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The vulnerability of paid migrant live-in care workers in London to modern slavery

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The vulnerability of paid migrant live-in care workers in London to modern slavery

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Executive summary

This report presents the findings and recommendations arising from an 18-month research project, conducted between February 2021 and July 2022, which used feminist, participatory, action research methods to investigate the vulnerability to modern slavery of paid, migrant, live-in care workers in London.

Live-in care represents a specific segment of the adult social care sector in England. Live-in care workers stay in their client's home and provide around-the-clock presence and personal assistance as required with activities of daily living (for example, getting around, dressing and washing) to enable people with care and support needs to live independently in the community or remain at home with intensive and often specialised support (as opposed to moving to a care home for example). Our research sought to understand better the risks and drivers of vulnerability to modern slavery and severe forms of labour exploitation.

There have been longstanding concerns about severe forms of exploitation in the UK in the care sector. The Director of Labour Market Enforcement has identified adult social care as a sector where the danger of labour exploitation is high, with live-in and agency care workers believed to be at particular risk. A specialised form of domestic work, live-in carers delivering personalised care in the home are considered vulnerable.

A total of 14 semi-structured peer interviews and two peer-led focus groups were conducted with live-in migrant care workers from Hungary, Poland, South Africa and Zimbabwe. An additional three practice interviews were carried out by peer researchers with each other, which informed the research but were not used in the analysis.

What factors contributed to exploitation?

We have identified five main factors that contribute to live-in care workers' and live-out personal assistants' vulnerability to modern slavery and labour exploitation:

1. Employment status, business models, and the role of intermediaries
2. Information asymmetry between care workers and intermediaries
3. The emotionally and physically intensive nature of live-in care work, blurring of boundaries between work and private life
4. Barriers to exercising rights at work: sick leave, time off, redundancy/notice, health and safety at work
5. Individual risk and resilience factors

Why did participants come to work in care in the UK?

Nearly all participants cited economic reasons for their migration to the UK and entry into care work. While live-in care workers from the South African and Zimbabwean communities talked about direct entry to live-in care work, for the majority of Polish and Hungarian participants, this was not necessarily either the first step in their migration trajectory or a straightforward move. Some entered live-in care work after they had experienced exploitation in other sectors or jobs. Severe exploitation creates barriers that, even when recognised, can be challenging to overcome, often happening gradually.

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How are live-in carers employed?

The two most common forms of employment status that participants mentioned were employment under a zero-hour contract (with average daily hours) and self-employment. There were cases where the exact status was unclear or participants suspected – on reflection – that they had worked without formal status. Nearly everyone we interviewed was first employed on a zero-hour contract; some people later decided to become self-employed for greater freedom and control over their working conditions. Others decided to stay employed, acknowledging the benefits of working through a company. Most participants who became self-employed mentioned greater control over working conditions, pay, and freedom to decide one's working pattern and rota. However, self-employment for live-in care workers is not necessarily straightforward, nor does it necessarily afford the control hoped for when it is facilitated via introductory agencies. One participant described how the international agency that hired her directly in Poland operated a two-tiered system, where some carers would be paid at a higher rate or have more favourable conditions for doing the same job. This carer also described how she could not open a bank account in England because the company would not allow her to use the client's or company's address. Several participants also mentioned unclear payslips where the number of hours worked and any deductions, including tax and national insurance, were not specified. The lack of clear guidance and regulation means that some agencies – deliberately or mistakenly - misinterpret the rules and regulations related to deductions from live-in carers' pay, for example, for accommodation charges.

What role do agencies play?

Agencies, including introductory agencies, have nearly total control of matching carers and clients and hold – often withhold – essential information. Many participants described how companies took advantage of carers perceived as less experienced – often migrant workers who had recently moved to the UK and/or been recruited to work as a live-in carer. Such novice carers may be placed with clients with complex or challenging needs that others declined to work with and/or were paid at a lower rate than that which would typically be expected for a particular intensity of support. Living-in carers commonly find themselves in difficult or even hazardous situations when starting a new placement. Lack of support from agencies was a concern many participants raised.

What are live-in carers working conditions like?

Participants identified various types of emotional pressure associated with being closely involved in the everyday lives of their clients and their families. Although, to an extent, these are seen as "part of the job", they can become significant and have a long-term impact on carers contributing to burnout and mental health problems. Inappropriate behaviours, including sexual harassment and racism/xenophobia, were mentioned by many participants. One carer reported that she had been so shaken up by the threat of physical violence that she reported the incident to her agency and the police. Sleep deprivation was mentioned as a significant challenge, and 'night calls' – getting up at night to attend to the client's needs – are often expected as part of the job and not compensated either with extra rest time and/or extra pay. This created tremendous pressures for carers to ensure the safety of their clients. The Covid-19 pandemic and lockdowns have made this even more challenging. Live-in carers are required to be constantly present and available – apart from a short daily break. Several participants spoke about the difficulty of getting the break they were entitled to or having to use their breaks to run errands for clients. Being asked to carry out non-care-related tasks was also a common experience. Many live-in carers felt/were pressured to go beyond supporting

activities of daily living and carry out a range of domestic tasks, often for the whole family, such as cleaning, cooking and gardening. Difficulties with demanding or overly controlling families or clients could make life very difficult for carers. Many participants mentioned pressures on food spending and allowances.

What barriers exist to the exercise of employment rights?

Participants talked about how they were either denied or experienced barriers to exercising rights at work. Being unable to take time off work due to sickness was a severe problem mentioned by many, who also spoke about being put under emotional pressure to stay with clients and being forced to work when they were unwell. Many carers talked about the difficulty of accessing health care in the UK, not being able to register with GPs, and not getting support from the care companies to register with the NHS. However, when clients are hospitalised or pass away suddenly – not uncommon considering the age and needs of this population – live-in carers do not tend to enjoy sufficient protections. They are often asked to leave at short notice with no compensation for lost earnings or are allowed to stay and wait for their flight with no pay, or must take up a new placement without having time to grieve or rest. Placements were extended at short or no notice when this was in the company's interest. Apart from the practical implications for live-in carers who were circular migrants with pre-arranged travel plans, this also had a psychological impact.

In addition, carers had no protection or long-term security against immediate termination– even long-standing placements and contracts can be ended at short or no notice, leaving people without accommodation and no safety net to draw on. Participants often mentioned inadequate working and living conditions that amounted to health and safety risks. These could include unsanitary working conditions, lack of equipment for safe handling and moving, and inadequate food provision.

How can live-in carers protect themselves from exploitation?

All the participants we interviewed expressed a sense of agency and an awareness of the risks and drivers of exploitation. Many have critically reflected on their personal situation and broader structural factors creating the conditions for widespread exploitation and labour abuse. Peer support has been highlighted as one of the most crucial resilience factors; being able to draw on advice and help from fellow care workers and friends is highly valued. Many participants mentioned that they could rely on others for support. These relationships sometimes pre-dated live-in care work, but often they developed during people's employment trajectory at training, handovers, or through social media networks. Knowing and understanding one's rights and the relevant regulations is also crucial and having the confidence and assertiveness to uphold them is essential.

Our report focuses on the challenges and the negatives, but participants spoke about many of the positives of working as a live-in carer. Participants talked affectionately about their clients and highlighted the rewarding aspects of the job. However, the discussion of these goes beyond the scope of this report.

Recommendations

Our stakeholder group identified two major policy priorities as most likely to achieve a reduction in vulnerability to labour exploitation, particularly among those with precarious immigration status:

- **UK Visas and Immigration (UKVI) to remove the obligation for care workers to update their visas when they move within the sector to provide greater freedom to change employer without risk to immigration status** – since the administrative process can make it difficult for workers to leave abusive employers, while the risk of falling into an irregular migration status significantly increases a worker's vulnerability to exploitation. Our evidence suggests that the imposition of exorbitant immigration fees creates a perverse incentive by sponsoring employers to use the threat of debt in the form of restrictive financial exit penalty clauses to protect them against high sponsorship, immigration and recruitment costs and then losing the employee. This first objective can therefore be broken down into a further two, inter-related, policy sub-objectives:
  - **UKVI to reduce or remove related visa fees for both the worker and the sponsoring employer.**
  - **UKVI to ban or regulate the use of exit fees on these visas to make sure that they aren't used to tie workers.**
- As recommended by Matthew Taylor, the previous Director of Labour Market Enforcement, **the Home Office to establish a Memorandum of Understanding with labour market enforcement bodies, especially the Gangmasters and Labour Abuse Authority (GLAA), to separate immigration control from labour inspection** so that people feel safe about coming forward if they are experiencing labour exploitation without fearing immigration enforcement or deportation.

The second cluster of six policy options was identified by our stakeholders, which offered potential fill-in benefits:

- **The GLAA, Employment Agency Standards Inspectorate (EASI), or Single Enforcement Body (once established) to introduce the registration and licensing of approved social care recruitment, staffing and immigration agency sponsors.** This would enable the GLAA to provide information on fair and safe recruiters to the social care providers. Adopting a registration system would also enable those who violate employment legislation to be removed from the register.
- **UKVI to allow live-in care workers or personal assistants to be directly recruited by care users via GLAA accredited recruitment agencies and sponsors.** A model of this kind should be informed by available evidence about risk of exploitation in the agricultural Seasonal Worker Pilot, and safeguards such as an independent body responding to workers' complaints and transfer requests should accompany this measure.
- **UK Government to legislate for the regularisation of currently undocumented migrant workers, including those in the live-in social care sector.**
- **The Department of Health and Social Care to expand the role of the Care Quality Commission to ensure live-in care workers' employment rights are respected** and that staffing levels and roles enable care workers to take legal rest breaks and rest periods.

- **UK VI to ensure that everyone coming in under the new Health and Care Visa scheme has a written contract before arrival** given to them in their first language, detailing fees and deductions for accommodation charges.
- Require **business sponsors to show UKVI that employees' contracts are legal** under UK law.

Three recommendations were also generated through peer researcher-led focus groups and report review:

- **Agency pay rates should more fairly reflect the nature of the work and the carer's skills.** A fair rate would be based upon an assessment of the intensity of care required, the ease of delivery and the carers' relevant experience.
- **Standardised risk assessments of both the condition of the property and the care plan to be conducted by both staffing and introductory agencies.** Currently, these might either be carried out by CQC-registered agencies via a home visit, but other introductory agencies might rely only on a phone call. It was also felt that the registration and vetting of clients' homes would benefit from greater carer involvement and that the provision of space in the clients' home with a locked door would provide greater safety.
- **The Health and Safety Executive to review the Working Time Regulations for rest periods and breaks for live-in care workers employed in a domestic setting and issue a separate set of legal guidelines.**

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Introduction

The purpose of this report is to present the findings and recommendations from an 18-month research project, conducted between February 2021 and July 2022, which used feminist, participatory, action research methods to investigate the vulnerability to modern slavery of paid, migrant, live-in care workers in London. Our research is set against a backdrop of changes to UK immigration policy, including cessation of free movement for EU citizens due to Brexit and, in December 2021, the temporary introduction of a Health and Care visa for social care workers earning above a salary threshold of £20,480.[1] This latter policy shift highlights a continued willingness on the part of the UK Government to use migration to supplement the existing social care labour pool. In London, the reliance upon such non-British nationals is coupled with a rise in the use of online platforms and introductory agencies, which has led to the emergence of a gig economy for paid care work. Migrants who provide personalised care in people's homes have been identified as vulnerable to labour exploitation.[2]

Despite this, the working lives of, in particular, paid, migrant, live-in care workers, some of whom are circular migrants and many who are highly isolated, remained largely unexamined and their voices unheard in national policy debates. We present research evidence from fourteen interviews and two focus groups conducted with live-in care workers from Hungary, Poland, South Africa and Zimbabwe, designed to identify the potential risks and drivers of exploitation within these communities. Recommendations, including actions advocated by peer researchers themselves, were generated in parallel through workshops with key stakeholders and peer researcher review. We adopt the definition of exploitation used by the European Union Fundamental Rights Agency (FRA), which denotes exploitation as work situations that deviate significantly from standard working conditions as defined by legislation or other binding legal regulations concerning remuneration, working hours, leave entitlements, health and safety standards and decent treatment. Severe labour exploitation includes coercive forms of exploitation such as slavery, servitude, forced or compulsory labour and trafficking.[3]

1 UK Government (2021) Health and Care Worker Visa. Available at: https://www.gov.uk/health-care-worker-visa/different-salary-requirements (accessed 6 June 2022).
2 Hopfgartner, L., Seubert, C., Sprenger, F. and Glaser, J. (2022) Experiences of precariousness and exploitation of Romanian transnational live-in care workers in Austria. Journal of Industrial Relations, 1-23.
3 European Union of Fundamental Rights (FRA) (2015) Q&A: What is severe labour exploitation? Available at: https://fra.europa.eu/en/content/q-severe-labour-exploitation-eu (accessed 6 June 2022).

