



**Assessing the  
vulnerability of  
care-workers in  
England to  
modern slavery risks  
during the  
COVID-19 pandemic**

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# Key research findings

The pressure of COVID-19 on the social care sector has the potential to translate into modern slavery risk. The shift to digital recruitment and monitoring, combined with the challenging working conditions, has led to an increased risk of exploitative labour practices, including extreme forms such as modern slavery. Through analysis of primary interviews with key stakeholders and a review of the guidance and safeguarding documentation of organisations representing care procurers and providers, this project has identified several key risk factors that interviewees identified may increase modern slavery risk in the care sector as a result of COVID-19. Whilst the pandemic is ongoing, and the situation continues to develop, it is likely that the extent of modern slavery risk will only be fully revealed in retrospect.

Focussing on both national and local organisations, researchers found serious potential modern slavery risks in the care sector. Identified risks can be grouped into the following categories:<sup>1</sup>

- **Pre-recruitment Financial Risk** – Increased recruitment activity and rise in use of migrant labour, with risk of work-visa debt.
- **Post-recruitment Financial Risk** – Wages being withheld, especially with regard to sick pay and travel time; delays in payment through retrospective reconciliation; increasing reliance on “pay-per-minute.”
- **Pre-recruitment Operational Risk** – Flexible employment practices in response to workforce availability, including waiving of full DBS checks; media perception of care homes discouraging potential staff, leading to labour shortages; reliance on unregulated temporary staffing agencies.
- **Post-recruitment Operational Risk** – Decreasing quality of working conditions, pressure for staff to live ‘locked in’ on-site; audit limitations; isolation of home carers, increased risk for BAME staff; obscured signs of exploitation and unacknowledged home care workload increases.

There have, however, been some unprecedented positive impacts from COVID-19, which have the potential to mitigate modern slavery risk. These include: (1) increased inter-organisational co-operation; (2) increased community-orientated care approach; (3) perceived increase in the societal value of social care.

# Why is this important?

The COVID-19 pandemic has placed a significant strain on the care sector. Although all areas of the care sector have been affected, care homes in particular have seen a high level of outbreak.

Between 2<sup>nd</sup> March and 12<sup>th</sup> June 2020, there were 66,112 deaths of care home residents.<sup>2</sup> A Government survey found that, across the 5,126 care homes in the study: (1) 56% of care homes reported at least one confirmed case of coronavirus (staff or resident); (2) where care homes had tested positive, approximately 20% of residents tested positive; (3) where care homes had tested positive, 7% of staff tested positive.<sup>3</sup> Mike Padgham, of the Independent Care Group, is reported to have said that care homes were the "true front line" in the fight against coronavirus.<sup>4</sup>

Those involved in other types of care, such as domiciliary care, have also been heavily affected, as the number of domiciliary care recipient deaths in England for 2020 was higher than the three-year average (6,523 from 10 April 2020 to 19 June 2020).<sup>5</sup>

Much government and media attention has been paid to the increased risks being faced by staff in the care sector, particularly regarding contracting COVID-19. Indeed, the death rate among social care staff was double that of the general working age population (up to and including 20<sup>th</sup> April 2020 in England and Wales).<sup>6</sup> Yet one area of risk that has not been considered is that of modern slavery. Staff who work in social care may be at risk of modern slavery, as previous Rights Lab work has illuminated. Research conducted in 2017 found that "gaps in existing legislative and regulatory frameworks for the procurement of adult social services leave care workers at a heightened risk of modern slavery."<sup>7</sup>

The coronavirus pandemic, and the increased strain on the care sector, risks exacerbating these already present issues to increase modern slavery risk. Major factors in this include the shift of recruitment on-line, rather than in-person, in addition to the increased financial precarity of work in the care sector.

## Recommendations for local authority commissioners:

- Update COVID-19 guidance to acknowledge increased modern slavery risk, and clearly link to resources to assist in reporting (such as government guidance).<sup>8</sup>
- Pay home care 'on plan' to avoid funding deficits and the risk of delayed or non-payment of front-line staff
- Ensure training of modern slavery is carried out consistently, and increase scope to include the digital sphere through e-learning
- Adapt safeguarding methods to virtual spaces
- Increase regulation of working conditions by random virtual spot-checks, e.g. by contacting random care staff for anonymous feedback
- Continue to communicate best practice between organisations

## Recommendation for the UK Government:

- Offer increased support to the care sector to enable additional safeguarding methods and increased financial security.

