



## Evaluating the Modern Slavery Risks in Adult Social Care Procurement in the UK

### *The context*

In 2015-2016, according to the Institute for Fiscal Studies, total Government spending on adult social care reached nearly £30 bn. However, whilst the over-65 population and those with disabilities needing care, continues to grow, Local Authority (LA) spending has declined in real terms. Reflecting these pressures, the way in which care is procured and delivered has changed dramatically. There has been a decline in LA-run homes with a corresponding increase in the number of privately-owned and run establishments. LAs are now the single largest buyer in the market-place. Yet, under Section 54 of the Modern Slavery Act, as public bodies, they currently have no statutory duty to publish an annual modern slavery statement (MSS). In any case, with the exception of the 'Big 4' (BUPA, Barchester, Four Seasons and H-C One), few commercial private sector providers meet the £36 million threshold for mandatory disclosure. And the introduction of Direct Payments, where patients receive cash to spend on the services of Personal Assistants, has raised concerns over the nature and extent of regulation in this part of the industry.

Outsourcing and a reliance on flexible, relatively unskilled labour have been linked to exploitative working conditions in other sectors. Furthermore, the Director of Labour Market Enforcement has raised concerns about the failure to pay the National Minimum or National Living Wage for social care. A Joseph Rowntree Foundation report into forced labour in the UK, which also identified care as a sector of concern, suggested that such illegal, 'informal practices' may lead to more serious forms of exploitation. The 2014 Care Act specifically identifies Modern Slavery as a form of abuse and there has been debate in the Journal of Adult Protection, following an article by Craig and Clay in the January 2017 issue, about care worker vulnerability and how adult safeguarding systems could and should be extended.

### **Our research**

In 2017 we conducted a pilot evaluation of modern slavery risk in adult social care in Nottinghamshire. We examined 2 different labour chains – residential care and nursing homes, and direct payment provision. Ten semi-structured interviews and a survey of 341 residential care and nursing home were conducted. Fifty survey responses were returned, a response rate of 14%.

### *Generalisable findings*

- Regulatory gaps exist – where unregistered agents are used inadvertently – and where the use of unregistered, introductory agents and providers of personal support and day care workers is currently permitted.
- Structural vulnerabilities related to immigration affect migrant personal assistants.
- Managerial oversight has been weakened, with changes in the sector leading to the displacement and dismantling of the employment relationship with the LA.
- Increasing labour turnover rates may exacerbate modern slavery risk.
- Statistically significant differences in the perception of modern slavery risk were associated with labour turnover and perceived workforce vulnerability, a measure which included the employee's

knowledge of their employment rights, isolation, trade union recognition and mental or physical health problems.

- Nearly a quarter of respondents reported abuse of worker vulnerability and excessive overtime.
- 10% of care home managers reported that they had, or might have, come across an incidence of modern slavery in care.
- Deception of workers was widely reported as was the use of intimidation and threat.
- There was evidence of exploitative practices, including of non-British EU migrants on different pay rates, excessive working hours and concerns about Non-British staff.

## **Recommendations**

- Move to lower risk models by, for example, using Direct Payment Support Services to help Direct Payment Recipients with administration and payroll.
- Build checks into Direct Payment review procedures.
- Develop awareness in local communities to engage neighbourhood eyes and ears.
- Triangulate temporary agency use with local district ethnicity data to prioritise further in-depth care home audits.
- Use partnerships to develop the capabilities of existing institutions to provide remedies for those workers identified as modern-day slaves.
- Encourage multi-stakeholder engagement through local multi-agency stakeholder hubs (MASH), the Association for the Directors of Adult Social Services (ADASS) and the Commissioning and Market-shaping Forum.
- Utilise Councils' workforce development programmes through which modern slavery training can be extended to providers' employees.
- Conduct further research to better understand modern slavery risk and its mitigation in the Direct Payment supply chain.

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