



who cares?

A REVIEW OF REPORTS OF
EXPLOITATION IN THE CARE SECTOR

foreword

Abuse and exploitation of workers are evident in all sectors of the UK economy. However, the risks are higher in the care sector than in other sectors because of the significant use of temporary labour and the conditions of employment.

As operators of the UK's Modern Slavery & Exploitation Helpline, Unseen receives information from a variety of sources related to all aspects and types of labour abuse and modern slavery.

Throughout 2022 and into 2023 the Helpline has seen a significant rise in the number of cases indicating labour abuse and forced labour in the care sector. Many involve foreign nationals. As the UK opens up new visa routes for employment to meet labour shortages the potential for exploitation increases. Many workers who come to the UK do not know their rights or how to raise a concern.

For many who come to the UK, debt bondage is a significant factor because they have borrowed in their home country to pay for unfair and unlawful recruitment

practices, visa fees and travel costs to get to the UK. Many workers pay thousands of pounds to a third-party facilitator to help them navigate the recruitment and visa process. Many are unable to repay the debt, making them more vulnerable to exploitation in the UK. Often, workers are also charged large fees, directly by their employers, for certificates of sponsorship.

With the care sector's substantial growth in recent years and its over-reliance on the use of temporary labour, we must be aware of the potential for exploitation to increase. That's why Unseen is working with partners to raise awareness of worker exploitation in the care sector. We must ensure that people who are destined to work in the care sector get the help and advice they need before they find themselves in a situation of exploitation.

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introduction

The care sector is susceptible to worker exploitation and modern slavery. Many people providing their labour in the sector receive low pay and the work is considered low-skilled. Due to the transient nature of the workforce and the historic reliance on migrant workers, current labour shortages have created a further opportunity for workers to be exploited.

Since 2021, the number of job roles needed in England's adult social care sector has risen. Skills for Care's analysis of the sector's workforce shows that the total number of posts increased by 0.5% to 1.79 million between 2021/22 and 2022/23. Over the same period, the number of filled posts rose by 1% to 1.635 million, while the number of vacant posts decreased by 7% to 152,000. The same analysis by Skills for Care suggests these changes are, in part, due to the 250% increase in international recruitment.^[1]

Census data shows that 18.6% of the population was over the age of 65 in 2021, an increase of 2.2% in a decade. With more than 11 million over-65s in the UK in 2021^[2] and approximately 900,000 with dementia^[3], demand for adult social care continues to grow.

Persistent underfunding of the sector by successive governments has created long-term issues of low pay and poor working conditions. The Health Foundation reported that "even before the cost-of-living crisis hit, 1 in 5 residential care workers in the UK was living in poverty".^[4] Such conditions led to widespread staff shortages and these escalated as a result of the COVID-19 pandemic when travel restrictions and the mandatory vaccination policy limited the pool from which people could be recruited.

Brexit's impact on international recruitment and retention has also contributed to staff shortages. Nuffield Trust reported that many staff from EU countries did not apply for leave to remain, and returned to their home countries following the cessation of free movement. Many staff stated that racial discrimination led to decisions not to return to the UK following periods abroad.^[5] Following Brexit, the UK has become less attractive to staff from EU countries.

In response, the Migration Advisory Committee recommended to the Home Office that care workers should be added to the labour shortage list and that pay should be increased. The Home Office added care staff to the shortage list but did not address concerns about low pay. The result was focused recruitment on cheaper labour from non-EU countries – individuals drawn by the opportunity to improve their quality of life and earning potential. Of care sector staff recruited from outside of the UK in 2022, Skills for Care estimated that where nationality was known, 90% came from non-EU countries^[6], illustrating the reliance on short-term cheap labour rather than long-term planning for provision.

^[1] <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>

^[2] <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/ageing/articles/profileoftheolderpopulationlivinginenglandandwalesin2021andchangelssince2011/2023-04-03>

^[3] <https://www.alzheimers.org.uk/blog/how-many-people-have-dementia-uk>

^[4] <https://www.health.org.uk/news-and-comment/news/1-in-5-residential-care-workers-in-the-uk-living-in-poverty-before-cost-of-living-crisis>

^[5] <https://www.nuffieldtrust.org.uk/sites/default/files/2022-12/1671199514-health-and-brexit-web.pdf>

^[6] <https://www.skillsforcare.org.uk/Adult-Social-Care-Workforce-Data/Workforce-intelligence/documents/State-of-the-adult-social-care-sector/The-state-of-the-adult-social-care-sector-and-workforce-2022.pdf>

the issue – in numbers

606%

increase in the number of modern slavery care sector cases from 2021 to 2022.

712

potential victims of modern slavery were indicated in the care sector in 2022, comprising 18% of all potential victims indicated through the Helpline.

106

cases of modern slavery were indicated in the care sector in 2022. This made up 10% of all modern slavery cases raised through the Modern Slavery & Exploitation Helpline that year.

152,000

vacant posts in the adult social care sector in England in 2022/23

"The issue with care workers experiencing exploitation is that very vulnerable people are being employed to care for very vulnerable people"

Justine Carter, Director, Unseen




£11,800

is the average amount of debt reported by people who contacted the Helpline, to pay for recruitment, visa, and travel costs.*

* Based on Helpline reports received between January and June 2023

nature of the care sector

regulation of the care sector

-  **Care Quality Commission (CQC)** – the independent regulator of health and adult social care in England, responsible for the quality of care provided in certain care settings. The CQC ensures health and social care services provide people with safe, effective, high-quality care and encourage care services to continuously improve. It monitors, inspects, and regulates services and publishes the results. Where poor care is found, the CQC will use its powers to act.
-  **Employment Agencies Standards (EAS) Inspectorate** – is the state regulator for all recruitment agencies in Great Britain, including in the care sector.
-  **Gangmasters and Labour Abuse Authority (GLAA)** – doesn't have a specific remit concerning the care sector but has general enforcement powers and has referenced the care sector as one of its current priorities.

types of care

The care sector is comprised of a range of different care settings which include:

- Residential care homes
- Care homes with nursing
- Adult day-care centres
- Domiciliary or home care
- Hospices

The range of care settings, and the way labour is recruited, will influence the risks to workers entering the care sector.

labour provision

Most work in the care sector is temporary. Often, workforce turnover is high and the need is acute. Workers are required to look after people who need round-the-clock care, whether at home or in a residential care setting. Care workers support people who need help with daily tasks such as showering, shaving and dressing, as well as supporting their general wellbeing. A care worker often works irregular hours including shift work, which can include working nights and weekends. Although supporting people who need daily help is an important role, no specific skills or qualifications are required to become a care worker. Nevertheless, some migrant care workers are qualified nurses in their home countries.