> "In London, the reliance upon such non-British nationals is coupled with a rise in the use of online platforms and introductory agencies, which has led to the emergence of a gig economy for paid care work. Migrants who provide personalised care in people's homes have been identified as vulnerable to labour exploitation."

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The publication of our research findings could not be more timely. In 2020, the UK Government announced its intention to update the UK Modern Slavery Act (2015), mandating public authorities to report on the steps they have taken to reduce the risk of modern slavery in their supply chains.[4] The government's intention to include this duty in a new Modern Slavery Bill was confirmed earlier this year in the Queen's speech.[5] As a significant funder of adult social care, this policy intention raises critical questions for local authorities about their understanding of the transparency and risk of severe forms of exploitation in the increasingly fragmented and personalised labour supply chains. In previous research, Caroline Emberson and Alexander Trautrims constructed a typology of modern slavery risk in the sector that identifies operational and financial risks pre-and post- recruitment.[6] These risks centre around debt bondage, remuneration, recruitment and selection, and operational practices. Such risks may have been further exacerbated by individual and societal responses to the Covid-19 pandemic.[7]

Our research delves deeper into the risks and drivers of exploitation, including these severe forms, as they relate to a specific mode of adult social care delivery, that of live-in care delivered by migrant workers. Live-in care has a high representation of migrant workers of different nationalities, including Eastern European and African countries, which our participants represent. The remainder of this report is divided into five sections. First, we provide an overview of the social care sector, clarifying the distinction between live-in and live-out care, detailing the sector's size and composition of its workforce, and highlighting some inherent risk factors. Second, we review selected academic and grey literature which sheds light on the phenomenon of exploitation within live-in care in an international and UK context. We then describe our research methods, including the use of participative, peer researcher interviews and focus groups, how we collected and analysed our data and the role of our stakeholder group. We then present our findings, in the form of individual case studies prepared from the data collected by our peer researchers, before concluding our report with policy recommendations from peer researcher focus groups and stakeholder workshops.

4 UK Home Office, (2020) Transparency in supply chains consultation: Government response. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/919937/Government_response_to_transparency_in_supply_chains_consultation_21_09_20.pdf (accessed 11 February 2022).
5 Prime Minister's Office (2022) The Queen's Speech. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1074113/Lobby_Pack_10_May_2022.pdf (accessed 13 May 2022).
6 Emberson, C. and Trautrims, A. (2019) Public procurement and modern slavery risks in the English adult social care sector. In Martin-Ortega, O., C. Methven-O'Brien (eds). Public procurement and human rights: Opportunities, risks and dilemmas for the state as buyer. Edward Elgar, Cheltenham. 180-191.
7 Brady, E. and Emberson, C. (2020) Assessing the vulnerability of vulnerability of English care-workers to modern slavery risks during the COVID-19 pandemic. Available at: https://www.nottingham.ac.uk/research/beacons-of-excellence/rights-lab/resources/reports-and-briefings/2020/august/care-workers-and-covid-19.pdf (accessed 18 November 2021).

> "We present research evidence from fourteen interviews and two focus groups conducted with live-in care workers from Hungary, Poland, South Africa and Zimbabwe, designed to identify the potential risks and drivers of exploitation within these communities."

Sector overview

Adult social care

Our research sought to understand better the risks and drivers of vulnerability to modern slavery and severe forms of labour exploitation in a particular segment of the social care sector: migrant live-in care workers who provide personalised care in private homes.

Adult social care includes personal care and practical support for activities of daily living (such as getting around in their home, dressing, washing) for individuals with care and support needs due to physical or cognitive disability, physical or mental ill-health or age-related frailty).[8] With over 1.6 million jobs, more people work in adult social care than in the NHS. However, the sector is highly complex and varied, with over 18,500 organisations involved in the delivery of services and 70,000 individuals employing their own staff (personal assistants) using direct payments and an unknown – but likely similar or higher – number paying for care and support privately or purchasing services from an open market.[9]

Over
1.6 million people
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Over
18,500 organisations
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This sector diversity is also reflected in the organisational profiles of providers that range from large national companies, chains (franchises), small- and medium-sized enterprises, micro providers, and self-employed carers. More recently, introductory agencies and platforms that match those looking for care and support at home with those offering services have become increasingly common, a phenomenon described as the "uber-isation" of care.[10]

The dynamics of marketisation, financialisation, austerity and personalisation have created significant challenges and fragility in the sector.[11] Pressures on workers' wages, rights and protection (for example the widespread use of zero-hour contracts) have negatively impacted the sector's ability to attract and retain care workers. It is estimated that the vacancy rate in adult social care is currently around 10%, higher than the pre-pandemic level in 2020.[12]

8 National Audit Office (2021). The adult social care market in England; p. 14. Available at: https://www.nao.org.uk/wp-content/uploads/2021/03/The-adult-social-care-market-in-England.pdf (accessed 7 June 2022).

9 Skills for Care (2022). Individual employers and the personal assistant workforce. Available at: https://www.skillsforcare.org.uk/Adult-Social-Care-Workforce-Data/Workforce-intelligence/documents/Individual-employers-and-the-PA-workforce/Individual-employers-and-the-PA-workforce.pdf (accessed 8 June 2022).

10 Trojansky, A. (2020). Towards the 'Uberisation'of care? Platform work in the sector of long-term home care and its implications for workers' rights. Available at: https://www.eesc.europa.eu/sites/default/files/files/qe-02-20-092-en-n.pdf (accessed 8 June 2022).

11 Corlet Walker, C., Druckman, A., & Jackson, T. (2021). Careless finance–operational and economic fragility in adult social care. Available at: https://cusp.ac.uk/wp-content/uploads/Careless-finance-final.pdf (accessed 8 June 2022).

12 Skills for Care (2021) Vacancy information monthly tracking. Available at: https://www.skillsforcare.org.uk/adult-social-care-workforce-data/Workforce-intelligence/publications/Topics/COVID-19/Vacancy-information-monthly-tracking.aspx (accessed 8 June 2022)

In this context, social care has relied heavily on migrant workers to fill vacancies in the sector. Non-UK nationals make up 16% of the workforce in England: 7% are non-UK European Economic Area (EEA), and 9% are non-EEA nationals. The share of migrants is much higher in London (37%) and the South East (23%).[13] Although the share of non-UK nationals in social care has been relatively consistent in the last decade, with some notable changes in their profile since 2004. Free movement of European Union (EU nationals from countries in Central and Eastern Europe) and restrictions on the direct recruitment of non-EEA workers following the introduction of the points-based visa system in 2008 have both increased reliance on EEA workers and led to a decline in the overall share of non-UK non-EEA nationals. From January 2021, Brexit ended non-resident EU nationals' right to work in the UK, and the newly introduced points-based immigration system made direct recruitment to care unviable for the majority of vacancies for two reasons: the classification of care work as "low skilled" and the minimum salary threshold for visa sponsorship. At the same time, travel restrictions introduced due to the Covid-19 pandemic prevented international movement for non-resident travellers from large parts of Africa and Asia. In the first quarter of 2021, only 1.8% of new starters were people arriving in the UK to take up adult social care jobs, compared to 5.2% during the same period in 2019.[14]

Immigration rules changed again in December 2021 when care work was added to the shortage occupation list, and those earning above an annual salary threshold of £20,480 became eligible for the Health and Care Visa. The impact of these changes is not evident yet. However, only about 7% of care workers and 28% of senior care workers earn above the salary threshold, predicting the limitations of international recruitment.[15]

What is live-in care?

Live-in care represents a specific segment of England's adult social care sector. Live-in care workers stay in their client's home and provide around-the-clock presence, and personal assistance as required with activities of daily living (for example, dressing and washing) to enable people with care and support needs to live independently in the community or remain at home with intensive and often specialised support (as opposed to moving to a care home for example).

Migrant live-in care is common in countries with familial care regimes characterised by relying on families to look after elderly relatives, limited formal care services, and high levels of out-of-pocket or cash for care payments (for example, Italy, Austria, Taiwan, and Israel).

In England, live-in care has been less common due to the availability of formal care services and the highly regulated nature of direct payments. The exact size of the live-in care market is not known; however, in recent years, it has been described as one of the growth sectors of the social care market. The combination of the following factors might contribute to this:

- Many people are paying for their own care in England ("self-funders")
- The cost of institutional care (care homes and nursing homes) is comparatively high
- Quality and safety considerations (people can remain in their own homes, personalised care, the impact of the Covid-19 pandemic and mortality in care homes)

13 Skills for Care (2021) The state of the adult social care workforce in England, Table 5.6. Available at: https://www.skillsforcare.org.uk/Adult-Social-Care-Workforce-Data/Workforce-intelligence/publications/national-information/The-state-of-the-adult-social-care-sector-and-workforce-in-England.aspx (accessed 8 June 2022).

14 Skills for Care (2021) Workforce nationality. Available at: https://www.skillsforcare.org.uk/Adult-Social-Care-Workforce-Data/Workforce-intelligence/publications/Topics/Workforce-nationality.aspx (accessed 8 June 2022).

15 *Ibid.*

The dominant pattern of live-in care is via either care providers – companies that employ live-in care workers and place them with clients – or introductory agencies – companies that match self-employed live-in carers with clients. Although introductory agencies operate on a similar basis, some are more akin to platforms, whilst others are more traditional matching agencies.

Although there are no official statistics on the representation of migrants in live-in care work, existing evidence suggest that a large majority of live-in carers are migrants, including a high proportion of circular migrants who travel between the UK and their country.[16] Some live-in carers – for example, those from South Africa and other ancestry visa holders from (former) Commonwealth countries – spend longer periods in the UK (for example 5-6 months at a time) and longer time away; others (EU migrants) often commute every two to six weeks and spend shorter periods away from the country.

Known risk factors

- Live-in care workers who work in private households are often isolated, and with limited community connections, they are invisible in the local community.
- Individual employers are not necessarily familiar with the relevant regulations.
- Commonly undertaken by migrants, often directly recruited from abroad or circular/ temporary migrants for whom the availability of accommodation is an important consideration.
- Gendered nature of work.
- Standard definitions of working time and on-call time have not been applied to live-in care work.
- Blurred boundaries between care work and domestic work, home and workplace.
- Multiple dependencies on employers for housing and work.
- Lack of recourse to public funds for some groups of migrants, or the pressure to send remittances home, making them more reliant on their work.

16 See for example Turnpenny, A., Hussein, S., & Siddiq, S. 2020. *Migrant workers in England's homecare sector.* Policy brief. Available at: http://www.circle.group.shef.ac.uk/wp-content/uploads/2020/06/SC-PB_June-2020_Migrant-workers-in-England's-homecare-sector.pdf (accessed 23 June 2022).

