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# The gendered crisis of care in the UK through the lens of immigration policy impacts on migrant workers

## Kryzys opieki ze względu na płeć w Wielkiej Brytanii przez pryzmat wpływu polityki imigracyjnej na pracowników migrujących

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### Abstract

The social care sector in the United Kingdom is grappling with a severe crisis due to successive governments' failure to adequately fund and plan for rising care needs. This crisis has profound and wide-ranging implications, disproportionately affecting women, who constitute the majority of both the care workforce and the population in need of care services. Immigration policies play a pivotal role in shaping the dynamics of the social care sector, with migrants comprising a significant 16% of the workforce. These policies are inextricably intertwined with the broader global care crisis, exacerbating existing challenges and inequalities that disproportionately impact women across borders. Moreover, the UK's "hostile environment" measures aimed at irregular migrants have created additional vulnerabilities and barriers for migrant women, including those with legal status working in the care sector.

**Keywords:** care crisis, United Kingdom, immigration, social policy, migrant workers

## Streszczenie

Sektor opieki społecznej w Wielkiej Brytanii zmaga się z poważnym kryzysem spowodowanym brakiem odpowiedniego finansowania i planowania rosnących potrzeb w zakresie opieki przez kolejne rządy. Kryzys ten ma głębokie i szeroko zakrojone konsekwencje, nieproporcjonalnie wpływając na kobiety, które stanowią większość zarówno pracowników opieki, jak i populacji potrzebującej usług opiekuńczych. Polityka imigracyjna odgrywa kluczową rolę w kształtowaniu dynamiki sektora opieki społecznej, a migranci stanowią znaczące 16% siły roboczej. Polityka ta jest nierozdzielnie związana z szerszym globalnym kryzysem opieki, zaostrażając istniejące wyzwania i nierówności, które nieproporcjonalnie oddziałują na życie kobiet w różnych krajach. Co więcej, brytyjskie środki „wrogiego środowiska” wymierzone w nielegalnych migrantów stworzyły dodatkowe słabości i bariery dla migrantek, w tym tych o legalnym statusie pracujących w sektorze opieki.

**Słowa kluczowe:** kryzys opieki, Wielka Brytania, imigracja, polityka społeczna, pracownicy migrujący

## Introduction

The United Kingdom faces a mounting crisis in care provision, characterised by an aging population, increasing care demands, and severe staffing shortages. This crisis is deeply gendered, rooted in the historical devaluation of caregiving as “women’s work.” Recent data underscores the gravity of this situation: Age UK reports 2.6 million individuals over 50 with unmet social care needs, while the social care sector grapples with a record 165,000 vacancies as of 2022 marking a 50% increase from the previous year.<sup>1</sup> Concurrently, according to the 2021 census, there are approximately 5.7 million unpaid carers across the UK.<sup>2</sup>

Into this landscape of inadequate state provision has stepped an integral yet precarious workforce – migrant care workers, disproportionately women from the Global South. Their labour has become vital in delivering essential services and filling staffing gaps, a dynamic further intensified during the COVID-19 pandemic. However, the UK’s increasingly restrictive immigration policies rooted in the “hostile environment” approach have erected significant barriers undermining this workforce’s welfare and capacities.<sup>3</sup> Fundamentally, the UK’s immigration policies targeting its overseas care workforce exemplify how the

<sup>1</sup> T. Gentry, K. Jopling, C. Reeves, *Fixing the foundations: Why it’s time to rethink how we support older people with health problems to stay well at home*, Age UK, 17.02.2023, <https://www.ageuk.org.uk/globalassets/age-uk/documents/reports-and-publications/reports-and-briefings/health--wellbeing/fixing-the-foundations/FTF-feb-2023.pdf> [access: 28.03.2024].

<sup>2</sup> *Unpaid care, England and Wales: Census 2021*, Office for National Statistics, 19.01.2023, <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandwellbeing/bulletins/unpaidcareenglandandwales/census2021#cite-this-statistical-bulletin> [access: 28.03.2024].