Since 16 February 2022 care workers and home carers have been featured on the Shortage Occupation List. These roles are eligible for the Health and Care Visa, provided the worker meets the requirements and they have an eligible sponsor. Care workers cannot be sponsored by private households or individuals, other than sole traders sponsoring someone to work for their business. This includes residential, day and domiciliary care managers and proprietors in England, Scotland, Wales, and Northern Ireland.

the scale of modern slavery in the care sector

The care sector has historically made up a small proportion of the total number of modern slavery cases indicated through the UK's Modern Slavery & Exploitation Helpline. But it is on the rise. From seven cases in the whole of 2017, the Helpline indicated 106 cases in 2022, and that figure is continuing to grow in 2023.

Table 1 Number of cases and potential victims for all labour sectors compared to the care sector

Year	All sectors (MS labour exploitation)		Care sector	
	Cases	Potential victims	Cases	Potential victims
2017	711	3,540	7	N/A
2018	990	5,362	18	69
2019	886	3,294	7	12
2020	578	1,889	12	27
2021	447	1,484	15	63
2022	1,046	3,882	106	712
Total	4,658	19,451	165	883

Table 1 provides a breakdown of the cases and the number of individuals indicated in modern slavery labour exploitation situations reported to the Helpline between 2017 and 2022.

During the period 2017-21 care sector cases comprised between 1% and 3% of all labour exploitation cases raised by the Helpline and between 1% and 4% of all vulnerable people indicated in labour exploitation. However, in 2022 care sector cases rose significantly to 10% of all labour exploitation cases and 18% of all potential victims of labour exploitation. This increase may be attributable to several factors: awareness of modern slavery may be higher across the sector, enabling more individuals (workers and concerned third parties) to contact the Helpline about issues; and the change in

availability and sources of labour resulting from Brexit and the pandemic has led to more workers being recruited at speed and without safeguarding in place, and therefore the potential for exploitation to occur has increased.

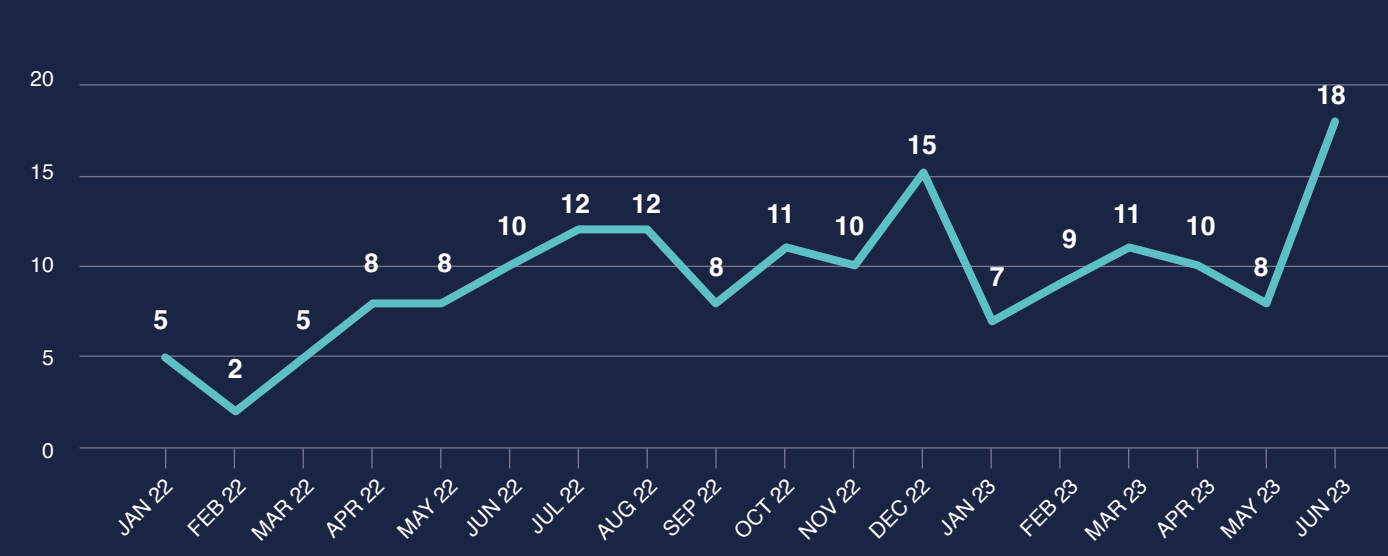
So far in 2023 we have continued to see the number of cases and potential victims increase, from 12 cases in quarter one of 2022 to 27 in the same quarter for 2023, a rise of 125%. Equally, the number of vulnerable workers indicated in those situations has climbed from 54 in quarter one of 2022 to 109 in quarter one of 2023, a rise of 102%. Table 2 sets out the number of modern slavery cases and potential victims indicated in situations reported to the Helpline from January 2022 to June 2023, by month and quarter.

Table 2 Modern slavery cases and potential victims indicated in the care sector between January 2022 and June 2023

Period covered	Modern slavery cases	Potential victims indicated
Qtr1 2022	12	54
Qtr2 2022	26	158
Qtr3 2022	32	190
Qtr4 2022	36	310
2022 Totals	106	712
Qtr1 2023	27	109
Qtr2 2023	36	199
2023 Totals	63	308
Jan 22 – Jun 23 Totals	169	1020

Although numbers in quarter one and quarter two of 2023 are comparable to those in quarters three and four of 2022, we can already see there is a significant increase in cases between May 2023 and June 2023, rising from eight to 18.

Chart 1 Modern slavery cases indicated in the care sector by month between January 2022 and June 2023



victim demographics

Of the potential victims indicated in modern slavery situations involving the care sector between January 2022 and June 2023, the majority were female (235) with 143 indicated as male. For 642 individuals the gender was recorded as unknown. This is often done where information is received about more than one worker and the caller to the Helpline is unable to say with certainty how many were male and how many were female

workers. In this situation unknown is recorded to avoid skewing the figures.

As would be expected, the majority of potential victims indicated in the care sector are adults (363). Only two minors were indicated, and a further 655 were indicated to the Helpline where the age status was recorded as unknown.