# Research overview

This research expands on the work done in 2017 by Dr Caroline Emberson and Dr Alex Trautrim of the University of Nottingham's Rights Lab. This project exposed potential modern slavery risk in the care sector, drawing particular attention to the gap in modern slavery legislation surrounding the procurement of adult social care. The project concluded that: "The changing nature of the provision of adult social care - from the employment of care-workers directly by local authorities to more 'flexible' employment relationships involving a range of intermediaries – may jeopardise the safety of care-workers and the employment standards they could expect to enjoy." <sup>9</sup> These risks have the potential to be exacerbated by the COVID-19 pandemic.

The methodology of this project was qualitative-based. The reason for this was a shortage of detailed quantitative data as the COVID-19 pandemic developed, due to the rapidly escalating situation. We anticipate much of this data to be available retrospectively. This project deliberately and consciously avoided interviewing frontline care staff, as the researchers were aware that the pandemic meant that frontline staff were likely to be overwhelmed, and that their participation in this project had the potential to be unethical. The methodology of this project can be divided into two categories:

Semi-structured interviews – Four interviews were conducted with various organisations that worked closely with frontline care providers. These included the Association of Directors of Adult Social Services, the Carers Federation, the Local Government Association and a local government commissioning representative.

Desk-based analysis of COVID guidance – This desk-based analysis focussed on publicly-available guidance from leading national organisations representing care providers, including both paid and unpaid care workers. A robust methodological framework was applied consistently to all organisations. This incorporated:

- following all homepage links to COVID-19 guidance,
- searching the website for the terms "COVID-19," "coronavirus" and "modern slavery."

Through this framework, a rounded perspective on the publicly accessible guidance offered by these organisations was achieved.

We analysed this data by classifying elements of modern slavery risk into four categories:

- (1) Pre-recruitment Financial Risk;
- (2) Post-recruitment Financial Risk;
- (3) Pre-recruitment Operational Risk;
- (4) Post-recruitment Operational Risk.

It should be noted that there was a marked disparity between guidance on pre and post recruitment risk, with much guidance focusing on post-recruitment risk. In other words, most guidance focussed on preventing modern slavery risk for existing staff, rather than identifying whether or not staff being newly recruited were vulnerable. We also noticed that whilst organisations had in most cases responded to many pressing concerns raised by the COVID-19 pandemic, few acknowledged the risk of modern slavery, and failed to address this in their guidance.

# 1. Pre-Recruitment Financial Risk

## **Increased recruitment activity and rise in use of migrant labour, with risk of work-visa debt**

A collaborative statement between ADASS and LGA addressed the challenge of increased recruitment faced by the care sector. This was severe prior to the coronavirus pandemic, but the additional strain on the sector runs the risk of leaving staff open to work-visa debt, as pools of migrant labour are sought:

*To ensure that the adult social care sector continues to provide care to those who need it at a time when providers will need to recruit additional employees to replace those who are off sick or to respond to increased demand. This will be a cost pressure for providers which must be recognised. Other sectors have reported staffing absences of over 20% at any point in time.*

*All the evidence is that adult social care is facing similar challenges. This will be a significant challenge especially given the high level of vacancies in the sector.*

*Temporary Funding for Adult Social Care providers during the Covid-19 Crisis and the significant turnover of employees and will mean that providers incur additional costs. Providers are likely to face other increased costs especially Personal Protective Equipment (PPE) and the extra time required to deliver care safely whilst following infection control guidance.*

*It is important to acknowledge the existing fragility of the care market before it had to contend with the challenges arising from Covid-19. It is not intended that the additional £1.6 billion of Government funds are used to make up previous shortcomings.<sup>10</sup>*

One interviewee, the Co-Lead for the ADASS Safeguarding Policy Network, echoed the concerns raised about financial fragility affecting an already stretched care sector, and was among several interviewees who raised concerns that this may be disproportionately affecting migrant workers:

*“I suppose on top of the pandemic you’ve got the Brexit changes as well, and I think it’s been more evident in the NHS that people who are having to pay for work permits and things – I wasn’t even aware of that until it was raised on the*



*television. So, there's some good coming out of it, because I don't think we understand the difference in people's terms and conditions, even when it's not modern slavery. I think it could compound things for people, if they're worried about being able to stay, if they've got financial pressures at the moment. They've got those pressures on them through potentially coercion. I think there's a lot of factors, but the pandemic wouldn't help."*<sup>11</sup>

The Chief Executive Officer of the Carers Federation extended this thinking into the realms of the economic instability that is likely to come in the aftermath of the pandemic, and its impact on migrant labour:

*"One of my biggest worries around this issue is that if we look at what happened in Italy after the crash, 2008-2012, there was a large change in the behaviour of self-funders. Where they brought in large numbers of low paid, in many cases illegal immigrants as full-time carers. What I know about what happened then was it was people who were well-off enough to be able to do it, mainly older people were living in a family home, on their own, and the rest of the family would bring someone in as live-in, 24/7 carers. A lot of very low-paid people were brought in at that time.*

*I've got a nagging fear in the back of my head that that could provide a solution to a lot of self-funders who are not able to get additional support through the state for the caring role, who don't want to do it themselves, but it's a solution for their family. And we have seen some of that over here already. And I'm worried that that would be the biggest growth area. It's been creeping up on us for a few years now, it's very much the live-in carers.*

*In terms of an hourly rate for what they do, it's probably £2 an hour. Because they're there 24/7. Although their rent and board is free, if you look at the whole package it still doesn't work out. Two years ago there were a couple of organisations that were doing quite a lot around recruiting students as live-in carers. For older people. And again it was under what conditions were they being provided with this board and lodgings, and would it actually constitute modern slavery."*<sup>12</sup>

To summarise, the pandemic risks exacerbating existing recruitment difficulties, with the risk that new pools of migrant care staff may be vulnerable to exploitation through work-visa debt. However, it should be noted that of all the online guidance offered, pre-recruitment financial risk was the component least acknowledged.

## 2. Post-Recruitment Financial Risk

### **Wages being withheld, especially with regard to sick pay and travel time**

Our analysis of guidance reveals that there is an increased risk of staff not being paid accurately for their labour, in particular with regard to sick pay and travel time.

‘Social care provider resilience during COVID-19: guidance to commissioners’ is a shared guidance document between ADASS, LGA, and Care Providers Alliance (CPA), and that focuses on several elements of post-recruitment financial risk, including sick pay:

*“Commissioners can mitigate this through funding these extra costs, either through a lump sum or through increasing the fee rate. They can assist with cashflow by agreeing a reasonable amount based on an assumed average sickness absence rate and paying upfront, rather than awaiting detailed records of actual sickness taken and backfill provided and agree reasonable and proportionate ways of later reconciliation. An assumed average rate may be informed by governmental planning assumptions, but commissioners should not wait for this if it is delaying necessary financial support.”<sup>13</sup>*

UNISON also echoes concerns regarding sick pay not being paid on time. In their FAQs section, this is a question that is addressed.<sup>14</sup>

Another issue surrounding financial risk is carers not being paid for travel time during the pandemic, which is regarded as a form of labour exploitation. A Programme Manager for the Local Government Association states:

*“I think recently the thing that's coming through really loud and clear to me is about some of those ancillary things around lack of protective equipment, and travel, and whether people are paid for travel time etc.*

*There are not many jobs where you're expected to travel between jobs and you might get no money for the travel, and you have no pay for that period of time. I think we are hearing a lot from the provider organisations about some of those other issues.”<sup>15</sup>*

The shared guidance ‘Social care provider resilience during COVID-19: guidance to commissioners,’ produced by the Association of Adult Social Services (ADASS), the Local Government Association (LGA), and the Care Provider Alliance (CPA), suggests that reduced cashflow may affect how quickly staff are paid for their work, which may lead to labour exploitation. The report notes that:

*Reduced cashflow will especially impact home care providers, as they are usually expected to submit itemised invoices of hours delivered for each person. In such cases there may be a time lag of up to eight weeks between delivery of support and payment to the provider. Delays in invoicing, invoice disputes and non-payment of invoices will have a serious negative impact on providers’ cashflow.*