<sup>3</sup> J. Kirkup, R. Winnett, *Theresa May Interview*, The Telegraph, 25.05.2012, <https://www.telegraph.co.uk/news/uknews/immigration/9291483/Theresa-May-interview-Weregoing-to-give-illegal-migrants-a-really-hostile-reception.html> [access: 28.03.2024].

“crisis of care” is innately shaped by intersecting structures of gender, racial and economic oppression perpetuated on a global scale.

The purpose of this article is to examine the gendered dimensions of the UK’s care crisis through the lens of increasingly restrictive immigration policies targeting overseas care workers. In doing so, it situates this national dilemma within the broader transnational dynamics of a global “crisis of care” rooted in patriarchal, racial capitalist structures devaluing feminised labour. The central argument posits that the UK’s immigration policies exemplify how the “crisis of care” is innately shaped by intersecting structures of gender, racial and economic oppression perpetuated on a global scale.

The analysis explores how recent policy changes affect the recruitment, retention, and working conditions of migrant care workers. It investigates how these policies interact with and potentially exacerbate existing gender inequalities in the care sector, both for care workers and care recipients. Furthermore, the article examines how the UK’s approach to migrant care workers reflects and perpetuates broader global patterns of devaluing feminised labour from the Global South, particularly through the lens of “global care chains.”

By critically examining the gendered implications of the UK’s immigration policies on care provision, this study aims to offer insights that can inform more equitable and sustainable approaches to addressing the care crisis. It considers the implications of these policies for the quality and accessibility of care services in the UK, particularly for vulnerable populations and women who disproportionately require elder care. Therefore, this research calls for a fundamental reorientation in how society understands, resources, and collectively upholds the vital work of caregiving as a public imperative – one that challenges rather than entrenches intersecting inequalities.

## The gendered expectation of care

Care work has long been socially coded as an inherently feminine role, with women conditioned from a young age to embody nurturing and self-sacrificing qualities associated with caregiving. This deeply entrenched gendered perception has directly shaped the demographics of the social care workforce, resulting in it being overwhelmingly dominated by female professionals. For example, data from Skills for Care in 2021 indicates that women comprise a staggering 82% of the adult social services workforce in the United Kingdom.<sup>4</sup> Gahwi and Walton-Roberts point out that because women’s caring characteristic is considered natural, it is seen as ‘unskilled’, which ‘facilitates its devaluation’.<sup>5</sup> However, feminist scholars have challenged this perception, claiming care as a fundamental

<sup>4</sup> *The State of the Adult Social Care Sector and Workforce in England*, Skills for Care, 2021, <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-2021.pdf> [access: 28.03.2024].

<sup>5</sup> L. Gahwi, M. Walton-Roberts, *Migrant Care Labour, Covid-19, and the Long-Term Care Crisis: Achieving Solidarity for Care Providers and Recipients*, [in:] A. Triandafyllidou (ed.), *Migration and Pandemics Spaces of Solidarity and Spaces of Exception*, Springer, New York 2022, pp. 105–121.

prerogative of a feminist care ethic that recognises the interdependence of human lives and the motivation to care as arising from feelings of reciprocity and responsibility.<sup>6</sup>

According to Comas-d'Argemir the provision of care in society relies on a “mosaic of resources” comprised of public services, private services, the family environment, and community efforts.<sup>7</sup> However, within families, which are considered the primary source of caregiving regardless of state social services, women disproportionately shoulder the burden of unpaid care work. This sexual division of labour, where women's invisible and undervalued care labour has been a driving force underpinning capitalist society, is fundamental to understanding women's economic and social disadvantages in the current care crisis. Pérez-Orozco critiques how feminist economics has often failed to account for the experiences of working-class women who were already present in the labour market even before greater entry of women into paid employment.<sup>8</sup> For these working-class women having to provide income for their families, their care responsibilities at home were supplemented by other women's support networks.