Chart 2 Gender breakdown of potential victims

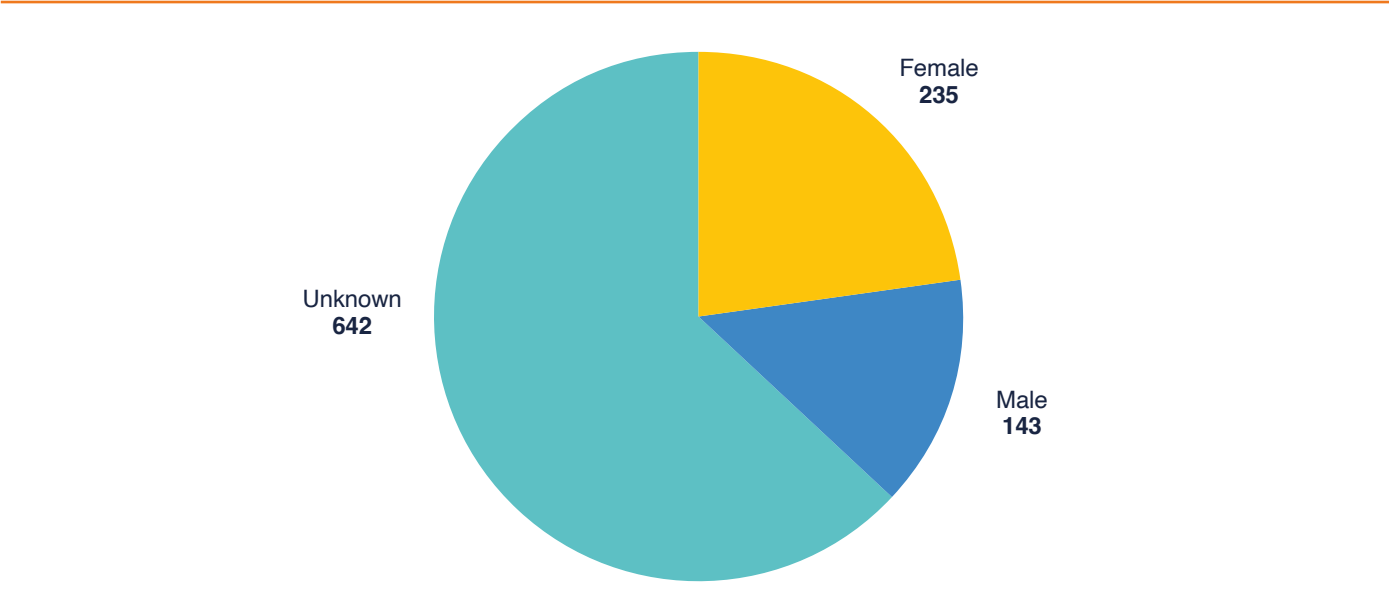
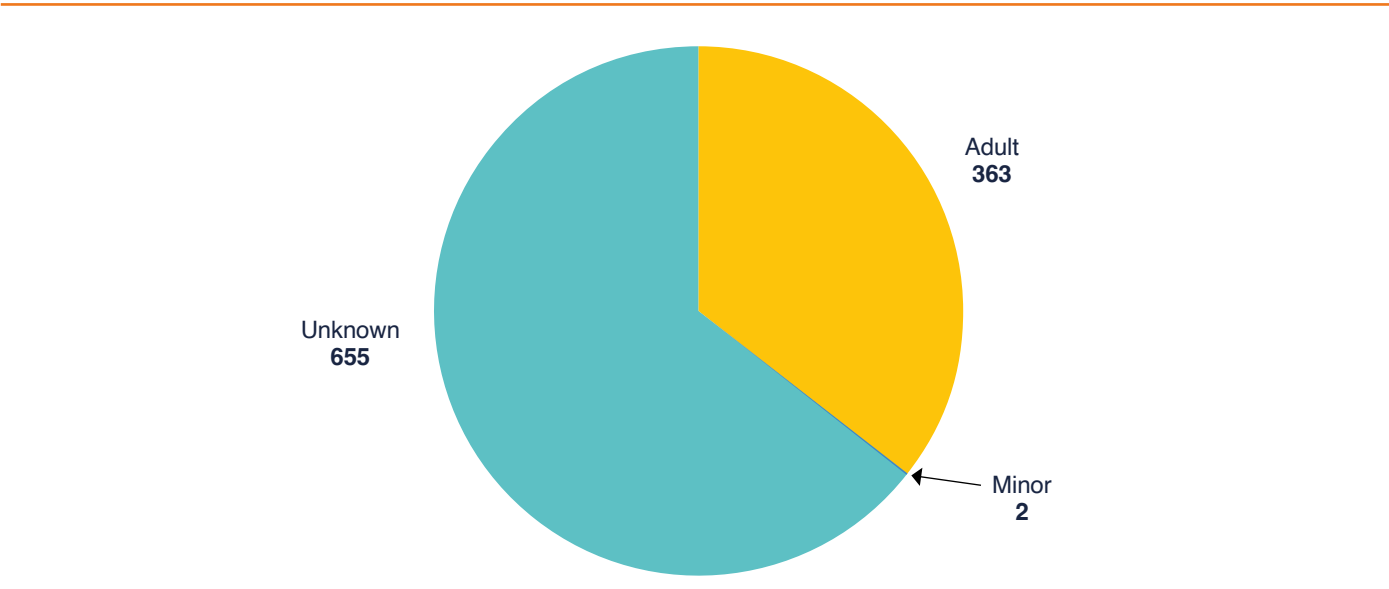


Chart 3 Age status breakdown of potential victims



nationalities

Contacts to the Helpline in 2022 indicated 20 different potential victim nationalities relating to labour exploitation in the care sector. A further five nationalities were indicated in contacts related to cases raised in 2023. In 2022 by far the most prevalent nationality indicated in situations of labour exploitation involving the care sector (where nationality was recorded) was Indian, comprising 48% (147) of all potential victims indicated. These high numbers in the care sector resulted in a rise of 536% in the total number of Indian nationals indicated in modern slavery from 2021 to 2022. Also prevalent were potential victims from Zimbabwe (45, 15%) and Nigeria (25, 8%). In the case of 402 potential victims, the nationality was recorded as unknown.

Table 3 Most prevalent nationalities of potential victims indicated in the care sector in 2022

Nationality	Potential victims	% of all potential victims (where nationality is known)
India	147	48%
Zimbabwe	45	15%
Nigeria	25	8%
Ghana	22	7%
Tanzania	14	5%
Pakistan	13	4%
Romania	9	3%
Philippines	5	2%
Uganda	4	1%
Bangladesh	4	1%
Sri Lanka	4	1%

Potential victims were also indicated from Ukraine (3), Nepal (2), Sierra Leone (2), and one each from Botswana, Bulgaria, Cameroon, England, Lithuania, UAE and “other”.

case study

Divya* came to the UK from India* to work in the care sector. She was housed with four other care workers. Their employer took their passports and they were ordered to sign a three-year contract with the care company.

Divya worked in domiciliary care. Often her employer would drive her to and from clients’ homes. She would complete a 12-hour shift with one client and then be expected to go straight into another 12-hour shift supporting another client, often working longer than 24 consecutive hours without breaks.