Review of selected International and UK literature related to the risk of exploitation in live-in and live-out care work

International literature

As work performed in or for a household, live-in care may be considered a specialised type of domestic work. While such estimates have been the subject of some criticism, according to the Global Slavery Index, cases of enslaved domestic workers make up 24 per cent of all forced labour worldwide (3.84 million people of the 16 million people estimated to be in forced labour) (GSI, 2018).[17] Domestic workers are 'any person engaging in domestic work within an employment relationship'.[18] Within the care sector, domestic workers, have been singled out as particularly susceptible to low wages, 'dire' working conditions and discriminatory practices.[19] In Australia, the expansion of personalised support delivered through a community and home care workforce has had a negative impact on pay and social entitlements, with personalised risk for workers' directly engaged by care users in individualised systems.[20] In Italy, domestic workers, especially live-in workers, have been identified as frequent victims of exploitation, including severe abuse and trafficking.[21] A recent study of labour exploitation among live-in care workers in Austria employed by trans-national agencies reported the emergence of unfair and exploitative treatment, including low wages, extensive working hours, insecure self-employment, being tricked into working without remuneration, being urged to engage in work beyond care, food and sanitation being withheld, inadequate training, low status and recognition, and fulfilling excessive demands.[22] While the relationship between care workers and the people they support is an important determinant of work-related quality of life.[23] In the case of live-in care work, this can morph

17 International Labour Organisation (2017) Global estimates of modern slavery. Available at: https://www.ilo.org/wcmsp5/groups/public/@dgreports/@dcomm/documents/publication/wcms_575479.pdf (accessed 24 June 2022).

18 International Labour Organization (2012) Domestic Workers Convention C189. Available at: https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO::P12100_ILO_CODE:C189#:~:text=Every%20domestic%20worker%20has%20the,and%20health%20of%20domestic%20workers (accessed 6 June 2022).

19 Addati, L., U. Cattaneo, V. Esquivel, I. Valarino. 2018. Care work and care jobs for the future of decent work. International Labour Organization, p.65. Available at: https://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/---publ/documents/publication/wcms_633135.pdf (accessed 7 May 2021).

20 Macdonald, F., Bentham, E. and Malone, J. (2018) Wage theft, underpayment and unpaid work in marketized social care, The Economic and Labour Relations Review, 29 (1), 80-96; Macdonald, F. (2021) 'Personalised risk' in paid care work and the impacts of 'gig economy' care platforms and other market-based organisations, International Journal of Care and Caring, 5 (1), 9-25.

21 Palumbo, L. (2016) Exploited for Care: Abuse and Trafficking in Domestic Work in Italy. Available at: https://www.academia.edu/33400889/Exploiting_for_Care_Trafficking_and_Abuse_in_Domestic_Work_in_Italy (accessed 6 June 2022).

22 Hopfgartner, L., Seubert, C., Sprenger, F. and Glaser, J. (2022) Experiences of precariousness and exploitation of Romanian transnational live-in care workers in Austria. Journal of Industrial Relations, 1-23.

23 Silarova, B., Brookes, N., Palmer, S., Towers, A.M. and Hussein, S., 2022. Understanding and measuring the work-related quality of life among those working in adult social care: A scoping review. Health & Social Care in the Community. Available at: https://onlinelibrary.wiley.com/doi/pdfdirect/10.1111/hsc.13718 (accessed 23 June 2022).

into hybrid 'paid friendships' or a 'fictive kinship' in which clients and their families do not see live-in carers as workers with rights and workers themselves might feel compelled to accept inadequate working conditions or feel an implicit obligation to work outside their paid hours or perform tasks that are not part of their role.[24] While much of the research focuses on individual employer-employee relationships, recent media reports suggest that more systematic, structural abuse may also be emerging.

A report in the Amsterdam newspaper De Groene Amsterdammer describes the case of a Bulgarian agent who provided live-in home care for the elderly in Belgium and The Netherlands via a network of nine companies, of which one was 'Care4You'.[25] This employer network contracted with their clients via a Belgium-based 'front' company, which focused on service marketing and customer introductions. Bulgarian-based providers held contracts with the care workers. One Care4You worker described how she had agreed to work for an elderly lady as a live-in domestic worker. When she met the client, she was surprised to find that she had a disability that meant she was a wheelchair user, requiring the sort of assistance for which she had neither training nor experience. She had also received lower pay than had initially been promised. This illustration provides evidence of potentially deceptive recruitment practices and a lack of training. When the care worker expressed a desire to terminate her employment, the agent pointed out a clause in the contract that she had signed that included a severance clause that required payment of a 10,000 Euro fine should she give notice of her intention to leave within the first six months. Some commentators have likened these practices to debt bondage.[26] In the same article, another employee, referred to as Rositsa, reported physical abuse, withholding wages and the same excessive severance clause in her contract. A further care worker named Valeria had experienced withholding wages and too little pay, and another worker reported excessive working hours. Fear of reprisal for mentioning dissatisfaction with these working conditions was commonplace. These live-in care workers reported punitive severance conditions and wages up to a third below the gross statutory minimum wage.

"Sarah Schilliger, Karin Schwiter and Jennifer Steiner show how the Covid-19 pandemic further exposed the exploitative nature of transnational live-in care arrangements by transferring the emotional and financial costs of the crisis to care workers."

Sarah Schilliger, Karin Schwiter and Jennifer Steiner show how the Covid-19 pandemic further exposed the exploitative nature of transnational live-in care arrangements by transferring the emotional and financial costs of the crisis to care workers; some of whom were forced to spend extended periods in isolation with their clients and away from family and friends.[27] Working hours were extended by restricting access to the home from other outside support (such as other care professionals, cleaners, family members), often without additional pay. Those live-in care workers unable to return home due to border closures were faced with a lack of financial compensation, sick pay, and the additional costs of testing and quarantine.

24 Fisher, O., 2021. The impact of micro and macro level factors on the working and living conditions of migrant care workers in Italy and Israel—A scoping review. International Journal of Environmental Research and Public Health, 18(2), p.420. Available at: https://www.mdpi.com/1660-4601/18/2/420/htm (accessed 23 June 2022).

25 Hofkens, A and Post, J. (2018), Home care exploitation: Low-paid care by migrants from poor EU countries, de Groene Amsterdammer, June 13, no. 24. Available at: groene.nl/artikel/trillende-handen-aan-het-bed (accessed 13 May, 2022).

26 Das, S. (2022) Overseas nurses in the UK forced to pay out thousands if they want to quit jobs, The Observer, 27 March 2022. Available at: https://www.theguardian.com/society/2022/mar/27/overseas-nurses-in-the-uk-forced-to-pay-out-thousands-if-they-want-to-quit-jobs (accessed 17 June 2022).

27 Sarah Schilliger, Karin Schwiter & Jennifer Steiner (2022) Care crises and care fixes under Covid-19: the example of transnational live-in care work, Social & Cultural Geography, DOI: 10.1080/14649365.2022.2073608

In such circumstances, there have been recent calls for policy change to enact laws and implement measures to protect migrant care workers' rights.[28] In its 2018 report 'Care jobs and care work: For the future of decent work', the International Labour Organization (ILO) calls for government action to ensure that migrant care workers enjoy full labour rights and equality of treatment, including social protection and fair recruitment. This includes action by the state to combat abusive conditions in migration and the promotion of equal opportunities and treatment concerning employment and occupation, social security, trade union and cultural rights, and individual and collective freedoms. Such conditions extend to vocational guidance and training, advancement, security of employment, remuneration and work conditions. As the previously reported media evidence shows, since migrant workers are often recruited through employment agencies, states also need to provide adequate protection for and prevent abuses of privately-recruited migrants.

The ILO recommends that agencies should inform migrant care workers of the nature of the position offered and the applicable terms and conditions of employment. Good practice in this regard may also include extensive agency licensing requirements. However, the ILO report damningly concludes that 'in all destination countries migrant care workers face a series of obstacles which limit their labour rights' (p.325). In some countries, including on some UK visas, migrant workers are tied to one employer and frequently have precarious statuses, which necessarily creates vulnerability in such a way as to increase the likelihood that they will be offered lower rates of pay, need to work longer hours, experience poorer working conditions, face more limited promotional opportunities and career development and realise greater job insecurity. Some examples of emerging good practices to remedy these situations include the support of migrant workers, even those without the right to work, for fair remuneration and access to remedies against exploitation. The importance of fair recruitment is also highlighted, with systems to recognise migrant care workers' skills, qualifications and experience and agreement about the principles of fair recruitment practices, including, for example, agreement to avoid the emergence of abusive practices, such as excessively high recruitment fees. More recently, the ILO reported on the need to ensure fair terms of employment and decent working conditions for domestic workers employed in the care economy.[29] It identified five fundamental principles and rights at work, including the eradication of forced labour.

"In some countries, including on some UK visas, migrant workers are tied to one employer and frequently have precarious statuses, which necessarily creates vulnerability in such a way as to increase the likelihood that they will be offered lower rates of pay, need to work longer hours, experience poorer working conditions..."

28 Addati, L., U. Cattaneo, V. Esquivel, I. Valarino. 2018. Care work and care jobs for the future of decent work. International Labour Organization. Available at https://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/---publ/documents/publication/wcms_633135.pdf (accessed 7 May 2021).

29 ILO (2022) Securing decent work for nursing personnel and domestic workers, key actors in the care economy. Available at: https://www.ilo.org/wcmsp5/groups/public/---ed_norm/---relconf/documents/meetingdocument/wcms_839652.pdf (accessed 24 June 2022).

UK literature

There have been longstanding concerns about severe forms of exploitation in the UK in the care sector.[30] Adult social care has been identified by the Director of Labour Market Enforcement as a sector where the danger of labour exploitation is high, with live-in and agency care workers believed to be at particular risk.[31] Again, personalised care workers delivering care in the home are thought to be vulnerable due to the structural combination of personalisation and the organisation of care work.[32] And the existence of questionable practices related to the conditions of personalised home care workers and personal assistants has been widely acknowledged.[33]

Existing studies in this field have tended to focus on the relationship between employers with long-term care needs or disabilities and their personal assistants, care workers who may not live in, but also deliver personalised care, often in a home care setting.[34] Even here, conflict can be commonplace.[35] In his research, Tom Shakespeare describes how working relationships can become 'wounded' or 'ruptured' (p.33). Wounded relationships are marked by low-level dissatisfaction, often concerned with practical problems. For employers, these problems related primarily to worker performance, whereas employees were more likely to have concerns about their working conditions. In addition, personal and proximal conflicts, related to antagonistic personalities and values or the social and practical organisation of personal assistance, have also been found to arise. Where intractable problems or irreconcilable differences occur, relationships might rupture beyond repair. This literature also recognises the burden of emotional work, identifying that there may be a lack of clarity over boundaries and established norms of conduct.[36] In a recent, rapid ethnography Monica Leverton and her co-authors published findings from the UK, which included cases of personal assistant exploitation about home care employment agency workers' unpaid overtime and physical and mental abuse.[37] While these authors attributed abuse to inexperience rather than more sinister intentions on behalf of the employer, they highlight the lack of available support available. Similarly, Tom Shakespear and his team recommend that disabled employers and their personal assistants need the skills and knowledge to manage their relationships effectively.

30 Craig, G. and Clay, S. (2017) Who is vulnerable? Adult Social Care and Modern Slavery, The Journal of Adult Protection, 19 (1), 21-32.; Emberson, C. and Trautrims, A. (2019) Public procurement and modern slavery risks in the English adult social care sector. In Martin-Ortega, O., C. Methven-O'Brien (eds). Public procurement and human rights: Opportunities, risks and dilemmas for the state as buyer. Edward Elgar, Cheltenham. 180-191; Lalani, M. and Metcalf, H. (2012) Forced Labour in the UK: The business angle. JRF Programme Paper. Available at: https://www.jrf.org.uk/report/forced-labour-uk-business-angle (accessed May, 7 2021)

31 UK Home Office, (2019) Director of Labour Market Enforcement 2020/2021 strategy: Call for evidence. Available at https://www.gov.uk/government/consultations/labour-market-enforcement-strategy-2020-to-2021-call-for-evidence (accessed 29 November 2021); Hussein, S. and Turnpenny, A. (2020) Worker voices in the social care sector: Case studies and summary report, PSSRU University of Kent. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1040233/worker-voices-in-care.pdf (Accessed 29 April 2022).