As more women crossed into the paid labour force, Comas-d'Argemir describes this as creating “a double crisis of care” – maintaining their traditional unpaid care duties while also entering employment.<sup>9</sup> The assumption of a nuclear, heterosexual, white middle-class family norm provides an inaccurate and narrow understanding that does not reflect the diverse realities and intersecting inequities shaping women's experiences within the care crisis across class, racial, and other lines. Any comprehensive analysis of the current care crisis must centrally reckon with the longstanding sexual division of labour burdening women with invisible unpaid care work, even as their economic roles have shifted over time. It must also adopt an intersectional lens attentive to how class, race, and other factors structure divergent experiences rather than treating women's relation to care as a universal, homogenous condition.

The so-called “crisis of care” is linked to the pressures of time poverty, work-family imbalance, and social depletion – referring to the strains on vital social capacities like childbirth, caring for family, maintaining households and communities, and sustaining interpersonal connections. Feminist scholar Nancy Fraser identifies several major factors contributing to the 21<sup>st</sup> century care crisis, including women's increasing participation in the paid labour force, an aging population, and changes in living arrangements like more single-parent households.<sup>10</sup> At its core, the care crisis speaks to the changing material

<sup>6</sup> E. Dowling, *The Care Crisis: What Caused It and How Can We End It?*, Verso, London 2021.

<sup>7</sup> D. Comas-d'Argemir, *Cuidados, Derechos and Justicia*, [in:] *Sentidos de injusticia, sentidos de crisis: tensiones conceptuales y aproximaciones etnográficas*, Edicions Universitat de Barcelona, Barcelona 2020, pp. 119–136.

<sup>8</sup> A. Pérez-Orozco, *Amenaza tormenta: la crisis de los cuidados y la reorganización del sistema económico*, “Revista de Economía Crítica” 2006, Núm. 5, pp. 3–37.

<sup>9</sup> D. Comas-d'Argemir, *Cuidados, Derechos and Justicia*, [in:] *Sentidos de injusticia, sentidos de crisis: tensiones conceptuales y aproximaciones etnográficas*, Edicions Universitat de Barcelona, Barcelona 2020, pp. 119–136.

<sup>10</sup> N. Fraser, *Contradictions of Capital and Care*, “New Left Review” 2016, NLR 100 [no page numbers], <https://newleftreview.org/issues/ii100/articles/nancy-fraser-contradictions-of-capital-and-care> [access: 28.03.2024].

conditions for caregiving and the widening gap between mounting care needs and available care resources and support systems. Fraser and other theorists contend that the care crisis stems from capitalism “externalising” care work onto families and communities while simultaneously diminishing their capacities to perform this crucial labour. With neither the state nor markets fully assuming responsibility for caring needs, the burden falls disproportionately on domestic spheres – meaning women bear the brunt.

Moreover, highlighting an additional gendered dimension, studies show women live longer than men globally.<sup>11</sup> Their greater longevity combined with more involvement across all life stages means the total “life span” of providing and receiving care is extended for women compared to men (*ibid*). Consequently, women are not only more likely to work in underpaid caring professions but also to require elder care later in life, facing the impacts of the very crisis they upheld through their labour. Feminist economists like Nancy Folbre characterise these economic penalties and disadvantages stemming from care as a “care penalty” – encompassing income losses from unpaid caregiving duties as well as poor wages and job quality for paid care work that women are overrepresented in.<sup>12</sup> This caring labour is consistently devalued due to its gendered associations.

## The UK care sector and the reliance on migrant workers

The UK is grappling with a deepening social care crisis that threatens to leave many vulnerable individuals without adequate support. This crisis is characterised by increasing demand for care services coupled with systemic underfunding and lack of strategic planning by successive governments. The implications reverberate across both those in need of care and the workforce responsible for providing it, with women disproportionately affected. Firstly, the demand for care services in the UK is surging due to several intersecting factors. An aging population, combined with advances in medical technology and increased life expectancy, has led to a greater number requiring long-term care and support. Additionally, there is expanding public recognition of the vital role social care plays in addressing a range of health and wellbeing needs beyond just aging – including mental health support, disability care, and assistance for those with chronic illnesses.