A concerned client let her sleep during a shift and provided her with food, as Divya was not earning enough money to buy provisions.

Assessing indicators of modern slavery, the Helpline referred the case to the appropriate police force, where it was reviewed and actioned by their Modern Slavery Team.

*Name and other personal details changed to protect identity.

In the first half of 2023 the top three nationalities indicated were consistent with 2022, with high numbers from India (63, 20%), Zimbabwe (20, 6%) and Nigeria (20, 6%). No potential victims were indicated as Ghanaian nationals, which had been the fourth most prevalent in 2022. Previously unrecorded nationalities indicated in 2023 were potential victims from Zambia (12), South Africa (11), Kenya (1), Morocco (1) and Thailand (1). In the case of 164 potential victims, the nationality was recorded as unknown.

Table 4 Prevalence of potential victim nationalities indicated in the care sector in January to June 2023

Nationality	Potential victims	% of potential victims (where nationality is known)
India	63	20%
Zimbabwe	20	6%
Nigeria	20	6%
Zambia	12	4%
Philippines	11	4%
South Africa	11	4%
Pakistan	3	1%
Sri Lanka	2	0.6%
Tanzania	1	0.3%
Cameroon	1	0.3%
England	1	0.3%
Kenya	1	0.3%
Morocco	1	0.3%
Thailand	1	0.3%

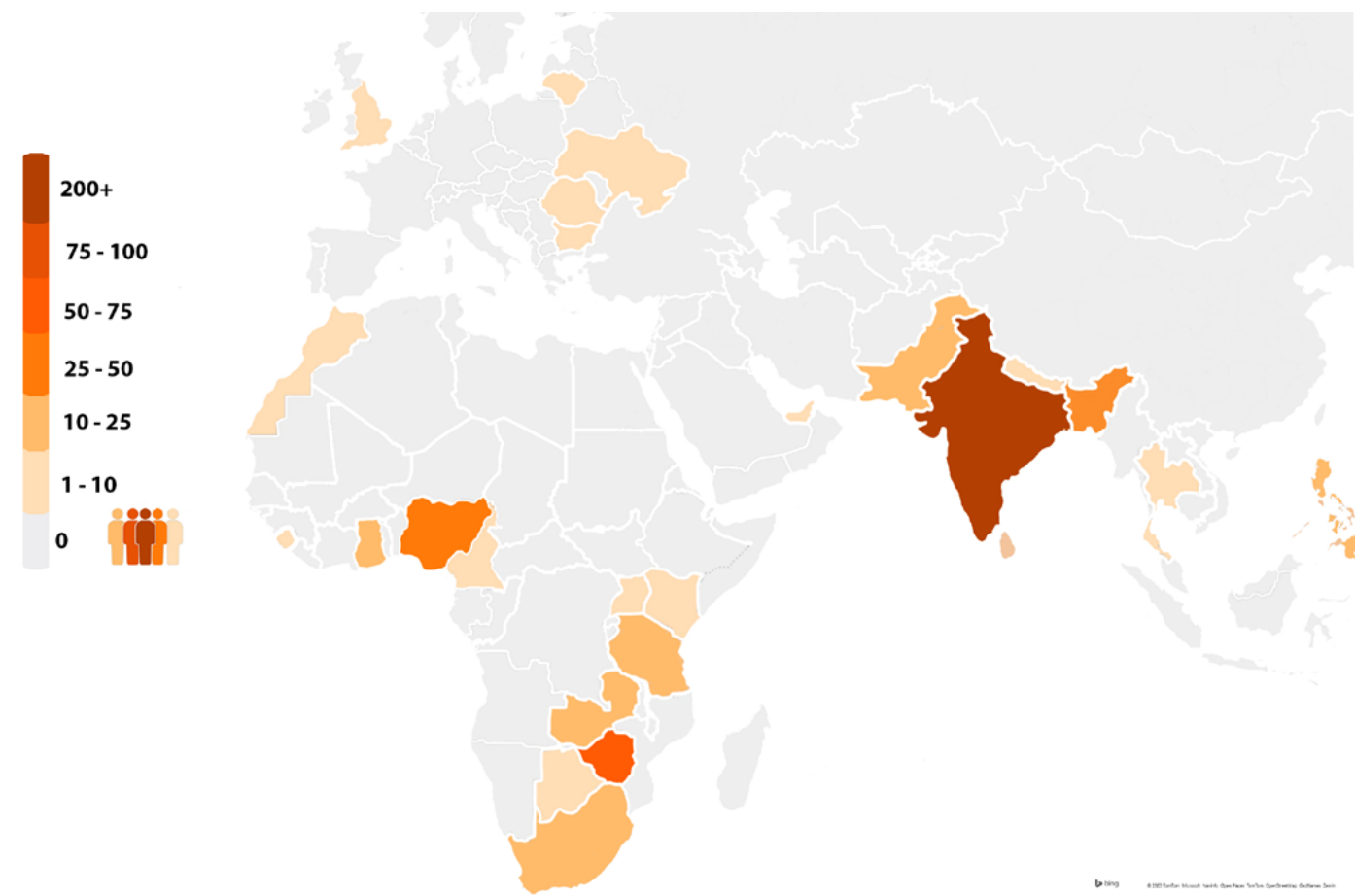
case study

Diwata* came to the UK from the Philippines* on a skilled worker visa to work in a residential care home. Diwata and her colleagues lived in the care home and were forced to share small rooms. Their employer was controlling - confiscating their phones, frequently searching their possessions, verbally abusing and shouting at Diwata and her colleagues, and threatening to cancel their visas.

Assessing indicators of modern slavery, the Helpline referred the situation to the police, which resulted in investigation by the Modern Slavery Organised Immigration Crime unit.

*Name and other personal details changed to protect identity.

Chart 4 Prevalence of potential victim nationalities indicated in the care sector between January 2022 to June 2023



Overall, in the 18-month timeframe, nationality was recorded as unknown for just over half of potential victims (566, 55%). Where nationality was recorded, most potential victims were indicated as Asian (255) or African (181).

nationalities by gender

When looking at both gender and nationality most nationalities indicated show female victims as the most prevalent, except for Nigeria (12 female:20 male), Pakistan (6:7) and Zambia (0:1) where the majority are male. The table below provides a breakdown of gender by nationality. For 135 individuals (90 female, 45 male) the nationality was recorded as unknown. In 566 instances, both the gender and nationality were recorded as unknown. This can often be because limited information is provided in situations involving more than one potential victim.

