

11 March 2024

Cavendish Coalition position statement on the impact immigration changes could have on the social care sector

This paper outlines our position on how the recent immigration changes will impact the social care sector.

The Cavendish Coalition acts as a shared voice of representatives from the social care and health sector, trade unions and employers to co-ordinate sector insight and offer expert advice on the issues affecting the social care and health workforce. Our [members](#) and the patients, service users and communities they serve have welcomed the support offered by the government to our sector in accessing vital global labour markets in light of ongoing domestic recruitment barriers and policy changes.

However, the immigration policy changes [announced in December 2023](#) will drastically impact the current and future international social care workforce. The Coalition has [previously written to the Prime Minister](#) outlining our concerns on how banning care workers and senior care workers from bringing their dependants to the UK will impact the sector. In the letter, the Coalition lobbied the government to release the impact assessment it had undertaken when the immigration policy was first announced. In December 2023, the Home Office [released its modelling](#) which showed that 101,316 main applicants for care and senior care workers brought 122,359 dependants. The Home Office said it expects 100 per cent of these applications to be affected due to the ban on dependants, except a residual flow from those care and senior care workers holding a valid leave to remain prior to implementation. In addition, reductions are expected following the new requirement for firms in England to be CQC-registered to sponsor visas and for other aspects of the new restrictions on immigration.

The continued lack of resource and investment in social care and the absence of a clear long-term government plan has led to the current vacancy issues in social care and has not helped in making the sector attractive to the resident labour market. The low pay and the lack of recognition of the value of the skills offered by social care colleagues means that this position is unlikely to change and does not attract or retain individuals in the sector.

Based on projections from Skills for Care, the UK will need 25 per cent more posts (440,000) by 2035 if the number of adult social care posts grows proportionally to the projected number of people aged 65 and over in the population¹. Also, NHS data published in February 2024 shows that there were 3,372 more patients in hospital each day (97,934) than the same period in 2023 (94,562). While the NHS has over 2,700 more beds compared to the same period in the previous year (103,557 versus 100,855), bed occupancy is higher, with 94.6 per cent of general and acute beds occupied in the week ending 11 February, compared to 93.8 per cent last year. NHS England² said that reduced hospital capacity was exacerbated by delays sending

¹ [The state of the adult social care sector and workforce in England](#) (October 2023)

² [Hospitals under pressure with three times more flu patients than last year](#) (15 February 2024)

people home or to social and community care settings. This further underscores the need to increase capacity of valuable social care workers to enable acute care providers to focus on patient need by enabling the discharge of patients to social care.

The Coalition agrees that the recruitment and retention of more home-grown talent is needed to support the social care workforce. However, this will take time and additional funding from government and providers. A real-terms fall in the wages of those working in social care and the cost-of-living crisis experienced in the UK since 2022 continue to be barriers to internal market recruitment³, with numbers of domestic recruits falling.

We welcome that our colleagues in Skills for Care and the Department of Health and Social Care are working on a long-term plan for adult social care and the introduction of a **care workforce pathway for adult social care, but this needs to be met by a commitment to a funded plan and pay structure**. Social care plays a huge role in systems planning, rehabilitation and supporting self-management for the growing number of people with long-term health conditions, both within the social care workforce itself and in integrated teams within health. The implementation of the intermediate care framework and new community rehabilitation model in England is an example of why supporting this integration is so important. The Coalition would like to see more integrated workforce planning for social care and health. This will decrease competition among suppliers and increase collaboration to recruit and retain staff through apprenticeships and staff development. This would support greater attraction from local labour markets and reduce reliance on international recruitment.

We welcome that the government has recognised the specific support that social care and health requires in immigration rules compared to other sectors and that there is a continued [Health and Care Visa](#) exemption from the general salary threshold increase and the immigration health surcharge. We urge the government to continue this approach. We welcome the continued exemption from the increased general salary threshold announced in December 2023 and the immigration health surcharge; without this it would not be feasible for the majority of care roles to be filled internationally given the comparatively low salary of social care work. We also welcome the Migration Advisory Committee's (MAC) recommendation to include care roles in the Immigration Salary List. We urge the government to continue to support care workers' eligibility into the UK visa system and accept the MAC's recommendation.

