# Adult Social Care and Immigration: A Report from the Migration Advisory Committee

**April 2022**

MAC

MIGRATION ADVISORY COMMITTEE

CP 665


# Adult Social Care and Immigration:

## A Report from the Migration Advisory Committee

Presented to Parliament
by the Secretary of State for the Home Department
by Command of Her Majesty

April 2022

CP 665

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# Executive Summary

## Introduction

On 6 July 2021, the Minister for Future Borders and Immigration commissioned the Migration Advisory Committee (MAC) to "*…undertake an independent review of adult social care, and the impact the ending freedom of movement has had on the sector*".

The commission came from a commitment that the Government gave in the House of Lords as part of the Immigration and Social Security Co-ordination (EU Withdrawal) Act 2020, which ended Freedom of Movement (FoM) and introduced a new Points-Based immigration system for the UK.

The Government asked us to *"…provide recommendations on how to address the issues which the sector is experiencing with the immigration system and to highlight, where they arise within the scope of the review, wider issues for the Government's consideration, such as employee terms and conditions"*.

We were asked to report by the end of April 2022, and this report fulfils that commitment. On 15 December 2021, we published our Annual Report[i], which included an update on this commission and an interim recommendation to immediately make Care Workers and Home Carers eligible for the Health and Care Worker Visa and place the occupation on the Shortage Occupation List (SOL). The Government accepted this recommendation on 24 December 2021.

As with other commissions, we carried out an extensive programme of work to support our decision making. This included:

- wide ranging stakeholder engagement, including with representatives of the social care sector and Government in each nation, trade unions and people who draw on social care;
- analysis of relevant official statistics, job vacancy data and sector-led datasets to examine a range of issues such as the size, characteristics, and trends in pay in the social care workforce and migrants within it;
- primary research with employers and people who receive care and support across the UK, including in-depth interviews; and
- a 12-week Call for Evidence, which received 145 responses from a mix of individual care providers, representative organisations, and those responding in a personal capacity.

Throughout the commission we have worked closely with various bodies across the UK and have proactively engaged with as wide a range of voices as possible. It has been an incredibly busy and challenging period for the sector, so we are very grateful to all those we spoke to, or who contributed information to us.

We also appointed an expert advisory group with expertise of the social care sector to work with us during this commission. We are indebted to them for their guidance and help, but the recommendations and conclusions remain solely the responsibility of the MAC.

Over the course of this commission, we have heard powerful stories from people who receive care and support, who rely on high-quality care to provide dignity and protect their quality of life, as well as the pride that many social care workers and employers feel to be working in the sector. We also recognise the anger that many within the sector have felt at workers being viewed as 'low-skilled'. We categorically disagree that care work is low-skilled; although some basic technical skills can be acquired through

training, other skills are vital attributes in providing good quality care, such as emotional and physical resilience, communication, planning and organisation, problem solving skills as well as understanding individuals' needs. We also recognise the further strain that the ongoing COVID-19 pandemic has caused the sector, with workers going above and beyond to continue providing a vital service in challenging conditions.

In previous MAC reports we have highlighted some of the many challenges that the care sector faces. These include increasing demand for care, high vacancy and turnover rates, low pay rates with little pay progression, and poor terms and conditions compared to competing occupations. These issues predate the end of FoM and have largely been compounded by the pandemic. As we have stated previously, the underlying cause of these workforce difficulties is due to the underfunding of the social care sector.

Whilst these problems are not unique to the UK, and are indeed similar in many other high-income countries, we maintain that properly funding social care to allow improvements in pay and conditions is ultimately the key to addressing these workforce difficulties. We do not believe that immigration policy is the cause of, or the solution to, all, or even most, of the workforce problems in social care, but that immigration could potentially help to alleviate some of the difficulties, at least in the short term.

Based on the terms of our commission and our areas of expertise, we have focussed on where we can add the most value in this commission. Our report therefore focuses on workforce issues and particularly immigration policy, and not issues of social care provision and funding.

## Social care policy and workforce

Chapter 1 of this report sets out key facts on the size and nature of the social care workforce and details of how social care operates across each nation in the UK and the implications of this on issues like workforce strategies, funding, qualifications and registration, and data collection.

Social care is a devolved matter meaning that the Devolved Administrations (DAs) in Scotland, Wales and Northern Ireland have responsibility for their respective systems. This makes the intersection between immigration policy (which is a reserved matter, i.e., decisions are taken at a UK level and apply across the UK) and social care more complex. In each nation, local authorities (LAs) are responsible for care delivery, except in Northern Ireland where Health and Social Care Trusts play a comparable role.

Office for National Statistics (ONS) data shows that the social care workforce across the UK has grown steadily in the past decade, with a total of just over 1 million workers in 2019; other estimates suggest this workforce is larger. Care workers account for three-quarters of the social care employees in our scope, with the rest split between senior care workers, care managers and nurses. Given some of the difficulties we have had analysing data for this commission and inconsistencies between national datasets **we recommend DHSC and the Devolved Administrations should consider adopting a common data collection framework** and in addition **where possible, social care and healthcare should be separated in ONS and other official data.**

Directly employed care workers are likely to be underrepresented, or missing, from standard labour market surveys as their direct employment relationship with the person receiving care and support is often informal and may be transitory, and care activities in this area are unregulated. Skills for Care estimate[ii] that there were 130,000 care workers employed by direct payments recipients in England as of 2021. Just over half of these were family or friends of the people who receive care and support. These estimates do not include workers employed via personal health budgets or through private funding. **We recommend**

**DHSC and the Devolved Administrations should work jointly on a review of the evidence available on directly employed care workers, including those paid for via direct payments, personal health budgets and private funding.** The MAC has engaged with representatives of direct employers and has heard the difference this makes to people's lives, particularly those with acute care needs.

We would expect, given demographic factors, that demand for social care will increase in future. Vacancy rates suggest that the social care sector already needs an additional 66,000 FTEs to fulfil demand today. Our projections, based on estimated future care need, suggest that the sector will need to recruit a further 236,000 FTEs to keep up with growing care need. Demand for labour in the sector is outpacing population growth: social care employs around 2% of the working-age population today and may need to employ 4% to fulfil demand by 2033.

Compared to the rest of the labour force, women are overrepresented, accounting for over four-fifths of the social care workforce. Part-time working is also more prevalent with 40% working part-time, and women are 3 times more likely to work part-time. Whilst most workers in the social care sector are British nationals, migrant workers form a considerable, and growing part of the sector, with significant variation by region – in particular, London is more diverse compared to the rest of the UK. In 2020, 1 in 4 social care workers were born outside the UK, most of whom were born outside the EEA.

We note though, that during the era of FoM the social care sector has not come to rely on EEA workers in the same way that some other sectors of the economy have. Indeed, for most employers in the sector, EEA workers are employed simply as a result of being part of the local labour market that they recruit from, rather than as a result of targeted recruitment across Europe. Over time, the ending of FoM will likely reduce the share of EEA workers in the labour market, and we expect this will feed through into their reduced employment in social care.

There is little standardisation of qualifications in the sector. Since 2003 the Scottish social care workforce has been subject to professional regulation, where workers are required to register with the SSSC and if they do not already possess a qualification, they must attain the specific qualification in line with their role within 5 years. Similarly, in Wales, in order to register with SCW, residential and domiciliary care workers must commit to complete a required qualification if they do not already possess one upon entry; this must be done within 3 years. Experienced care workers can have their competence certified by their manager. In NI registration is intended to demonstrate compliance with standards of conduct and practice, rather than qualifications. No such requirements exist in England. **We recommend that the Government should consider what they might learn from the examples of good practice we have highlighted from across the UK. Additionally, we recommend that the Government embed a culture of regular consultation with the DAs and stakeholders from the Devolved Nations (DNs) to share knowledge and best practice.**

As with any sector, formal qualifications are only part of the workforce development, and focus should also be given to learning on the job. Registration, qualifications, and skills frameworks are practical tools that can help ensure good quality care is delivered and is important for migrant and domestic workers alike. The social care sector would benefit from workers incentivised to invest in their career. We are supportive of providing such training to further upskill the workforce and increase the public perception of care work and formally recognise the skills which workers build over their time in their role. This type of formal training is valuable in maintaining a high standard of care and should be adequately funded throughout the UK to ensure that care workers can continue to learn whilst they work.

More generally, it is clear that a long term, coherent workforce strategy, that is fully implemented with adequate public funding, is vital to make social care an attractive, viable and sustainable career. **We fully**

**endorse the views expressed by the Health and Social Care Committee for DHSC to produce a "People Plan" for social care in alignment with the NHS and would strongly recommend that DHSC, and the comparable bodies in the Devolved Administrations, develop a coherent workforce plan in consultation with the sector.**

## The social care labour market

Chapter 2 of this report provides details of the social care labour market. The social care sector has experienced high vacancy rates over the last decade, which have worsened as the economy has reopened after the third wave of the COVID-19 pandemic. Whilst high vacancy rates have been prevalent across the whole UK labour market as part of the post-pandemic economic recovery, the social care sector stands out in terms of faster rates of growth in vacancies. Where conventionally wages, and potentially the price of a service, would rise in response to high vacancy rates, the structure and shortfall in social care funding has limited the scope for such an adjustment; though it is important to note that this varies across care providers and their reliance on publicly funded care packages.

Social care also has high, and generally rising, rates of employee turnover. Some movement between employers can be healthy for the sector as organisations compete to attract workers, improving the job offer whilst retaining the same headcount across the sector; however, high levels can be disruptive for organisations and are often symptomatic of underlying issues.

Historically social care workers were paid a premium over occupations against which the sector competes today. However, this premium has narrowed in the past decade. This has been driven, in part, by the 2016 introduction of the National Living Wage (NLW) to sit above the National Minimum Wage (NMW) which has increased wages for the lowest paid whilst also compressing the distribution of pay, such that there is now little premium for relevant experience and the additional pay for working as a senior care worker, compared to a care worker, is often unlikely to be sufficient to persuade workers to take the extra responsibility that would come with promotion. In 2021, the Scottish Government introduced a minimum hourly wage of £9.50 per hour for care workers, which has risen to £10.50 per hour from April 2022. The Welsh Government has also set a new minimum wage for social care staff of £9.90 due to come into effect in April 2022, pegged to the Real Living Wage. We believe these changes, if fully funded, are desirable across the UK and will be key to improving recruitment and retention, but thought must also be given to maintaining differentials, to reward both experience and seniority, rather than just merely increasing minimums.

Even within the relatively low wages in social care there are some employment practices that may make effective pay even lower, and where we believe there is scope for further reform, for example:

- travel time between people receiving care and support and the extra time required to adhere to infection protocols (e.g., PPE, disinfecting surfaces etc) sometimes not being counted as working time, despite the requirement it should be; and
- social care may require care workers to stay overnight in case the person receiving care and support requires help during the night – referred to as 'sleep-ins'. In 2021, the Supreme Court ruled that workers on sleep-in shifts were not entitled to the NMW while asleep. In this situation, when a worker is asleep but at work, the rate of pay is not regulated.

The Scottish Government have taken independent action and require care workers to be paid at least £10.50 per hour from April 2022 for time spent at work, including sleep-ins. This highlights an important point – statutory minima do not need to be where policymakers set the standard.

In commissioning this report, the Government were clear that we should feel free to highlight *"…wider issues for the Government's consideration, such as employee terms and conditions"*. This was in addition to recommendations on immigration policy. We are in no doubt that the single most important factor that underlies almost all the workforce problems in social care arise as a result of the persistent underfunding of the care sector by successive Governments. It is not for us to advise on either the appropriate level of funding for social care nor on the method of financing such funding. This is particularly so, as social care is a devolved matter and we were not commissioned by the DAs.

However, one cannot seriously address the workforce issues in social care unless pay is improved; this is essential to boosting recruitment and improving retention. There is no reason why the pay of care workers should rise only when the NLW rises; indeed, there are clear reasons why relying on NLW uplifts will not address the recruitment and retention difficulties. What is needed is a minimum pay rate for care workers that is fully funded by Government and is above the NLW. Both the Scottish and Welsh Governments have implemented a mandatory hourly wage for care workers above the statutory minimum. Higher pay across the rest of the UK is a prerequisite to attract and retain workers in social care. **We therefore recommend that the Government introduces a fully funded minimum rate of pay for care workers in England that is above the NLW, where care is being provided through public funds. As a minimum starting point, we would recommend a level of £10.50 per hour to be implemented immediately.** We would also strongly emphasise that an increase of this magnitude is not enough to address the issues presented by low pay in the sector and urge the Government to go significantly further as quickly as possible. In addition, differentials across the workforce must increase and the pay premium historically afforded to social care workers over other jobs must be reinstated to increase attractiveness and fairly reward employees for the unique nature of their work – increases to the NLW simply do not solve these issues.

Our remit comes from the UK Government, so we do not consider it appropriate for us to advise the DAs; however, if asked we would make the same recommendation to all the DAs. We would note of course that our recommended minimum starting point is the same as that adopted by the Scottish Government from April 2022. **We also recommend that workers in social care should be paid for the hours while at work, whether this is time spent travelling or sleeping. Whilst these hours are not being properly compensated, low paid workers are being underpaid for their time spent at work. Where care is being provided through public funds, those funds should increase to fully reflect the additional costs involved.**

Roles in the NHS often compete with the social care sector. This means heavily funded NHS recruitment campaigns can make it difficult for social care employers to hire enough workers. DHSC recruiting policies, driven by NHS demand, may also affect the quality or experience of the talent pool available to employers in the care sector, particularly in times of increased demand for care. The scale of the NHS, and the salaries and benefits it is able to offer, can make it difficult for the social care sector to compete.

With high vacancy rates also seen in the NHS, this dynamic is likely to continue. **We recommend that DHSC and the Devolved Administrations work towards a joined-up approach when planning and executing recruitment campaigns for the health and social care workforces**. This may include changes to the job offer, particularly in social care roles, to both attract a larger share of the total workforce and retain the current workforce.

# Immigration policy for social care

Chapter 3 of this report looks at the previous and current immigration policy for social care, how the sector interacts with the immigration system, and sets out our recommendations for changes. Immigration cannot be viewed in isolation, nor as a sole solution to the issues faced by the social care sector. We believe that the Government needs to take a holistic view of immigration alongside the long-standing funding issues and unfavourable terms and conditions within the sector, which in turn are having serious impacts on the availability and quality of care for those who need it. These problems are the result of years of policy decisions not to fund the social care system properly. However, the end of FoM has contributed to shortages in the social care workforce.

Immigration policy may be able to help alleviate some of the workforce problems that the sector is facing, but it is not the best solution to these problems. The real solution lies well beyond our remit, in the design and funding of the system itself. It would also be highly damaging for the sector in the long term if the necessarily limited and short-term relief brought by immigration policy were used as an 'excuse' not to address the more fundamental problems the sector faces. Nonetheless, the MAC's remit is to make recommendations on immigration policy. With this in mind, we have considered whether and how immigration should be used to alleviate the situation in the short-term and what options would work for this sector.

The Skilled Worker (SW) route - and the Health and Care Worker (H&CW) visa that implements the SW route for health and social care occupations - is now the principal employer sponsored immigration route for hiring migrant workers in social care. Following the MAC's December 2021 recommendation to include care workers in the H&CW visa, all the major occupations in social care can now access this route. We reviewed the operation of this route in some detail to examine the extent to which changes could be made that would benefit the social care sector and not jeopardise the overall objectives of the SW route.

A new group of employers are now having to engage with the immigration system and they have not always found this straightforward, with concerns about both cost and complexity. However, we are seeing that use of the SW route is growing for senior care workers (since care workers did not qualify for the SW route until 15 February 2022, the data reveals little about the flow of migrants into the largest occupation within social care at the time of this report), suggesting that over time employers develop familiarity with the system and start to use it. The percentage of all new sponsorship applications that were made by employers from the Health and Social Care Sector increased from 18% between 1 January 2021 and 23 December 2021 to 30% from the 24 December 2021, when the Government agreed to include care workers on the route. **We recommend that the Government either conduct or commission research to identify administrative burdens for employers and workers that could be eliminated across the SW route.** This analysis should consider both the benefits to the integrity of the immigration route of specific requirements, and the burdens on those who must fulfil them.