Table 5 Top ten nationalities of potential victims indicated in the care sector by gender January 2022 – June 2023

Nationality	Female	Male	Unknown	Total
India	63	55	92	210
Zimbabwe	19	6	40	65
Nigeria	12	20	13	45
Ghana	2	1	19	22
Pakistan	6	7	3	16
Philippines	4	2	10	16
Tanzania	14	-	1	15
Zambia	-	1	11	12
South Africa	2	1	8	11
Romania	0	2	7	9

debt bondage

The UK operates under the ‘employer pays principle’ (EPP) in relation to the Health and Care visa, which requires that no worker should pay for a job; rather, recruitment costs should be borne by the employer. With many people in the care sector paying thousands of pounds to third-party facilitators in their home country, workers can arrive in the UK with substantial debt. In other situations, workers are paying huge fees directly to their employers at the care companies for certificates of sponsorship. On applying for a Health and Social Care visa, an individual is required to pay an application fee of £247 to the Home Office, and the employer is required to pay an immigration skills charge of £364 and £199 for the certificate of sponsorship. Yet we are continuously hearing about workers being charged considerably higher fees by their employers.

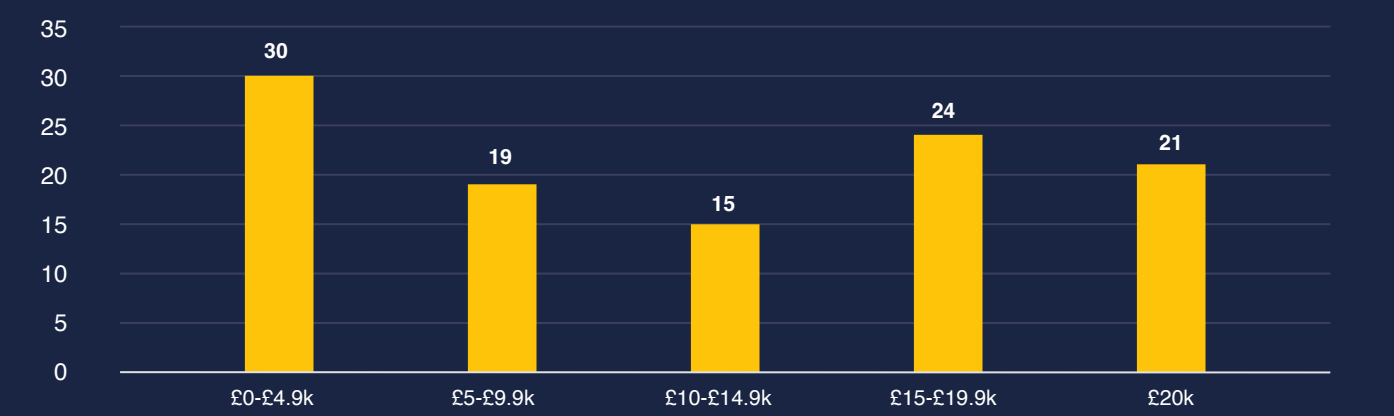
The only way workers can pay off the debt is to work long hours with few breaks. Being in debt alone doesn’t meet the threshold of modern slavery. However, when workers feel unable to leave because they are being threatened by their exploiter or they’re being forced to work long hours and have no other means of income,

they can become trapped. Having such a debt, which is often raised through family and community members or by mortgaging or selling property, can have a significant psychological impact on a vulnerable person.

In some cases the debt accrued to secure sponsorship, work, and travel to the UK is around £2,000. However, in many instances the debt can exceed £20,000, and in a few cases as much as £25,000. This is significant for anyone, let alone someone paid at or less than the National Minimum Wage. Add to that the likelihood of deductions being made from an individual’s pay for accommodation, food and transport, and it becomes evident that workers are in a cycle where they will never be able to pay off the debt.

In 2023 the average amount of debt bondage per worker indicated to the Helpline is more than £11,800. This is based on information received by the Helpline about the debts of 109 workers in the care sector. The chart below sets out the number of workers and the levels of debt indicated.

Chart 5 Levels of worker debt in January to June 2023



Aside from smaller debts of up to £4,999, the most reported debt level for workers in the care sector is between £15,000 and £19,999. The pressure on workers to repay these debts results in many simply accepting their poor working conditions or low pay rather than leaving a job or trying to improve their situation.

case study

Janet* was recruited from Zimbabwe* to work in a residential care home. She did not receive a contract, and her employer charged her £10,000 for a certificate of sponsorship. She was then forced to work more than her agreed hours, sometimes working 18-hour shifts for up to 10 days in a row.

Janet should have been paid the National Minimum Wage. However, deductions were made from her pay to recoup the £10,000, leaving her with as little as £200 per month. On some days she could not afford to eat.

If she complained or spoke up about her rights, her employer threatened to report her to the Home Office and have her deported. They had also threatened to harm Janet and her family in Zimbabwe if she reported the situation.

The Helpline assessed indicators of modern slavery, explored support options with Janet and referred the situation to the police, which resulted in an investigation.

*Name and other personal details changed to protect identity.

recruitment methods and locations

As in many other industries, job offers or advertisements were a common method of recruitment into situations of modern slavery for potential victims in the care sector (237 potential victims, comprising 23.2%). Some care companies recruited individuals directly and others used third-party recruitment agencies. This recruitment often took place online (24, 2.4%) or at a recruitment agency’s office or website (28, 2.7%). False promises or statements were common (133, 13%) appealing to individuals planning to emigrate for a better life. In one

case the initial job offer promised a car, driving lessons and accommodation, which did not transpire. Offers of accommodation were frequent (55, 5.4%), a necessity for people migrating from overseas. Less frequently indicated was an exploiter posing as a benefactor (16, 1.6%) or recruitment through family members (4, 0.4%) or friends (4, 0.4%). In several situations, individuals were recruited by exploiters who had ties to their home country, such as being from the same village or area.

Table 6 Breakdown of potential victims by recruitment tactic between January 2022 – June 2023

Recruitment tactic	Potential victims*	% of potential victims*
Job offer/advertisement	237	23.2%
False promises or statements	133	13.0%
Offer of Accommodation	55	5.4%
Posing as Benefactor	16	1.6%
Familial	4	0.4%
Friend	4	0.4%
Intimate partner/marriage proposition	4	0.4%
Abduction	1	0.1%
Coercion (Threats, blackmail, etc.)	1	0.1%
Grooming	1	0.1%
Other	1	0.1%
Unknown	680	66.7%

*Multiple recruitment tactics can be indicated in relation to each potential victim therefore the sum total of this table may be higher than the given number of potential victims and exceed 100%.