However, despite this escalating demand, the sector has been severely hampered by decades of chronic underfunding and strategic policy negligence. According to Age UK, in just the two years between 2017–2019, a staggering three older people per hour died as a direct result of lack of access to social care.<sup>13</sup> Successive governments have simply failed to allocate sufficient resources to meet the population’s growing care needs. According to the UK Women’s Budget Group, local authorities experienced a significant

<sup>11</sup> A. Ophir, J. Polos, *Care Life Expectancy: Gender and Unpaid Work in the Context of Population Aging*, “Population Research and Policy Review” 2022, Vol. 41, pp. 197–227.

<sup>12</sup> N. Folbre, *The Care Penalty and Gender Inequality*, [in:] L. Averett, S. Argys, S. Hoffmann (eds.), *The Oxford Handbook of Women and the Economy*, Oxford University Press, Oxford 2018, pp. 749–766.

<sup>13</sup> T. Gentry, K. Jopling, C. Reeves, *Fixing the foundations...*, *op. cit*.

reduction in social care budgets, amounting to over £7 billion between 2010 and 2019.<sup>14</sup> Despite short-term funding measures, such as the allocation of £11.5 billion to adult social care from 2017/18 to 2019/20, including an additional £1.5 billion in the 2019 Spending Round, these funds fail to fully address the budgetary shortfall.<sup>15</sup> Moreover, relying on funding social care through council tax or local business rates may exacerbate regional inequalities, as areas with the greatest need for services often have limited capacity to generate revenue through local taxation. This lack of investment has led to a fragmented and overstretched care system, with many individuals struggling to access the support they need in a timely and dignified manner.

Additionally, the UK care sector is also grappling with a severe workforce crisis, marked by over 100,000 unfilled roles due to low pay, poor working conditions, and job insecurity.<sup>16</sup> With an aging population and rising demand for care services, the situation is projected to worsen, requiring an additional 400,000 jobs over the next decade.<sup>17</sup> Despite efforts by the government to attract more Britons to care jobs, including plans to curb immigration, the demand for carers continues to rise, driven by an ageing population.

Migrant workers play a vital role in the UK's social care workforce, comprising 16% of the sector's employees.<sup>18</sup> In 2022, nearly one in five workers born outside the EU (19%) were employed in the health and care sector – almost double the share in the next largest industry of retail at 10%.<sup>19</sup> Migrants from Sub-Saharan Africa and East/Southeast Asia had particularly high representation, with 42% of Sub-Saharan African workers in care roles and 40% of East/Southeast Asian workers as nurses (*ibid*). Overall, the share of foreign-born workers in the UK labour force has steadily increased over the past two decades, rising from 9% in 2004 to 19% by the end of 2022. Non-EU migrants have consistently outnumbered EU migrants and become the primary driver of migrant workforce growth recently, especially after EU net migration declined following the COVID-19 pandemic.<sup>20</sup>

The COVID-19 pandemic served as a poignant reminder of the social care system's dependence on migrant labour to deliver essential services, particularly during periods of staffing shortages exacerbated by illnesses or the need for isolation among workers. As routine procedures were postponed and chronic care needs exacerbated, the pandemic cast a glaring spotlight on the longstanding issues of inadequate staffing and chronic underfunding that have fuelled an ongoing care crisis in the UK. This reliance on migrants is not new, however. Dowling notes that migrant workers have made considerable contributions

<sup>14</sup> *Social Care and Gender: A Pre-Budget Briefing*, Women's Budget Group, 2020, <https://wbg.org.uk/analysis/uk-policy-briefings/2019-wbg-briefing-social-care-and-gender/> [access: 28.03.2024].

