Who is vulnerable?: adult social care and modern slavery

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In the year previous to the passage of the Modern Slavery Act, the Care Act 2014 was passed providing protection to another group of vulnerable people, those who, for reasons of age, infirmity, disability or other limiting factor, required the help of people providing services in either a domiciliary, residential or nursing care context. This Act, whose provisions became effective the month after the Modern Slavery Act was enacted, was a response to increasing numbers of high profile accounts of, particularly, elder abuse. On the face of it, there seems little that these two strands of law and policy have in common. However, it is becoming apparent that those providing services and managing policy in these areas might need to consider the possibility that they are in fact linked and the question of who is the potentially vulnerable person in the context of adult social care may need to be reframed. This issue was brought to our attention when addressing a seminar of experts in the social care field who had been asked to consider why the ‘new risk’ of modern slavery had found its way, albeit perhaps as an afterthought, into the Care Act. After this seminar, we began to collect evidence on what appeared to be forms of modern slavery within the adult social care field. This evidence gathered to date, though limited, suggests that the potential connections between adult social care and modern slavery (especially human trafficking for sexual purposes and forced labour, that is extreme labour exploitation) need more detailed examination. This is therefore partly a call for more evidence to be provided to the authors in order that a case can be made to the relevant
It is early days in this complex but largely hidden territory and there is little solid recorded evidence (which is hardly surprising given that modern slavery is illegal): nonetheless, during debates on the Modern Slavery Act, and particularly when the issue of extending the remit of the Gangmasters’ Licensing Authority (GLA) beyond the three original industrial sectors it was tasked to monitor was debated, social care was highlighted as one of the priority areas to which the GLA should pay attention. This emphasis on social care as a possible new sector for close scrutiny in terms of modern slavery has continued. It seems however that by social care, policy-makers were – and probably still are - thinking largely of the care of young people.

The Care Act 2014 provides for the maintenance and protection of the physical and mental health, and emotional wellbeing of those being cared for, and from abuse and neglect, by the provision of accommodation, care and support, counselling, information, advice and advocacy. Identified victims of trafficking, forced labour and other forms of modern slavery are of course, primarily covered by the provisions of the Modern Slavery Act which not only places a specific statutory duty on local authorities and other agencies including NGOs and the police to respond to the provisions of the Act but in many cases to refer potential victims of modern slavery into the Modern Slavery National Referral Mechanism (the formal assessment process) and to notify the Home Office of any suspected victims. The Care Act identifies modern slavery as a potentially important new form of risk (alongside – and potentially at the same time as - self-neglect, domestic abuse and exploitation) but does not dwell on it in any detail as, presumably, the authors of the Act did not regard modern slavery as as significant a risk as those forms of abuse which had been publically rehearsed in great and frequent detail in previous years. It is perhaps also important to note that the Care Act was enacted a year before the Modern Slavery Act and thus before public debates about the scope of modern slavery had really impacted on public, professional and political
consciousness.

It is also worth noting that levels of formal reporting to date about modern slavery in the adult social care industry has been very limited. One of the few reports to touch on the subject (from Kalayaan) was based on research exploring the conditions of migrant care workers in private households. We also know that much of the social care industry is characterised by informality and flexibility: in other parts of the labour market this is code for vulnerability.

The kinds of evidence which are beginning to emerge is illustrated by these short vignettes:

• A care home is raided by the Borders Agency; the care staff are all removed by them as they have no ID, are working disproportionate hours under poor conditions. The home turns out to be being used as a conduit for trafficking women into the UK. The agency supplying workers to the home has not been investigated thoroughly.

• An older woman lives with her extended family. She has no ID, is not allowed to leave the house and works, under threats of violence, most hours of the day as a domestic worker, cooking cleaning, doing childcare. She has no alternative but to stay and this closely corresponds to a situation of forced labour.

• A man with severe disabilities is looked after by two young East European women who live in. He abuses them but when this is discovered they reject the opportunity to move. They say they do not want to move despite the abuse but the social worker suspects they cannot move because they have no ID: they may have either been trafficked or be in a situation of enforced servitude, or both.

These are illustrative of a wider range of examples: we welcome details of similar cases. If you have any examples of similar situations or concerns, please write to gary.craig@garyc.demon.co.uk For further discussion see: https://www.theguardian.com/social-care-network/2017/jun/26/modern-slavery-social-care-scandal
Contact: For further information, back copies of Information Briefings or Research Briefings, or to join the Network email gary.craig@galtres8.co.uk

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