*Commissioners can mitigate this pressure by paying for homecare “on plan” (ie. the planned hours for each person receiving homecare). In the knowledge that actual delivery of support may on average be less than plan, commissioners might agree a small discount on plan, but should also recognise that many providers could be delivering additional care at short notice to people discharged from hospital, or where regular informal support ceases to be available for example due to carer illness. There can be a later reconciliation to actual support delivered.<sup>16</sup>*

This implies that there is a risk of delays in proper payment to frontline care staff. This ties into their comments about retrospective reconciliation:

*This will need to be handled transparently and through discussion, rather than unilateral imposition. Reconciliation is appropriate when actual levels of support differ markedly from what was planned. Commissioners should be mindful of all the extra costs incurred by providers during this period, and of problems they may face in reducing variable costs in such a volatile operating environment. Providers should be mindful that, where actual support levels are significantly below plan, commissioners may have needed to fund support elsewhere.<sup>17</sup>*

Whilst retrospective reconciliation may be unavoidable, it has the potential to be an exploitative practice. If, for instance, staff are not paid in a timely manner as a result and they face financial hardship in the short-term whilst waiting for payment.

## **Increasing reliance on “pay-per-minute”**

In their guidance, ADASS, LGA, and CPA suggest that the practice of “pay-per-minute” may have unintended negative consequences for the care sector:

*There are also some places where homecare contracts use electronic call monitoring (ECM) to create a system of a “pay-per-minute” billing or to round visit times into defined bands have a built in ceiling on upwards adjustment of hours, which may make it more difficult to make these rapid adjustments and ensure that providers are paid for them.*

*“Pay per minute” also carries a significant risk of reducing the financial viability of shorter homecare visits (particularly those under 30 minutes).<sup>18</sup>*

This financial system if left unchecked, therefore, may make legal payment more difficult and make shorter visits less financially viable. The increasing financial unviability of short-term visits, therefore, may force those in need of such care to turn to the informal care market, where unscrupulous providers are prepared to provide such services by exploiting care-workers.

### 3. Pre-Recruitment Operational Risk

#### **Flexible employment practices in response to workforce availability, including waiving of full DBS checks and virtual checks**

In its 'Social care provider resilience during COVID-19: guidance to commissioners', the LGA acknowledges that higher workforce absence rates will put pressure on the care sector, and advocates for the slight relaxing of DBS checks. However, this may have the potential to be vulnerable for exploitation.

*Providers will face higher workforce absence rates, through medically-recommended self-isolation, sickness and family caring responsibilities. Other factors, such as the possibility of school closures, may exacerbate this issue.*

*Care providers will need to be able to deploy their staff flexibly and to hire new staff quickly. They will face increased cost pressures from higher use of agency staff.*

*Commissioners can mitigate this through recognising and funding these extra cost pressures. They can also ensure that their contracts allow flexibility for providers in hiring and deploying staff, for example allowing recruits to begin working after a DBS AdultFirst check has been obtained, rather than insisting the full DBS checks are returned before a worker can begin providing care, or by allowing staff to be deployed across different care settings or between care providers.<sup>19</sup>*

The team manager of the Quality Market Management Team at Nottinghamshire County Council acknowledged that safeguarding measures, such as DBS checks, should still be carried out thoroughly:

*"There have been some homes that have recruited during COVID, some homes have needed staff, like home care agencies, have been able to recruit and done really well. Part of our contract is they recruit using DBS checks. We would expect that they still do recruitment checks."<sup>20</sup>*

*However, the team manager also acknowledges that the shift to online working has provided a challenge to providing thorough in-person checks, leaving the system open to potential exploitation. She notes that:*

*"Some people are very savvy with technology nowadays. Not just around checks, but also around forging documents. It is a worry."<sup>21</sup>*

## **Media perception of care homes discouraging potential staff, leading to shortages**

A Programme Manager for the Local Government Association notes that the media perception of care homes may have the unintended outcome of causing a fall in demand for care homes. She notes that:

*“One of the consequences that we're anticipating is that at the moment some areas are seeing a trend that families are less keen to see relatives in care homes. That may level out overtime, it may be because at the moment the media profiles care homes as somewhere that doesn't feel very safe, but we are thinking that it could be an opportunity to think about new ways of working, and new ways of caring and supporting people.”<sup>22</sup>*

Whilst this fall in demand is an opportunity to transition the sector to a more community-orientated approach, an unintended consequence may be the increasing instability and deregulation of the care sector.