Given the exceptional pressures on the care sector, we consider any tax on the recruitment of migrant workers which reduces the numbers who use the immigration route to be in opposition to the steps already taken to facilitate immigration into the care sector. We also recognise that the NHS is a large user of the H&CW route whilst care workers are often coming to fulfil LA commissioned care. It seems illogical to charge the Immigration Skills Charge (ISC) to public sector bodies or those meeting public sector needs and thus simply shifting funds across Government. **We recommend the removal of the Immigration Skills Charge for all H&CW visas. More broadly, it would be useful to conduct a full review of the ISC across the**

**entire SW route, which was introduced some years ago and there have been substantial changes in immigration policy and its objectives since that time.**

In line with the rest of the SW route, the H&CW visa requires migrants to be paid the higher of their occupation's going rate or an annual salary of at least £25,600. Occupations on the SOL receive a discount on these thresholds, so care worker and senior care workers must be paid an annual minimum of £20,480, equivalent to £10.10 per hour. Whilst we have clearly heard that some employers find this salary level to be problematic, reducing the pay threshold would also have disadvantages. It would mean explicitly allowing the immigration system to facilitate the already too widespread practice of paying care workers less than the value they provide, and less than the amount that is required for this labour market to function effectively. The Scottish example shows that it is possible to pay care workers more when the political will to do so is there – although it is also important to ensure that these increases are properly funded. On balance, **we recommend maintaining the current salary threshold for the H&CW visa.**

There are also significant costs associated with a migrant becoming settled in the UK. This problem is not specific to care workers, although their low salaries may make the fee less affordable in comparison to other work migrants. We want to encourage dedicated workers in Health and Social Care to remain in the UK. **We recommend that workers who spend the full 5 years working in nursing or care roles on the H&CW visa should either receive a complete settlement fee waiver or pay a lower fee, that is no higher than the unit cost of processing**. **The cost of this recommendation should not be passed on to other visa fees.**

In our 2021 Annual Report, in recognition of the fact that the wider issues facing the social care sector will need time to resolve, the MAC recommended the addition of Care Workers and Home Carers to the H&CW visa and SOL. This was accepted by the Government and implemented in February 2022. In light of the long-term and persistent nature of the challenge facing social care, the **MAC recommends that the decision to make care workers eligible for the H&CW visa should be made permanent, i.e., should not have an automatic sunset date**. This will give more certainty to employers in the sector.

Adding care workers on the SOL is separate from the decision to allow applications under the H&CW visa. The MAC would expect to review the position of care workers in the usual way when we next review the SOL. **We would recommend that the Government keep care workers on the SOL until the next SOL review is completed, when we will make a further recommendation.** While any future SOL review will examine the situation in the labour market at that time, realistically it is very unlikely that shortages in the social care sector will be resolved in such a short period. The MAC would likely only be minded to remove care workers from the SOL in the event of a very substantial change in the conditions facing social care employers.

Even if sponsorship duties are simplified and costs reduced, the SW model does not work for all care employers. A small, but highly impacted, proportion of people who receive care and support in the UK directly employ care workers, and stakeholders from this sector have told us how vital those care workers are to these people being able to function and live independent lives. They also told us about the difficulties in finding and recruiting suitable individuals to provide personal care, and the high harm to their lives when they could not find appropriate care.

Most of the people who receive care and support that we spoke to explained that finding qualified care workers who understood their specific needs was much harder following the ending of FoM, and although they were using agencies to help their search, this was hampered by the overall lack of care workers, including UK care workers, and a consequent rise in the daily rates charged.

Stakeholders in this position typically wanted a way to employ overseas care workers directly, as they had done in the past under FoM. Several recognised that the administrative burdens of the sponsorship process would be difficult to fulfil for many, even if individuals were allowed to become licensed sponsors under the immigration system. However, the sponsorship system prevents individuals from registering as a sponsor: this applies to all occupations, including in other activities where it is common for individuals to be employers, such as childcare. The sponsorship rules are designed to play a role in protecting sponsored migrant workers. There is already evidence that even when migrant workers are sponsored by organisations, they can be vulnerable to poor compliance with employment law. If workers are directly employed by individuals, through some form of sponsorship arrangement, these vulnerabilities are likely to increase because the absence of an external employer makes them more isolated. Whilst in theory migrant workers could find another sponsor, should sponsorship cease without a migrant having a new sponsor, they are required to leave the UK. This can create a power imbalance between the migrant and sponsor, especially where the migrant relies on the sponsor for their housing.

Direct employment raises particular challenges for the immigration system. One potential option to mitigate the problems faced by direct employers who previously relied on FoM would be to allow licensed umbrella bodies to sponsor workers who would then be placed with specific people who receive care and support. The model that allows agencies to sponsor staff exists elsewhere in the immigration system, for example in the Seasonal Agricultural Workers Scheme (SAWS). In theory, this can be an attractive option to improve oversight, as the licensed operators have an incentive to ensure compliance with programme rules in order to maintain their licenses. However, it does not remove risks of exploitation, as the recent evaluation[iii] of the Seasonal Workers scheme has identified.

The MAC has considered a similar agency sponsor model for social care. However, we believe that there may be better ways of achieving the same objectives through the existing SW route. The SW route already allows an agency to sponsor a migrant provided that they are delivering a service to a client (rather than simply providing workers). It should therefore be possible for organisations to use the H&CW visa to employ care workers, with individuals using personal budgets to purchase care and support services from those organisations. The important distinction is that the care worker must be formally employed by the agency rather than the person receiving care and support. Since care workers have only recently become eligible for the H&CW visa, it may take some time for this market to fully develop. However, LAs have a role in shaping social care markets and **the MAC would encourage DHSC and the Devolved Administrations to work with local authorities to support the development of this market.**

Even if this market were to be suitably developed, there is likely to be a small group of people who receive care and support who would not want to use an agency to contract care services in their home. They would prefer to have more involvement in the recruitment of the person they will rely on for their care and not be required to pay agency fees. Whilst using an agency would be the preferred model for many, if the Government is clear that allowing people who receive care and support to directly hire workers is a fundamental element of social care policy, **the Government could consider the introduction of a pilot umbrella scheme. Under the scheme, an umbrella body would be appointed to sponsor care workers from overseas and people who can show their level of need requires live-in care would be able to directly recruit from the umbrella body.** This would broadly match the approach used for SAWS but would require significant development and must have a robust evaluation plan in place before launch. We would be happy to be involved in the design and evaluation of such a pilot if the Government decided to pursue it. We would also strongly urge close involvement with the sector.

# Introduction

Adult social care (hereafter referred to as 'social care') provides dignity, independence and a higher quality of life to hundreds of thousands of working-age and elderly people across the UK in a diverse range of settings. Work in social care can be vibrant and rewarding, with stakeholders consistently speaking of their pride in working in such a key area, the difference they make to the lives of those who draw on social care and their loved ones, and the relationships they form with people who receive care and support. However, stakeholders have also consistently told us of the problems within the sector. Chronic underfunding and staff shortages have posed critical and persistent challenges to the sector, which have been compounded by the COVID-19 pandemic. At the same time as the pandemic, the ending of Freedom of Movement on 31 December 2020 following the UK's exit from the European Union (EU) may also have exacerbated the challenges.

On the 6 July 2021, the Minister for Future Borders and Immigration commissioned[iv] the Migration Advisory Committee (MAC) to "*undertake an independent review of adult social care, and the impact the ending freedom of movement has had on the sector*".

The commission came from a commitment[v] that the Government gave in the House of Lords as part of the Immigration and Social Security Co-ordination (EU Withdrawal) Act 2020. The Act ended FoM and introduced a new points-based immigration system for the UK.

We were specifically asked to review the impact that the ending of FoM has had on:

- the adult social care workforce (such as skills shortages) covering the range of caring roles in adult social care including care workers, registered nurses and managerial roles;
- visa options for social care workers;
- long term consequences for workforce recruitment, training and employee terms and conditions; and
- any other relevant matters the independent chair deems appropriate which are relevant to the above three objectives.

The Government asked us to "*…provide recommendations on how to address the problems that the sector is experiencing with the immigration system and to highlight, where they arise within the scope of the review, wider issues for the Government's consideration, such as employee terms and conditions*". It should be noted that whilst immigration is a reserved matter for the UK Government, social care is a devolved matter, with the administrations in Scotland, Wales and Northern Ireland overseeing their own respective systems.

We were asked to report by the end of April 2022. On 15 December 2021, we published our annual report[vi], which included an update on this commission and an interim recommendation to immediately make Care Workers and Home Carers eligible for the Health and Care Worker Visa and place the occupation on the Shortage Occupation List (SOL). The Government accepted[vii] this recommendation on 24 December 2021. The interim recommendation reflected several key trends and problems in the workforce that our early analysis had highlighted and did not pre-empt our final recommendations, which are presented in this report.

# What we did

As with other commissions, we carried out an extensive programme of work to support our decision making. This included:

- **Stakeholder engagement –** Stakeholder engagement played a key role in our understanding of some of the key problems affecting the social care sector. Members of the MAC met with people who receive care and support and representative bodies from all nations in the UK, some on multiple occasions. There were also meetings with Governments in each nation to understand the complexities being faced by those responsible for policy in the sector. Furthermore, we engaged with trade union representatives to obtain a clearer picture of the concerns facing workers in the sector.
- **Data analysis –** We undertook analysis of relevant datasets to examine a range of issues such as the size and characteristics of the workforce and migrants within it and trends in pay in the social care sector. These have been a combination of large-scale national surveys primarily conducted by the Office for National Statistics (ONS), such as the Annual Survey of Hours and Earnings (ASHE) and the Annual Population Survey (APS), Home Office administrative data such as the Certificate of Sponsorship (CoS) data, and data collected directly by bodies within the social care sector. We are grateful to the workforce bodies and regulators across the four nations for their help in identifying and accessing the data they collect.
- **Primary research –** A series of in-depth interviews and focus groups with employers and migrant social care workers within the adult social care sector were carried out by our independent research contractor, Revealing Reality[viii]. To ensure diversity, the sample frame covered a variety of characteristics, including geography (all four nations of the UK), care settings (residential, domiciliary, day and community), size of organisation, a mix of EEA (European Economic Area) and non-EEA nationalities, as well as a number of additional characteristics that were monitored throughout the project to ensure a range of viewpoints. This research was supplemented with an additional series of in-depth interviews, carried out internally, with direct employers.
- **Call for Evidence –** We ran a Call for Evidence (CfE) for approximately 12 weeks in Autumn 2021 and received 145 responses from a mix of individual care providers, representative organisations, and those responding in a personal capacity, including individual care workers and those in receipt of care and support. The questionnaire was focussed on a series of free text questions about the impact of the ending of FoM on the sector.

Evidence from these activities is interspersed throughout the report and informed our recommendations. As part of the analytical work we undertook, we looked at whether there were differences by protected characteristics as defined by the Equality Act 2010. It was not possible to collect data on all protected characteristics. This analysis was also viewed in the context of the distinctive demographics of the social care workforce, where women account for over 4 in 5 social care workers and where there are higher than average proportions of ethnic minority workers.

Due to the specialised nature of the commission, we appointed an expert advisory group[ix] to work with us for the duration of this commission. The group was set up to provide us with a diverse set of expertise drawn from different areas of social care to support all aspects of the commission. The group were appointed in an individual capacity, and they are not responsible for any of the recommendations and conclusions, which remain the responsibility of the MAC. We are extremely grateful for their guidance and help throughout this commission. The expert advisory group appointees were:

- Dr Franca van Hooren (University of Amsterdam)
- Dr Rhidian Hughes (Voluntary Organisations Disability Group)
- Professor Jill Manthorpe (King's College London)
- Vic Rayner, OBE (National Care Forum)

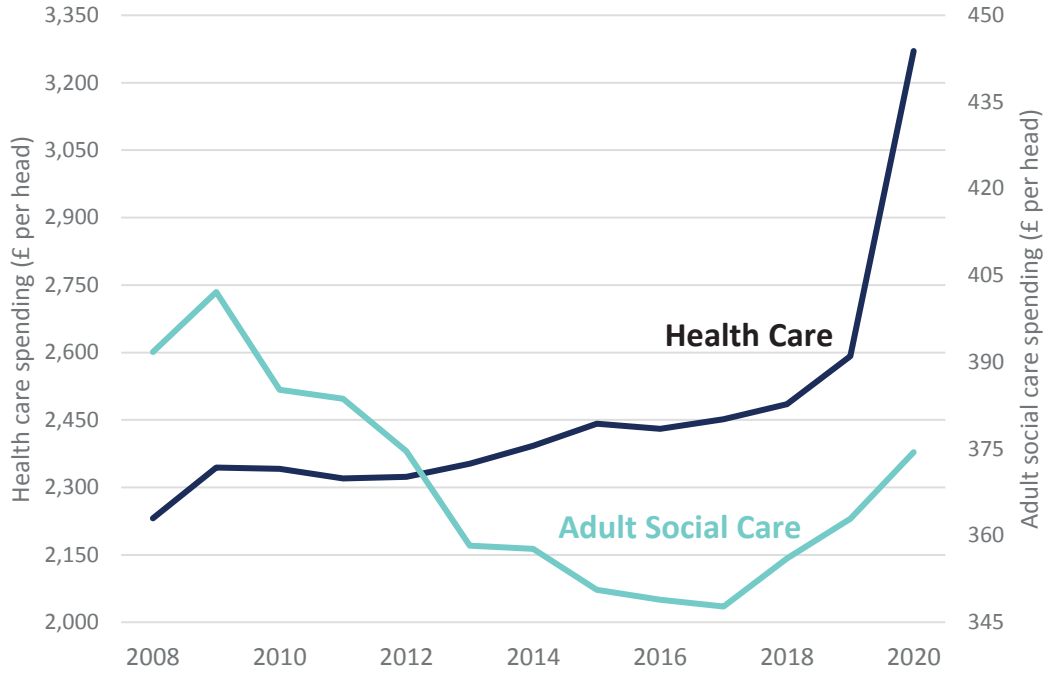
Throughout the commission we have worked closely with bodies across the UK and have proactively engaged with as wide a range of voices as possible. It has been an incredibly busy and challenging period for the sector, so we are very thankful to all those we spoke to or who contributed information to us.

## Wider context

In previous MAC reports we have highlighted some of the many challenges that the care sector faces. These include increasing demand, high vacancy and turnover rates, low pay rates with little pay progression, and poor terms and conditions compared to competing occupations. These problems predate the end of FoM and have largely been compounded by the pandemic. As we have stated previously, **the underlying cause of these workforce difficulties is the underfunding of the adult social care sector.**

Social care enables people to live full and independent lives and provides value far beyond the individuals who give and receive support. Shortfalls in social care provision have far-reaching consequences. Figure 1 contrasts the public funding of health care and social care over time. In the 10 years prior to the pandemic, healthcare spending per person rose by 16% in real terms, whilst public funding of social care fell by 7%. Social care provision is based on a combination of public and private spending, unlike the NHS. Estimating the proportion of self-funders is difficult due to the various ways they may interact with social care. Estimates from Skills for Care and Development suggest that England[x] has the highest share of self-funders (46%) with Wales[xi] (32%) and Scotland[xii] (25%) considerably lower. Northern Ireland[xiii] is estimated to have the lowest share at just 11%. It is worth noting the relationship between spending on health and social care: a strong social care system benefits the NHS, with fewer acute admissions and reduced delayed discharges. Ultimately, where there are shortfalls in social care provision, care needs must still be met, and the duty of care often falls to unpaid family members and friends.

**Figure 1: Public per capita real spending (£ per head) on health and adult social care in the UK**




Source: HMT Public Expenditure Analyses 2008-2020
Notes: Calculated using financial years with mid-year population estimates and 2020-21 GDP deflator from the ONS. Adult social care spending identified as spending on personal social services for old age, sickness and disability based on methodology used by the Nuffield Trust[xiv]. Does not include spending by self-funders.

Throughout the CfE and primary research, the impact of this underfunding was raised repeatedly by employers, by people who receive care and support and by care workers. We were told that some agencies and employers were not only unable to deliver the quality of care that they wanted to, but in some cases were not able to deliver care at all – no longer supplying temporary social care workers, not taking on new work, and in some cases even handing back care packages to the local authority. We were also told of the resultant risk to people's independence and safety.

Whilst the workforce problems in social care are not unique to the UK, and are similar in many high-income countries, we maintain that adequate public funding of social care to allow improvements in pay and conditions is ultimately the key to addressing these difficulties. We do not believe that immigration policy can solve all, or most, of the workforce problems in social care, but immigration can potentially help to alleviate the difficulties, at least in the short term.

Based on the terms of our commission and our areas of expertise, we have focussed on where we can add the most value in this commission. **Our report therefore focusses on workforce issues and particularly immigration policy, and not on how social care should be funded or the structure of provision.** Whilst this commission explicitly considers the range of caring occupations within adult social care, we have given particular focus to occupations less well-served within existing routes of the immigration system.

Over the course of this commission, we have heard powerful stories from people who receive care and support, who rely on high-quality care to provide dignity and protect their quality of life, as well as the pride which many social care workers and employers feel to be working in the sector. We also recognise the anger that many within the sector have felt at workers being viewed as 'low-skilled'. We categorically disagree that care work is low-skilled. Unlike some low-pay sectors, social care is hugely relationship intensive and that, alongside practical caring skills, high quality care is reliant on soft skills qualities such as

empathy and compassion. We also recognise the further strain that the COVID-19 pandemic has caused the sector, with workers going above and beyond to continue providing vital services.