32 Turnpenny, A. and Hussein, S. (2021) Migrant home care workers in the UK: A scoping review of outcomes and sustainability and implications in the context of Brexit. International Migration & Integration. https://doi.org/10.1007/s12134-021-00807-3.

33 Baldock, J. and Ungerson C. (1994) Becoming Consumers of Community Care, York: Joseph Rowntree Foundation; Eustis, N. N. and Fischer L. R. (1991), 'Relationships Between Home Care Clients and their Workers: Implications for the Quality of Care', The Gerontologist, 31, 4, 447–456; Ungerson, C. (1999) Personal assistants and disabled people: An examination of a hybrid form of work and care. Work, Employment and Society, 13(4): 583-600; Woolham, J., Norrie, C., Samsi, K. and Manthorpe, J. (2019), "The employment conditions of social care personal assistants in England", The Journal of Adult Protection, Vol. 21 No. 6, pp. 296-306. https://doi.org/10.1108/JAP-06-2019-0017.

34 Ahlström, G., & Wadensten, B. (2012). Enjoying work or burdened by it? How personal assistants experience and handle stress at work. Journal of Social Work in Disability & Rehabilitation, 11(2): 112-127; Schelly, D. (2008). Problems associated with choice and quality of life for an individual with intellectual disability: a personal assistant's reflexive ethnography. Disability & Society, 23(7): 719-732; Shakespeare, T., Porter, T. and Stockl, A. (2017). Personal assistance relationships: Power, ethics and emotion. Report on ESRC Project ES/L007894/1. Norwich, University of East Anglia. Available at: https://www.bodys-wissen.de/files/bodys_wissen/Downloads/Selbstbestimmt%20Leben/UEA%20PA%20REPORT.pdf accessed January, 4 2021; Ungerson, C. (1997). Social politics and the commodification of care. Social Politics, 4(3): 362-381; Ungerson, C. (1999) Personal assistants and disabled people: An examination of a hybrid form of work and care. Work, Employment and Society, 13(4): 583-600; Woodin, S. L. (2006). Social relationships and disabled people: the impact of direct payments. [Doctoral Thesis]. The University of Leeds.

35 Shakespeare, T., Porter, T. and Stockl, A. (2017). Personal assistance relationships: Power, ethics and emotion. Report on ESRC Project ES/L007894/1. Norwich, University of East Anglia. Available at: https://www.bodys-wissen.de/files/bodys_wissen/Downloads/Selbstbestimmt%20Leben/UEA%20PA%20REPORT.pdf (accessed 4 January 2021).

36 *Ibid.*

37 Leverton, M., Burton, A., Beresford-Dent, J., Rapaport, P., Manthorpe, J., Mansour, H. Guerra Cebellos, S., Downs, M., Samus, Q., Dow, B., Lord, K. and Cooper, C. (2021) 'You can't just put somebody in a situation with no armour': An ethnographic exploration of the training and support needs of homecare workers caring for people with dementia', Dementia, 20 (8), 2982–3005.

Methodology

What is FPAR?

This project used a feminist participatory action research (FPAR) approach to study the drivers and risks of labour exploitation for live-in migrant care workers. The aim of participatory action research approaches is to work with communities or groups affected by an issue to generate knowledge for social change and to collectively use that knowledge for advocacy to improve a situation.[38] What makes it feminist (the 'F' in FPAR) is the focus on maximising the involvement of minoritised and traditionally 'othered' groups, and the aim of highlighting and challenging intersecting forms of inequality.[39]

As part of our FPAR approach, we engaged with live-in migrant care workers as paid peer researchers throughout the project. Peer researchers are people with lived experience of the issue being studied who take part in directing and conducting the research.[40] Live-in migrant care workers worked with us to design the research tools, collect data through peer-to-peer interviews and peer-facilitated focus groups, and provide feedback on our analysis.

We adopted an FPAR approach because we believe that, through their experiences, live-in migrant care workers have important insights into the risks and drivers of labour exploitation in their sector. Their knowledge can help identify and shape better and more relevant policy solutions and, as the ones directly affected by these policies, they should be involved in shaping them. We also wanted to jointly advocate for change with live-in migrant care workers, sharing their experiences and expertise through reports and other project outputs and creating space for and supporting people to speak directly to policymakers and the media.

Benefits of participatory approaches like FPAR include gathering better and more nuanced data, as research tools are shaped and data is collected by those who personally know and understand the context and have experiences in common with research participants.[41] This can reduce the chance of misunderstandings, ensure the issues discussed are relevant to participants, and possibly allow respondents to speak more openly about their experiences. Engaging participants through peer researchers' personal and work networks and relationships also enable participation from groups who might otherwise not be involved in policy research, for instance, due to language or trust barriers. Finally, FPAR can have transformative effects for all involved.[42] For professional researchers, this includes learning from people with lived experience, questioning and challenging hierarchies within research, and changing how research is done to reduce power imbalances and make space for those most affected by the research topic. For peer researchers, being heard and seeing how they

38 Cornwall, A. and Jewkes, R. (1995). What is Participatory Research?. Social science & medicine, 41(12): 1667-1676.; Goodson, L. and Phillimore, J. 2012. 'Community Research: Opportunities and Challenges' in Goodson, L. and Phillimore, J. (Eds.). Community Research for Participation: From Theory to Method. Bristol, UK; Chicago, IL, USA: Bristol University Press.

39 Lorenzetti, L. and Walsh, C. A. 2014. Is there an 'F' in your PAR? Understanding, Teaching and Doing Action Research. Canadian Journal of Action Research, 15(1): 50-63.; Gatenby, B. and Humphries, M. 2000. Feminist Participatory Action Research: Methodological and Ethical Issues. Women's Studies International Forum, 23(1): 89-105

40 Lushey, C. (2017). 'Peer Research Methodology: Challenges and Solutions' SAGE Research Methods Cases. Available at: https://methods.sagepub.com/case/peer-research-methodology-challenges-and-solutions (accessed 17 June 2022).

41 Yang, C. and Dibb, Z. (2020). Peer Research in the UK [online]. Institute for Community Studies. Available at: https://www.youngfoundation.org/our-work/publications/peer-research-in-the-uk/ (accessed 8 June 2022).

42 FLEX. (2021). Experts by Experience: Conducting Feminist Participatory Action Research with Workers in High-risk Sectors. Available at: https://www.labourexploitation.org/sites/default/files/publications/FLEX_FPAR_v4.0.pdf (accessed 17 June 2022).

add value to research and policy processes can help increase confidence and self-esteem and act as a catalyst for further activism and action. This can be especially transformative for groups who are otherwise socially isolated, minoritised or marginalised, such as migrant and women workers in undervalued and underpaid jobs, especially in feminised sectors such as care. At a societal level, FPAR produces knowledge that can be used to influence policy and advocate for a more equitable society.

Our FPAR approach

Peer researchers were recruited through the project team's existing networks, frontline organisations that work with Latin American and Filipina communities in London, and adverts placed on social media and Gumtree. In total, six peer researchers were recruited and engaged initially with the project. Two peer researchers participated in the training but could not carry out interviews for personal reasons. The four peer researchers who stayed actively engaged with the project were drawn from the following communities: Hungary (1), Poland (1), Zimbabwe (1) and South Africa (1).

Peer researchers received comprehensive, online training which built on materials developed by FLEX as part of a previous participatory research project.[43] The training covered:

1. An introduction to the research project and its objectives and activities.
2. An introduction to the research topic, including rights at work for live-in carers, labour exploitation and modern slavery, and why immigration policy might impact vulnerability to labour exploitation.
3. Research methods focused on interviews as a research tool (further training on focus groups was provided later in the project).
4. Research design focusing on what questions should be covered in interviews and how they should be framed.
5. Practicing research skills.
6. How to do research ethically and responsibly, looking at informed consent, confidentiality, signposting, and safeguarding?
7. How to do research safety, looking at personal and online safety.
8. Practicalities include project information sheets, consent forms, and participant payments.

43 FLEX (2021). Experts by Experience: Conducting Feminist Participatory Action Research with Workers in High-risk Sectors. Available at: https://www.labourexploitation.org/sites/default/files/publications/FLEX_FPAR_v4.0.pdf (accessed 17 June 2022).

Three of the peer researchers interviewed each other to practice their research skills using the interview template that had been co-developed during the training. This was an opportunity to test the interview questions in practice and receive feedback on interviewing skills in a low-pressure environment before interviewing others outside the project. Peer researchers also received ongoing support through post-interview debriefings and regular contact with the project team through email and WhatsApp.

Once peer researchers felt confident in doing so, they interviewed other live-in migrant care workers. This was done mainly in peer researchers' and research participants' first languages, with participants recruited through peer researchers' personal and work networks, social media and WhatsApp groups, a paid Gumtree advert, and frontline organisations. This enabled us to hear from workers traditionally less likely to participate in research, including people who do not speak English, are undocumented, or are working long and unsociable hours. Although we also placed adverts in some Filipino shops, we were unsuccessful in generating contacts via this route.

All peer researchers were paid for the work and time they gave to the project, including time spent in training, collecting data, and participating in other project activities. Research participants were also compensated for their time. Paying peer researchers and research participants was an important way of recognising the importance of their contributions and signifying that their time, experience, and expertise are valued. Paying people felt critical considering that the research focus and the fact that live-in care work is regularly underpaid and undervalued – a dynamic we wanted to subvert. Paying people can also enable those who would otherwise be unable to engage in research to participate.[44] Unfortunately, due to highly restrictive rules on the right to work, live-in care workers without or restricted right to work in the UK could not engage as a paid Peer Researcher.

> "Paying peer researchers and research participants was an important way of recognising the importance of their contributions and signifying that their time, experience, and expertise are valued."

44 *Ibid.*

> "The four peer researchers who stayed actively engaged with the project were drawn from the following communities: Hungary (1), Poland (1), Zimbabwe (1) and South Africa (1)."

What is our data and how is it being analysed?

Fourteen semi-structured peer-interviews and two peer-led focus groups were conducted with live-in migrant care workers. An additional three practice interviews were carried out by peer researchers with each other, which informed the research but were not used in the analysis.

Interviews were transcribed, and non-English interviews were translated to English. Transcripts were transferred to NVivo 12 for analysis. Pseudonyms have been used in this report to protect individuals' anonymity.

Our stakeholder group workshops

In parallel with data collection and analysis, we convened four stakeholder group workshops. Held tri-annually throughout the project, these workshops were planned to ensure that our research design was robust; enabled us to discuss and interpret cross-community similarities and differences in our research findings; to devise and disseminate an appropriate advocacy strategy; and to identify and validate policy and advocacy priorities.

These workshops enabled us to present and discuss our research approach and emergent findings with stakeholders possessing a diverse range of expertise and representing a range of perspectives. Participants were drawn from civil society special interest groups representing workers' rights, care sector and domestic workers and specific migrant communities; national training and regulatory bodies; live-in and home care employers; local and regional government bodies and public sector unions. One peer researcher presented her peers' reflections on the process to the stakeholder group and participated in the final, priority-setting, workshop. A full list of the organisations whose representatives attended at least one of our stakeholder group sessions is provided in Appendix I.