## **Reliance on unregulated temporary staffing agencies**

During the COVID-19 pandemic, multiple sources predicted that there would be increased staff absences in the care sector due to illness and personal caring responsibilities. A government report entitled ‘Impact of coronavirus in care homes in England: 26 May to 19 June 2020’ found that 44% of care homes do not employ any bank or agency staff, meaning that the majority do employ some form of temporary worker.<sup>23</sup> In addition, according to the report:

*The following factors were found to increase the risk of infection in care home residents from the multivariable analysis:*

*the number of bank or agency nurses or carers employed by the care home: care homes using bank or agency nurses or carers most days or every day are more likely to have more cases in residents (odds ratio 1.58, 95% confidence interval: 1.50 to 1.65), compared with those care homes who never use bank or agency staff.<sup>24</sup>*

Not only did employing agency staff increase the risk of infection due to COVID-19, several interviewees raised concerns about relying on unregulated staffing agencies during the pandemic.

One of the Co-Leads for the ADASS Safeguarding Policy Network commented on some of the increased modern slavery risk that comes from relying on deregulated staffing agencies:

*“I would hope that the agency wouldn't be employing people in anyway that they shouldn't, but again it might be that not picking up with colleagues if there were issues because they don't know people or people don't know them. And maybe people in that position might be employed through an agency, to avoid having regular long term colleagues who might pick something up. If they find themselves in that situation, other people might be making them do as and when work rather than become part of a permanent team.”<sup>25</sup>*

The leader of the Quality Market Management Team at Nottinghamshire County Council added to concerns regarding the lack of regulation of some agencies that operate within the care sector, commenting that:

*“Because obviously care homes are reliant on these agency nurses. They don't know where they've come from, they don't know how good they are, and they're possibly putting their service at risk because this nurse may not be a very good quality nurse, and that's why they're working for an agency.*

*So what we're going to trial working with our health colleagues for care homes to use their bank nurses. So they're recruited through the NHS, they're NHS bank nurses, to try and limit the poor-quality nurses. There are some really good nurses working for agencies, I don't mean for that to be a blanket statement, but there are some out there that are working for agencies for a lot of money that aren't very good at their jobs.”<sup>26</sup>*

She expanded on these operational concerns, commenting on the difficulty of ensuring that safeguarding practices are carried out correctly.

She commented that:

*“And then this person was working in one of our care homes, and there was another safeguarding issue. That’s not around modern slavery, but it is around agencies, and they’re not monitored, they haven’t got to answer to anybody, so a lot of them are dodgy.*

*We’ve had an issue recently where somebody working for a staffing agency out of the area was found to have been involved in quite a serious safeguarding issue. So instead of the agency sacking them, they moved them to another branch that was a Nottingham branch. They’re out for money, they don’t care who they supply, they think care homes will be happy with any bods on the floor just making the numbers up.*

*So there is a lot of concerns – we’ve already had issues with staffing agencies, but I don’t know how we’d get around that.*

*It would be good to get rid of staffing agencies and have our own banks of staff, because they a) make a lot of money and b) you don’t know how they extort in terms of wages and work and conditions.”<sup>27</sup>*

In other words, the team manager reported an increased reliance on agency labour and a commensurate increase in her concern about modern slavery risk due to (1) the risk of employing staff with significant movement and (2) lack of regulation, particularly regarding safeguarding and fair employment practices.

The COVID-19 pandemic risks exacerbating these issues.



## 4. Post-Recruitment Operational Risk

### **Decreasing quality of working conditions, including pressure for staff to live on-site in 'locked in' staffing arrangements**

On their website, UNISON (the Public Service Union) provided a FAQs section for staff members. This provided guidance on key issues which affected care staff, including sick pay and wages.