<sup>15</sup> *Ibidem*.

<sup>16</sup> V. Gayle, *Why the UK Needs Migrant Care Workers*, 11.03.2024, <https://www.thebureauinvestigates.com/stories/2024-03-11/why-the-uk-needs-migrant-care-workers/#:~:text=Migrant%20workers%20have%20been%20part,the%20Office%20for%20National%20Statistics> [access: 28.03.2024].

<sup>17</sup> *Ibidem*.

<sup>18</sup> *Social Care and Gender...*, *op. cit.*

<sup>19</sup> *Social Care Sector Continues to Drive Demand for Overseas Workers as New Data Shows Public Sector Roles Dominate Work Visas*, The Migration Observatory at the University of Oxford, 29.02.2024, <https://migrationobservatory.ox.ac.uk/press/social-care-sector-continues-to-drive-demand-for-overseas-workers-as-new-data-shows-public-sector-roles-dominate-work-visas/> [access: 28.03.2024].

<sup>20</sup> *Ibidem*.

to Britain's health and social care sectors dating back to the post-World War II period and establishment of the National Health Service (NHS).<sup>21</sup> In fact, between 1998 and 2008 alone, the number of migrant workers in these care fields doubled.<sup>22</sup>

## The UK's immigration policies affecting migrant care workers

UK immigration policies play a crucial role in shaping the composition and dynamics of the care workforce, influencing recruitment, retention, and working conditions for migrant workers. In a well-known interview from 2012, Home Secretary Theresa May articulated her intention to establish a 'highly unwelcoming environment' for 'undocumented' migrants in the UK, aiming to prevent a scenario where individuals believe they can remain in the country without legal status while accessing various essential services.<sup>23</sup> This marked a shift towards stricter regulations on residency, employment, and access to services for individuals unable to prove their legal status in the UK, commonly referred to as 'undocumented migrants' in official discourse. In 2020, the UK government announced the Health and Care Worker visa aimed to address staffing shortages in the health and social care sectors. This visa route allows qualified health professionals, including nurses, doctors, and care workers, to come to the UK to work in the NHS or social care settings. However, the visa is restrictive, tying the visa holder's right to live and work in the UK to a specific job and employer, limiting their mobility and bargaining power. In 2021, the government introduced a new immigration system that effectively ends the free movement rights previously enjoyed by EU workers and introduces a points-based system for all individuals seeking employment in the UK. This new system imposes stricter criteria and limits on the entry of migrant workers, including requirements such as demonstrating English language proficiency and securing a job offer in a skilled occupation with a minimum salary threshold of £25,600 (or £20,480 for roles on the shortage occupations list). However, this policy fails to consider the current social care crisis and the existing challenges within the sector, which heavily relies on migrant care workers to fill critical staffing gaps.

In 2024, the UK government is implementing significant changes to its legal migration system, aiming to "bolster border security and drive down unsustainable and unfair levels of migration."<sup>24</sup> Starting from 11<sup>th</sup> March 2024, care workers and senior care workers migrating to the UK are no longer allowed to bring dependents with them.<sup>25</sup> Additionally, only Care Quality Commission-registered providers in England can sponsor Health and Care Visa applicants. Meanwhile, starting 4<sup>th</sup> April 2024, Certificates of Sponsorship is-

<sup>21</sup> E. Dowling, *The Care Crisis...*, op. cit.

<sup>22</sup> Ibidem.

<sup>23</sup> J. Kirkup R. Winnett, *Theresa May Interview...*, op. cit.

<sup>24</sup> T. Pursglove, J. Cleverly, H. Whately, *Home Secretary Underlines Commitment to Cut Net Migration*, UK Government, 30.01.2024, [https://www.gov.uk/government/news/home-secretary-underlines-commitment-to-cut-net-migration?utm\\_medium=email&utm\\_campaign=govuk-notifications-topic&utm\\_source=c-d88a5cb-983a-48bd-9d7f-4fe23692fffa&utm\\_content=daily](https://www.gov.uk/government/news/home-secretary-underlines-commitment-to-cut-net-migration?utm_medium=email&utm_campaign=govuk-notifications-topic&utm_source=c-d88a5cb-983a-48bd-9d7f-4fe23692fffa&utm_content=daily) [access: 28.03.2024].