## Structure of this report

**Chapter 1** describes the social care sector and workforce in the UK and the role migrants play in it.

**Chapter 2** outlines issues relating to pay and terms and conditions in social care.

**Chapter 3** covers immigration policy for the social care sector, the MAC's interim recommendation in its annual report and further recommendations for the longer term.

**Chapter 4** provides an overview of our recommendations.

Further to this main report, **Annexes A, B, C and D** provide additional background to our methodical approaches and a glossary of terms and abbreviations that we have used.

# Chapter 1: The adult social care sector and workforce

## Introduction

This chapter outlines the provision of adult social care in the UK and examines the size and structure of the workforce. This includes:

- How social care functions across the UK, including across the Devolved Nations (DNs);
- The size, structure and key characteristics of the social care workforce;
- Differences in the workforce across the nations;
- The role migrants play; and
- How the end of freedom of movement (FoM) has affected the social care workforce.

There is no universally recognised definition of the social care sector or workforce. We therefore focus on a subset of occupations (defined below) integral to the direct provision of care.

## Adult social care in the UK

Social care is a term that generally describes the services that children, young people and adults who need extra support can draw on to enable them to lead fulfilling lives with dignity. Although it can include medical help, social care offers more practical support and personal care, and requires a high degree of resilience, empathy, and patience. Our commission is focused on adult social care for working-age and old-age adults, which we refer to throughout as social care. This section sets out, at a high level, how social care is provided across the UK.

Social care covers a wide range of activities and support designed to help people who are older, or adults living with disability, or physical or mental ill health, live with dignity, promote wellbeing and stay safe. The work involved can range from support maintaining a home, through to personal hygiene and overnight supervision. These services are usually provided in people's homes, care homes, or elsewhere in the community. Social care services for adults include, but are not limited to:

- Domiciliary care – support and assistance in people's own homes, including supported living.
- Residential care – care provided by care homes and nursing homes.
- Community and day care services – support with organising social or physical activities. This could involve meals, help with health problems or providing the opportunity to meet with others.
- Shared Lives Scheme – supporting adults with disabilities or other health problems that make it harder for them to live on their own. The scheme matches someone who needs care and support with an approved care worker who may live with them or visit regularly in the daytime or overnight. Also known as adult placements.
- Live-in care – 24-hour care available to those wishing to stay in their own home. The care workers support individuals with their specific needs to keep them comfortable at home. This represents a small section of the social care sector workforce.

Social care is a devolved matter, so the DAs in Scotland, Wales, and Northern Ireland (NI) have responsibility for their respective systems. This makes the intersection between immigration policy, a

matter reserved to the UK government, and social care more complex. In England and Wales, local authorities (LAs) are responsible for care delivery. In Scotland Integration Authorities direct how resources are used to deliver delegated care services, although ultimate responsibility lies with the LAs, whilst in NI Health and Social Care Trusts (HSCTs) play a comparable role in terms of responsibility.

LAs (or HSCTs in NI) commission the majority of social care services. In practice, at the point of service, a mixture of LAs, the NHS and independent (private and non-profit) providers deliver care. The proportions vary by nation, but generally the private sector provides the majority of social care. Despite this, public funding is integral to social care provision and is pivotal to wage setting. In general, care organisations accept both publicly and privately funded clients, with privately funded clients typically paying a premium. There is substantial variation between providers – a 2017 CMA report[xv] noted that around a quarter of care homes in England have more than 75% of their clients funded publicly and that privately funded clients paid on average 41% higher fees.

In England, the Department of Health and Social Care (DHSC) has overall responsibility for social care. LAs organise and support care for those unable to fund it themselves and assist self-funders organising their own services, with funding from central government and local taxes. In Wales and Scotland, the DAs provide social care funding to LAs and revenue is also supplemented by NHS Wales and Scotland respectively. Unlike England and Wales, NI has a fully integrated health and social care system. Services are provided by five HSCTs which are funded by the NI Executive. In Scotland, there has also been some integration between the health and social care systems. Table 1.1 sets out the responsible bodies for social care across the four nations.

**Table 1.1: Social care - responsible bodies**

| | England | Wales | Scotland | Northern Ireland |
|---|---|---|---|---|
| **Responsible for care provisions** | Local authorities | Local authorities | Local authorities | Health and Social Care Trusts (HSCT) |
| **Social care providers regulator** | Care Quality Commission (CQC) | Care Inspectorate Wales | Care Inspectorate | Regulation and Quality Improvement Authority (RQIA) |
| **Eligibility criteria** | Outlined in The Care Act 2014 | Outlined in The Social Services and Wellbeing Act 2014 | Outlined in The Social Care (Scotland) Act 2013 | Set by HSCTs – NI Single assessment tool[xvi] is used to ensure consistency |

In recent years all four nations have stated that they are committed to reforming social care with similar objectives: better integration between health and social care, more care in the community and revised funding models. Recent publications have set out, amongst other things, proposals for the social care workforce. All four countries have begun implementing some of the recommendations made in the most recent reports. However, some of the ambitions outlined in these papers have not been fully implemented. Not all proposals have a structured strategy confirming that the necessary public funding and support is available to implement them. Table 1.2 sets out the key workforce publications by nation.

**Table 1.2: Workforce publications**

| | England | Wales | Scotland | Northern Ireland |
|---|---|---|---|---|
| **Publications** | DHSC White Paper – People at the Heart of Care, Dec 2021[xvii] | A Healthier Wales: Workforce Strategy for Health and Social care, Oct 2020[xviii]<br><br>White Paper – Rebalancing Care and Support, Jan 2021[xix] | Independent Review of Adult Social Care, Feb 2021[xx]<br><br>National Workforce Strategy for Health and Social Care, March 2022[xxi] | DoH Workforce Strategy: Health and Social Care Workforce Strategy 2026, May 2018[xxii] |
| **Proposals** | A 'Knowledge and Skills Framework' and career pathways, to be developed<br><br>Funding for portable 'Care Certificate' | Development of a national framework for commissioning services delivered by new department or NDPB<br><br>Actions outlined to integrate health and social care | Formation of a Scottish National Care Service (NCS) with direct ministerial accountability | Focused on attracting, recruiting, and retaining the health and social care workforce<br><br>Develop an effective Workforce Strategy |

Across the UK, the social care sector faces additional challenges of growing demand and a restricted supply of care due to workforce shortages and budget constraints; problems exacerbated by the pandemic. In our Call for Evidence (CfE) the lack of a credible workforce strategy was raised often as an issue and there was general agreement from many respondents that without a credible strategy, backed by appropriate investment, the sector will continue to face significant challenges. Throughout the CfE and primary research, the combined impact of these problems, in terms of the quality and accessibility of care, was raised repeatedly by employers, people who receive care and support, and social care workers.

We were told that some agencies and employers were not only unable to deliver the quality of care that they wanted to, but in some cases were not able to deliver care at all – no longer supplying temporary social care workers, not taking on new work, and in some cases even handing back care packages to the LA. We were also told of the resultant risk to people's independence and safety. Employers and individuals who draw on social care referred to people having to enter residential care rather than receive care in their own home; several also said that current staffing ratios were only being upheld with difficulty, and that if the staffing situation worsened there was a risk of safeguarding failures. The implications of not delivering care are clearly greatest for those with the highest needs and least alternative support.

*"We're standing on the edge. Hoping it will get better. Three big care providers have just gone down. There's a big risk for us. We have lots of demand from new clients but are having to turn clients down because we are struggling to recruit staff"*

**Employer, Revealing Reality research interview, Scotland**

*"Staff work additional shifts (if they can without losing benefits) and the residents get a lower standard of care which, if the staffing crisis gets any worse, will lead to safeguarding issues and breaches of the Care regulations. … There is only so much compensating that homes can do. When we get to the stage where residents are at risk then we will have to close the care homes and exit the market"*

**Employer, CfE, England**

*"Competition across low pay sectors is intensifying and when services are commissioned at minimum wage levels providers are unable to improve terms and conditions. Providers report that fees received from local authorities do not cover the direct costs of providing care and we have now reached the point where questions hang over the sustainability of services. Unlike other industries providers delivering state-funded care are unable to increase prices, and it is this inability that makes social care distinctive in comparison to other low pay industries and workforce supply planning"*

**Voluntary Organisations Disability Group, response to CfE**

The potential implications for the health sector were also highlighted:

*"Some care services are so short of staff that they are no longer able to accept residents from the NHS. If providers are unable to staff care services safely, providers may struggle to accept new residents which will not only destabilise the provider market, but equally have enormously adverse implications for the health sector; residents who need to be cared for would have to remain at home, on waiting lists, or in hospital"*

**Care England, response to CfE**

As well as differences across the four nations there are also differences within the nations. The differing experiences of care between urban and rural areas was consistently highlighted in our CfE. Whilst much of the UK is suburban and faces infrastructure challenges, rural and remote areas often experience these challenges more acutely. Poor public transport links, lower proportions of the population being of working age, long travel times and the pressure of time management between clients spread over often large geographical areas make the provision of care particularly difficult in rural settings.

Respondents to our CfE indicated that providers in urban areas struggled to retain workers due to high housing costs with workers relocating to areas where accommodation is more affordable, along with greater competition for workers from other sectors such as retail or hospitality. In addition, urban areas also experience higher volumes of clients. Several of these challenges were summarised in the following response to our CfE:

*"Generally, for social care, the issue is that the care settings (either community settings or residential settings) will be based where the need is and not necessarily in the areas where staff can be easily recruited from. This is a particular problem in rural areas and areas with high housing and other living costs. Existing staff and the wider labour market feeding into these settings are unlikely to be local. This means staff have to travel"*

**National Care Forum, response to CfE**

The social care sector is diverse and through engagement with the sector stakeholders have shared the numerous ways that they are attempting to bolster recruitment efforts and promote careers within the sector. It is evident that a long term, coherent workforce strategy, that is fully implemented with adequate public funding, is vital across the UK to make social care an attractive, viable and sustainable career. Last year, the Health and Social Care Committee[xxiii] called for DHSC to produce a 'People Plan' for social care in alignment with the NHS People Plan, having already called for a 10-year plan for the sector. It noted the

absence of this "*serves only to widen the disparity in recognition and support for the social care components of health and social care*" (p.47), but also that its delivery requires adequate resourcing.

**We fully endorse the views expressed by the Health and Social Care Committee and would strongly recommend that DHSC, and the comparable bodies in the DAs, develop a coherent workforce plan in consultation with the sector.**

Throughout this report, we signpost the different approaches that the DAs have taken in response to the problems faced in the sector, particularly pay and qualifications, most notably in Scotland and Wales**.** However, having assessed the arguments made by the DAs alongside the evidence from all four nations, we are of the view that the sector faces broadly similar challenges across the UK.

**The Government should consider what they might learn from the examples of good practice we have highlighted from across the UK. Additionally, we recommend that the Government embed a culture of regular consultation with the DAs and stakeholders from the DNs to share knowledge and best practice**.

## How the social care workforce is organised

This section establishes how responsibility for the social care workforce is organised across the UK, including worker registration, qualifications, and data collection. In Scotland, Wales, and NI there are non-departmental public bodies which have responsibility for regulating the social care workforce. This is not the case in England, where the workforce development and planning body is a charitable organisation working as a delivery partner for DHSC, with whom registration is not required. Table 1.3 sets out the respective workforce bodies across the UK. England is the only UK nation to have no regulatory body mandated by and accountable to government which may have hindered the development of a strong professional identity, underpinned by standards and qualifications.

**Table 1.3: Social care workforce bodies**

| | England | Wales | Scotland | Northern Ireland |
|---|---|---|---|---|
| **Organisation** | **Skills for Care (SfC)** | **Social Care Wales (SCW)** | **Scottish Social Services Council (SSSC)** | **Northern Ireland Social Care Council (NISCC)** |
| Public body | X | ✓ | ✓ | ✓ |
| Registration required | X | ✓* | ✓ | ✓ |
| Requirement to obtain specified qualifications | X | ✓ | ✓ | X |
| Responsibilities | Strategic workforce development and planning body | Strategic workforce development and service improvement | Strategic workforce development and ensuring fitness to practise | Setting standards of conduct and practice, investigating fitness to practise concerns, and supporting the learning and development of the workforce |

Source: Skills for Care, Social Care Wales, Scottish Social Services Council, Northern Ireland Social Care Council
* Registration is mandatory for social care managers and domiciliary care workers currently. Mandatory registration for care home workers will be implemented in October 2022.

There is little standardisation of qualifications in the sector. The Scottish social care workforce has been subject to professional regulation since 2003. Social care workers are required to register with the SSSC in order to work in the sector. If they do not already possess a qualification, they must attain the specific qualification in line with their role within 5 years of registration. Similarly, in Wales, in order to register with SCW, residential and domiciliary care workers must commit to complete a required qualification if they do not already possess one upon entry. This must be done within 3 years of registration. Experienced care workers can have their competence certified by their manager; this is known as 'confirmed competence'.

In NI registration is intended to demonstrate compliance with standards of conduct and practice, rather than qualifications. The NISCC have developed guidance[xxiv] detailing desirable qualifications for a range of job roles. Employers are encouraged to use this guidance to inform learning and development plans for staff although it confirms employers across all sectors and services can set their own specific qualification and training requirements based on service needs. Essential qualifications and required experience are set for social care managers under the Department of Health's published minimum standards.

As with any sector, formal qualifications are only part of the workforce development, and focus should also be given to learning on the job. Research carried out for Community Integrated Care[xxv], and cited within a response to our CfE, challenges the perception that social care work is 'low-skilled'. They acknowledged that, although some basic technical skills can be acquired through training, other skills are vital attributes in providing good quality care such as emotional and physical resilience, communication, planning and organisation, problem solving skills as well as understanding individuals' needs. This was a point reiterated by many in both the CfE and in the primary research interviews across the social care sector. Those providing or receiving live-in care (many of whom train their own staff) also highlighted the importance of

the skills needed to live with another person successfully for extended periods. Our engagement with stakeholders, CfE and primary research also highlighted other skills those in the social care sector possess and the importance and the difficulty of recognising or quantifying these in formal qualifications. This was emphasised in relation to roles across the UK and at all levels.

*"The sector relies on empathic, skilled workers to provide support to some of the most vulnerable people in our society, the lack of recognition for the skills and value these workers bring in the new system is both dismissive of their social and economic contributions and operationally damaging"*

**Employer, CfE, Scotland**

*"Not just anybody can do it. You know, it doesn't matter if you've got training, qualifications coming out of your ears. If you don't have the right personality and mindset and commitment, you can't do it"*

**Direct employer, research interview, England**

Registration, qualifications, and skills frameworks are practical tools that can help ensure good quality care is delivered and are important for migrant and domestic workers alike. Respondents to the CfE also highlighted the importance of training to those who were already working in the social care sector, providing evidence of staff having left for employment in other sectors with better training and development offers. The social care sector would benefit from increased professionalisation, with workers incentivised to invest in their career. We are supportive of providing such training to further upskill the workforce and increase the perceived professionalism of care work as an occupation and formally recognise the skills which workers build over their time in their role. This type of formal training is valuable in maintaining a high standard of care and should receive adequate public funding throughout the UK to ensure that social care workers can continue to learn whilst they work.

We have been in contact with all the social care workforce bodies during this commission. They have played a vital role in providing information and data on the social care sector as well as recruitment of research participants for our primary research – further detail on the sample breakdown is available in Annex B.

## Social care data collection

In this report we have used a wide range of data sources to provide a UK-wide picture, but this was not always possible, and all data sources have some limitations. Our approach to social care workforce data is set out in Annex C. The workforce bodies in each nation have been enormously helpful in providing data not included in ONS datasets. However, each defines the social care sector in particular ways and utilises varying methodologies, making comparisons between the four nations difficult. A common, UK-wide, framework on social care data collection across these organisations would make national comparisons easier and provide a better picture of social care across the UK.

**We recommend that DHSC and the DAs should consider adopting a common data collection framework.**

Data from the ONS and other government agencies relating to social care are often grouped together with health care. These two categories should be separated so that social care specific analyses are more feasible.

**We recommend that, where possible, social care and healthcare should be separated in ONS and other official data.**

# Work in social care

Work in social care is diverse and varies by occupation, care setting, location, and employer. The way these factors intersect means that individuals can be in the same occupation but carry out very different duties. We focus on social *care* and not social *work* and the direct *provision* of care (and not supporting activities such as cleaning and cooking in residential care facilities, although the importance of these activities was stressed in the CfE) in any care setting, based on the most prevalent occupations specific to the social care sector.