Notably, they address concerns about staff being pressured into 'locked in' staffing arrangements:

*Q: "My colleagues and I have been told by our employer that we will have to stay in a care home/care setting for a period of days/weeks. Are they allowed to make us do that?"*

*A: No. It would be a violation of your employment rights to force you to stay in a work setting against your will, outside of your contractual obligations. We have received reports of care workers (particularly those without personal/family caring responsibilities) being told to do this or to expect to do this.*

*Workers may well need to work more flexibly during the period of the outbreak but forcing workers to stay at work for days/weeks is completely unacceptable. If you are told by your employer to do this, contact your branch immediately to get your Rep to raise it with your employer. The branch may raise the issue to a regional level if legal advice is required. We have already successfully challenged policies of this nature.<sup>28</sup>*

It is worth noting that the guidance states that, "We have received reports of care workers (particularly those without personal/family caring responsibilities) being told to do this or to expect to do this."

We can therefore conclude that attempts have been made to pressure staff into 'locked in' staffing arrangement, where they live and work onsite.

This is a form of labour exploitation, exacerbated by the pandemic.

## **Lack of physical audits as a result of the shift into virtual spaces**

The shift to online and virtual workspaces has implications for modern slavery risk. In-person checks have been suspended due to the difficulty and health risk of spreading the COVID-19 virus.

In the guidance 'Social care provider resilience during COVID-19: guidance to commissioners,' the ADASS, LGA, and CPA note that:

*Providers face a fast moving and uncertain operational environment. They will need the ability to raise issues and get answers quickly, and to be able to solve problems collaboratively, both with commissioners and with each other.*

They indicate that:

*Commissioners can support collaborative working by ensuring that there is good two-way communication, so that providers can raise issues both individually and collectively. They should also ensure that all providers know where to access relevant information produced locally and nationally. They can ensure that outward communication from councils and Local Resilience Forums (LRFs) is streamlined and coherent, rather than fragmented. Where commissioners need to ask providers for updates they can do so in a “tell us once” way with regular updates.<sup>29</sup>*

The team manager of the Quality Market Management Team at Nottinghamshire County Council has noted the risk of safeguarding those who are at risk of modern slavery with the shift to online working, as her work was previously focussed on in-person and physical inspections. In the below example, prior to the COVID-19 they found a case of labour exploitation as the result of a physical inspection:

*“We do get a lot of whistle blowers, and it’s either ex-members of staff or current members of staff, so obviously we do have that process and we respond to whistle blowers about working conditions – we don’t get a lot of it to be honest, mostly its aggrieved staff who’ve been sacked. We do occasionally get whistle blowers saying we’ve not been paid, but that’s more on the viability of the service than modern slavery. But when we do the audit, we do take care staff to one side and ask about conditions, pay, we do say do you get paid right. But that’s very much dependent on speaking to staff on the day.*

*We don't do any formal monitoring, looking at other documents. We talk to staff about do you work over the hours you should, but again it's only one or two staff members out of fifty / sixty staff – but we do something. So we have got something in place. We do a lot of observation, we have a look around, and it's always very obvious if someone is living on-site. Which for care homes, is unusual. You wouldn't expect any bedrooms to be taken up by staff. We would normally find that out, because it is very obvious. The care home I mention that's closed: the manager at the time was showing me around, and she took me downstairs to some rooms under street level, and there's two or three rooms in this bit, and she says "oh you'll have to be quiet because the staff are all asleep." I said what do you mean, and she said "oh yeah, they're living here." And then I was upstairs doing something else, and they're all coming to the kitchen, making their breakfast, sitting in the dining room. So we raised it as an issue, and then these staff all disappeared. We did inform the police, but it didn't go anywhere because the service closed and the providers disappeared. They were from London if I remember rightly.*

*So we do as much as we can on the day, we speak to staff and residents if we can, but we are reliant on feedback. But a lot of the time we do find out eventually. Not always in a timely manner, but we've got a lot of good processes in place to try and make sure we look after our care homes and home care services.”<sup>30</sup>*

It stands to reason that reporting safeguarding issues may be slowed down by the lack of in-person inspections that care providers are able to carry out during the pandemic. Therefore, the shift to online and remote working may have negative implications for modern slavery risk.

