

## Speech for HoL 30th April 202- Florence Waller

There are a number of reasons why a woman might request female only care- she may have certain cultural or religious beliefs, or have experienced sexual trauma, or simply feel more at ease accepting the help of another woman. No woman has to explain her reasons - in a compassionate society her request for female-only care should be respected.

At the beginning of 2023, 88 year old Myra was diagnosed with advanced lung cancer. The cancer triggered a rare autoimmune disorder- paraneoplastic neurological syndrome (PNS). The PNS caused cognitive impairment and affected Myra's speech and balance. Quite quickly the condition advanced to such a point that Myra required help from two people to move about the house safely and I could no longer tend to all of her needs as a sole carer. The NHS Continuing Care Coordinator from our local trust organised an external care provider to send assistance 4 times a day. In April, unannounced a male continuing care giver arrived at Myra's home. He was nice enough, but his presence was unexpected and caused unnecessary distress to both a dying elderly woman and her husband. I asked that he stay in the sitting room and not provide intimate care. Had he provided or assisted with intimate care without consent, this would have been sexual assault- a criminal matter. If I was not there it is perfectly possible that Myra and her husband would not have been able to assert their boundaries and rights to dignity and respect as per CQC Regulation 10. [\[1\]](#)

Both myself and Myra's daughter contacted the care team to state Myra's expressed wishes for same sex care provisions. After being assured by the NHS care coordinator that no males would be sent to administer continuing care to Myra, a man was sent on 3 separate occasions the following week. To say this caused upset and distress is an understatement. Myra was visibly upset and her husband who suffers vascular dementia as well as COPD was extremely unsettled. Vascular dementia carries with it a propensity for behavioural problems including agitation and aggression which is upsetting for the sufferer and those around them. Myra's husband was left banging his fists and crying at the repeated intrusion of a male care-giver. This in turn set off breathing difficulties associated with COPD. Once he was calm I had to then explain that the continuing care team would be back again for the bedtime visit. Myra became more anxious every time she heard the door, for fear that a male carer would call again. In total a male was sent on approximately 10 separate occasions. Sometimes he would remain outside in the car out of respect for Myra's dignity, and as not to unsettle her husband. However the result of this was that only one female carer would be able to perform care duties when to do so safely two people were required. This was ultimately unsatisfactory and Myra found it more stressful and upsetting than helpful. As a result

the decision was made to cancel the continuing care altogether and Myra's daughter took 6 months off work to assist me with her mother's care. Myra passed away aged 89 at home with her daughter by her side on 29th September 2023.

This sort of situation is heartbreaking and completely avoidable, but it is becoming increasingly common.

Since 2012 the number of males in the domiciliary care workforce has increased by about 4%. This is in part a result of a concerted recruitment drive to entice more men into care roles, and the increase appears to correlate with the introduction of Universal Credit sanctions and the Visa Sponsorship Scheme. A cursory look on google will bring up pages of articles from care providers and national newspapers about diversifying the care workforce and dismantling gender stereotypes- detailing why more men should work in care. The main argument for this appears to be an aging male population. While it is true that more men are requiring care, according to the Office for National Statistics, women not only have a longer life expectancy than men, but they are also expected to live longer with a disability than men.<sup>[2]</sup> Furthermore, it does not always follow that men prefer same-sex care, however if they request same-sex care this should be respected.

The government visa sponsorship scheme has seen a 5 fold increase in foreign care workers since 2021.<sup>[3]</sup> These new migrant workers need to apply to extend or update their visa when it expires or if they change jobs.<sup>[4]</sup> This suggests they may well feel trapped in work placements- leaving them uniquely vulnerable to exploitation. Indeed, according to the Independent, these migrant workers are often paid less than £5 an hour.<sup>[5]</sup>

A recent crackdown on care workers bringing their loved ones over on their work visa was implemented on 11th March 2024.<sup>[6]</sup> The result of this crackdown will surely serve to further increase the number of male workers in the sector.

The visa sponsorship scheme is a short term fix designed to fill job vacancies quickly, rather than to invest in staff retention by way of wage increases. It pays more to be a parking attendant or warehouse packer for example, so is it any wonder that many British nationals avoid jobs in the care sector?

Despite the increase in male care assistants, there is not a significant demand for them amongst those receiving care. On the contrary, many vulnerable women are being sent male carers against their expressed wishes for same sex care. Nicola Dunn, Senior

Recruitment and Retention Advisor for Devon County Council explains the difficulties faced by care providers in placing male workers on rotas for domiciliary care:

‘What we found is that men have been particularly difficult to place in domiciliary care. Providers may not have enough hours for men so they have to try and prepare runs that there are enough service users who are happy to accept a male care worker... it is quite difficult for us because we have been promoting all sorts of roles to attract all sorts of people and our promotional videos and photos include men but when we get the application it’s hard to place them.’[\[7\]](#)

The influx of men into the care workforce is clearly not simply a direct response to an aging male population. Men have always been a very valuable commodity in any workforce. This is in part because of the simple fact that men don’t experience pregnancy or childbirth. Men often have less childcare responsibilities and can therefore be more flexible employees. Men are more likely to have access to a car, which is a tremendous asset to care providers when it comes to community care services.[\[8\]](#)

Of course the increase in male carers and the pressure on care providers to give them working hours has startling implications for vulnerable women accessing care services. Sometimes care providers refuse to take on new clients if they refuse to accept male care workers. We spoke to a former male carer who explained:

‘If a woman said no to a male carer the agency would insist on continuing to send men round to **‘try to get the woman to change her mind.’**’[\[9\]](#)

Pressuring vulnerable women into accepting care from a man is neither respecting their dignity, nor is it person centred care (as per the CQC fundamental standards). Furthermore, an increase in male care workers being sent out to female clients whether they specify same sex care or not, is not only a matter of personal preference with regards to dignity. It is also an issue of basic safeguarding. A 2020 CQC report found that within 3 months during 2018 nearly 1000 incidents of sexual assault were reported, 47 of which were rapes. The ‘sexual incidents were nearly 4 times more likely to be carried out by men than women’ and ‘nearly half of all the people affected by sexual incidents were women aged 75 and over.’ So it would follow that an increase in male staff in the care workforce would increase the risk of vulnerable women falling prey to ‘sexual incidents’.[\[10\]](#)

References

[1] <https://www.cqc.org.uk/guidance-providers/regulations/regulation-10-dignity-respect>

[2] <https://doi.org/10.1136/bmj.g2471>

[3]

<https://www.shropshirestar.com/news/uk-news/2024/02/29/health-and-care-visa-numbers-five-times-higher-than-2021/>

[4] <https://www.gov.uk/health-care-worker-visa>

[5] <https://www.independent.co.uk/news/uk/home-news/migrant-worker-domestic-care-fruit-picker-visa-b2510710.html>

[6] <https://www.gov.uk/government/news/new-laws-to-cut-migration-and-tackle-care-worker-visa-abuse#:~:text=Care%20workers%20will%20now%20be,on%20the%20route%20Iast%20year.>

[7] <https://www.coproducecare.com/driving-more-men-into-social-care-roles>

[8] <https://www.smmmt.co.uk/2018/04/female-car-owners-up-20-in-a-decade-reveals-uks-biggest-automotive-motorparc-analysis/>

[9] <https://www.caringaboutdignity.org/a-male-carers-perspective/>

[10]

[https://www.cqc.org.uk/sites/default/files/20200226\\_asc\\_sexual\\_safety\\_sexuality\\_easy\\_read.pdf](https://www.cqc.org.uk/sites/default/files/20200226_asc_sexual_safety_sexuality_easy_read.pdf)