An interim briefing was prepared, circulated, and discussed with representatives from the Home Office's Migration Advisory Committee, the Independent Anti-Slavery Commissioner and included in project partners' responses to the Office of the Directory of Labour Market Enforcement Strategy 2023 to 2024 consultation. The final priorities for advocacy agreed by this group as a result of this project are presented in a later section of this report.

Limitations

As with any methodology, there are some limitations to our research approach that should be noted. Having this level of reach and engagement with a group of workers who are often isolated due to language barriers and living and working in private homes means we were only able to engage with a relatively small number of participants within the time we had. Though the numbers are relatively small, peer researchers were able to collect rich data that provides an invaluable insight to experiences that often go unheard or are hidden from view. However, because of the strict restrictions on right to work, we were unable to engage peer researchers with an insecure immigration status or with a status that does not include the right to work, and subsequently also struggled to recruit participants from this group. We also found it hard to engage people who were working through more informal work arrangements. Both insecure immigration status and informal work arrangements are considered significant risk factors, so it would have been important to include participants with these experiences.

The vulnerability of paid migrant live-in care workers in London to modern slavery

Findings

Overview of interviews and participants (communities)

All but one of our participants had worked as live-in carers either currently or recently (2), and one participant was employed as a live-out carer. They all had unrestricted access to the UK labour market. Thirteen participants were female, and one participant, who worked as a live-out carer, was male. Four communities were represented in the research by more than one participant. Six live-in care workers from South Africa or Zimbabwe took part in an interview and four in a focus group. From Hungary we interviewed four participants and three attended a focus group. Two interviews were conducted with Polish live-in carers and we had two additional interview participants from Spain and Egypt.

Entry to live-in care

Nearly all participants cited economic reasons for their migration to the UK and entry into care work. Interview extracts showing these economic rationales are shown below:

> "Zimbabwe was going into a steep decline. And my husband wasn't able to hold his job anymore. And then the work I had was falling apart. So it was financial."
>
> —Noreen, live-in carer, Zimbabwe

> "I heard about [live-in care work] through a friend, a friend of a friend. And because I really needed the money, I decided to give it a go."
>
> —Sylvia, live-in carer, South Africa

> "There was no work available. We had rampant inflation […]. Fortunately, I'd managed to get out most of the time by then doing the same sort of care work. Three to four to five months in a year. I'm making enough money here in four or five months and then go back to Zimbabwe and live on that."
>
> —Audrey, live-in carer, Zimbabwe

> "I'm a college graduate. I worked in Poland a lot. My pension is low, so I migrated in order to make some extra money. The reason [decision to work in care sector] was money. There was good money and I liked it very much, that I would go to England, that I would learn English. I'd see something new. I've already raised children, also it was a bit of an adventure."
>
> —Beata, live-in carer, Poland

While live-in care workers from the South African and Zimbabwean communities talked about direct entry to live-in care work, for the majority of Polish and Hungarian participants this was not necessarily either the first step in their migration trajectory or a straightforward move. Some entered live-in care work after they had experienced exploitation in other sectors or jobs. Severe exploitation creates an inertia that even when recognised can be challenging to break and often this happens gradually. This is illustrated by Mária, live-in carer, Hungary's example.

"I came to Great Britain, but my first job wasn't caregiving. It was housekeeping. I worked for this lady, she has a big estate and it didn't suit me. Various strange things were happening there and that's why I wanted to change it. I worked for her for about five months, and then one girl, a Polish one, came and said that there was an offer to work with this lady. This is how it happened. Since then, I have found myself more suited to it. I feel more useful taking care of older people than being a housekeeper. [Recalling her experiences about the housekeeping job] I barely spoke English at the time. I can tell you that it was a lot of hand gestures at first, but I am hard-working and the lady liked me, so everything was fine. I was slowly learning English. I thought that I won the lottery, that I have it so great. I've been working hard. At one point I fell ill. Before Christmas, I got bronchitis, fever, I could barely stand. She didn't believe me. She said I was trying to get out of work, because she has guests [coming over] for Christmas and I have to work. She told me to get dressed, and with the fever, she took me to the doctor in a car. She came into the office with me, I had to get undressed. The doctor examined me, she confirmed that I had bronchitis. This is how we are treated here. Not always, but it does happen."

—Balbina, live-in carer, Poland

"I found a job in England via an international recruitment agency from Hungary. I got a job in a care home as a permanent night carer, so I mostly worked nights. I was there for about three months. The pay was very low there, they charged a lot for accommodation, and they treated me very badly, so basically they wanted to keep me as a slave. So they didn't want to pay me properly or register me. They didn't expect that I could speak English well enough that I could find out and arrange things for myself, like national insurance number, bank account etc. And they didn't even want to let me go, they tried to stop me from leaving."

—Anna, live-in carer, Hungary

"And then I started cleaning in London, I put an advert up for anything I could do, and then a very nice woman contacted me, and I went to clean for her every week. In the meantime, I tried my hand in a hotel [cleaning], but I lasted only one day. I'm not young, not very young, and I had to clean 16-17-18 rooms a day. In eight hours, I couldn't physically handle it. For eight hours. And then a Hungarian lady from [location] contacted me, she saw my advertisement, she said she could give me a job but I have to move to [location]. I didn't have any money, because I had already used up what I had in five months, and she said no problem, she'll pay everything, everything, we'll deduct it from the salary. And so I did, I went to [location], so she found me a room, shared bathroom, shared kitchen, you know how it goes. And I actually worked for her, it was two houses a day. We cleaned private houses and when it came time to pay at the end of the month, I was left with £3. When I gave her back the rent and the money for food, I had £3 left. Then I thought about it and I told her I'm going home. So it's a vicious circle. She said, "no, you're doing a very good job, no, you'll be fine, you will have to give back less and less". And then I calculated that I would be there in about six months to get some sort of salary. And I said thank you very much, I'm not, I'm going home to London and I'm going to try somewhere else, so I went back with three pounds. I had to borrow money from my son for my train ticket. So I was kind of undeclared, actually. She gave me enough work to cover the debt to her. I should have nothing left. It wasn't just me. Some people sued this woman because she didn't just do this to me. I'm very glad that after a month I came to my senses and left. And I then, when I came back to London to my son, I put an advert up again, and a Serbian priest who knew a Serbian family, where the aunt had dementia and she forgot English, even though she had been living in England for 50 years, and she asked if I would take it. Well I said, of course, I'll take anything, I'll do it. And then I started there, the first month was a trial, I wasn't registered, but from September they registered me. I had no free time, I didn't have the two-hour break, no weekends, nothing. So I actually worked almost six months without a single day off. I was paid £400 a week (in 2018). I didn't have to spend anything but it was quite a low wage, wasn't it? But I was very happy at the time."

—Mária, live-in carer, Hungary

Risks and drivers of exploitation in live-in care work and live-out personal assistance

We have identified five main factors that contribute to live-in care workers and live-out personal assistants' vulnerability to modern slavery and labour exploitation:

1. **Employment status, business models, and the role of intermediaries. By intermediary we refer to care providers that directly employ care workers or so-called introductory agencies that match (nominally) self-employed care workers with people who need care and support for a fee**
2. **Information asymmetry between care workers and intermediaries**
3. **The emotionally and physically intensive nature of live-in care work, blurring of boundaries between work and private life**
4. **Barriers to exercising rights at work: sick leave, time off, redundancy/notice, health and safety at work**
5. **Individual risk and resilience factors**

"The first month was a trial, I wasn't registered, but from September they registered me. I had no free time, I didn't have the two-hour break, no weekends, nothing. So I actually worked almost six months without a single day off."

Employment status, business models and the role of intermediaries

The two most common forms of employment status that were mentioned by participants were employment under a zero-hour contract (with daily average hours) and self-employment. There were cases where the exact status was unclear or participants suspected – on reflection – that they had worked without formal status. As one participant explained:

> "I immediately got a job at an agency. I don't know how to describe them. I think they work completely black [undeclared]. My two weeks there were hell [this is described in detail, the client ended up in a care home due to severe dementia]. The agency told me they didn't have any more live-in care work. I asked for my P45 when I started another job and they didn't send me at all. I rang her and she just said she doesn't know where it is, she'll write, but she never did, no payslip, no P45."
>
> —Mária, live-in carer, Hungary

Nearly everyone we interviewed was first employed on a zero-hour contract; some people later decided to become self-employed for greater freedom and control over their working conditions. Others decided to stay employed, acknowledging the benefits of working through a company. Another participant described their situation as follows:

> "I'm with [agency]. I joined them in the middle of 2007 on a recommendation of a friend who I'd worked with in Harare. She was an ex -nursing sister, so she got brought straight into the agency. And she said they're a good agency come and join us. And at that stage, I found they were a very good agency to work with and for; the people were good. Everybody is very communicative, very friendly. I don't think I got a racket for anything. I guess if I deserved it, I would have got one. I'm still with them. But now one begins to matter. I am employed by this agency and it's my choice. I reckon that, particularly now, at my age, I can't risk having no work. At least I know that if I'm employed by somebody, there is a very much better likelihood that I'm going to get a job than if I had to source my own."
>
> —Audrey, live-in carer, Zimbabwe

Most participants who became self-employed mentioned greater control over working conditions and pay, and freedom to decide one's working pattern and rota:

> "It's so much better. I mean, you make your own right, you, you decide the hours because if you work for an agency, they basically tell you you're working 10 hours, if I have to work 12 hours, I can invoice a client for 12 hours, because that's the work I've done, and I get my money for the work I've done. It works out, you know, you take out estimate, hours per day. And then it comes to amount, then you think about your insurance etc."
>
> —June, live-in carer, South Africa

However, self-employment for live-in care workers is not necessarily straightforward and nor does it necessarily afford the control hoped for when it is facilitated via introductory agencies.

> "They offer you a really good job, and then you accept it, and then at the last minute they find out that the client is not there yet, but that's okay, because they have another one. And then they offer you a job with much worse conditions, much worse terms, and you're forced to take it."
>
> —Hungarian Focus Group 2

One of our participants described how agencies could still "punish" self-employed carers if they turn down placements:

> "So from the summer of 2019 I worked in a hybrid system, so I took on one or two jobs (with a zero-hour contract) for Agency 4 when there was nothing else. In the meantime, I also started working via an Introductory Agency. It was a bit of a bumpy start for self-employment, there was a lot I didn't know even then. And then there is this method, I call it "starvation", that I observed in companies. It was a popular method in some companies - I don't know if it is still the case - maybe it still is, that they offer you a job and if you don't accept it, they don't contact you for months afterwards. That's what Introductory Agency 1 does, by the way, or it was doing when I worked with them. And then they offer you a job that they know you wouldn't normally accept, but because you need the money, you'll go for it, so that's why I call it starvation. And then through self-employment I started to get in touch with other colleagues, and they gave me useful information about what to look out for, so that I could do something like that. And so now I think that's the way it is, and I have no desire to go back to being an employee. I am currently registered with six [introductory] agencies. It gives me a sense of security that this starvation method is not working anymore. If one agency won't give me a job, I'll ask the others."
>
> —Katalin, live-in carer, Hungary

One participant described how the international agency that hired her directly in Poland operated a two-tiered system, where some carers would be paid at a higher rate or have more favourable conditions for doing the same job:

> "I only resent [company] for allowing us to work on the same contract with people who earned three times as much. Two different rates. They didn't want to talk to us. They overtly preferred these people, because for example, [English name], this girl from [place name], she was calling almost every day, complaining. "Yes, wait a minute, I'm not doing this, I'm not doing that." She constantly had some kind of grievance, some kind of problem, and they fixed it in no time. They simply called her back and at one point she said after two weeks, "Wait a minute, I'm not going to be here anymore, because I already had to get up twice at night here. I want to change my contract." And they changed her contract within two days. When I said, "[colleague], are you talking to [manager]? Then please tell her to call me." Two weeks later, she called and said, "Oh, I forgot." Or they didn't take calls from me. That's what shocked me so much."
>
> —Beata, live-in carer, Poland

This carer also described how she could not open a bank account in England because the company would not allow her to use the client's address or the company's address.