Table 7 Breakdown of potential victims by recruitment location between January 2022 and June 2023

Recruitment Location	Potential victims*	% of potential victims*
Internet/online	24	2.4%
Recruitment agency office/website	28	2.7%
Other	3	0.3%
Private home/family residence	1	0.1%
Church/place of worship	1	0.1%
Social media platforms	2	0.2%
Work/business venue	1	0.1%
Unknown	963	94.4%

*Multiple recruitment locations can be indicated in relation to each potential victim therefore the sum total of this table may be higher than the given number of potential victims and exceed 100%.

methods of control

Some common themes emerge regarding methods used to keep individuals in modern slavery situations in the care sector. Financial control was indicated for almost three-quarters of potential victims (739, 72.5%). Financial control presented itself in several ways, including withholding of wages, non-compliance with National Minimum Wage, withholding of payslips, large deductions from salary, debt bondage, and excessive fees for breaking contract. Tied accommodation was prevalent (613, 60.1%), presenting as accommodation provided by the employer or potential victims living at the work premises. Living conditions were often described as poor and overcrowded.

Confinement or restricted movement was indicated by nearly half of potential victims (439, 43%). Potential victims had their travel to the UK arranged by the employer, were transported to and from work, forced to find accommodation within a certain radius of the work premises, or prevented from going to places of worship or attending medical appointments.

Threats were also common (348, 34.1%). Threats to revoke certificates of sponsorship or have potential victims deported were commonplace, as were threats to

report potential victims to the police or the Disclosure and Barring Service, and threats that references would not be provided or that working hours would be cut. Threats were made to harm not only the individual but sometimes a family member or someone else close to a potential victim (41, 4%). Actual physical harm was also reported (21, 2.1%).

Emotional abuse was indicated with almost a quarter of potential victims (238, 23.3%). Potential victims were often shouted at, insulted or subject to racial abuse.

Monitoring was reported with many potential victims (88, 8.6%), which could consist of someone watching them continuously in person, via CCTV or GPS, or checking up on them through numerous phone calls or text messages.

Important documents being withheld or destroyed (73, 7.2%) included passports, visa documentation and contracts. Isolation (72, 7.1%) was recorded when potential victims had been prevented from communicating with colleagues, patients, friends, or family members.

Table 8 Breakdown of potential victims by methods of control between January 2022 and June 2023

Method of control	Potential victims*	% of potential victims*
Financial control	739	72.5%
Tied accommodation	613	60.1%
Confinement/restricted movement	439	43.0%
Threat to report/deport/other	348	34.1%
Emotional abuse – verbal/manipulation	238	23.3%
Unknown	127	12.5%
Monitoring	88	8.6%
Withheld/destroyed important documents	73	7.2%
Isolation	72	7.1%
Threat to harm subject, family or other	41	4.0%
Other	33	3.2%
Physical abuse	21	2.1%
Cultural/familial/religious pressure or coercion	18	1.8%
Threat to expose or shame subject	7	0.7%
Sexual abuse	5	0.5%
Induced substance abuse	2	0.2%
Threat to abandon subject/make homeless	2	0.2%

*Multiple methods of control can be indicated in relation to each potential victim; therefore the sum totals of these tables may be higher than the given number of potential victims and exceed 100%

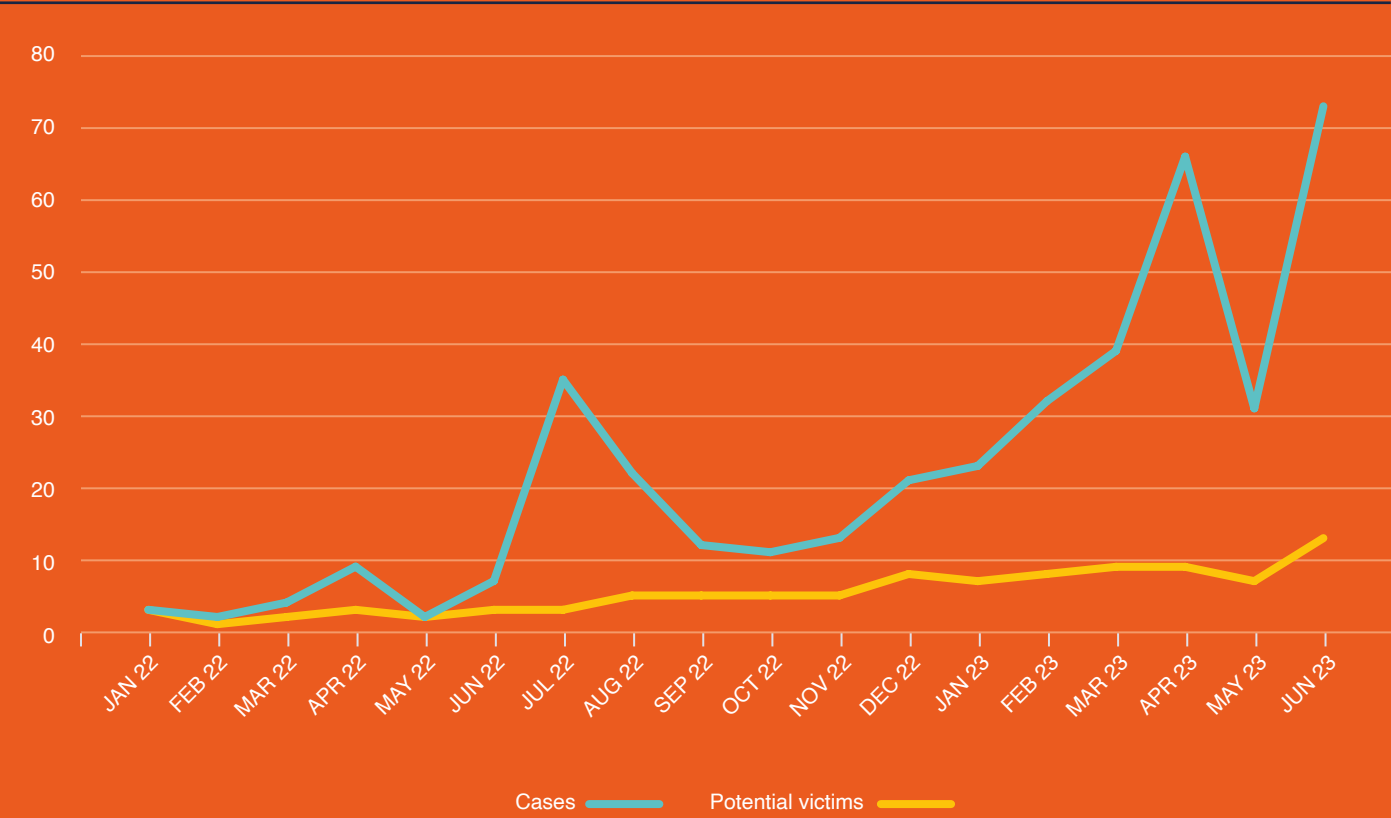
labour abuse and non-modern slavery cases

As well as the high number of situations with indicators of modern slavery, the Helpline has received many other reports of abuses of worker rights and poor treatment of staff in the care sector. These cases are classified by the Helpline as either labour abuse or non-modern slavery.