We focus in particular on the occupations detailed in Table 1.4. Work done across and within these occupations can vary greatly depending on the needs of people who receive care and support. For example, care workers and senior care workers may support individuals in their daily lives (e.g. to attend appointments, eat and drink at mealtimes and carry out household chores), provide personal care (e.g. getting washed and dressed) and provide basic clinical support (e.g. help with medication, monitoring temperature or weight).

**Table 1.4: Social care occupations**

| Occupation | Description |
|---|---|
| Care worker | Supporting individuals who need additional help to live independently in their own home or a residential home with all aspects of their day to day lives. |
| Senior care worker | There is no formal boundary or clearly defined distinctive job roles between a senior care worker and care worker. Generally, a senior care worker will undertake similar duties as a care worker and may manage or monitor care workers. |
| Nurse | Undertaking of a variety of clinical and healthcare tasks to people in nursing homes or in the community. |
| Care manager | Planning, organising, and coordinating the resources necessary in the provision and running of residential and day care establishments and domiciliary care services to ensure high quality care is provided. |
| Directly employed care workers | Supporting individuals with various aspects of their daily lives both at home and in the community. They are employed directly by the individual they support. This role may include supporting individuals with social activities, personal care and helping with practical tasks around the home. Also referred to as personal assistants. |

The nature of work in social care is influenced by a broad range of factors. Providing care in a set, regulated residential or nursing setting differs considerably from travelling between clients' homes to provide domiciliary care. Domiciliary care in turn is influenced by location: care provision in rural areas may be characterised by long distances between home visits and high travel costs, whilst the same care in urban areas may instead be heavily reliant on public transport or the availability of parking.

Similarly, the nature of the employer can also influence the work done. A care worker employed by a residential care home may expect to work in the same place, with the same people every day, while an agency care worker may work between multiple, changing sites. Care workers may also be directly employed by the person for whom they provide care and support, even living with them. We refer to this subset of workers as directly employed care workers; elsewhere they are also referred to as personal

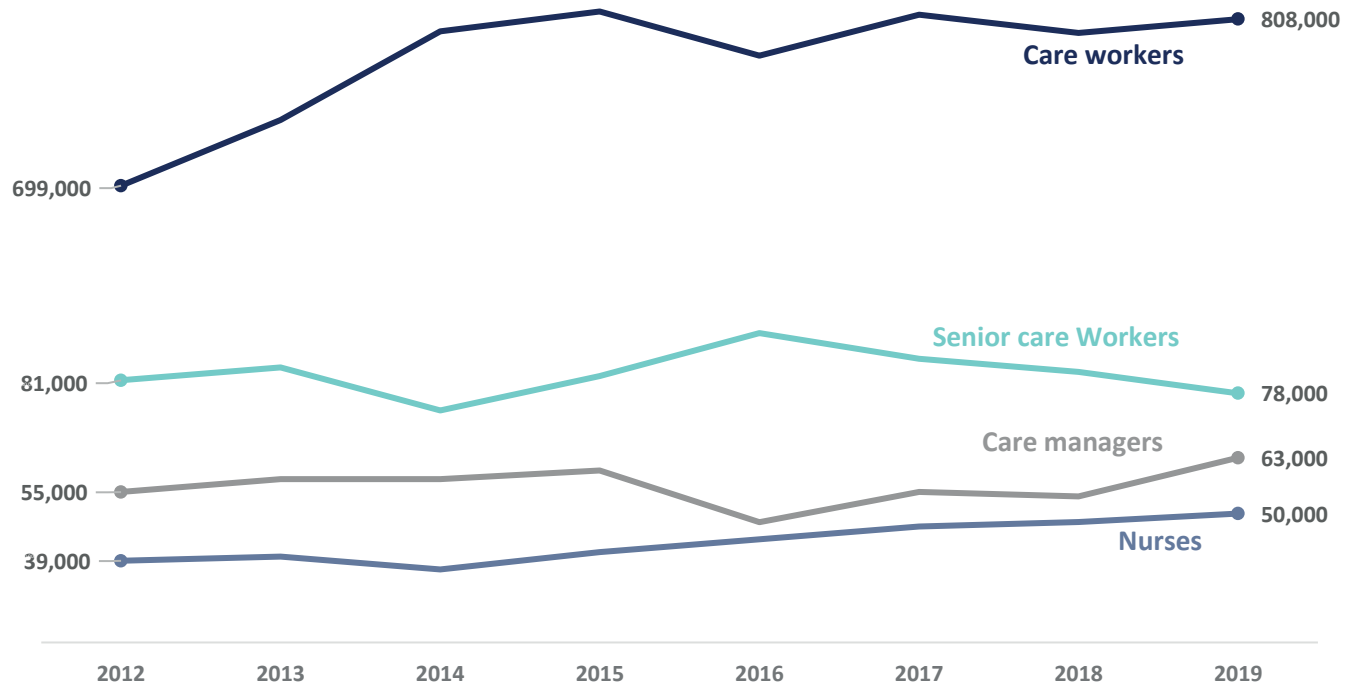
assistants (PAs). The direct employer of a care worker will decide exactly what tasks they need help with, depending on the individual's care needs, social life, and employment.

## The social care workforce over time

This section explores the size of the social care workforce and how it has evolved. Annex C explains how we define the social care sector for this analysis.

Office for National Statistics (ONS) data shows that the social care workforce across the UK has grown steadily in the past decade, with a total of just under 1 million workers in 2019 (Figure 1.5). This likely constitutes a lower bound for the size of the workforce – Skills for Care, using their own sampling and weighting methodology, estimate that there are a similar number of workers in England alone. We have deliberately reported ONS data up to the end of 2019 only. The pandemic has caused significant difficulty in producing reliable survey-based estimates, particularly when examining specific occupations, sectors, and migrants in the workforce. Care workers account for between three-quarters to four-fifths of the social care workers in our scope, with the remainder split between senior care workers, care managers and nurses. This occupational split is similar across the four nations.

**Figure 1.5: Size of the UK social care workforce, 2012 to 2019**




Source: ONS APS 2012 – 2019, individuals by main or second job.

Skills for Care estimate that the workforce in England continued to rise in 2020, but there is some evidence that the number of people working in social care has declined during 2021. Skills for Care report that since March 2021 vacancy rates have risen dramatically and there were nearly 5% fewer filled posts by March 2022[xxvi]. We discuss current workforce pressures in more detail in Chapter 2.

Directly employed care workers are likely to be underrepresented, or missing, from official data for several reasons. Their direct employment relationship with the person receiving care and support is often informal and may be transitory, and care activities in this area are unregulated. Skills for Care estimate that there were 130,000 care workers employed by direct payment recipients in England as of 2021[xxvii]. Just over half of these were family or friends of the people who receive care and support. These estimates do not include workers employed via personal health budgets or through private funding. The MAC has engaged with representatives of direct employers and has heard the difference this makes to people's lives, particularly those with acute care needs.

*"The importance of PAs for people like me means I can live in my own home* [and work]*. Currently, I'm not costing the government, you know. It is not as much money as if I was dependent and placed in a home or even with an agency that's more expensive. So you know we want to... be as little burden as possible and we want to contribute to society as much as possible and PAs enable us to do that"*

**Direct employer, research interview, England**

There is an evidence gap about the labour market for directly employed care workers, despite the fact that public funds contribute to the employment of a significant number of these workers. Given the interface between local authorities and direct payments recipients, and the NHS and personal health budget users, this information should be collected.

**DHSC and the DAs should work jointly on a review of the evidence available on directly employed care workers, including those paid for via direct payments, personal health budgets and private funding.**

These estimates cover the number of people working in the social care sector. This is not the same as the number of people needed to adequately provide social care services, which continues to grow with demographic pressures. Table 1.6 provides an illustrative projection of the full-time equivalent (FTE) social care workers that may be needed over the next decade. This is based on research commissioned by DHSC carried out by the Care Policy Evaluation Centre to estimate the likely number of people who receive care and support in the future[xxviii]. From this we derive the ratio of social care FTEs, plus vacancies, to people who receive care and support today. The technical details behind this projection are in Annex D.

**Table 1.6: Projected demand for social care occupations (FTEs)**

| Occupation | 2023 | 2028 | 2033 |
|---|---|---|---|
| Care workers | 644,000 | 714,000 | 807,000 |
| Senior care workers | 77,000 | 85,000 | 96,000 |
| Nurses | 41,000 | 45,000 | 51,000 |
| Care managers | 66,000 | 73,000 | 83,000 |
| Total FTEs needed | 881,000 | 976,000 | 1,100,000 |

Source: MAC analysis

Vacancy rates suggest that the social care sector already needs an additional 66,000 FTEs to fulfil demand today. Our projections, based on estimated future care need, suggest that the sector will need to recruit a further 236,000 FTEs over the next 11 years to keep up with growing care need. Demand for labour in the sector is outpacing population growth: social care employs around 2% of the working-age population today and may need to employ 4% to fulfil demand by 2033.

The projection above is highly indicative and does not account for policy changes or the capacity of the system to operate amidst persistent labour shortages. It should not be interpreted as a definitive forecast of future workforce needs. In comparison, the Health Foundation[xxix] found that the sector would need to employ 627,000 extra FTEs by 2031 under scenarios in which access to care improves, while Skills for Care[xxx] estimate that 490,000 new jobs will be required to care for the old-age population in England alone. It is unfortunate that DHSC and the DAs do not routinely produce detailed projections, which would inform workforce planning. Our earlier recommendation that DHSC should develop a coherent workforce plan would address this for England. We note that, in its National Workforce Strategy for Health and Social Care, the Scottish Government has stated that Health Boards and Health and Social Care partnerships will be required to publish three-year LA-level workforce plans from summer 2022.

## Key features of the social care workforce

Social care is a mixed market split between private, public, and non-profit organisations and agencies. Most of the social care workforce is employed by the private sector, which employs 73% of workers. Charities and other voluntary organisations employ 9% of the workforce and local authorities employ 10%.

By care setting, residential and domiciliary care make up the vast majority of employment, though the respective shares of each differ by nation. Table 1.7 documents the shares for each nation, though the numbers are not directly comparable. Residential and domiciliary care employ similar numbers in England, while residential care employs more in Wales and fewer in Scotland. Data for NI should be treated with caution, as this is only based on those on the social care register who provided information about the care setting in which they work.

**Table 1.7: Employment in adult social care by type of care**

| Care Service | England | Scotland | Wales | Northern Ireland |
|---|---|---|---|---|
| **Residential** | 49% | 38% | 43% | 48% |
| **Domiciliary** | 46% | 54% | 31% | 44% |
| **Day** | 2% | 5% | 13% | 7% |
| **Other** | 3% | 2% | 12% | N/A |

Source: England - Skills for Care Workforce Dataset 2020, Scotland - Scottish Social Service Sector: Report on 2020 Workforce Data, Wales - SCWDP reports 2019, NI Social Care register 2020.
Notes: Data does not include directly employed care workers. NI data has not been filtered for adult social care or the occupations specified in scope; 'Other' includes community care, nursing agencies and supported living.

Table 1.8 sets out the distinctive characteristics of social care workers. Compared to the rest of the labour force, women are overrepresented, accounting for over 4 in 5 social care workers. Part-time working is also more prevalent, driven by the high share of women. However, the share of women working part-time is similar in both social care and the rest of the economy at approximately 42%. This working pattern often affords significant flexibility to workers with additional caring responsibilities. Whilst the share of over 50s was similar for social care and the rest of the economy in 2012, the social care workforce has aged more rapidly compared to the wider labour market, and by 2019 there are 6 percentage points more workers over 50 in social care since 2012. The share of younger workers is very similar to the rest of the economy.

**Table 1.8: Key characteristics of social care and all other workers in the UK in 2012 and 2019**

| | 2012 | | 2019 | |
|---|---|---|---|---|
| | Social care | All other workers | Social care | All other workers |
| **Female** | 83% | 46% | 83% | 46% |
| **Part-time** | 40% | 27% | 38% | 26% |
| **Age – Share:** | | | | |
| **Under 30** | 24% | 22% | 24% | 22% |
| **Over 50** | 28% | 27% | 34% | 30% |
| **Ethnic minority** | 15% | 10% | 20% | 12% |
| **Qualification at NVQ3, A-level equivalent or above** | 53% | 57% | 53% | 62% |
| **Non-UK born** | 19% | 14% | 23% | 18% |

Source: ONS APS 2012, 2019

Ethnic minority workers are also overrepresented in social care, with their share growing more rapidly compared to the rest of the economy. Around half of workers possess a qualification at NVQ3, A-level equivalent or above, with a growing gap compared to the rest of the economy – though this measure is imperfect in capturing equivalent foreign qualifications. In our analysis we have examined demographic characteristics to understand whether there may be disproportionate impact on certain groups from our recommendations. This is discussed at relevant points in the following chapters.

## Migrants in the social care workforce

This section explores the role of migrants within the social care workforce. Whilst most workers in social care are British nationals, migrant workers form a considerable part of the sector. Employers were keen to emphasise the importance of migrant workers within the sector and the positive qualities that they bring,

including the ability to deliver care to a diverse population. Whilst employers valued the contributions of their British staff, they also felt that migrant labour was vital to ensure sufficient coverage without compromising quality. Employers also expressed perceptions that migrant workers tended to be able to work more flexible hours than those settled in the UK because of their life stage or lifestyle, and that some migrants (particularly from the EEA) had brought qualifications from their home countries.

*"EU workers have proven to have the qualities we need to employ care workers and are dedicated and flexible workers. We need to encourage and provide a volume of workers currently not available to fill the vacant positions"*

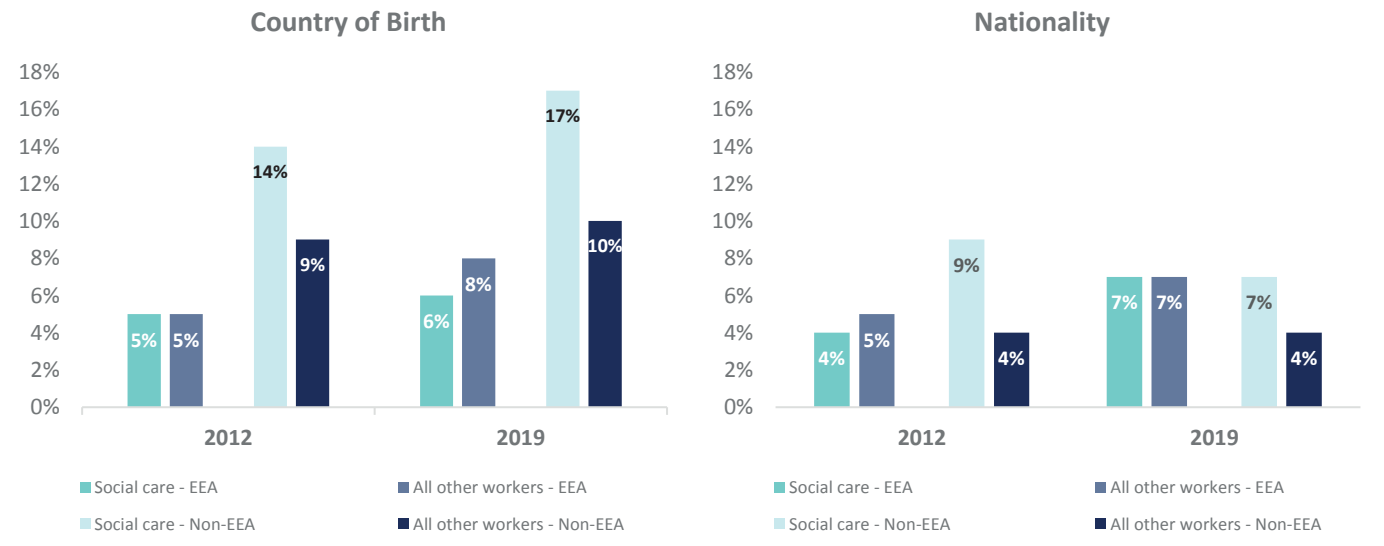
**Employer, CfE, England**

*"It is important to note that migrant workers contribute more to the social care sector than just substituting for domestic labour. The UK comprises diverse communities who are ageing, and in the future, to deliver personalised care this may require staff who can speak multiple languages and who share a cultural understanding. There is also evidence to suggest that migrant workers have brought much-needed flexibility and experience to their teams"*

**Nuffield Trust, response to CfE**

Figure 1.9 compares the share of EEA and non-EEA migrants, by nationality and country of birth, in social care and in the rest of the economy. Non-EEA migrants are overrepresented by both nationality and country of birth, making up 7% of the workforce by nationality and 17% by country of birth in 2019. The large difference between these two measures reflects the fact that many non-EEA born migrants have subsequently acquired UK citizenship. In contrast, migrants from the EEA, by nationality are slightly less likely to work in social care compared to in the rest of the economy. The share of migrants, in both social care and other sectors, has generally grown moderately over time. Whilst most workers are UK born, the share of migrants tends to be highest amongst nurses and care workers. 38% of nurses were migrants, with 12% from EEA countries. Similarly, 24% of care workers were migrants born outside the UK.