### **Isolation of home carers**

For home carers, the pandemic has resulted in an increased isolation from their normal support networks. Centres which would normally have provided respite care have been closed. The CEO of the Carers Federation, noted that:

*“I think there's a real strong sense that they've been left alone to cope. They feel more isolated, more like they have been left alone to deal with what's going on behind their own front doors.”<sup>31</sup>*

This can not only have negative mental health impacts, but may lead home carers to seek out cheap or unpaid labour to alleviate the severe pressure of their caring responsibilities.

### **Increased risk for BAME staff**

The findings that COVID-19 disproportionately affected members of the BAME community has implications for the care sector. In the CPA's statement on the subject, the chair of the Care Provider Alliance is reported to have said:

*"It is critical that we understand the reasons for the disparity in order to draw any meaningful conclusions from the data. The report did not take into account the existence of comorbidities in explaining the differences.*

*"A more detailed analysis to establish whether there are any identifiable factors that could help inform decisions on how to keep people from BAME backgrounds safe during this pandemic will help us to find a way forward.*

*"As we continue to learn more about the impact of COVID-19 on people from BAME backgrounds, our immediate focus is to ensuring the safety of social care staff and the people we support."*<sup>32</sup>

A Programme Manager for the Local Government Association also noticed this concern, stating that:

*"Another of our priorities that's come out of evidence surrounding coronaviruses is the issues around equalities, as we're increasingly seeing that black and Asian members of the workforce and the community widely, are more at risk during this time.*

*I think the pandemic is the characteristic that's identified other issues around equality that we probably need to look at as well. Which I think we have a role as national organisation, and councils obviously very much do as well."*<sup>33</sup>

The impact of COVID-19 has disproportionately affected members of the BAME, and this can be seen in the care sector as well. This makes members of the BAME community especially vulnerable to exploitation.

## Increased mental health risk obscuring safeguarding techniques

A significant amount of guidance that centres on identifying modern slavery in the workplace focuses around behavioural indicators.

For instance, this government guidance ‘Modern Slavery and COVID-19: What to look out for and how to get help’ includes signifiers such as, “Show fear or anxiety,” or “look malnourished, unkempt, or have untreated injuries.”<sup>34</sup>

Yet in the time of a global pandemic, behaviour that would normally be interpreted as a signpost of modern slavery may be instead mistaken as stress at the ongoing pandemic.

A Programme Manager for the Local Government Association noted this, stating:

*“In terms of well-being, the support required will be everything from people dealing with anxiety and stress from being overworked right the way through to post traumatic stress disorder and dealing with bereavement and grief.*

*Thinking about slavery, I don't know whether focusing on all of the other challenges that I've said, whether other characteristics that people might identify in victims might be lost. I think when there's so much else going on, and we're thinking about equalities and we're thinking about well-being, we're thinking about mental health and trauma, sometimes other things can get lost in the mix. In trying to identify people who may be particularly at risk.*

*For instance, you could see somebody and think that they're actually suffering from stress and anxiety from COVID-19, whereas actually they might be showing some of the identifiers of being a victim of modern slavery.”*<sup>35</sup>

In other words, behaviour that would normally be a red flag in terms of safeguarding against modern slavery may be misinterpreted as general anxiety or stress.

This may be compounded if the individual is new to the staff, who may not recognise them behaving out of character.

## Reliance on temporary “Dunkirk spirit”

Some sectors, especially home care, have seen a rise in community and volunteer-based assistance with caring responsibilities. Thanks to initiatives such as ‘Clap for Carers,’ more awareness has been raised about the difficulties faced by those in the care industry during this difficult time. However, the CEO of the Carers Federation wonders if this will do more harm than good in the long term:

*“What we hear is the carers talking to us about the burden increasing. Because they as unpaid carers are picking up that burden. But the interesting part of that is that a lot of the older ones, but even people younger than me, in their fifties, talking about the Dunkirk Spirit sort of thing.”<sup>36</sup>*

*Although in some respects, because of the community response, we’ve been having carers say to us they really like the idea of somebody outside leaving them a meal on their doorstep every lunchtime. Some families get activity packs gifted. Things that weren’t happening before, that almost certainly aren’t going to carry on after the pandemic ends.*