Labour abuse cases in this sector often involve concerns such as non-payment of the National Minimum Wage, salary deductions, lack of adequate training, working long hours without breaks and experiencing verbal abuse. While these concerns may also be indicated in modern slavery cases, labour abuse cases involve less force or control but may involve exploitation of foreign workers' lack of knowledge about their rights and acceptable working practices.

Since January 2022 the number of cases and potential victims indicated have steadily increased month on month from three cases and three potential victims in January 2022 to 13 cases and 73 potential victims in June 2023. Over these 18 months a total of 98 cases and 405 potential victims were indicated. The number of cases indicated in the first half of 2023 (53 cases) was higher than the total number indicated in the whole of 2022 (45 cases). The number of potential victims indicated in the first half of 2023 (264 potential victims) was almost twice the number in the entirety of 2022 (141 potential victims). These figures show that this is a growing problem that will continue to escalate until systemic changes are implemented.

Chart 6 Labour abuse cases and potential victims indicated in the care sector by month between January 2022 and June 2023



case study

Nneka* heard about the health and social care visa scheme through a friend and came to the UK on a skilled worker visa where she began a role as a domiciliary care worker. Nneka was unaware of UK worker rights and her employer took advantage of this.

She worked 12-hour shifts seven days a week. The only way Nneka could have a day off work was to call in sick. Her rate of pay varied between different clients, ranging from £5 to £10.50 per hour.

Having assessed indicators of labour abuse, the Helpline advised Nneka of its assessment, signposted her to specialist services to gain employment advice and submitted referrals to HMRC and the Gangmasters and Labour Abuse Authority (GLAA) for concerns about national minimum wage and labour abuse.

*Name and other personal details changed to protect identity.

Table 9 Labour abuse cases and potential victims indicated in the care sector by month between January 2022 and June 2023

	Case Count	PV Count
Jan-22	3	3
Feb-22	1	2
Mar-22	2	4
Apr-22	3	9
May-22	2	2
Jun-22	3	7
Jul-22	3	35
Aug-22	5	22
Sep-22	5	12
Oct-22	5	11
Nov-22	5	13
Dec-22	8	21
2022	45	141
Jan-23	7	23
Feb-23	8	32
Mar-23	9	39
Apr-23	9	66
May-23	7	31
Jun-23	13	73
2023	53	264
Grand total	98	405

As well as modern slavery and labour abuse cases, the number of non-modern slavery cases relating to the care sector is escalating. The Helpline classifies cases as non-modern slavery when concerns about a situation have been raised but the information provided does not meet the threshold for labour abuse or modern slavery. Such cases include reports of bullying, harassment, and payment disputes. Several cases involved migrant care workers not receiving the number of hours they had initially been promised, leaving them in a foreign country without money for necessities, making them extremely vulnerable to exploitation. Almost twice the number of cases indicated in the whole of 2022 (16 cases) were reported in the first half of 2023 (31 cases).

Some common themes run through care sector cases reported to the Helpline, whether they are assessed as modern slavery, labour abuse or non-modern slavery. Migrant workers are often charged high fees by

unscrupulous recruitment agencies, and then commonly charged huge fees by their employers for certificates of sponsorship, unaware that this is illegal.

Often people have spent their life’s savings and borrowed from family, friends, and debtors. Once in the UK their lack of understanding of worker rights and the link between their employment and visa, due to sponsorship, leaves them vulnerable to exploitation in a sector that was already known for poor working practices and conditions.

There seems to be a general lack of understanding among migrant workers around their ability to transfer sponsorship, too. Large sponsorship exit fees are imposed that are neither reasonable nor proportionate. Such financial burdens and fear of deportation keep people trapped.

case study

Mabel* came to the UK on a Health and Social Care visa. She had been charged £6,000 by her employer for a certificate of sponsorship.

Mabel was not provided with a sufficient number of hours, working a maximum of 18 hours per week. During one month she was not scheduled to work at all.

Mabel was paid National Minimum Wage, lived in private accommodation, was free to come and go, and was not monitored or threatened by her employer.

As the Helpline did not assess sufficient indicators of labour abuse or modern slavery, we provided signposts to local support and employment advice services.

If a route into the Home Office or Department of Health and Social Care existed, to report businesses charging employees for visas, a referral might have been made.

*Name and other personal details changed to protect identity.

conclusion

As the UK continues to struggle with labour shortages the potential for vulnerable workers to be targeted persists. Migrant workers are needed in sectors such as agriculture and care, but the support available for people who are thinking about travelling to the UK to take up employment is poor. Not enough information is given to workers about what is and isn't acceptable practice, such as paying to secure a job. Many workers travelling to the UK don't know their rights and by the time they get to their work destination, it's often too late and they find themselves trapped by debt, fear of abusive employers, or lack of information.

With the current economic and political climate, we're likely to see an increase in the number of vulnerable people contacting the Helpline. Our remit is not only to provide immediate assistance to vulnerable people but also to assess and monitor emerging trends. That way we can ensure that as issues materialise, we can work with our partners and stakeholders to seek ways of preventing exploitation from occurring in the first place.

recommendations

- Ensure sufficient information about workers' rights and transfer of sponsorship is provided to people intending to travel to the UK to work in the care sector using a Health and Care visa.
- Introduce additional checks at visa issuing centres in countries of origin to ensure visa applicants have not paid recruitment fees to a third party.
- Implement stricter guidelines around repayment clauses and exit fees. Guidance around exit fees needing to be "proportionate"^[1] are too vague, and are easy for unscrupulous employers to abuse.
- Establish a clear channel for reporting to the Home Office and Department of Health employers who charge workers for certificates of sponsorship.
- Increase salaries of care sector staff as recommended by the Migration Advisory Committee.
- Require mandatory modern slavery training to be completed by all Care Quality Commission inspectors and local authority staff.
- Provide Government support to migrant workers whose sponsor's licence has been revoked.

