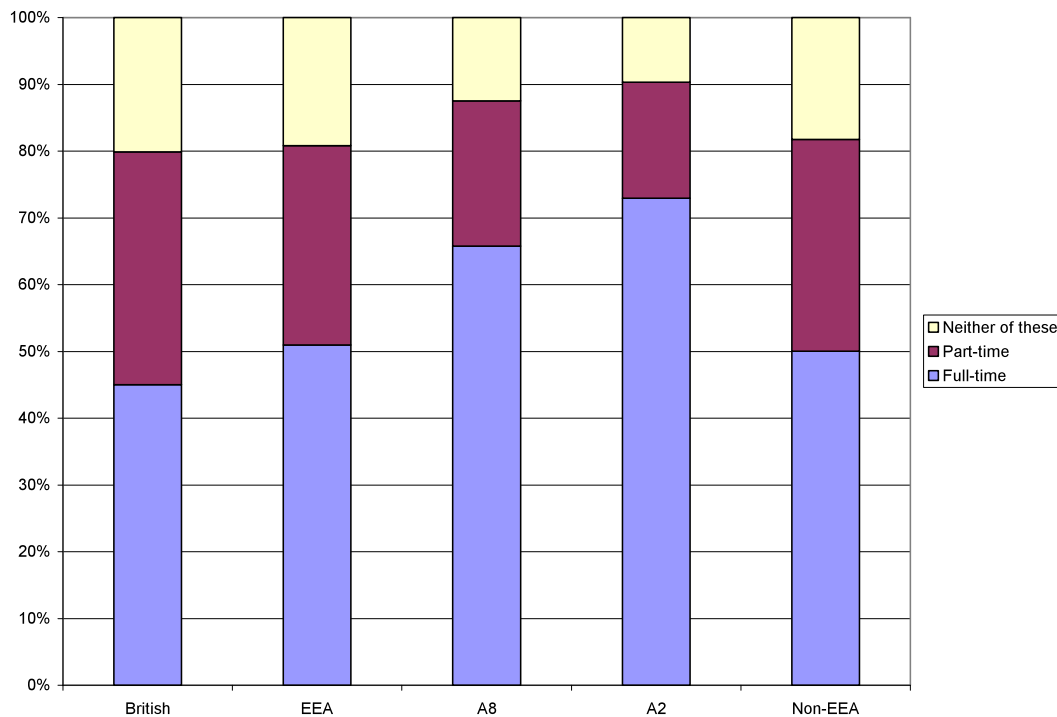
Permanent/temporary and agency working

The data presented in Table 9 indicate that non-EEA nationals contained the lowest proportion of workers holding permanent contracts possibly reflecting immigration restrictions. Both EEA and non-EEA nationals have higher proportions of workers who are employed within a bank or pool system, where workers are kept 'on the books' and asked to do shifts or to work when needed. Agency workers were also more prevalent among EEA and non-EEA workers but not as much among A8 or A2 workers. Several studies into the recruitment of migrant workers into the British care sector highlight the preference or attraction of agency working among this group. The most common recruitment process was reported to be through an agency with offices outside the UK or over the internet (Cuban 2008, Hussein et al 2010c).

Table 9 Distribution of workers from different nationalities by type of employment, NMDS-SC sub-sample October 2010

Employment status		Nationality				
		British	EEA	A8	A2	non-EEA
Permanent		172,055	1,594	3,933	822	17,276
	%	88.6	72.4	85.6	84.8	69.1
Temporary		6,574	152	140	26	2,113
	%	3.4	6.9	3.1	2.7	8.5
Bank or pool		10,474	273	372	64	3,345
	%	5.4	12.4	8.1	6.6	13.4
Agency		3,282	145	134	29	1,776
	%	1.7	6.6	2.9	3.0	7.1
Other		1,844	38	16	28	225
	%	1.0	1.7	0.4	2.9	0.9
Total		194,229	2,202	4,595	969	25,006
	%	100.0	100.0	100.0	100.0	100.0

Discussion

Recently Skills for Care started collecting information on the nationality, country of birth and year of entry to the UK of workers within the care sector in England. The analyses in this *Issue* of *Social Care Workforce Periodical* provide a first detailed exploration of these emerging data. The analysis started by establishing how representative is the recent sub-sample of the NMDS-SC that includes nationality information when considered against the whole NMDS-SC returns of October 2010. It should be remembered that the NMDS-SC does not yet provide a whole census of the English social care workforce but it is a very large data set.

The data explored in this *Issue* provide much needed evidence on the contribution of migrant workers to the English care sector. Such evidence is timely within the current policy context of proposed caps on non-EEA economic migrants and social care provision more widely. The current recent returns on the nationality of nearly a quarter of a million workers (n=233,051) from the English care sector indicate that the contribution of migrant workers is significant. Overall, they constitute 15 percent of all recent returns. The vast majority of migrants are from non-EEA countries, with over a quarter of them arriving from only two countries: the Philippines and India. Other main sending countries include Poland, Zimbabwe, Nigeria and South Africa.

Migration to the UK occurs in a context of increasing globalization, with growing labour mobility a significant element of this process (Yeates, 2009). Labour migration to the social care workforce may either be a direct and purposive move into this sector or may follow arrival in the UK. The care sector is a prime example of an industry with long-standing specific labour shortages (Eborall and Griffiths, 2008). While there have been many recruitment, retention and workforce strategies, the sector itself has combated these shortages by augmenting global recruitment with the recruitment of migrants who have moved to the UK. Recent interviews with employers as part of the research conducted by Hussein and colleagues (2011b) indicate that by far the main driver for recruiting migrant social care workers in England has been to address staff shortages. Human resource managers and employers have reported difficulties in finding willing recruits from local populations, highlighting the secondary position of social care in the labour market and the importance of considering the structure of the labour market overall. In some cases, employers were actively recruiting from outside the EU, usually to meet specific shortages among professionals, such as social workers. However, in addition to filling vacancies, participants identified a number of attributes associated with migrant workers, bringing added value for employers and users of care services (Hussein et al 2011b).