*There are some people shouting quite loudly about how they need more support, interestingly we’ve usually been able to make sure that they’ve accessed something. A lot of people are saying – and what worries me is – a lot of them are saying I can cope with a little bit less. What worries me is that people will be turning around and saying you managed with less before. Can you manage with less going forward because they can’t afford it.”<sup>37</sup>*

In other words, home care providers have been encouraged to rely on volunteers in their local community, fuelled by a “Dunkirk spirit.” This may be for assistance with cooking, such as people leaving meals, or with shopping. However, the concern is that there will be an unintended negative effect – that the provider’s perception will be that, because the carer is coping (thanks to temporary support from the community), support will be either withdrawn or not increased.

It is unlikely that community goodwill and “Dunkirk spirit” is an infinite resource, as the situation normalises, and so it risks leaving home carers struggling with an excessive and unacknowledged workload.

# Conclusion

Modern slavery risk may have rapidly increased during the COVID-19 pandemic. Although it is likely the full extent of modern slavery will not be revealed until a period after the pandemic, when reviews and investigations can be conducted, during the escalation of the pandemic we can see how labour shortages combined with challenges to safeguarding practices could create a working environment in which advantage could be taken of staff. Therefore, the potential for modern slavery risk will have likely increased as a result of the COVID-19 pandemic.

However, it should also be noted that there have been positive outcomes from the care sector's response to the pandemic, which should be celebrated. Several interviewees noted that they felt that due to the pandemic there had been increase inter-organisational resource sharing, leading to a more collaborative and supportive care sector.<sup>38</sup>

In addition, many noticed an increased sense of community goodwill and support of care staff which, whilst likely unsustainable in the long term, speaks to an increase in the public's perceived value of social care, and the social care sector. The care sector was forced to adapt to a large scale crisis in a short period of time, and should be commended for the positive outcomes achieved.

However, this report does raise multiple concerns for the future of the care sector, with implications for various stakeholders:

**Practitioners** – Modern slavery risk in the care sector is extremely likely to increase during a global pandemic, the full extent to which may not be visible for a considerable time. The difficulty of carrying out in-person inspections, the financial precarity of the sector, and the increased reliance on potentially exploitative practices (locked-in arrangements, unregulated agencies, etc.) are all factors in this increase. Practitioners should be aware of this potential increase and make additional effort to combat this through adapting safeguarding and regulatory practices for the current situation. Examples of this would be to create e-courses or additional awareness-raising campaigns that would update both information about increased modern slavery risk and reporting mechanisms.

**Policy-makers** – A major concern raised by multiple stakeholders through this project remains the financial instability of the care sector, leaving care staff vulnerable to labour exploitation or modern slavery. This would be added by the additional pressure of the COVID-19 pandemic. Making provisions for the care sector in the time of a pandemic should therefore be a priority. This would not only prevent the exploitation of staff in terms of guaranteeing fair payment practices but enable key stakeholders to enact vital training and safeguarding in a new and challenging working environment.

**Academics** – At this stage, much of the research in this report is grounded in guidance and interviews and focuses on identifying theoretical risk based on gaps in policy and guidance. Further research should be conducted once further data is available on the outcomes of COVID-19 on the health and wellbeing of care staff. A crucial component of this will be reports from carers themselves. This project relied on interviews with care providers, rather than frontline care staff, due to ethical concerns surrounding asking already overworked, potentially at-risk staff to participate in a study of this nature. Once the situation has normalised, a study asking frontline care staff to reflect on their experiences of COVID-19 would be valuable. This report functions as a valuable first step towards a more thorough understanding of the impact of COVID-19 on the care sector's modern slavery risk, but further steps can be taken.

To summarise, there is a clear link between increased modern slavery risk and the COVID-19 pandemic in the care sector. Although the full extent of this will likely remain unknown until significant time has passed, in which time audits and reviews can be conducted at full capacity again so that the situation can be fully analysed, this report has combined interviews with multiple stakeholders with a thorough investigation into available guidance to take the first steps into evaluating modern slavery risk.

These initial findings should be acknowledged, addressed, and expanded upon in subsequent policy and research. In so doing, any modern slavery risk in the care sector can be properly challenged and removed.



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