**Figure 1.9: Share of migrant workers in social care in the UK**




Source: ONS Annual Population Survey, Jan 2012 to Dec 2019
Note: The ONS asks individuals to provide one nationality, so the possibility of dual nationality cannot be excluded.

The picture for directly employed care workers is less clear. Skills for Care report that only 6% of such workers are non-British, with 4% having EU nationality[xxxi]. Much of this is due to the fact that just over half of such workers are family or friends of the employer. For direct employers reliant on care workers they

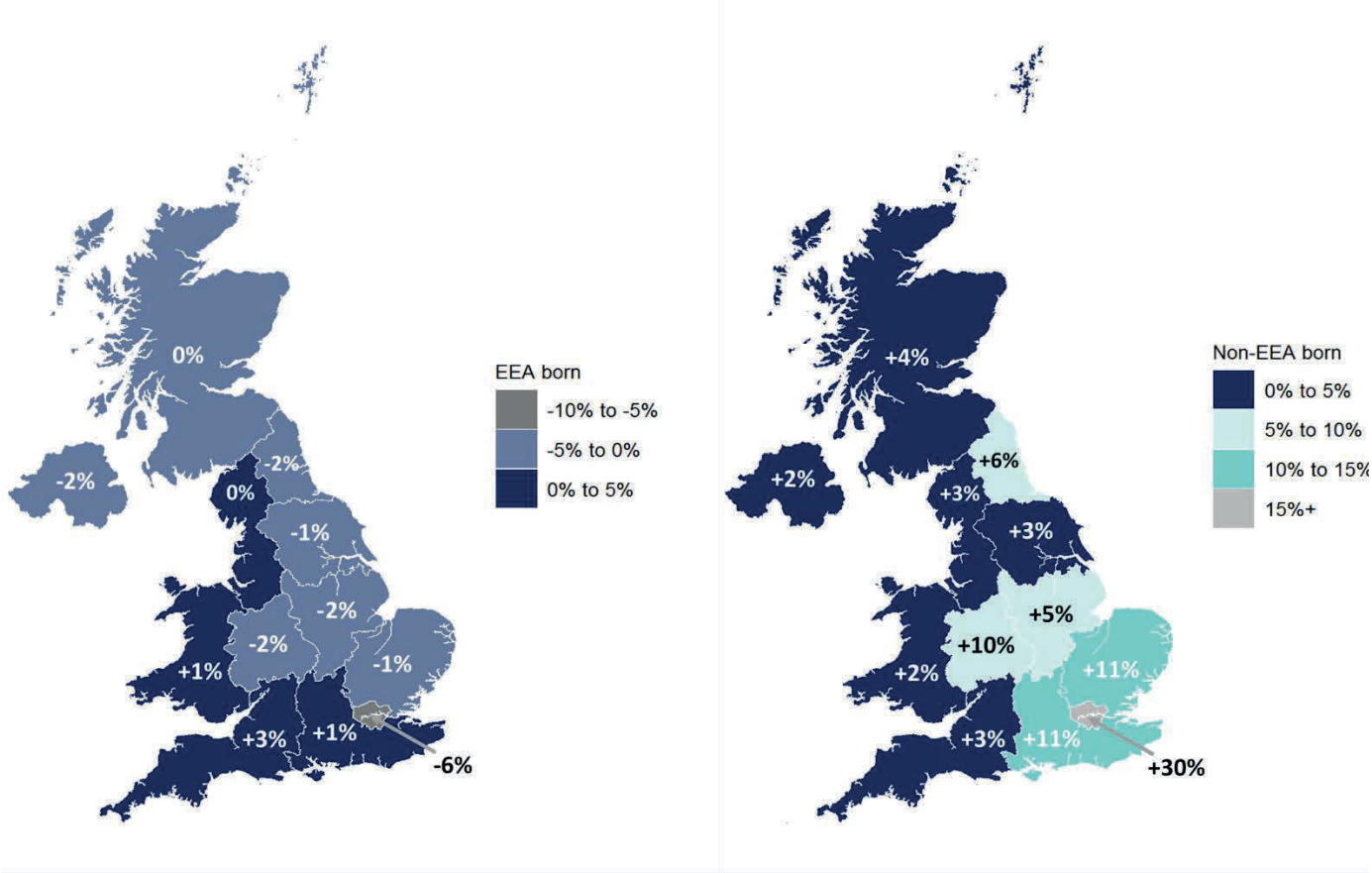
did not previously know, especially where care needs are more acute or in a live-in setting, there may be much greater reliance on non-UK and particularly EEA migrants. Data provided to us by PA Pool, a platform providing a matching service that introduces personal assistants to care recipients, suggests that around 45% of PAs on the platform are from outside the UK, with a quarter from the EEA. The working patterns involved in live-in care (often a few weeks on, then a few weeks off) may be more suited to commuting EEA workers, many of whom were ineligible for the EU Settlement Scheme (EUSS) and would be ineligible for the Skilled Worker route under this employment arrangement. We return to this in Chapter 3.

The pool of potential directly employed care workers is now limited to those who already have EUSS or an alternative right to work in the UK, and British workers. However, respondents told us that the on-and-off nature of the work often made it less appealing to those with more permanent status within the UK.

*"Pre-Brexit... there was never any sort of considerations around is this person going to be legal to work. So I didn't have to think about that aspect of it, but primarily [there was] just that big pool of people who offer this particular type of care that I need, and the type of commitment and the way it works, which is quite obviously different to live-out care. And it always just seemed to suit them better because for financial reasons for them, and also sometimes for... how they wanted to live and work"*

**Direct employer, research interview, England**

**Figure 1.10: Difference in migrant employment share between social care and the rest of the workforce**



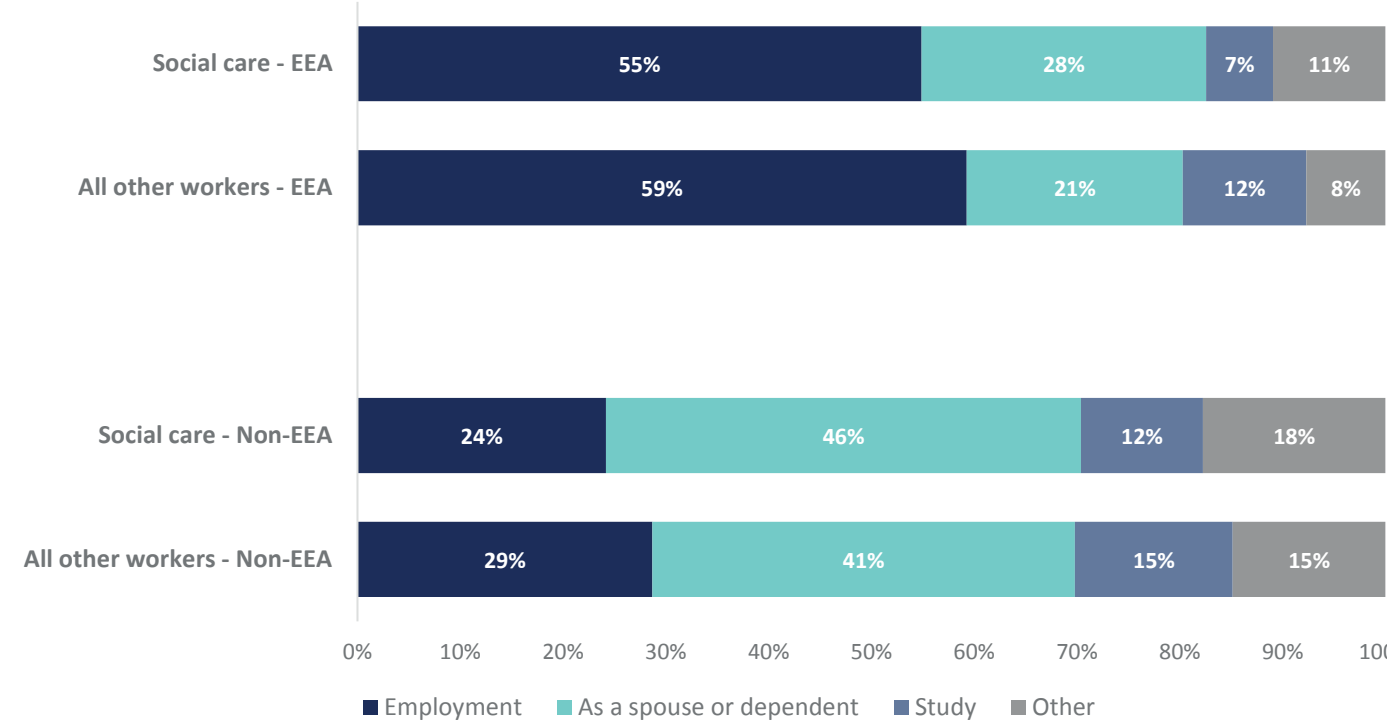

Source: ONS APS 2019

Note: Figures are estimated percentage point differences in migrant employment shares between social care and the rest of the labour market.

Figure 1.10 shows the difference between the share of migrants working in social care compared to the rest of the workforce across areas of the UK. The geographical variation in EEA and non-EEA born workers in social care broadly matches that for the labour market as a whole, with a few exceptions. Non-EEA born

workers are overrepresented in social care in London by 30 percentage points, whilst EEA born workers are underrepresented. Outside of London, the share of EEA-born workers in social care closely matches the share of such workers in the local labour market, with a tendency towards non-EEA born workers being overrepresented.

**Figure 1.11: Reasons given by migrants currently in social care for coming to the UK**




Source: ONS APS 2019

Migrants in social care come from a diverse range of countries. Nigeria, the Philippines, India, and Poland have consistently been among the top origin countries over the last decade. Romania has also become more prominent in recent years. EEA and non-EEA born workers in social care report similar reasons for initially coming to the UK as in other sectors. Half of EEA born workers in social care reported employment (not necessarily in social care) as their reason for coming to the UK, while half of non-EEA born workers in social care reported coming to the UK as a dependant of someone in the UK. These differences are likely to reflect historic migration routes and Freedom of Movement (FoM) for EEA nationals.

Our primary research indicated that many care workers who had come to the UK for employment had done so because of pay differentials between the UK and their home countries. Interviews with care workers themselves showed that, whilst some had sought out their jobs because they had a vocation and a desire to work in the sector (or were already studying in a related field), others had initially gravitated towards social care because they wanted to work in the UK, and knew that social care was in demand, and was a comparatively easy sector for migrant workers to move into. This is not to suggest that these workers did not also enjoy their jobs or were not good at them, as the quotes below indicate. The flexibility of social care jobs was also a factor in this choice, for example for those who were studying or had other commitments.

*"I thought that it's the 'done thing' for students to get a job while studying. I did some voluntary care work in Nigeria. I like meeting people and listening to their stories"*

**Social care worker, Revealing Reality research interview, England**

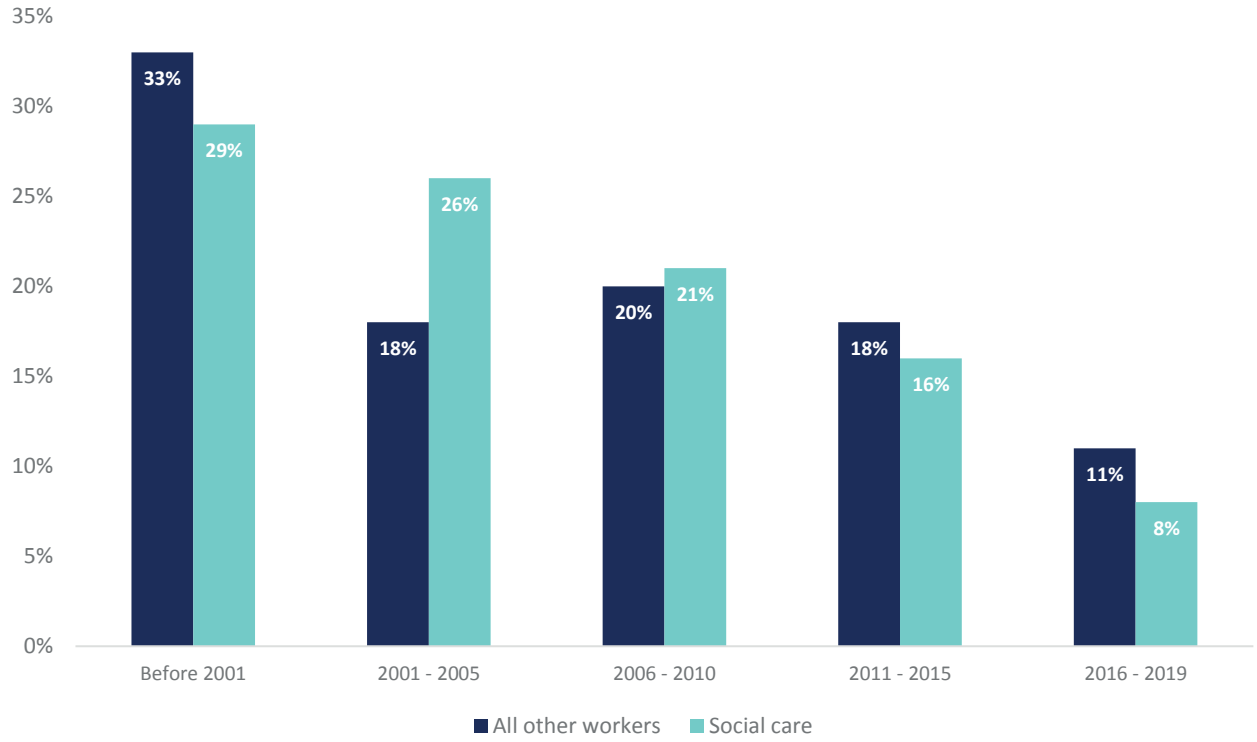
*"There is always going to be a job for you as a care practitioner"*

**Social care worker, Revealing Reality research interview, Scotland**

*"Care work for an agency gave me the opportunity to go out and about and meet people and understand UK culture more. Plus, it aligned with my public health course"*

**Social care worker, Revealing Reality research interview, Northern Ireland**

**Figure 1.12: Year of arrival in the UK for migrant workers**




Source: ONS APS March 2019

Of the migrants working in social care in 2019, over half had been living in the UK for at least 15 years while only 8% had arrived within the previous 5 years (Figure 1.12). This emphasises that the vast majority of migrant workers in social care are not recent recruits that have come to work in social care from abroad, but rather are long-term residents in the UK who just happen to work in social care. More recent arrivals are more likely to report employment as their main reasons for coming to the UK, whereas earlier arrivals from before 2001 are more likely to have come as a dependant. Over the last few years, on average around 170,000 workers have started a new job in social care (defined as having a tenure of less than twelve months) each year. Only 3,500 (2%) of these were migrant workers that had also just arrived in the UK, with only a thousand from EEA countries. This highlights the key fact that historically there has been very little direct international recruitment of migrant workers into social care. Most migrant workers, including those from the EEA, who start a job in social care were already in the UK.

The ending of FoM will prevent some new EEA workers from entering both the social care sector but also some other sectors. Social care is not heavily reliant on EEA workers, but the sector faces increased competition from other sectors such as retail and hospitality, which will seek to replace EEA workers as they leave. This may also encourage non-EEA and UK born workers to move into other sectors, applying indirect pressure to the social care workforce. This was expressed in our primary research, and by research carried out for the Low Pay Commission[xxxii].