The findings presented in this *Issue* indicate that the presence of migrant workers seems high in some regions, within certain job roles and among some sectors and settings. Among all returns from London, 39 percent were identified

as migrants. Similarly, 40 percent of 7,823 registered nurses working in social care are reported to be migrants, largely from non-EEA countries, specifically the Philippines. Around 16 percent of workers within the private sector are migrants compared to 9 percent among local authorities (including local authority owned establishments). Migrant workers are more prevalent within adult residential and domiciliary settings than community care or day care; they also appear to be more likely to work for private providers. On the other hand, migrant workers are proportionally fewer among those with managerial and supervisory roles. Proportionally more migrant workers are reported within establishments providing services to people with dementia (16%), older people with other mental health problems (15%) and adults with physical disabilities (15%); while least among those providing services to adults who misuse alcohol/drugs (11%).

The current analysis confirms previous qualitative evidence that migrants tend to be younger and more likely to include men than British social care workers. The youngest group of workers are A8 nationals with a mean age of 34.8 years compared to a mean of 41.2 among British workers. No great differences in terms of age were observed between EEA and British workers within the sample of social care workers. A2 and non-EEA nationals contained proportionally more men than British workers with 27 percent of A2 workers and 26 percent of non-EEA workers being men, compared to only 16 percent of British workers.

Migrant workers are less likely to be employed with permanent contracts (which may reflect visa restrictions and timed work permits). Nearly 7 percent of EEA and non-EEA workers were employed through recruitment agencies compared to 2 percent of British workers. Recent studies of international recruitment and the perception of agencies conducted by the Social Care Workforce Research Unit (Hussein et al 2010c) indicate that agency work is seen as particularly attractive to people already in the UK with a visiting visa status, accompanying family or as students permitted to work limited number of hours. Agency work allows them to work for a limited period and on a more flexible basis to meet their other commitments.

A number of policy implications arise from the current analysis. The most significant one relates to the magnitude of the contribution of non-EEA workers to the sector and how this will be addressed when the immigration cap on non-EEA economic migrant is implemented. The second relates to the over-representation of migrant workers in the private sector and within establishments providing services to clients who may be perceived to require high level of care, such as people with dementia living in care homes, and older people with other mental health problems. Evidence from previous quantitative analysis indicates that pay levels are significantly lower within the private sector (*Issues* 5 and 6, *SCWP*) and that more workers are likely to leave jobs within the private sector citing difficult working conditions (*Issue* 8, *SCWP*). This, coupled with evidence from other research indicating the high level of work pressure for migrants in the sector, may give rise to concern about the level of stress faced by migrant workers, which may lead to burnout and may present risks to the quality of care. Previous research indicates that high work-related stress among migrant workers is associated with a number of interacting factors, including

working long hours; mainly due to the need to meet living expenses and remittances (Cangiano et al 2009, Hussein et al 2010). There is also some evidence of discrimination against some groups of migrants, particularly those with social markers such as darker skin colour or distinctive dress codes. Other discriminatory practices may be related to the choice of particular users who may be the most challenging or in allocation processes around 'difficult to fill' shifts (Datta et al 2006, Evans 2007, Stevens et al in press).

The current data from the NMDS-SC provides much needed insight into the contribution of migrants to the English care sector, are relevant in the current climate of policy change. In the next *Issue* of the *Social Care Workforce Periodical,* we aim to provide further analysis of observed trends in the contributions of migrant workers from different nationalities to the care sector as well as further investigations of differentials in some work-related elements, such pay scales and average working hours among different groups.

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Appendix

Table A.1 Prevalence of workers by nationality, main job group and type of settings (total percentage presented- figures corresponds to Figure 8)

Main job group and Nationality	Type of setting				
	Adult residential	Adult Day	Adult domiciliary	Adult community care	Other
Direct Care					
UK	55.4	69.2	78.7	61.6	76.1
EEA	0.6	0.6	1.2	0.6	0.4
A8	1.7	0.4	2.0	0.5	0.4
A2	0.5	0.1	0.2	0.1	0.1
Non-EEA	10.2	3.1	8.9	5.2	4.6
Managers/ supervisor					
UK	6.9	12.4	5.2	11.5	7.5
EEA	0.1	0.1	0.0	0.0	0.0
A8	0.1	0.1	0.0	0.1	0.0
A2	0.0	0.0	0.0	0.0	0.0
Non-EEA	0.4	0.3	0.2	0.4	0.1
Professional					
UK	3.6	0.5	0.4	7.0	4.6
EEA	0.1	0.0	0.0	0.0	0.0
A8	0.1	0.0	0.0	0.0	0.0
A2	0.1	0.0	0.0	0.0	0.0
Non-EEA	2.1	0.0	0.2	0.3	0.4
Other					
UK	16.2	12.7	2.7	12.2	5.6
EEA	0.2	0.1	0.0	0.1	0.0
A8	0.5	0.0	0.0	0.1	0.0
A2	0.1	0.0	0.0	0.0	0.0
Non-EEA	1.2	0.6	0.1	0.3	0.2