A number of participants also mentioned unclear payslips where the number of hours worked and any deductions, including tax and national insurance were unclear. The lack of clear guidance and regulation mean that some agencies – deliberately or mistakenly - misinterpret the regulations and make deductions from live-in carers' pay, for example for accommodation charges:

> "Agency 5, when I left that place and got my last payslip, I was deducted nearly £600. And it was not shown on the pay slip how that actually added up. Because the pay slip there is marked as one unit of pay, and then the amount, and then you have to guess how it adds up."
>
> —Katalin, live-in carer, Hungary

> “I’ve joined an agency when I came back this year, because I didn’t have an assignment for this year. So just to have a backup. Disaster. You know, afterwards they pull you in – sorry for all the other agents that don’t work like this, but this is one of them. They pull you in and say “this what we offer and then we work it out”. And after you’ve done the induction and training and the DBS and then you get your salary and your pay slip and then you’re like “This is not… Why?” […] And that’s really sad but then I’m fighting them, I said to them, I’m seeking legal advice. They’ve messed with the wrong gal.”
>
> —June, live-in carer, South Africa

While live-in carers typically work on average ten hours a day, they must also be available at the clients’ home for 22 hours a day and are only allowed to leave for a two-hour break which, as evidence presented later shows, might not always be honoured. Managing one’s timetable, and the amount of time taken off between assignments was considered vital for maintaining wellbeing. The length of the working day – from the time the client gets up to when they went to bed – could be very long:

> “The first question I always ask the caregivers to tell me is what time does the client expect to get up? What time do they go to bed? Because I think it’s I think it’s unfair to expect a carer to be up at like six to make a cup of tea. For them, it’s unfair to expect a carer to stay up until after 10 or 10.30 every night. You know, quite a long day.”
>
> —South African/ Zimbabwean Focus Group 1

Information asymmetry

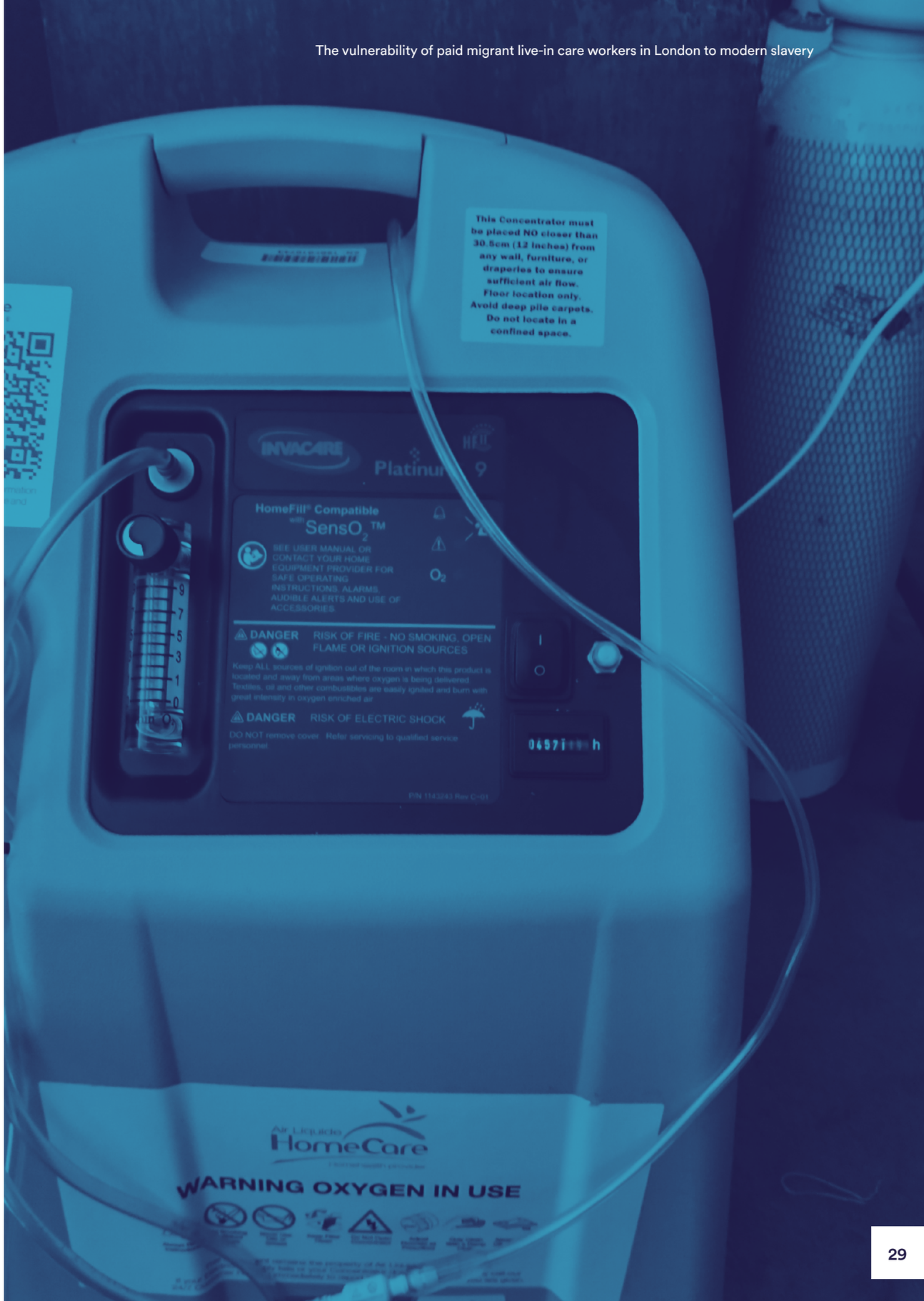
Agencies, including introductory agencies have nearly total control of matching carers and clients and hold - often withhold - key information. Many participants described how companies took advantage of carers perceived as less experienced – often migrant workers who had recently moved to the UK and/or been recruited to work as a live-in carer –. Such novice carers may be placed with the most difficult clients that others declined to work with and/or were paid at a lower rate than that which would normally be expected for a particular intensity of support. It was common for live-in carers to find themselves in difficult or even hazardous situations when starting a new placement. Lack of support from agencies were concerns many participants raised.

> “They take advantage of the starters very often. So, for example, I didn’t even know about the 2-hour break at the first company. I wrote to them several times, because I had a client who never let me go for a break, and I said, well, now write down for me what I have a right to, what they write in the contract for the client, how many hours? I said write down exactly how many hours of break I have and they never replied.”
>
> —Hungarian Focus Group 2

> “The other thing is what I have seen many times, I have not worked in such a place, [is] that they are looking for people who say that it is okay if you don’t speak English, because your family is Hungarian anyway, or someone in the family is Hungarian, and then they are looking for someone for such humiliating wages, I don’t know, a thousand pounds a month.[45] And then obviously there is a demand for that, because a lot of people don’t speak English, and then they think that they will go out. But yes, but if anything happens to them there, where are they going to go?”
>
> —Hungarian Focus Group 2

45 A thousand pounds for one month’s work with no day off equates to £33 per day

The vulnerability of paid migrant live-in care workers in London to modern slavery



> "I think a lot depends on the client themselves. It's a personality thing, the client and the carer. Is it a good match? Are they going to get on or is there going to be lightning and animosity? How is that care has been arranged? Is it all legit and no, because you can hear all sorts of strange stories about how people find jobs. That's one of the reasons why I have never really gone private I'd rather have the agents and agency doing something for me."
>
> —Audrey, live-in carer, Zimbabwe

> "So I did go back [to difficult client]. You always think it's going to be better, but it never is. And you know, it was my first care job. I never saw a manager until the second time, and she didn't come to see me. She came to see the woman because the woman was complaining about the cost. So she came to see her. So I had a five minute chat in two years. I had nine managers and I only met two, that's all I met. They'd call me up when they had to do it, you know, where they have to do a supervision where they check that you're doing the thing right? They called me up twice for supervision, and I never saw the managers no support whatsoever. It was dreadful."
>
> —Sylvia, live-in carer, South Africa

> "I've been through so many agencies and my disappointment is that as a carer… For example, I know a lady from Zimbabwe, she owns a care company, I used to work for her, and I used to respect her a lot but then I lost respect for her. She made me drive 500 miles for a week's cover. And then she decided to dock my salary from what she'd normally pay me. She goes "No, that's low level care" after the job. So a lot of agencies are actually taking so much advantage of carers. It's sad. It's really really sad."
>
> —Stella, live-in carer, South Africa

> "The situation was that everything was agreed on, wages and conditions, via e-mails. I arrived at 9 pm at the address. I took a taxi there and I had to stand in the cold for 1.5 hour, because the manager only arrived at half past 10. The client didn't know anything, she had advanced dementia, she spat and kicked. When it comes to these conditions, I was so powerless, because the company made me sign a contract, because I can't spend nights with her, sleep there without a contract. I have to be employed to start working for her. […] It was one thing. I am a good caregiver but I couldn't deal with this lady. She spat, kicked, hit. Every time, when I ask for some help, the boss was accusing me of not having a good approach with people like her. It was so crazy. I asked them to replace me for a while. I said that I'm resigning and asked if there is anything else for me, because if not, I'm returning to Poland. [They said] we have one nice lady for you, she doesn't walk, her husband lives with her. And how did it turn out? He demanded that I clean for him, do the laundry, cook for him more than the lady. After all, I was hired for her."
>
> —Balbina, live-in carer, Poland

> "[Talking about first live-in placement] if I had known what I know now, they would have had to pay me a lot more for that contract. Then they put me on a contract that was by design a double contract, but because they didn't want to pay more, they wrote a single contract. So after three and a half months with that client, it took me six months to recuperate."
>
> —Beata, live-in carer, Poland

> "The training itself I think was useful, it lasted a week. But the people I was sent to, looking back, the worst place was the first place, and it was difficult because I didn't have a benchmark of how normal it was, so the situation there was a double-up, where I had to take care of the husband, he had a stroke and so he was mostly in bed, but we did lift him out during the day, we had to use a hoist. He woke up a lot at night, then obviously I had a zero-hours contract but getting up at night there was no extra work or extra money, or it wasn't really recognized. So it was such drudgery from morning till night, plus the fact that there were two carers, so it was very much dependent on who the other carer was, and it was often not very good."
>
> —Zsófia, live-in carer, Hungary

The nature of live-in care work: emotionally and physically intensive, blurring of boundaries between work and private life

Participants identified various types of emotional pressure associated with being closely involved in the everyday lives of their clients and their families. Although to an extent these are seen as "part of the job", they can become significant and have a long-term impact on carers contributing to burnout and mental health problems. Inappropriate behaviours, including sexual harassment and racism/xenophobia, were mentioned by many participants. One carer reported that she had been so shaken up by the threat of physical violence that she reported the incident to both her agency and the police:

> "[The agency] placed me with a couple – they both had dementia – but I just cared for the woman, the man just needed medication. Anyway, after a week or two, the husband came out, he was jealous, I got on very well with the wife, we even sang, danced, everything, went for a walk, and the husband got jealous, and the husband didn't want to let me out of my room. He stood in the doorway, and I was literally shaking. He was such a big guy, I felt so threatened. So, I was very scared."
>
> —Hungarian Focus Group 2

> "[Talking about racism at work.] I know what I'm doing. And I know when to detach myself. I know. Emotional Intelligence is very important as live-in carer. Because if you take emotion and do things, you will burn out faster than anything."
>
> —Stella, live-in carer, South Africa

> "The family were really kind to me, and he was very kind, although he would get up in the middle of the night about six times and just come in the bedroom. So I had to put a chair and I called into the office and said look, this isn't on I'm getting up five or six times a night. […] Typical guy with dementia, you expect it really, but it was the nights for me getting up six times in the night. And then sometimes he'd get up and I'd hear him in the kitchen. So I'd go and he'd be eating all the biscuits. So I'd have to put him back to bed and, and then he started to get a little bit calling me darling. And, you know, touching me but I had nothing I couldn't deal with. And I'd say "[name] we're just colleagues", I'd say, you know, "that's not appropriate" and "get off me your dirty old bastard" - I wanted to say to him. I never did. But in my head, that's what I was thinking."
>
> —Sylvia, live-in carer, South Africa

> "I started with people with spinal cord injuries, but that didn't work for me, because they always sent me to younger men, 30-something, and it was terrible. So, they either wanted a girlfriend or they were bossing me around all day long."
>
> —Hungarian Focus Group 2

Sleep deprivation was mentioned as a major challenge and "night calls" – getting up at night to attend to the client's needs – are often expected as part of the job and not compensated either with extra rest time and/or extra pay. This created huge pressures for carers to ensure the safety of their clients. The Covid-19 pandemic and lockdowns have made this even more challenging.