<sup>25</sup> Ibidem.

sued for Health and Care Visa applicants must meet the new minimum salary threshold of £23,200 or the national pay scale for their role (whichever is higher) and for those not on a national pay scale, the general salary threshold increases to £29,000. The Immigration Health Surcharge increased to £1,035 per person per year as of 6<sup>th</sup> February 2024 and the minimum income requirement for family visas will incrementally rise to £38,700 by early 2025, with only dependents who can be financially supported allowed into the UK.<sup>26</sup>

This new immigration system compounds the challenges already created by the UK's "hostile environment" policies implemented through various Immigration Acts since 2012. Yet in particular, the decision to ban care workers from bringing their dependents to the UK will have significant implications for migrant workers and their families. Many care workers choose to work in the UK to support their families financially, and the inability to reunite with their loved ones can have detrimental effects on their mental health and overall well-being. Being separated from their families can lead to feelings of loneliness, isolation, and homesickness, which may impact their job satisfaction and performance. The policy creates barriers to recruitment and retention within the care sector. Prospective migrant workers considering job offers in the UK may be deterred by the prospect of family separation. The inability to bring their dependents to the UK not only affects their personal lives but also raises concerns about their long-term commitment to working in the country. As a result, care providers may struggle to attract and retain skilled migrant workers, exacerbating existing staffing shortages in the sector. Furthermore, the ban on bringing dependents may disproportionately affect female migrant care workers, who often play crucial roles in caregiving and supporting their families. For these women, the inability to reunite with their children or spouses in the UK can create significant emotional distress and strain on their familial relationships.

The implications of these policies extend beyond the UK. The care crisis and its burdens are ultimately perpetuated through transnational "global care chains" where care deficits are displaced from wealthier to poorer nations based on intersecting gender, racial, and economic inequalities. According to Pérez-Orozco's theory 'the problems of the care crisis are transferred from one woman to another, based on axes of power, in a long chain from which men are systematically absent – or, at any rate, present only in the final links'.<sup>27</sup> One end of the chain may be a woman in a poor country who cares (paid or unpaid) for the family members of another woman who has had to migrate and who, in turn, cares for the family members of a woman in a rich country in order to get to work.<sup>28</sup> Gahwi and Walton-Roberts argue that in wealthier nations, 'care work has effectively been outsourced: from being the responsibility of women within the household, it is now racialised women from developing nations who leave their own families to care for others'.<sup>29</sup> The concept of the global chain of chairs is therefore linked to the UK context, as the care crisis is exacerbated by the limitations imposed on the entry of migrants into the country.

<sup>26</sup> Ibidem.

<sup>27</sup> A. Pérez-Orozco, *Amenaza tormenta...*, op. cit.

<sup>28</sup> Ibidem.

<sup>29</sup> L. Gahwi, M. Walton-Roberts, *Migrant Care Labour; Covid-19, and the Long-Term Care Crisis...*, op. cit.



The global care crisis exacerbates existing inequalities, as women from marginalised communities bear the brunt of care responsibilities while facing limited access to resources and opportunities for advancement. At its core, this crisis revolves around the increasing demand for care services, inadequate resources, and systemic inequalities. Understanding the interconnectedness between the UK's social care crisis and the broader global context requires examining international migration patterns and the provision of care across borders. To address the current crisis effectively, a feminist approach must analyse the gendered aspect of care as well as the global structures of capitalism and domination.