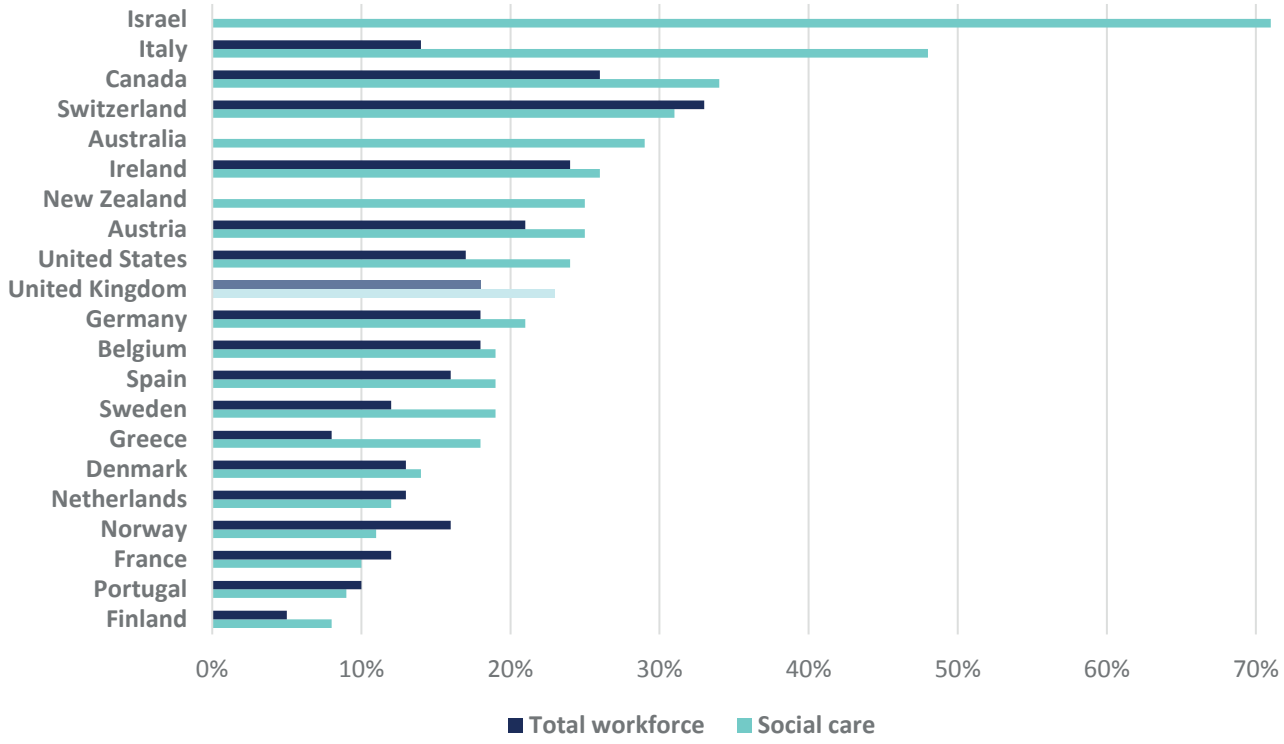
*"We've known about impending care staff shortages for years and nothing has been done. Falling numbers have been compounded by Brexit and COVID, by better opportunities in other sectors… We generally hadn't relied on people from the EU in our care organisations – but ending of freedom of movement has meant that people have left from other sectors which has left spots available for care workers to move into. And in NI, there is a limited pool of people to draw from, so we're running out of options"*

**Employer, Revealing Reality focus group, Northern Ireland**

We have not seen evidence of large-scale exits of EEA workers from the social care sector since the ending of FoM and the onset of the pandemic, though sampling issues in the ONS Annual Population Survey has made the overall picture unclear. Experimental statistics on payrolled employment from HMRC suggest that the number of EU workers employed in health and social work has been largely unchanged since the start of 2020, while non-EU employment has increased significantly[xxxiii]. It is not possible to separate social care from healthcare within these statistics, but it is likely that this broadly reflects the picture for social care. On the other hand, accommodation, food services and arts, entertainment and recreation have experienced large falls in the employment of EU nationals. Some employers said that they had seen far fewer new applications coming from the EU – unsurprisingly this meant that those who had relied more on short-term workers felt that they had been hit particularly hard.

Finally, it should be noted that the UK is not alone in having a high share of migrants in its social care workforce, and for this share to broadly reflect the overall share of migrants in the total workforce. Figure 1.13 details the share of foreign-born workers in social care in a range of countries part of the Organization for Economic Cooperation and Development (OECD), based on analysis by Fernández-Reino and Vargas-Silva (2020)[xxxiv] and OECD (2020)[xxxv]. Although these figures are not strictly comparable, they suggest that the UK sits in the middle of OECD countries – far from the shares of foreign-born social care workers in Israel and Italy, but greater than the shares in France and Norway. In general, foreign-born workers make up at least 10% of the social care workforce across the OECD, and as such the UK ultimately competes against these countries for the global pool of potential migrant social care workers.

**Figure 1.13: Share of foreign-born workers in social care and the total workforce in OECD countries**




Sources: UK analysis based on ONS APS 2018; analysis of European countries excluding Norway from Fernández-Reino and Vargas-Silva (2020) based on EU Labour Force Survey 2018, analysis of all other countries from OECD *Who Cares* (2020) based on official national data circa 2015. Some observations may be based on low sample size and total workforce observations from Israel, Australia, New Zealand were unavailable.

## Conclusion

The ending of FoM has undoubtedly restricted access to a pool of European workers who could previously move to the UK with no immigration restrictions. However, during the era of free movement, the social care sector has not come to rely on EEA workers in the way that some other sectors of the economy have. Whilst this aggregate picture hides some areas of much greater exposure – notably for nurses – for most employers in the sector EEA workers are employed simply as a result of being part of the local labour market that they recruit from, rather than as a result of targeted recruitment across Europe. Over time, the ending of FoM will likely reduce the share of EEA workers in the labour market, and this will feed through into reduced employment in social care. The end of FoM has therefore made care provision somewhat more difficult, but the challenges in the sector predate it. And of course, for those who struggle to find the social care workers they need, the consequences can be far more severe than for labour shortages elsewhere as it impacts on the quality of lives for people who draw on social care.

# Chapter 2: The social care labour market

## Introduction

In this chapter we examine the social care labour market, the recruitment and retention difficulties faced by the sector, and the reasons for these, including pay, progression and the terms and conditions of employment.

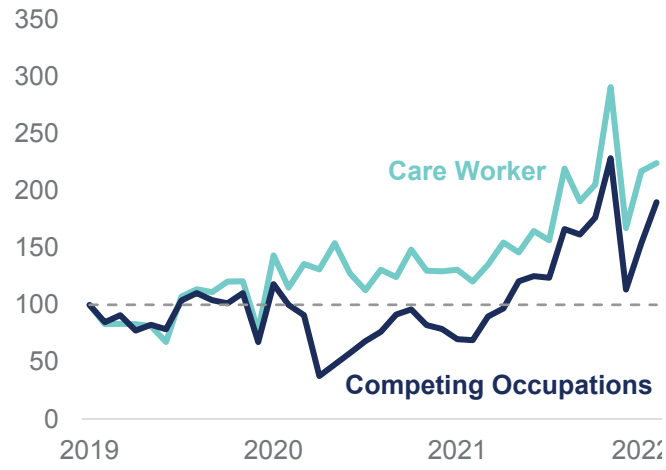
These are all longstanding problems within the social care sector which evidence suggests have worsened over recent years. Respondents to our Call for Evidence (CfE) described a 'fragile ecosystem' which the ending of Freedom of Movement (FoM) and COVID-19 have intensified rather than caused.

## Vacancies and turnover

The social care sector has experienced high, and growing, vacancy rates over the last decade. Skills for Care (SfC) data[xxxvi] for England shows that the vacancy rate for care workers rose from 5.2% in 2012/13 to 8.2% in 2019/20. For nurses the increase was more substantial, from 4.9% to 12.3%. Vacancies have surged as the economy has reopened following the third wave of the pandemic, as in several other sectors.

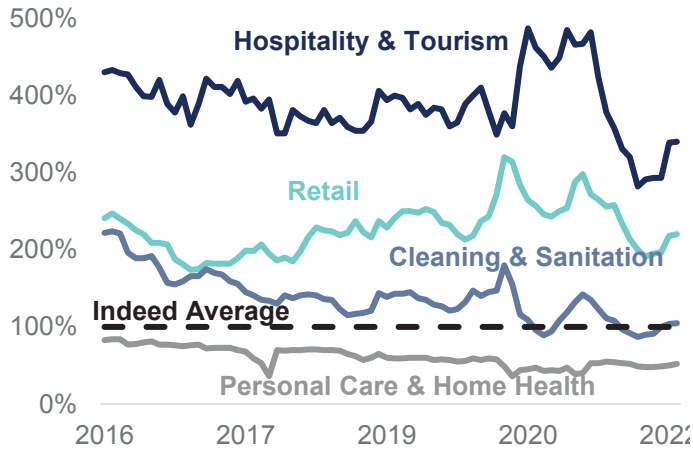
Figure 2.1 compares the index of online job postings on Burning Glass through the pandemic for care workers and competing occupations. Competing occupations are those that make up more than 3% of worker flows into or out of a care worker job, and are discussed in more detail in Annex C. These include other public service roles, hospitality roles, administrative roles, retail roles, and cleaning and domestic roles.

**Figure 2.1: Vacancies for care workers and competing occupations, 2019 to 2022**




Source: Labour Insight Burning Glass, January 2019 to February 2022.
Notes: January 2019=100. Competing occupations are defined in Annex C.

**Figure 2.2: Clicks per posting on Indeed, 2016 to 2022**




Source: Indeed, January 2016 to February 2022

Notes: Clicks per posting are relative to the average seen across all jobs on Indeed.

Whilst vacancies fell elsewhere during the height of the pandemic they continued to grow in social care. Vacancies for care worker roles increased by 124% from January 2019 to February 2022, compared to a rise of 90% for competing occupations.

ONS[xxxvii] report that the vacancy rates in the health and social care sector are higher than all but two other sectors: information and communication and accommodation and food services. This is consistent with a higher level of unmet demand in this sector compared to the wider labour market, against a backdrop of record overall vacancy rates.

Compounding this, Figure 2.2 shows that the interest from job seekers for online social care job adverts is lower than the average on the Indeed website. Most other low paid sectors, such as hospitality and retail, see interest above the average. The social care sector has been in the lower half of all sectors since at least 2016 and in the bottom 10 almost continuously since June 2019.

Analysis of online job postings suggests that, compared to competing occupations, care worker roles are less likely to offer part-time work, less likely to require A-level or equivalent qualifications and less likely to ask for prior experience where explicitly listed. Most online care worker and competing occupation adverts do not specify any academic or experience requirement. Since 2016 this proportion has been increasing for care worker roles, suggesting employers are having to become more flexible over these requirements in order to recruit staff.

Demographic pressures have increased the demand for social care services, and these will continue to build, as discussed in Chapter 1. Conventionally we might expect the price of a service, and therefore wages, to rise in response to high vacancy rates, attracting more workers as the job offer improves. However, the structure and shortfall in social care funding has limited the scope for such an adjustment, though it is important to note that this varies across care providers and their reliance on publicly funded care packages.

We have seen evidence in our interviews with people who receive care and support and providers in the live-in care sector that wages are rising in those parts of the sector less constrained by government funding limitations. Respondents to the MAC's CfE documented the extent of their recruitment difficulties. They highlighted that:

> *"Recruitment into the care sector has been becoming progressively more difficult over the last ten years, and many providers report things are at breaking point"*
>
> **South East Social Care Alliance, response to CfE**

This pattern is unlikely to change soon, with a representative body in the East of England stating that in a survey they conducted:

> *"Everyone polled noted that they have tried every avenue available to them to attract staff to social care, including using agencies and sponsorships of overseas staff and have still been unable to fill these positions"*
>
> **Norfolk Care Association, response to CfE**

Alongside difficulties in recruiting workers, the social care sector also has high staff turnover. Responding to the CfE, the trade union Unison emphasised that:

> *"[A] high rate of turnover is contributing to a decline in standards in the sector. The poor terms and conditions experienced by care workers are the main drivers of the shortages"*
>
> **Unison, response to CfE**

A case study from primary research carried out for us by Revealing Reality further illustrates the pressures on social care workers forcing them to leave their roles, sometimes for other ones in the care sector:

**Case study: push factors in social care**

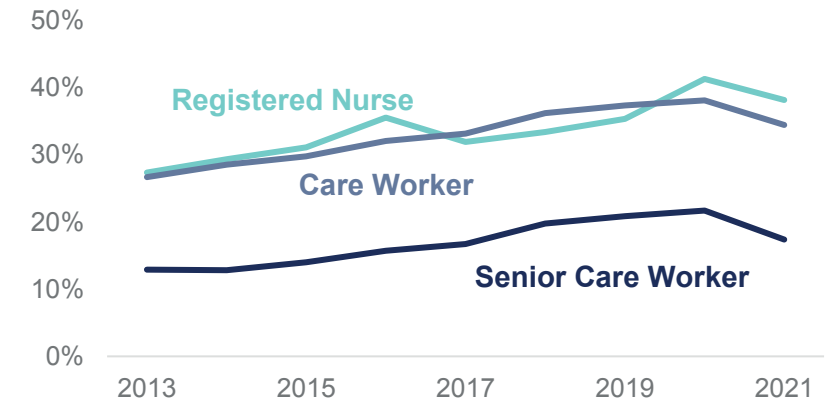
Yasmini*, who is in her late 20s, moved to the UK to complete her master's degree in nursing. She works part time as a care assistant in a residential home.

The low wages, strenuous work and lack of progression are difficult and unappealing. She noted that they are always understaffed, and she has to work extra hours, which is difficult because she can only work 20 hours per week on her student visa. She is planning on leaving her job and getting work through one of the big social care agencies who pay more.

**Yasmini is a pseudonym; this case study is based on a research interview conducted by Revealing Reality*

Figure 2.3 shows SfC's estimated staff turnover rates for care workers, senior care workers and nurses in social care over the last decade. Turnover rates for care workers and nurses have routinely exceeded 30%.

**Figure 2.3: Turnover rates for selected social care occupations, 2012 to 2021**




Source: SfC, April 2012 – March 2021.
Notes: Years run from April to March, i.e., 2012 represents April 2012 to March 2013. Rates are for local authority sector and independent sector only. SfC do not provide monthly tracking for turnover.

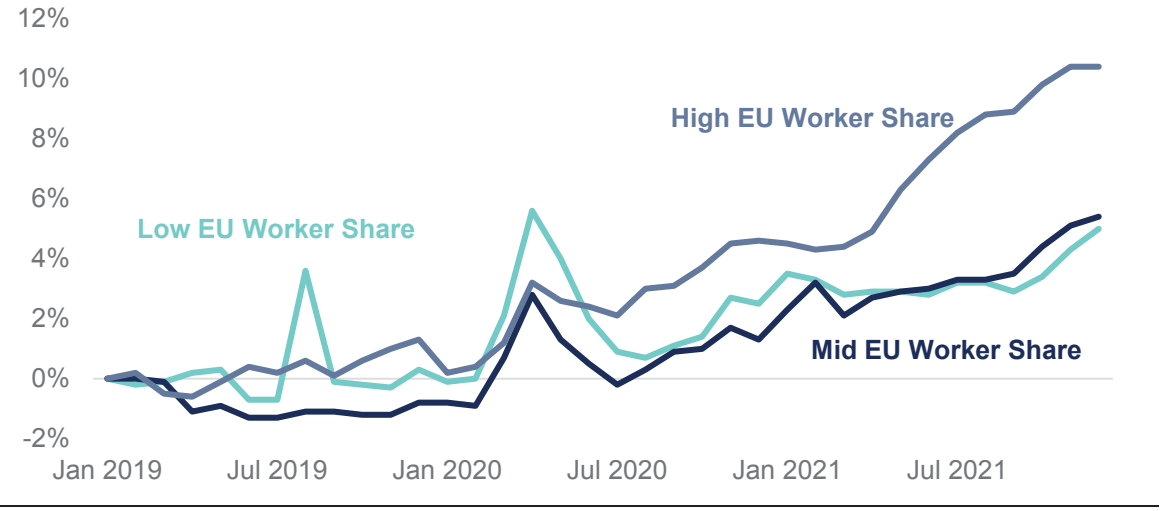
It is important to distinguish between staff turnover at the organisation level and the sector level. Employee moves between social care organisations can be driven by differences in pay and conditions. Some level of organisational turnover indicates healthy competition between employers, but a high level can disrupt care provision. SfC estimate that only 1 in 3 of those leaving a social care role in England in 2019/20 exited the sector entirely, with younger and less experienced workers, those on zero-hours contracts and those travelling long distances the most likely to leave[xxxviii].

In the early stages of the pandemic, many employers said that their retention levels improved, though this was not experienced universally. Reasons cited by employers included the vocational nature of the work, with workers feeling duty bound to stay in their post, and the lack of alternative job opportunities due to the effective closure of many other sectors, as reasons for this. Some employers responding to our CfE and interviewed in the primary research said that this reduction in competition had somewhat cushioned them from the full impact of the ending of FoM initially.

As the economy has emerged from pandemic restrictions, this picture has changed. SfC data suggests that the social care workforce in England contracted in 2021[xxxix]. Surging vacancies in sectors previously more reliant on EEA labour and against which social care employers compete, such as hospitality and retail, have driven intense competition in the labour market. Early data indicates that employers may have responded by raising pay in these competing occupations, although more analysis is required to understand other

factors that could be driving changing pay across different sectors. Figure 2.4 shows changes in advertised pay on the Indeed website, grouping jobs by the proportion of EU workers that were employed before the ending of FoM. Those occupations with the highest share of EU workers have seen the largest increases in wages, with wage growth more than double that seen by low share occupations.