> "The agency was doing their best within the circumstances but when we said something was wrong, for example how many times we had to get up at night and we wanted a raise because we thought this was a higher rate care package, my feeling is that whenever there was a decision to be made about whose side to take, who to represent, so to speak, it was always the clients they sided with, never the carers."
>
> —Zsófia, live-in carer, Hungary

> "I was with her from mid-December to the end of January [2020-21]. Relief carers could not come at all, because it was Covid, no one was allowed in the house except me. I wasn't allowed to go to the shops, but everything was ordered online. So it was not a problem, not at all. But once I told her daughter, the family, that I had to go out for a walk. Because the lady could not get up and walk by herself, she was just sitting. So the family said yes, and I went out for a walk once. There was a park nearby, and I just did one lap, maybe half an hour, and went back. But by then the lady called the police that she was alone. She was talking to them as I walked in. I immediately informed the agency and they sorted it out. There was no problem. But the lady, well, not quite, so the problem there, was that she had severe dementia and she didn't sleep all night. So all night long, "help me, help me, help me". She slept in the living room and I slept upstairs. And I would go downstairs to check she was OK, offered her water etc. There were maybe five nights in all that time when I was with her that she slept through the night." […] I had a zero-hours contract with the agency and I was paid £620 per week."
>
> —Mária, live-in carer, Hungary

Live-in carers are required to be constantly present and available – apart from a short daily break. A number of participants spoke about the difficulty of getting the break they were entitled to or their breaks being used to run errands for clients.

> "He was a very, very sweet man. And his family were very supportive of him. However, I would go five days without a break. Because there was nobody to come, but he couldn't be left. So then on the sixth day, the daughter would come and say, take five or six hours. And it was winter. Where do you go for five or six hours. I couldn't stay out for five or six hours, and then he would come into my bedroom and say come and have a cup of tea with us. So I didn't get any breaks. [Sylvia, live-in carer, South Africa]

> "I'm trying to negotiate with the lady I work for now, I negotiated three hours off. With these three hours of free time, it also means that if she's on the toilet and an urgent need comes, I have to stay with her. In the beginning, she even knocked on my door during these three hours to get me to change her, even though she had another caregiver. It's very interesting. She has a caregiver, her friend. If she comes here, ask her to dress you up. You don't have to wait specifically for me to be back at 6:30 P.M. to go to the toilet. "Oh no, I can't ask her to do that". I decisively told her that if she keeps doing that, I will quit. […] Whether I'm going for a coffee or staying at home, these are my hours off and that's it.."
>
> —Balbina, live-in carer, Poland

Being asked to carry out non-care related tasks was also a shared experience and many live-in carers felt/were pressured to go beyond supporting activities of daily living, and carry out a range of domestic tasks, often for the whole family such as cleaning, cooking and gardening.

> "It was one of the worst placements, I was caring for an old lady and her neighbour had this, I don't know, financial power of attorney. She was very wealthy and he never paid me on time. Anyway, what I'm going to say real quick is that she expected me to chop wood for her because she liked her fireplace. Well, I didn't do it. But I still had to build a fire, and I did burn myself once. The mark will always remind me of my time as a live-in carer."
>
> —Zsófia, live-in carer, Hungary

Difficulties with demanding or overly controlling families or clients could make life very difficult for carers. Many participants mentioned pressures on food spending and allowances,

> "And these are, you know, these psychological, family issues that come into play and it is often the case that there is a grandmother and she has a daughter. This daughter either lives somewhere in the neighbourhood or somewhere further away and she keeps interfering, calling, asking questions. You know she cares about her mother, but only by asking, "didn't she hurt you?" or, "why so much for food?" Often, they are just trying to save money on food. Not all families. No, no. But that's the way some look at it, that this wealth of theirs is draining away. How much for electricity, for gas, sometimes the family would even tell us not to give a bath, but a shower, because it's cheaper. Sometimes you've got a better package and it's nice. For example, my colleague was on such a contract with rich people who voluntarily gave 100 pounds to each girl, 100 pounds for food."
>
> —Beata, live-in carer, Poland

Barriers to exercising rights at work: sick leave, redundancy, leave/ breaks, health and safety

Participants talked about many ways they were either denied or experienced barriers to exercising rights at work. Not being able to take time off work due to sickness was a serious problem mentioned by many, who also spoke about being put under emotional pressure to stay with clients and being forced to work when they were unwell.

> "Oh, in the meantime, yes, I was ill, I took the first vaccine and it hurt so much, so all my joints hurt so much. I took it one day, the third day I went to work, and for a month everything hurt so much that I couldn't, so I couldn't change the sheets, I couldn't vacuum, so I couldn't write, the pencil fell out of my hand. I had to go home, she doesn't have to pay me, I don't want to be paid but I can't work and I want to go home. I feel I can't do the job properly. "Oh, don't go anywhere, I'll come and vacuum and change my father's bed, just don't go, don't go, don't go", because they paid for some holiday, so I was suffering there. Luckily for me, the gentleman was very understanding and very sparing, but even cooking can be so painful."
>
> —Mária, live-in carer, Hungary

A number of carers spoke about the difficulty of accessing health care in the UK and not being able to register with GPs, not getting support from the companies to register with the NHS.

> "Another carer, she wanted to see a GP, she tried to register with the surgery that her client was using. They refused to register her. She gave up. They sent her antibiotics from home and she treated herself somehow."
>
> —Beata, live-in carer, Poland

And the lack of sick pay was also a contributing factor:

> "It depends on how sick you are [to take sick leave] because I would say 99 to 100% of carers will carry on working through sickness. Because we're doing this to earn money. And we give it up very unwillingly."
>
> —Noreen, live-in carer, Zimbabwe

However, when clients are hospitalised or pass away suddenly – not uncommon considering the age and needs of this population - live-in carers do not tend to enjoy similar protections and are often asked to leave at short notice with no compensation for lost earning, or as Anna's story illustrates, are allowed to stay and wait for their flight with no pay, or must take up a new placement without having time to grieve or rest.

> "Of course, the family was grieving and hurt by the death of the gentleman but they asked me to stay afterwards. Well, I am also quite a bit, so obviously I am also a human being, and I am also affected by the death of a client. But I was asked to, you know, arrange for the NHS to take back the equipment, the bed, the hoist and all the other things that were still in the shed, the walking frame and things like that. I had to find out where they came from and had to sort out that they are collected, and then I have to clean up and hand over the flat in a tidy way, but I feel it's normal that I'm here for that. […] This was only three days and what if the company doesn't give me a job and then I had to go to a hotel or something."
>
> —Anna, live-in carer, Hungary

Placements could be extended at short or no notice when this was in the company's interest. Apart from the practical implications for live-in carers who were circular migrants with pre-arranged travel plans, this also had a psychological impact.

> "The company tried to deal with the shortage of staff by forcing people to work. So for example, it was agreed in writing, two months in advance, that you would go home on, say, 30 June. A few days before that they would contact you and say "sorry we can't send anyone to replace you, you have to stay". There were colleagues who had been stuck with a client for eight weeks. […] And if the carer walks out because they have a plane to catch, they'll even castigate the carer for daring to leave a client who needs help. Because there's the Protection of Vulnerable Adults Act, and it's usually the caregiver who gets the blame for leaving a vulnerable client. They tried to play this game with me, and I was really upset. […] And I was there for six weeks, at the end I felt like I was going crazy. So it was very tough mentally, and I knew I couldn't stay there for a day longer, let alone weeks."
>
> —Katalin, live-in carer, Hungary

On the other hand, carers had no protection or long-term security against immediate termination– even long-standing placements and contracts can be ended at short or no notice, leaving people without accommodation and safety net to draw on as the story of Katalin, live-in carer, Hungary's colleague illustrates, who was removed following a conflict with the client's son over the non-payment of food allowance.

> "A car came at night, the care manager at the time came with another carer, and they went up to her room and told her that she had 15 minutes to pack her things and get out of there. And I tell you, this was in the middle of nowhere, so she had to leave a lot of her things behind, well she had been there for almost four years. It's not a good idea to get too settled in with a client, I don't do that either. But obviously she had spent a lot of time there. Then the company took her to a hotel, which she had to pay herself. And then she returned to Hungary, trying to get her papers in order. She was accused of things like endangering her client and stuff like that, which I knew wasn't true, we worked together for three years, she was very conscientious about it and the client loved her. She was treated very unjustly. I was terribly outraged, and the company called me back and asked me to go back, and I said no, because how do I know that the car won't come for me if I say the wrong thing. I don't know the English legal system inside out, but I do read the laws on the Government's website, but I'm not sure that it was justified. And I think that after four years of conscientious work, she at least deserved to be told, say, to call that day, or please pack your bags and leave tomorrow morning, or something. So I was completely shocked by it and it reminded me of the worst days of the Communist Party rule in Hungary."
>
> —Katalin, live-in carer, Hungary

Inadequate working and living conditions were often mentioned by participants that amounted to health and safety risks. These could include unsanitary working conditions, lack of equipment for safe handling and moving, and inadequate food provision.

> "In winter you froze, the bed was so terrible that the springs were coming up through the bed and it was broken on one side."
>
> —South African/ Zimbabwean Focus Group 1

> "The agency doesn't care where you are sleeping. I was with a client for five years, and there was only a bed in my room. I didn't have a table. I didn't have a desk. The mattress was a £70 mattress from IKEA but one day I went and bought myself a new mattress for £100. And when I told the client, they didn't understand and said the mattress I had was good. They don't care because they're not sleeping in that bed. So I spent five years of my life eating, studying, watching films on my tablet in bed because they don't have to provide proper furniture. I had a 90-centimetres wide bed with a crappy mattress. But over those five years when I was going to other clients for substitution, I saw places where I slept with my clothes on. Because I'll be like oh my goodness this is so dirty. So the pillow cases everything was disgusting."
>
> —Paula, live-in carer, Spain

> "It wasn't particularly taxing apart from she wasn't a nice person to anybody. You know, it wasn't personal. It wasn't just me. She didn't give me food. I didn't get enough. And I'm small, very small, and I don't eat very much. But she would say "take two sausages out of the freezer, we'll have one each." Bear in mind it was my first live-in job I just thought okay, go with it. But I lost almost a stone in three weeks."
>
> —Sylvia, live-in carer, South Africa

> "The manager handed me a sheet and a smelly blanket and told me to sleep on the sofa. Okay, I said, but I didn't realise that the lady was peeing all the time on that sofa."
> —Balbina, live-in carer, Poland

> "In hindsight, I think the motto of Agency 4 was that the client was first and foremost, and what happened to the carer was a side issue. And unfortunately, they also started to not really be selective about their clientele. So, for example, one of the worst places I've been was with them. It was a filthy house full of fleas and soiled nappies and what have you. The lady I was caring for at the time, she was prone to physical aggression. The carers were not told this, obviously fearing that they would not take it on. Otherwise, I really wouldn't have taken it. The house was a public health hazard, it wasn't just dirty, it was a health hazard. It took me two weeks to clean up the kitchen. My colleague, the woman I took over from, she had a stomach and intestinal infection that she still suffers the consequences of to this day. She ended up in hospital with her at the time. The lady had frontotemporal dementia, which probably explains a little bit of her condition, so the aggressive behaviour, and well, she wore these nappies, and she would put them all over the house, the house was full of nappies with faeces in them, stuffed everywhere. I cleaned up a lot. She had a cat. She got flea repellent, but it was some cheap crap, and just her house was a mess of fleas. And I told the company that the house is full of fleas, we need a controller. They told me to do it myself, they have flea dust. So I did it, because somebody had to. I was there for two months, which was very hard."
> —Katalin, live-in carer, Hungary

Individual risk and resilience factors

The participants we interviewed all expressed a sense of agency and an awareness of the risks and drivers of exploitation, and many have critically reflected on their personal situation and broader, structural factors that are creating the conditions for widespread exploitation and labour abuse.