## The treatment of migrant care workers in the UK

Despite the reliance on migrant workers in the UK care sector, they often face exploitation and intimidation. It is important to acknowledge this reality for the migrant care workers in the UK. Not only from a human rights perspective, but also a gendered lens given that the majority of care work is carried out by women. Gahwi and Walton-Roberts highlight the argument that 'immigration and employment policies, alongside structural forms of gendered and racial discrimination, create precarious employment conditions for immigrant workers in this sector'.<sup>30</sup> Dowling highlights that 'too often, workers face chaotic and inconsistent shift patterns, long hours, insufficient breaks, staff shortages, high staff turnover and low pay, even below minimum wage standards'.<sup>31</sup> The public service union UNISON has raised serious concerns about the treatment of migrant staff coming to the UK to work in the social care sector, highlighting instances of exploitation, abuse, and appalling working conditions.<sup>32</sup> According to the UNISON, many migrant workers are forced to pay back exorbitant fees for job placement and accommodation, with some being chased for thousands of pounds in fees if they resign.<sup>33</sup> Moreover, migrant workers often find themselves in sub-standard accommodation, with rent deducted from their wages, and are subjected to unpaid work, racist remarks, harassment, and intimidation. Shockingly, some workers are even made to share bedrooms and beds, with instructions from employers not to discuss their circumstances.<sup>34</sup>

A report from Citizens Advice highlights the plight of migrant care workers in the UK, particularly those on the Health and Care Worker visa, who face exploitation and abuse due to restrictive visa conditions.<sup>35</sup> The report outlines cases of workers being underpaid, overworked, and subjected to poor treatment, with limited avenues for recourse.<sup>36</sup> The

<sup>30</sup> Ibidem.

<sup>31</sup> E. Dowling, *The Care Crisis...*, op. cit.

<sup>32</sup> *Migrant care staff in UK 'exploited and harassed' by employers says UNISON*, UNISON The Public Service Union, 10.07.2023, <https://www.unison.org.uk/news/press-release/2023/07/migrant-care-staff-in-uk-exploited-and-harassed-by-employers-says-unison/> [access: 28.03.2024].

<sup>33</sup> Ibidem.

<sup>34</sup> Ibidem.

<sup>35</sup> *Spotlight Report: 'I Feel Like We're Being Treated as Slaves'. Benefits and Work*, Citizens Advice, 11.03.2024, <https://www.citizensadvice.org.uk/policy/publications/spotlight-report-no-1-how-work-visa-design-is-driving-exploitation/> [access: 28.03.2024].

<sup>36</sup> Ibidem.

visa ties workers to specific employers, making them vulnerable to dismissal and deportation if they complain or leave their jobs. Additionally, workers often face financial constraints due to recruitment fees and lack of access to public funds, further trapping them in exploitative situations. Despite efforts by advisers to provide support, the root of the problem lies in the visa system and enforcement mechanisms. The report calls for reforms to empower workers, prevent harm through better supervision and enforcement, and ensure access to justice for migrant care workers.

Moreover, by preventing overseas care workers from bringing their families to join them in the UK, these policies create additional vulnerabilities and barriers for migrant workers, exacerbating systemic inequalities within the care sector. This decision has sparked criticism from care workers and support organisations, who deem it a dehumanising move that could lead to destitution for workers.<sup>37</sup> Firstly, the restriction on bringing dependents imposes emotional and financial strain on migrant care workers who rely on familial support networks. Separated from their families, these workers face loneliness, isolation, and heightened stress, which can adversely affect their mental health and job performance. The policy undermines workers' ability to sustain long-term commitments to their jobs, as the inability to reunite with loved ones may prompt them to seek employment opportunities elsewhere. Additionally, the visa's tie to specific employers renders workers vulnerable to exploitation and abuse, as they fear dismissal and deportation if they voice concerns or leave their jobs. This power dynamic perpetuates a culture of silence and further marginalises migrant care workers within the sector. The policy exacerbates existing challenges faced by migrant workers, including low pay, poor working conditions, and limited access to support services.