^[1] <https://www.gov.uk/government/publications/code-of-practice-for-the-international-recruitment-of-health-and-social-care-personnel/code-of-practice-for-the-international-recruitment-of-health-and-social-care-personnel-in-england>

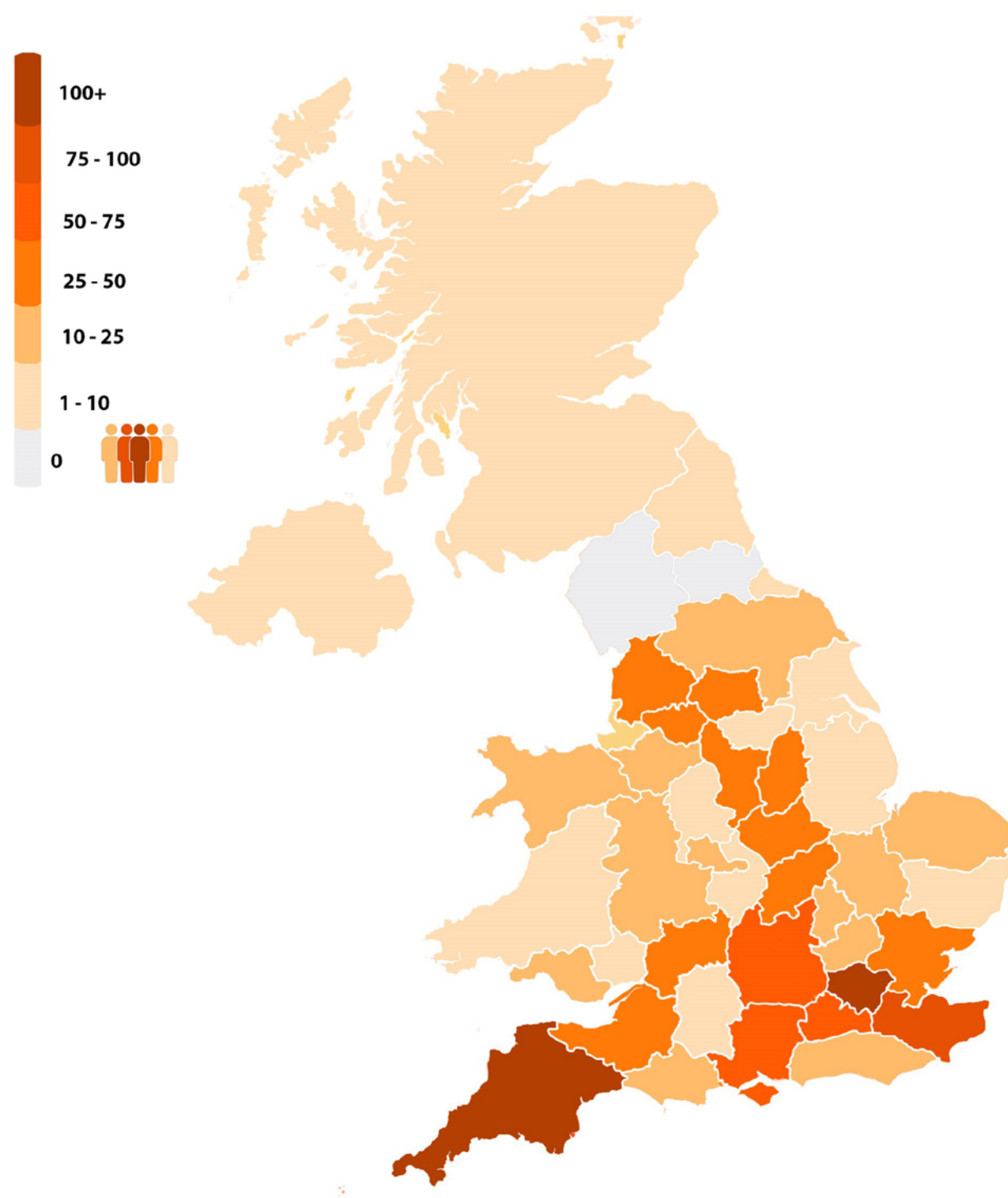
annex

Table 10 Breakdown of modern slavery cases and potential victims in the care sector by police force region between January 2022 and June 2023

Police force region	Cases*	Potential victims*
Metropolitan Police Service	11	127
Devon & Cornwall Police	6	109
Kent Police	8	90
Thames Valley Police	7	74
Surrey Police	6	67
Hampshire Constabulary	11	59
Northamptonshire Police	4	48
Gloucestershire Constabulary	5	45
Nottinghamshire Police	7	41
Derbyshire Constabulary	6	39
Avon & Somerset Constabulary	10	38
West Yorkshire Police	7	37
Greater Manchester Police	4	32
Leicestershire Constabulary	5	30
Essex Police	6	29
Lancashire Constabulary	5	29
West Mercia Police	3	24
Cheshire Constabulary	2	23
North Yorkshire Police	3	22
South Wales Police	2	22
West Midlands Police	5	21
Cambridgeshire Constabulary	5	20
Sussex Police	3	20
Dorset Police	2	19
Bedfordshire Police	3	18
Hertfordshire Constabulary	3	18
Norfolk Constabulary	6	17
North Wales Police	2	15
Lincolnshire Police	3	9
Warwickshire Police	2	9
Suffolk Constabulary	1	7
Staffordshire Police	3	5
Merseyside Police	2	4
Police Service of Northern Ireland	2	3
Police Scotland	2	3
Gwent Police	1	3
Dyfed Powys Police	1	2
Humberside Police	1	2
Northumbria Police	1	2
Wiltshire Police	1	2
Cleveland Police	1	1
South Yorkshire Police	1	1
Unknown	19	121

*Sum of the table will exceed the total number of modern slavery cases/potential victims stated elsewhere, as some cases spanned multiple police force regions.

Chart 7 Breakdown of modern slavery potential victims indicated in the care sector by police force region between January 2022 and June 2023



Thanks to the Gangmasters and Labour Abuse Authority (GLAA) and Employment Agency Standards Inspectorate, Department for Business and Trade, for their support

"The Modern Slavery & Exploitation Helpline does hugely important work identifying trends in modern slavery and labour abuse. It is a vital tool in our work to address exploitation of all kinds"

Phil Cain, Director of Operational Delivery, GLAA

"The Government is clear that everyone deserves to be treated fairly at work and rewarded for their contribution to the economy. EAS is delighted to be partnering with Unseen. Our collaboration includes a referral route from the Helpline, which has had a focus on the identification of potential breaches of the law by agencies supplying workers to the care sector. This partnership is another important step in protecting workers and good business by providing education, awareness and supporting compliance with the law"

Employment Agency Standards Inspectorate

Unseen is working towards a world without slavery. We provide safehouses and support in the community for survivors of trafficking and modern slavery. We also run the Modern Slavery & Exploitation Helpline and work with individuals, communities, businesses, governments, other charities, and statutory agencies to stamp out slavery for good.



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