**Figure 2.4: Advertised pay growth for online adverts by share of employed EU migrants, 2019 to 2021**




Source: Indeed, ONS, January 2019 to December 2021
Notes: Low, medium, and high EU worker shares occur when 0-5%, 5-10% or 10%+ of the workforce are EU nationals. Wage growth is adjusted for shifts in the mix of job titles over time.

Occupations with the greatest reliance on EU labour were also found to be mainly lower paid occupations, such as construction, cleaning, and hospitality by Indeed. These are broadly similar to the competing occupations that we are examining in this chapter. These occupations have been significantly affected by the ending of FoM.

Though social care has been less reliant on EEA labour (as discussed in Chapter 1), the structure and scarcity of public funding in the sector does not allow employers to compete effectively with these other occupations. This was stated by some employers and employees we spoke to in the care sector, with employees increasingly leaving for roles where there was higher pay and less stress, even if they deemed these roles to be less interesting or meaningful. Some employers also mentioned losing staff to the NHS, which they said tended to offer better pay and benefits.

*"I wanted to leave my organisation. I read reviews of other care organisations and they all sounded terrible. I didn't want to go out of the frying pan and into the fire… I ended up taking a job in a factory. It pays £11.50 an hour for the night shift. It's boring, not fulfilling but it's less stressful"*

**Social care worker, Revealing Reality research interview, Northern Ireland**

*"I see the social care sector collapsing unless there is huge investment into the sector so that we can attract people by offering similar pay and conditions to those working in the NHS. While there is no parity between the pay and conditions in the NHS and social care we will struggle to recruit from anywhere other than from abroad"*

**Employer, CfE, England**

Recruiting and retaining suitable individuals in social care is vital to the provision of high-quality care. This was highlighted in our CfE, where some direct employers explained the importance of having the right 'fit' of care worker, who they trust and can live with compatibly, in a situation where many would live in or spend significant periods of time within the employer's own home, carrying out intimate tasks. For many,

this also meant having a choice of social care workers so that they could choose the person who was the best fit.

Respondents also described the considerable time they spent training care workers to meet their unique personal requirements, and the negative impact on their independence and quality of life if these were not met. Some direct employers told us of the increasing difficulty in recruiting care workers, which they said meant that they increasingly struggle to find care when needed, especially for short-term placements. Unfortunately, difficulties in recruiting and retaining care workers will influence care outcomes.

*"It's not uncommon to sort of have doubts about somebody, but I have to take them on because you kind of need someone really. Right now, rather than in two months' time... I need someone, you know? If it was trying to arrange a gardener, I'd just leave the garden for two months until I find someone, but because it's care I need every day, it can't be put off. Yes, I do take on people who I consider are not ideal. But it's a case of needs must"*

**Direct employer, research interview, England**

Roles in the NHS often compete with the social care sector. This means heavily funded NHS recruitment campaigns can make it difficult for social care employers to hire enough workers. DHSC recruiting policies, driven by NHS demand, may also affect the quality or experience of the talent pool available to employers in the care sector, particularly in times of increased demand for care. Such policy-driven recruitment is not yet seen in the wider social care sector. The scale of the NHS, and the salaries and benefits it is able to offer, can make it difficult for the social care sector to compete. Employers spoke about the impact of this on social care recruitment during interviews conducted on our behalf:

*"I go through all this rigour, and then the NHS can pay more. It's the elephant against the mouse. We can't change that"*

**Employer, Revealing Reality research interview, Scotland**

*"I can't blame anyone for [leaving]. It's better pay on the NHS"*

**Employer, Revealing Reality research interview, England**

*"Findings from our recent research on the international recruitment of nurses suggests the better pay, terms and conditions offered by the NHS continue to create a 'gravitational pull' on staff in social care, and this includes nurses recruited from abroad. We also heard some had been falsely led to believe by recruitment agencies that they were signing contracts to work in the NHS but actually were bound by their contracts to work for social care employers, sometimes for a fixed number of years"*

**Nuffield Trust, response to CfE**

With high vacancy rates also seen in the NHS, this dynamic is likely to continue. **We recommend that DHSC and the Devolved Administrations work towards a joined-up approach when planning and executing recruitment campaigns for the health and social care workforces**. This may include changes to the job offer, particularly in social care roles, to both attract a larger share of the total workforce and retain the current workforce.

## Pay, progression and conditions

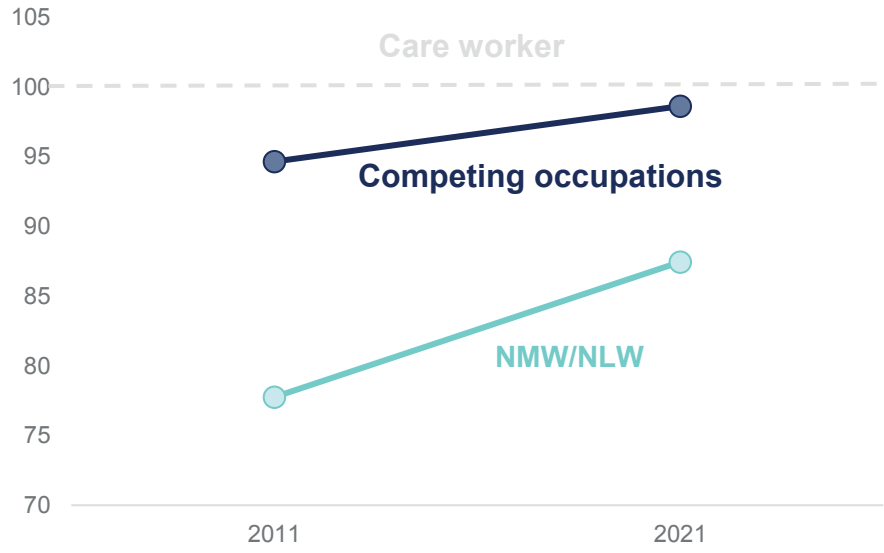
This section will discuss the key factors in the attractiveness of social care work, focusing on pay, pay progression and terms and conditions of employment. We focus largely on care workers, who make up the

largest share of the social care workforce. We present our recommendations at the end of the chapter after reviewing the evidence.

**Pay**

Historically care workers were paid a premium over occupations against which social care employers compete today. Figure 2.5 shows how this premium has narrowed over the last decade, partly driven by the introduction of the National Living Wage (NLW) to sit above the National Minimum Wage (NMW) in 2016. In 2011, care workers' hourly pay was over 5% more than those working in competing occupations at the median; this premium has fallen to just 1% in 2021. Similarly, the NLW has risen at a much faster rate than care worker pay. The NLW is now worth 87% of median hourly care worker pay, whereas the NMW in 2011 was worth 77%.

**Figure 2.5: Median hourly pay as a percentage of care worker pay**




Source: ASHE 2011 and ASHE 2021
Notes: Competing Occupations are defined in Annex C. Competing occupations have been reweighted to reflect the age and gender distribution of care workers. NMW was £5.93 per hour until October 2011 when it rose to £6.08.

Evidence from the Low Pay Commission (LPC)[xl] shows that as the minimum wage rises relative to median earnings, there tends to be wage compression within low-paying occupations. Workers paid at the previous minimum experience the largest wage rise as the minimum rises, and workers higher up the distribution tend to see lower increases as firms squeeze the distribution to cover the cost of minimum wage increases and try to maintain profit margins. This effect can be seen for care workers over the last decade. Pay at the 10th percentile has risen by 48%, compared to 30% at the median and just 25% at the 90th percentile.

The minimum wage has also risen faster than the median pay for care workers. For workers paid at the NLW, nominal hourly pay has increased by 47% from £6.08 per hour in October 2011 to £8.91 per hour as of April 2021. The NLW rose further to £9.50 per hour in April 2022 and the Government has announced a target of reaching two-thirds of median earnings by 2024, which the LPC predict will require a NLW of £10.95 per hour[xli].

Care worker roles in England and Northern Ireland do not currently have to conform to any minimum rate of pay other than the NLW/NMW. As of April 2022, the Welsh Government has provided funding to ensure

that adult social care staff delivering direct care are paid a new minimum wage pegged to the Real Living Wage (RLW). This is currently £9.90 per hour and will automatically increase when the RLW is uprated in October. The Scottish Government has had a similar policy since 2016 and has recently gone further; they have funded increases above the RLW, raising minimum pay to £10.02 in December 2021 and to £10.50 per hour in April 2022. In Scotland, these minimum hourly rates apply to publicly funded care services. In addition, registered residential and domiciliary care workers in Wales received lump-sum payments of £500 in 2020 and £735 in 2021, and are due to receive £1,498 in 2022 – all in recognition of their efforts during the COVID-19 pandemic. Similarly in November 2020, the Scottish Government announced a £500 'thank you' payment to social care staff for their efforts during the first lockdown of the COVID-19 pandemic.

Low pay for care workers is not unique to the UK. Across EU member states, those working in residential long-term care were paid 79% of average earnings[xlii], whilst the UK lagged behind at just 71%. This was lower than that paid in countries such as France (79%) and Germany (82%). Non-residential care workers fare worse, being paid only 67% of average earnings in the UK compared to 80% paid in EU member states. With the commitment to increase the NLW to two-thirds of median pay by 2024, it is likely that this proportion will rise somewhat over time, but the UK will continue to lag behind without more positive action on pay.

We did not find compelling evidence of migrant care workers being paid differently to UK born care workers. However, pay in social care differs significantly by region due to the local commissioning context and the structure of the labour market. In general, social care workers employed by local authorities are paid more than those employed by private and charitable organisations (though the work done may not be completely comparable). SfC data[xliii] for England suggests that hourly care worker pay is around 16% higher in local authority employers compared to the independent sector, and that, in general, social care workers in residential care are paid less than those in domiciliary care. As mentioned previously, pay in social care may also be contingent on the capacity of an organisation to adjust its prices and wages, i.e., its reliance on privately versus publicly funded care packages. Analysis based on Knight Frank's most recent trading performance review[xliv] states that a care worker in a privately-funded care home earns a mean hourly wage of £9.38, 2.6% more than the £9.14 per hour that their peers working in local authority-funded care homes receive.

Responses in the CfE suggest that this leads to several changes as employees look for better pay and conditions, with private sector roles being used as a stepping-stone to public sector roles, with more attractive pay and conditions, and moves into self-employment and agency work. Several of the current employees interviewed as part of the research said that poor pay was a driver that meant that they were considering leaving full-time work in care organisations and moving into agency work, and others were doing extra agency work alongside work in their main organisation to supplement their pay.

Work in social care is undervalued for several reasons, but chiefly it is a direct result of insufficient public funding. In addition, many of the non-market benefits of care work to wider society are difficult to measure in comparison to sectors traditionally deemed to make greater economic contributions, adding to this undervaluation. Evidence also indicates that there is a gender dimension to undervaluation[xlv]. Occupations traditionally dominated by women – as social care occupations are – are generally lower paid than comparable occupations dominated by men, with gendered values, norms and preferences shaping motivations around women providing care[xlvi] leading to lower pay for their labour.

Analysis conducted for Community Integrated Care[xlvii] suggests that a comparable care employee in the NHS would be paid at the Agenda for Change (AfC) Band 3, equivalent to an emergency care assistant or occupational therapy worker. All workers paid on the AfC bands are also entitled to a supplement worth between 5% and 20% of their salary if they work near to, or within, London. Table 2.6 shows the difference in median contracted pay for care workers compared to these bands. This highlights the attractiveness of working in the NHS, especially if the worker is more experienced and will receive more pay for an arguably similar role.

**Table 2.6: Comparison of contracted hourly pay for AfC Band 3 and care workers**

| | Hourly pay |
|---|---|
| NHS AfC Band 3: 0 to 2 years' experience | £10.43 per hour |
| NHS AfC Band 3: 2+ years' experience | £11.17 per hour |
| Care worker (Median) | £9.38 per hour |

**Table 2.7: Comparison of contracted annual pay for NHS nurses and nurses in social care**

| | Salary range |
|---|---|
| Nurse (Band 5) | £25,655 - £31,534 |
| Senior Nurse (Band 6) | £32,306 - £39,027 |
| Nurse in social care (Median) | £37,736 |

Source: ASHE 2021 and NHS Health Careers

Note: Pay data for care workers and nurses in social care in these tables is based on measures of 'stated' pay for more direct comparison with the Agenda for Change. Pay data based on measures of actual pay is preferred elsewhere in this report. See Annex C for more details.

A more direct choice between working in social care or the NHS is available to registered nurses. Table 2.7 demonstrates the wage differential between NHS nurses paid on AfC Bands 5 and 6 compared to median pay for those working in social care. This shows the salary is comparable to that of a senior nurse in the NHS. Whilst the median estimate given by ASHE is £37,736, this is based on a relatively small sample size, and SfC estimate that the mean full-time annual salary of a registered nurse in social care is far lower at £33,600, suggesting experienced senior nurses in the NHS are paid more.

Against a backdrop of living costs rising at the fastest rate since 1990, it is important to highlight that social care is different to other low pay sectors as employers are much more constrained in their ability to raise wages, due to their heavy reliance on Government funding arrangements. Respondents to the CfE suggested that whilst efforts had been made to increase pay for care workers, employers in other sectors may find it easier to adjust their pay because they are not bound by the same restraints. They said that in some cases, employers in other sectors can offer substantial 'golden-handshakes' or bonuses, which are not usually features of care worker pay.

There is evidence that in some settings care costs can be more easily adjusted, and in these cases wages may have risen. Direct employers spoke of the spiralling rates being charged by care workers, particularly those who were being sought on a short-term basis. These employers said that consequently, in some cases, they were having to accept care workers who were untrained or inexperienced.

**Case study: The rising cost of live-in care**

George* lives in England and employs a team of two live-in PAs, who have been with him for several years and who rotate on two-week shifts. They are from different European countries and both have settlement: one lives locally with her husband, but plans to retire to her home country eventually; the other lives in her home country and flies in for each shift. He says he is *"really lucky"* to have kept both PAs and that *"a lot of my friends are struggling for care"*. Although in general his care workers liaise with each other to cover holidays, occasionally he has to find temporary short-term cover.

Since the ending of Freedom of Movement in particular, George has found that the prices he pays for short-term care have increased dramatically. His care workers currently receive £150 per day for a ten-hour day plus an overnight stay. Two or three years ago he found it very easy to employ short-term care workers on this rate. However, he now finds that the prices charged by care workers are nearer to £240 per day (the figure of £240 was also given to us by two other employers as a daily rate that is commonly charged).

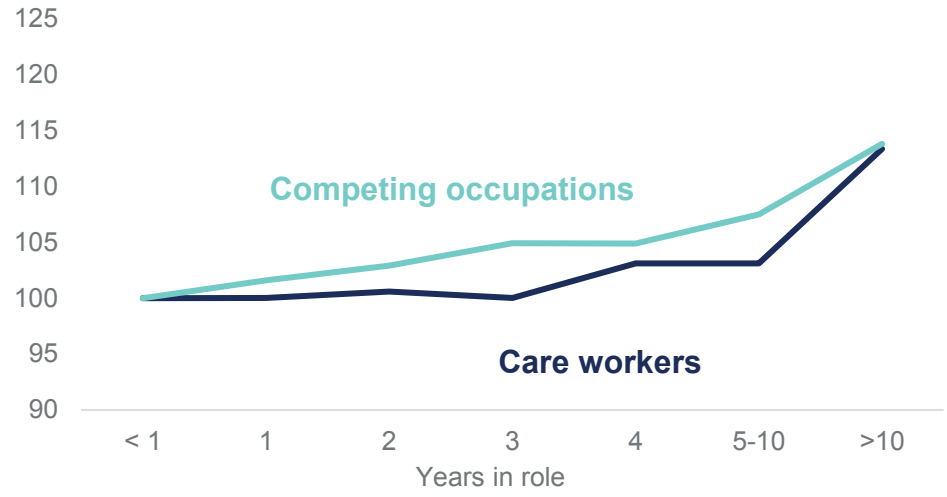
George puts the rise in prices down to the lack of available workers, and says that "*in their industry, which is in crisis... they've had the opportunity to work for that kind of money. They know that if they say no to me someone else will contact them next week."* While he does not blame care workers for increasing their fees, the amount George receives from the local authority to cover his care needs has not increased, and he therefore finds it very difficult to obtain short-term care.