We welcome the plan to restrict those organisations that can issue Certificates of Sponsorship to the health and care workforce to reduce unethical practices and exploitation. However, we ask that the government goes further on these restrictions and considers future regulation. The Coalition acknowledges the increase of exploitation of international recruits coming to work in social care and condemns any organisation or recruiter using these tactics. We believe restricting organisations that can be sponsors to those that are CQC-registered will act as one barrier to prevent possible exploitation. However, increasing the restrictions to

^{3 3} [Recruitment and retention in adult social care, a qualitative study](#) (July 2022)

having CQC-registered organisations that have been established for at least two years or more would help to reduce the amount of unethical practices further and reduce the chance of exploitation of individuals. The Coalition is seeking clarity from CQC on what the regulator's role in this partnership will be.

There is currently a lack of clarity around enforcement regimes, how this will be funded, and what the penalties will be for breaking these rules. There is no information on how the changes to the immigration system will be enforced or the penalties for those organisations exploiting international recruits. Many of these organisations are not UK based, therefore clarification is needed on how the government plans to protect international staff who exist in an unregulated space.

We would welcome stronger regulation of organisations that provide workers to social care. The Coalition would value exploring the possibility of a new immigration route for social care workers, which is regulated by the Gangmasters and Labour Abuse Authority to reduce the amount of exploitation of individuals working in the sector.

However, by limiting those who can be sponsors, the practical effect is a 22 per cent reduction in the workforce, as indicated in the government's own [impact assessment](#). In practice, this will place greater reliance on the balance of international social care workers willing to come to the UK. We therefore consider it important to ensure the visa route is not made less attractive, given also our earlier comments on the salary and career pathway for social care work.

The policy changes will shift the demographics of the current workforce, will not support its needs, and will create a barrier to recruitment. 1.52 million people work in adult social care in England. Most of the overseas staff operating as care workers and senior care workers are women over 30 and the majority of them have children⁴. They bring with them many skills that benefit their roles, such as empathy. By removing their ability to bring their dependants with them, the government risks alienating a core section of a potential workforce who will choose not to come.

The assumption being made that social care will be able to recruit single people from overseas or the EU is also erroneous. It assumes that younger, single people have no intention to settle in the UK or regularise their stay by having a family life with partners, spouses or other family members either immediately or after entry. Even if single people are recruited to social care posts in light of the new restrictions, those recruits will nevertheless retain a route to settlement and to being able to sponsor family members in the future. This policy therefore defers that sponsorship by five years, in the best-case scenario, rather than remove the right in its entirety. In the worst-case scenario, it creates the real recruitment risks we have identified.

These policy changes are a response to changes in how immigration has changed post-Brexit. The policy decision therefore does not appear to be predicated on the practical needs of the UK social care sector, but rather on a

⁴ [The state of the adult social care sector and workforce in England](#) (October 2023)

political reaction to the increased net migration figures generated primarily by the impacts of EU Exit; the cessation of free movement rights; and a move to visa routes that mean immigration is now statistically recorded as part of net migration. Where there has been abuse of the Health and Care Visa, this should lead to tougher enforcement and monitoring rather than a variation to the terms of the visa.

The government should consider the long-term economic benefits that migrants with dependants bring to the UK. Migrants and their families bring long-term economic benefit to the UK. All pay tax, many may stay longer and apply for indefinite leave to remain and further their careers. The inability for care workers to bring dependants also reduces the opportunity to increase overall employment figures as we head toward a crisis in funding pensions due to an ageing social care workforce.

As the Cavendish Coalition, we commit to the following:

1. Condemning the exploitation of international carers and modern slavery in the social care sector, and the employing and recruitment organisations that use these practices.
2. Working with social care organisations so that they adhere to the Code of Practice and only use recruitment organisations that appear on the Ethical Recruiters List.

We urge the government to commit to the following:

1. Supporting integrated workforce planning for social care and health by fully funding and implementing the NHS Long Term Workforce Plan in England with regular reviews and by developing a plan for the social care workforce.
2. Supporting the implementation and expansion of the health and care workforce pathway⁵ by ensuring a fully funded model that includes real wage increases to increase attraction to the sector from the domestic market as well as creating routes that support development, retention and skill mix.
3. Restricting the provision of Certificates of Sponsorship to CQC-regulated organisations that have been registered for at least two years.
4. Exploring the option of a new immigration route for social care workers that is regulated by the Gangmasters and Labour Abuse Authority.
5. An in-depth assessment on the impacts of the new immigration rules to stop care workers and senior care workers from bringing their dependants to the UK on the recruitment and retention of the workforce within social care.

⁵ [Care workforce pathway for adult social care.](#)



Daniel Mortimer
Chief Executive
NHS Employers



Nadra Ahmed CBE
Executive Co-Chair
National Care Association



Sara Gorton
Head of Health
Unison