The scale of modern slavery and exploitation in the care sector

Care has been identified by both the Gangmasters and Labour Abuse Authority (GLAA) and the Director of Labour Market Enforcement as a sector where there is high risk of labour exploitation, including severe forms such as modern slavery. In June 2023, it highlighted a significant increase in reports of exploitation in social care, with the cases from this sector accounting for over a quarter of all reports of modern slavery and human trafficking in the previous three months.

This is a trend that UK anti-slavery charity Unseen also supports, with the number of reported cases of potential victims in care work to the Modern Slavery Helpline increasing by 606% from 2021 to 2022. In 2021 the Helpline was contacted about 15 cases of modern slavery in the care sector (involving 63 potential victims) and by 2022 this rose to 106 cases (involving 708 potential victims), meaning nearly one in five potential victims identified worked in the care sector.

Throughout 2023 the figures only continued to rise, with Unseen recording almost twice as many potential victims in the care sector in the first six months of the year as they did for entirety of 2022.

Context

Since 2021, the number of job vacancies in England's adult social care sector has risen due to years of underfunding from consecutive governments. This was

intensified by Brexit and the Covid-19 pandemic which stifled freedom of movement for a sector that has historically relied heavily on migrant workers. To address this, the Home Office added care staff to the Shortage Occupation list in February 2022 and allowed migrant care workers to use the Health & Care Worker visa.

The number of Health & Care Worker visas granted grew exponentially - from 47,194 in the year ending 2022 to 121,290 in the year ending June 2023 (a 157% increase). In the period of June 2022 to June 2023, the Health & Care Worker visa represented 57% of all 'Worker' visas.

However, the scheme also appears to be failing at achieving its stated aims, as severe labour shortages continue to exist. Where labour shortages exist, there is an opportunity for criminals to exploit the situation and this is exactly what we've seen with the care sector. This risk of exploitation is intensified by the Health & Care Worker visa's Certificate of Sponsorship which ties workers' immigration status to their employers.

How does modern slavery manifest in domiciliary care and care homes/nursing homes?

Below are examples illustrating how modern slavery manifests within the care sector, impacting numerous workers:

Financial control - This was indicated in 72.5% of the modern slavery cases that Unseen recorded through their modern slavery helpline, with methods such as withholding wages, non-compliance with National Minimum Wage, withholding of payslips, large salary deductions, debt bondage (forcing someone to work to pay off a debt, often for inflated visa fees and excessive repayment clause fees) being used to exploit workers.

Working hours - Workers on the Health & Care Worker visa have been made to work extraordinarily long hours, with some workers being coerced into signing waivers relinquishing their rights. This has included working 19 hours without breaks. There have also been instances where workers have been required to be permanently on call, and takes place in addition to a lack of

holiday pay, sick pay and weekend breaks. This can lead to physical and mental exhaustion.

On the other hand, some workers may be provided with fewer hours than what was originally promised. This means they do not receive sufficient payment to meet their living costs or repay debts.

Tied Accommodation - Unseen found that tied accommodation was prevalent in 60.1% of modern slavery cases in the adult care sector reported to their helpline, with workers bound to accommodation provided by the employer or with the potential victims of trafficking living at the work premises. This accommodation often has poor quality living conditions (e.g. overcrowded and/or with excessive rent). They may also have money deducted from their wages or have their wages withheld in order to pay the rent.

This serves as a tool for control, maintaining an unequal power dynamic, making it difficult for workers to voice concerns or seek better working conditions. The intertwining of job and accommodation means that without the job, workers risk homelessness.

Monitoring and control – This is another reported characteristic of modern slavery in the care sector, with victims being watched continuously (e.g. by CCTV, GPS, phone calls or texts). Other methods of control can include important documents being withheld or destroyed (e.g. passports, visa documentation and contracts). These mechanisms instil fear in those being exploited, discouraging them from reporting their abuse.

Emotional, verbal, physical abuse - Threats are common among exploited care staff, especially to revoke certificates of sponsorship, have workers deported, report them to the police, or cut working hours. Emotional abuse is also somewhat common, with victims being shouted at, insulted or subject to racial abuse. Physical harm has also reported in some cases according to Unseen.

These methods of control that facilitate modern slavery can leave a care worker feeling trapped, bound to their exploiters who have complete control over their lives.

Victim demographics

Unseen's analysis of calls to the Modern Slavery Helpline reveals:

- The most common nationalities recorded were Indian (48%), Zimbabwean (15%) and Nigerian (8%).
- 23% of potential victims recorded were female and 14% male. However, gender was recorded as unknown in 63% of cases in cases where the caller to the Helpline was unable to say with certainty how many workers there were of each gender.
- As expected, the vast majority of potential victims indicated in the care sector are adults. However, the age status was recorded as unknown in 64% of cases.

While these statistics provide valuable insights into the issue, the actual number of individuals being exploited in the care sector remains largely unknown, likely surpassing reported figures. Employers are unlikely to report unlawful behaviour, and workers may not be fully aware of their rights or may hesitate to report exploitation due to various reasons, including reluctance or fear.

This significant rise, in addition to the cases we don't know about, underscores the pressing need for heightened awareness, intervention, and preventive measures.