## Conclusion

The social care crisis afflicting the United Kingdom is ultimately one facet of a broader, transnational “crisis of care” shaped by entrenched structures of gender, racial, and economic inequality. As this analysis has demonstrated, the UK's increasingly restrictive immigration policies targeting its essential care workforce risk exacerbating the very staffing shortages and provision deficits fuelling the crisis. From the new prohibition on migrant care workers bringing dependents, to rising income thresholds and fee increases, these measures threaten to deter prospective workers, undermine retention of existing staff, and perpetuate a deterioration in working conditions and quality of care within the sector. Fundamentally, they reinforce the devaluation and marginalisation of care labour inextricably linked to its gendered cultural framing.

Migrant care workers in the UK, overwhelmingly women and disproportionately from racially marginalised groups, find themselves at the nexus of compounding inequities and precarity tied to their gender, race, class, and immigration status. The decision to ban them

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<sup>37</sup> V. Gayle, E. Mellino, N. Bloomer, *Ban on Family Members 'Will Force Migrant Care Workers into Poverty'*, “The Bureau of Investigative Journalism”, 7.12.2023, <https://www.thebureauinvestigates.com/stories/2023-12-07/ban-on-family-members-will-force-migrant-care-workers-into-poverty/> [access: 28.03.2024].

from bringing families imposes immense emotional and financial strain, jeopardising their mental health, job performance and long-term retention in roles providing crucial care services. Family separation policies exacerbate existing vulnerabilities and marginalisation facing migrant women in the workforce. Moreover, these immigration restrictions directly disrupt transnational “global care chains” that have emerged to fill care deficits in wealthier nations by drawing migrant women workers from poorer countries of the Global South – often leaving their own families behind. By limiting the entry of this labour pipeline from the developing world, the UK’s policies risk shifting greater care responsibilities back onto domestic spheres and unpaid female labour within households. This dynamic could increase the “double burden” on British women having to balance paid employment with informal unpaid caregiving duties for loved ones. For care recipients as well, who are predominantly women, the reduced availability of migrant care workers resulting from stricter immigration policies may severely constrain their ability to access professional home-based care, personal assistance, and other essential support services. This has the potential to undermine their health, wellbeing, and quality of life.

Addressing the dire state of social care provision in the UK necessitates reckoning with these systemic, intersectional dynamics through a feminist analytical lens. It requires a paradigm shift away from the externalised, privatised policy mindset that has rendered the sector so reliant on an exploited migrant workforce in the first place. An approach rooted in collective responsibility and robust public investment is urgently needed to revalue care labour as essential social infrastructure warranting legal protections and equitable resourcing.

Only through this fundamental reorientation centred on universal, rights-based principles can the UK’s cascading care crisis be resolved in a manner conducive to social justice. As Dowling argues, ‘the root of the problem is not too little or too much migration, but the structural conditions of work in the care sector and the low value placed on care work and carers.’<sup>38</sup> Constructing an equitable care model hinges on challenging the very gendered socioeconomic hierarchies and racialised global divisions of reproductive labour that have precipitated this crisis in the first place.

This demands facilitating ethical migration pathways and family reunification policies to uphold the rights of migrant workers already playing an indispensable role within the UK’s care infrastructure. It necessitates dismantling restrictive visa regimes, providing firewalls against deportation for reporting workplace violations, ensuring access to essential services regardless of status, and empowering migrant women rendered vulnerable through the intersections of gender, race, immigration status and labour exploitation.

The moral, economic, and human costs of perpetuating the current iniquitous policy paradigm marginalising migrant care workers are simply too monumental to countenance. Only by valuing this socially reproductive labour as a public good requiring sustained investment can the UK build a care system resilient enough to meet its obligations to all – today’s aging population, those with disabilities and chronic conditions, and future generations alike. The status quo has proven unacceptable and unsustainable; realising this

<sup>38</sup> E. Dowling, *The Care Crisis...*, op. cit.

generational imperative of restructuring how we resource, and provision care is critical to dismantling intersecting inequalities and achieving social justice.

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