> "I think there are complex reasons for this. I am also sure that this work is predominantly done by women, not men. I also think that in many cases, as is usually the case with helping professions, they try to exploit the conscience and empathy of the worker. And then, well, it's not just gender but the fact that this work is not generally done by British people, very, very few. So I've known two, three, four British carers in seven years. They're rare as white raven. And I had the impression that even the agencies are relying on the fact that, well, these are stupid Eastern Europeans, they don't know the law anyway."
> —Katalin, live-in carer, Hungary

> "Pay is dependent also on the employer. If you've got a fair employer that pays you your salary, you literally are happy. You know, live-in care can either be glorious, or it can be hell. And sometimes people put up with the hell because they're just trying to make ends meet. You know? Yeah, of course, some people wouldn't be able to get support if they were not working. Yeah. And also, we've got, like bonds to pay back home. So you just think, you know what, I can't miss my bond, I just want to work."
> —Stella, live-in carer, South Africa

Peer support has been highlighted as one of the most important resilience factors, being able to draw on advice and help from fellow care workers and friends is highly valued. Many participants mentioned that they could rely on others for support. These relationships sometimes pre-dated live-in care work but often they developed during people's employment trajectory at trainings, handovers, or social media networks.

> "If I have felt unable to carry out a task, I usually pick up my WhatsApp and speak to my friend who introduced me to the company. Being an experienced nurse, experienced carer, I say "help [name]. And she always comes up with an answer. Use your head you are a Zimbabwean [laughs]. So no, never been unable to accomplish a task."
> —Audrey, live-in carer, Zimbabwe

> "The care workers who came during the day to give the medication, they told me not to do this, it's not your job, you know, mowing the lawn, gardening, cleaning etc. etc. Especially for that kind of money. And then I told the family that I won't do these things and I would like some days off. I would do the daily cleaning and cooking but not the gardening etc. And then the problems started, I was no good."
> —Mária, live-in carer, Hungary

Knowing and understanding one's rights and the relevant regulations is also crucial and having the confidence and assertiveness to uphold them is important as illustrated by June's interview: she queried her pay slip and found out that the company had unlawfully deducted the accommodation offset from her pay.

Our report focuses on the challenges and the negatives, but participants spoke about many of the positives of working as a live-in carer. This is very well captured by the following quote from Dora, a live-in carer from South Africa. Participants talked affectionately about their clients and highlighted the rewarding aspects of the job. However, the discussion of these goes beyond the scope of this report.

> "As I said earlier, just meeting all these different people and new experiences, which I would never have experienced living in South Africa. So also, getting to know these people, I mean, a lot of them, the old people there, they've got so many lovely stories to tell you, you can learn so much from them. Also, you know, you hear the experiences during the war, and, you know, the history, it's, I mean, most of them have had lovely lives or fascinating lives, you know, I really enjoy that. I enjoy the old people, you know, the ones that can actually talk to you."
> —Dora, live-in carer, South Africa

Conclusions and recommendations

Exploitation can happen in many roles, and, when it does occur, one of the most common tactics for remedying the situation is to change employer. All our participants were legally free to change employers and did not have to worry about their immigration status. We focused on policy recommendations for workers for whom this is not a straightforward process in our Stakeholder Group discussions. People can change jobs without any barriers if they have the right to work, have a bank account and do not depend on their employer. People without such agency, however, may find themselves trapped in exploitative working conditions. The cases of our Polish participants well illustrate this. Their company told them that as live-in carers, they couldn't have a bank account, and as a result, they found themselves with limited options in exploitative work. Our interviews clearly show the importance of knowledge, information and the freedom to change or move employer.

Policy options were generated from discussion with a cross-section of stakeholder representatives at two of the four stakeholder group workshops. One of our peer researchers attended the second of these sessions. In total, eleven recommendations were prioritised based on their desirability and the likelihood of their acceptance (Figure 1).

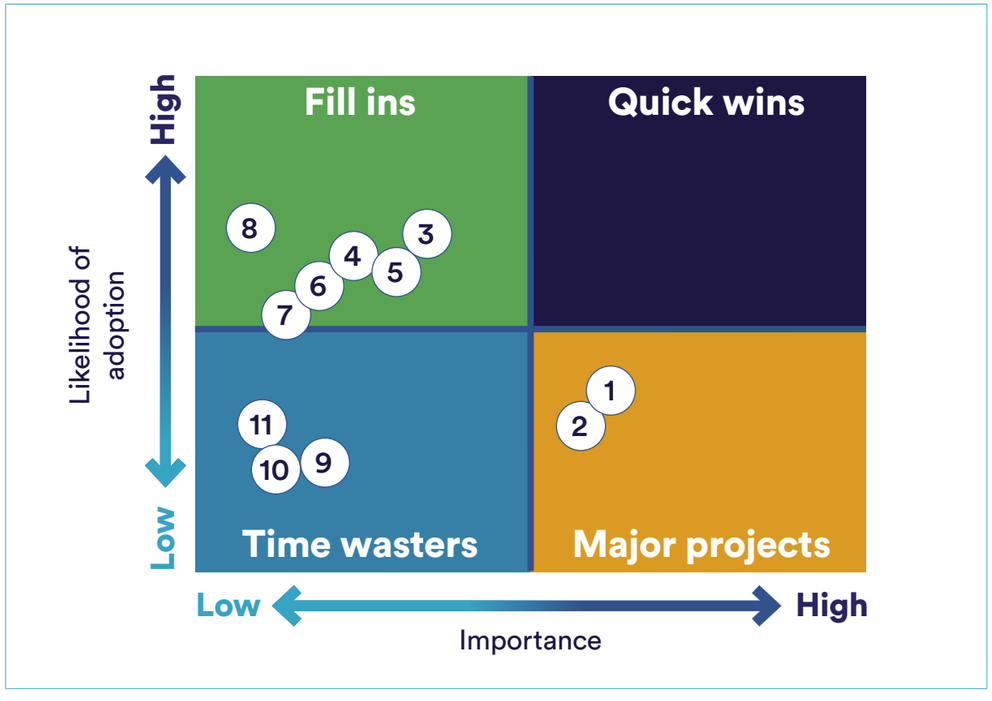


Figure 1: Decision criteria grid showing the relative ranking [1 to 11] by importance and likelihood of adoption

Our stakeholder group identified two major policy priorities as most likely to achieve a reduction in vulnerability to labour exploitation, particularly among those with precarious immigration status:

1. **UKVI to remove the obligation for care workers to update their visas when they move within the sector to provide greater freedom to change employer without risk to immigration status** – since the administrative process can make it difficult for workers to leave abusive employers, while the risk of falling into an irregular migration status significantly increases a worker's vulnerability to exploitation. Our evidence suggests that the imposition of exorbitant immigration fees creates a perverse incentive by sponsoring employers to use the threat of debt in the form of restrictive financial exit penalty clauses to protect them against high sponsorship, immigration and recruitment costs and then losing the employee. This first objective can therefore be broken down into a further two, inter-related, policy sub-objectives:
   - **UKVI to reduce or remove related visa fees for both the worker and the sponsoring employer.**
   - **UKVI to ban or regulate the use of exit fees on these visas to make sure that they aren't used to tie workers.**
2. As recommended by Matthew Taylor, the previous Director of Labour Market Enforcement, **the Home Office to establish a Memorandum of Understanding with labour market enforcement bodies, especially the GLAA, to separate immigration control from labour inspection** so that people feel safe about coming forward if they are experiencing labour exploitation without fearing immigration enforcement or deportation.

The second cluster of six policy options was identified as offering potential fill-in benefits. For this group of policy changes, while the amount of effort that was felt to be required was deemed, by comparison, relatively small, so too was the likely policy impact on reducing vulnerability. The policy objectives that fell within this group included:

3. **The GLAA, EASI, or Single Enforcement Body (once established) to introduce the registration and licensing of approved social care recruitment, staffing and immigration agency sponsors.** This would enable the GLAA to provide information on fair and safe recruiters to the social care providers. Adopting a registration system would also enable those who violate employment legislation to be removed from the register.
4. **UKVI to allow live-in care workers or personal assistants to be directly recruited by care users via GLAA accredited recruitment agencies and sponsors.** A model of this kind should be informed by available evidence about risk of exploitation in the agricultural Seasonal Worker Pilot, and safeguards such as an independent body responding to workers' complaints and transfer requests should accompany this measure.
5. **UK Government to legislate for the regularisation of currently undocumented migrant workers, including those in the live-in social care sector.**
6. **The Department of Health and Social Care to expand the role of the Care Quality Commission to ensure live-in care workers' employment rights are respected** and that staffing levels and roles enable care workers to take legal rest breaks and rest periods

7. **UK VI to ensure that everyone coming in under the new Health and Care Visa scheme has a written contract before arrival** given to them in their first language, detailing fees and deductions for accommodation charges.
8. Require **business sponsors to show UKVI that employees' contracts are legal** under UK law.

A further three recommendations related to proposed sanctions and incentives were rated as unlikely either to be effective or implementable by the group:

9. GLAA to introduce joint liability penalties for those supply chain organisations found to be using recruitment and immigration agencies that engage in illegal recruitment and immigration practices.
10. UK Government to offer tax incentives to those who use recruitment and staffing agencies that sign up to a standard contract and fair working practice.
11. Local authorities to conduct regular care quality audits, which include assurance of the legitimacy of live-in carers' working conditions.

Three recommendations were also generated through peer researcher-led focus groups and report review:

- **Agency pay rates should more fairly reflect the nature of the work and the carer's skills.** A fair rate would be based upon an assessment of the intensity of care required, the ease of delivery and the carers' relevant experience.
- **Standardised risk assessments of both the condition of the property and the care plan to be conducted by both staffing and introductory agencies.** Currently, these might either be carried out by CQC-registered agencies via a home visit, but other introductory agencies might rely only on a phone call. It was also felt that the registration and vetting of clients' homes would benefit from greater carer involvement and that the provision of space in the clients' home with a locked door would provide greater safety.
- **The Health and Safety Executive to review the Working Time Regulations for rest periods and breaks for live-in care workers employed in a domestic setting and issue a separate set of legal guidelines.**

The vulnerability of paid migrant live-in care workers in London to modern slavery

Appendix 1

Organisations represented in our stakeholder group discussions (ordered alphabetically)

- Care Quality Commission
- East European Resource Centre
- Gangmasters and Labour Abuse Authority
- Greater London Authority
- Joint Council for the Welfare of Immigrants
- Kalayaan
- Kanlungan Filipino Consortium
- Latin American Womens' Rights Service
- Live In Care Hub
- Local Government Association
- Migrant Voice
- Skills for Care
- The Care Workers' Charity
- UK Home Care Association
- UNISON
- Work Rights Centre

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