**George is a pseudonym; this case study is based on a research interview conducted by the MAC secretariat*

**Pay and career progression**

Pay progression in the social care sector stands out as being poor compared to other sectors. SfC[xlviii] report that the gap in pay between care workers with less than one year of experience and those with 5 years' experience has narrowed from 5% in 2013 to 1% in 2021. Similarly, Figure 2.8 shows that those who have been working with the same employer for between 5-10 years as a care worker can expect to earn only 3% more than those who have had less than a year tenure with employer - in competing occupations this differential is 7%.

**Figure 2.8: Indexed returns to tenure in role for care workers and competing occupations**




Source: ASHE, 2021.
Notes: Competing occupations are defined in Annex C. These have been reweighted to reflect the age and gender distribution of care workers.

Whilst recent increases in the NLW have compressed the pay distribution in low-pay sectors, including social care, competing occupations are rewarding their employees for experience with increases in pay larger than those seen for care workers. Given the nature of the job, the stresses it entails, and the impact of COVID-19, workers may not feel appropriately remunerated for the work that they do, which may increase the incentive to either leave the profession and seek employment in another sector or avoid joining the sector altogether.

Care workers experience little pay progression staying in the same role, and this is little changed upon promotion to a senior care worker role. As of 2021, the median senior care worker earned 74p more per hour than the median care worker, despite the additional responsibilities including potentially leading a team of care workers[xlix]. Poor pay progression within and between roles in social care not only drives high turnover at an organisational level but may also disincentivise individuals from pursuing a career in the sector.

*"There's no career progression. I see some people who have been in the same role for 10 years. I'm applying for jobs in public health for when I graduate"*

**Social care worker, Revealing Reality research interview, Northern Ireland**

In contrast, the NHS offers a comprehensive and well-defined career and pay path, exemplified by Agenda for Change. Respondents to the CfE argued that whilst they had made efforts to improve wages within the sector, a lack of investment and a lack of parity with NHS pay and conditions meant other sectors were often more attractive to potential workers. The interaction, and comparison, between the NHS and the social care sector is important. Nurses may work in either sector and social care will compete against the NHS to both recruit and retain them, while prospective care workers may consider several factors in choosing between a career in health or social care. We set out further advantages of working in the NHS in the next section.

**Conditions**

Alongside pay, working conditions are an important factor for recruitment and retention. There is a general perception, highlighted in the literature, the CfE, and qualitative research that working conditions in the social care sector compare unfavourably with other sectors.

*"Social care needs a fundamental overhaul of its funding, staffing, wages and training. This needs to go hand in hand with a cultural change around how we view social care and the value we place on the staff who deliver it"*

**Unison, response to CfE**

Research carried out by the Work Foundation in 2021[l] highlighted some of the reasons respondents were reluctant to enter social care. These included low pay, unpredictable hours, not feeling valued by their employer, or simply not enjoying the work. It also highlighted misconceptions about the entry requirements for social care. This may suggest a proportion of the workforce do not believe that they would be eligible to apply. However, not all the responses were negative: almost 1 in 3 jobseekers said that they would consider roles within the social care sector as they felt they could make a difference, have job satisfaction, and feel pride in their work. Conversely, the view expressed by employees working in the care sector was that other jobs might be more attractive even if they were less fulfilling – staffing difficulties were a key factor in this.

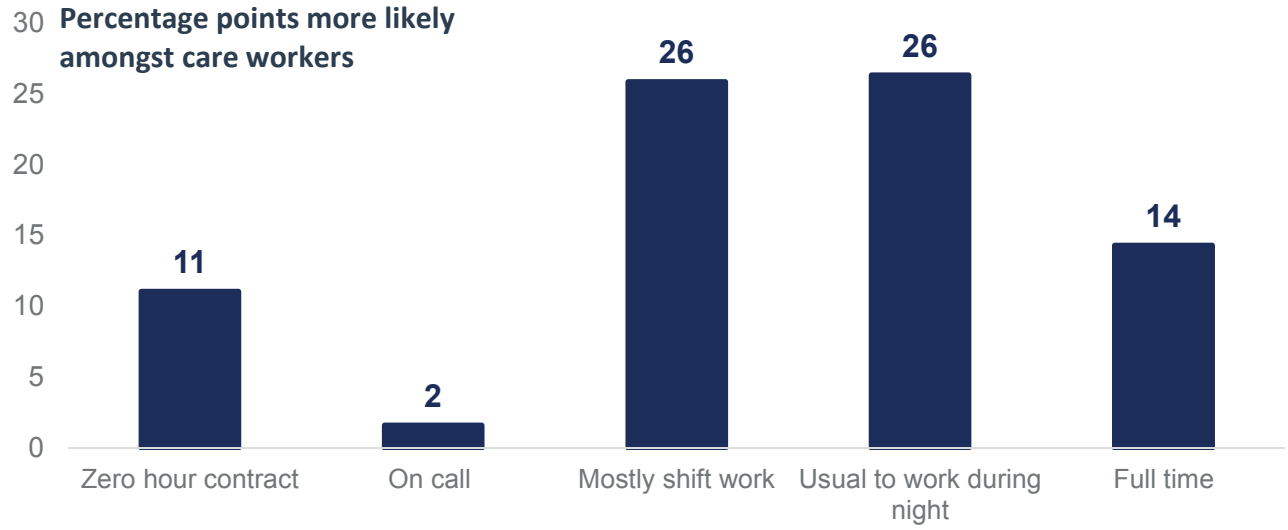
*"If you are offered the same amount of money working for the store on the corner or for* (a supermarket)*, why would you ever come and work for us?"*

**Employer, Revealing Reality research interview, Wales**

*"The rota-ing is rubbish. I rarely get two days off in a row. And it's all so disorganised. They know they are going to be short-staffed but don't organise agency staff quick enough"*

**Social care worker, Revealing Reality research interview, Northern Ireland**

**Figure 2.9: Terms and conditions for care workers compared to competing occupations**




Source: LFS, April to July 2020
Notes: Competing occupations are defined in Annex C. These have been reweighted to reflect the age and gender distribution of care workers.

Figure 2.9 sets out how terms and conditions in social care compare to those in competing occupations. Zero-hours contracts, shift work and night working are more prevalent among care workers than in other low-paid occupations. These contracts can create uncertainty about hours but to some they offer flexibility, particularly to those who may have other responsibilities or wish to keep working hours below the threshold for Universal Credit eligibility. In as much as care workers can self-select into these contract features, this flexibility is likely to be beneficial rather than a restraint on hours and pay.

*"I can choose my hours and cancel, with some notice, if I discover that there is any clash with my schoolwork"*

**Social care worker, Revealing Reality research interview, Scotland**

Night working is fundamental to the provision of social care. However, the Trades Union Congress (TUC)[li] has noted health and safety issues for night workers, with depression and cardiovascular disease being particular risks and harassment and attacks, especially for women, during journeys to and from their place of work.

Providing care for individuals is a huge responsibility, as the health, comfort and safety of a patient may rest entirely on a care worker, as well as the physical and emotional demands of providing support and companionship even when the person's needs make this challenging.

*"There's nothing they don't say. They tell you they will call the council, call the police to do this and you become threatened even at your own job, trying to save them"*

**Social care worker, Revealing Reality research interview, England**

People's physical and mental health, independence and quality of life are greatly affected by the standards of care they receive. Staffing shortages and high workloads may make it difficult to deliver a high standard of care. This pressure may make working in social care unattractive in comparison to other competing occupations.

Benefits offered as part of employment contracts to care workers are often inferior to those offered in the NHS and in other competing occupations. Table 2.10 shows that care workers often receive inferior pensions with low employer pension contribution (the minimum employer contribution for those automatically enrolled is 3%) and fewer days of annual leave entitlement. These conditions are important factors for workers who want to ensure that their future is secure with an adequate retirement fund, so the lack of competitiveness in the typical care worker offer can be a negative factor when a worker is seeking employment.

**Table 2.10: Comparison of pension and annual leave conditions**

| | Care Worker | NHS equivalent | Competing Occupations |
|---|---|---|---|
| Paying into any pension scheme | 72% | 91% | 61% |
| Paying into a Defined Benefit scheme | 17% | 82% | 23% |
| Median employer pension contribution | 3% | 14% | 6% |
| Median annual leave entitlement (Full time) | 25 | 27 | 25 |

Source: ASHE 2019 Revised and 2020 provisional.
Notes: 'NHS equivalent' is defined as working in the Human Health SIC code, in the public sector and earning less than £11.56 per hour. This is the minimum for band 4 in AfC, so represents equivalents to Care Worker (Band 3 and below). Competing occupations are defined in Annex C.

Other contractual features of care work are less well-defined. We have received evidence from stakeholders regarding the opacity in the way in which some domiciliary care workers' hours are calculated, with the travel time between clients and the extra time required to adhere to infection protocols (e.g., PPE, disinfecting surfaces) sometimes not being counted as working time.

The LPC has repeatedly highlighted how the treatment of travel time in payslips leads to underpayment of the NLW in social care. "*[E]ach year we hear accounts of non-compliant practices … [including] the non-payment of care workers for travel time*" (2021, 2020[lii]). Travelling between work assignments is considered as working time for minimum wage purposes, and therefore should be paid at least at this level.

Further to this, domiciliary and agency care workers are usually required to provide their own transport to reach people's homes. This may present an additional barrier for those without a car and as the cost of fuel has risen quickly in recent months but the allowance payable has remained fixed at 45 pence per mile, this has resulted in an increased burden on workers.

Whilst this is not unique to social care, increased unpaid travel costs and the lack of public transport may be further barriers. These problems are amplified in rural settings as highlighted in a response to the CfE:

*"Even when we supply transport and pay mileage, it is still not an incentive"*

**Suffolk Association of Independent Care Providers, response to CfE**

*"I only pick shifts that are nearby and at decent times because I don't drive and the public transport stops at a certain time of night"*

**Social care worker, Revealing Reality research interview, Northern Ireland**

*"Rural settings mean that the staff pool who are able to fulfil the role is limited, needing those who have access to their own vehicles and ability to travel to a wide spread of locations. This also has an impact on available local services, such as day centres, respite care, etc. With these services finding it difficult to find staff local to the region as well as difficulty in continuing services within these localities due to poor attendance"*

**Norfolk Care Association, response to CfE**

In addition, workers may be required to stay overnight to be on hand should the person require help during the night – referred to as 'sleep-ins'. In 2021, the Supreme Court ruled in *Royal Mencap Society vs Tomlinson-Blake* that workers on sleep-in shifts were not entitled to the national minimum wage while asleep. In this situation, when a worker is asleep but at work, the rate of pay is not regulated.

Whilst this decision was based on a 1998 report by the LPC, the LPC themselves have highlighted that the sector has changed since 1998, due to a tightening funding situation in social care resulting in deteriorating working conditions and employment practices[liii].

> *"The overall trend is likely to be that workers on sleep-ins are not paid the NMW, and that it is harder to attract workers to these shifts. This will be to the detriment of people who need overnight care and could mean a move towards unstaffed systems, reliant on alarms or cameras"*
>
> **Low Pay Commission**

The LPC has called for consensus and clarity on the issue of sleep-ins, and for a sustainable funding settlement for the sector. This issue, like others prevalent in social care such as the lack of payment for travel time presents the potential for employees to be exploited and underpaid. Whilst our primary research with workers did not directly uncover examples of employers pushing the boundaries around pay and conditions, other stakeholders cited examples they were aware of in relation to those working in the care sector.

Across these areas, the Scottish Government have taken independent action and provided public funding for care workers to be paid at least the minimum rate for all hours worked including sleep-ins. Pay for overnight support services has increased in line with the minimum rates for adult social care workers set by the Scottish Government as outlined above. This highlights an important fact – statutory minima do not need to be where policymakers set the standard. Stakeholder feedback on the policy for sleep-ins in Scotland suggested that this was welcomed by the sector. However, there have been some unintended consequences, mainly relating to funding. These include difficulties maintaining pay differentials and organisations with higher workforce costs than the national weighting experiencing a lower level of public funding.

Another important working condition is the provision of sick pay. There are limited data available on the level of sick pay across the social care sector and competing occupations. However, we are aware that sickness absence in the social care sector is generally higher than that seen across the rest of the economy. In 2020, 118.6 million[liv] working days were lost because of sickness or injury in the UK, equating to 3.6 days lost per worker. The ONS highlighted that generally while COVID-19 may have increased sickness absence, the measures such as furlough and increased homeworking appear to have helped reduce other causes of absence when focusing on sickness absence across the economy as a whole.

However, COVID-19 exacerbated some existing difficulties in the social care sector. There was a sustained rise in sickness levels due to COVID-19 and quarantine regulations. This was heightened in the initial wave when some care workers had limited access to personal protective equipment (PPE) outside of the NHS. SfC's 2021 report shows that in England an average of 5.1 days per year were lost due to sickness in 2019/20, which rose to 9.5 days in 2020/21 and remains higher than pre-pandemic levels in the most recent data[lv].

Measures introduced during the pandemic indicate that sickness pay may not have been at an adequate level across the social care sector. At the end of 2021 the UK Government announced an extra £60 million for adult social care in January to support the sector[lvi]. This additional funding was for, amongst other things, paying for COVID-19 sickness and self-isolation pay for workers. In addition the Welsh Government introduced an enhancement to statutory sick pay for those working in the social care sector[lvii]. This was introduced to provide financial support to care workers when they need to take time off work due to COVID-19, given the lack of occupational sick pay in the sector.

The pandemic had a large impact on conditions within the social care sector. There were increased requirements on workers such as wearing PPE, regular testing and other infection prevention controls which were not necessarily required in competing sectors. Some care workers may have taken on additional responsibilities, such as verification of death and applying catheters, which could increase the pressure of the role. A further condition, which has recently been removed, was mandatory COVID-19 vaccinations for those working in CQC-registered care homes in England. This added an additional challenge for recruitment and retention for workers in social care, and even with the recent removal of this policy it is likely that some workers will have already left the sector and will not choose to return.

Overall, the increased pressure on the remaining workforce may have created a risk of burnout amongst staff working in social care.

*"Given the choice of working in social care or retail, many people choose to not work in social care due to the challenges of the role, despite its many emotional rewards. The hospitality sector has increased what they are willing to pay both prospective and current employees. Care sector employees operate under more restrictive and demanding employment conditions than other sectors; employees are still subject to Personal Protective Equipment (PPE) requirements, testing regimes, mandatory vaccination policies etc. This has only heightened the likelihood of staff burnout and has made retention increasingly challenging for employers"*

**Care England, response to CfE**

*"Skills for Care data indicates sickness levels doubled over the pandemic to an average of 9.5 days per worker, with many staff needing to step away from frontline care to self-isolate. Our NIHR-funded research (forthcoming) suggests this has put pressure on existing teams and increased the likelihood of burnout among frontline staff"*

**Nuffield Trust, response to CfE**

Work in social care can be intrinsically rewarding. Care work is a relationship-intensive occupation, and those working in the sector often speak highly about the pride they feel doing their work. Within the CfE, respondents expressed pride at working in social care and appreciated the positive impact that they could make on people's lives. However, this was tempered with the belief that social care is undervalued within society with employees feeling underpaid for their work, and the strain under which COVID-19 had put the workforce. Respondents stated that many workers were now suffering from burnout due to the pandemic which had led to increased workloads for employees, as well as the emotional toll of working in the sector during this period.

## Recommendations

In commissioning this report, the Government were clear that we should feel free to highlight "*wider issues for the Government's consideration, such as employee terms and conditions".* This was in addition to recommendations on immigration policy that we turn to in the next chapter.

We are in no doubt that the single most important factor that underlies almost all the workforce problems in social care is the persistent underfunding of the care sector by successive governments. It is not for us to advise on either the appropriate level of funding for social care or on the method of financing such funding. This is particularly as social care is a devolved matter and we were not commissioned by the Devolved Administrations (DAs). So, our recommendations in this chapter will focus on terms and conditions of employment, leaving the question of how to pay for our recommendations to the Government and DAs.

One cannot seriously address the workforce difficulties in social care unless pay is improved. Improving pay is essential to boosting recruitment and improving retention. There is no reason why the pay of care workers should rise only when the National Living Wage rises. Indeed, there are clear reasons why relying on NLW uplifts will not address the recruitment and retention difficulties, as we have documented in this chapter. First, since all sectors must pay at least the NLW, such uplifts will not make care work more financially attractive compared to competing occupations. Second, the evidence shows that such uplifts tend to squeeze the wage distribution and the social care sector already fails to reward experience adequately. Third, there is no direct link between NLW uplifts and government funding, so there is a clear risk that even the NLW uplifts cannot be adequately resourced by the sector.

What is needed is a minimum pay rate for care workers that is fully funded by Government and is above the NLW. We believe that this can be done if there is enough political will to implement it. Both the Scottish and Welsh Governments have implemented an hourly wage for care workers above the statutory minimum. Higher pay across the rest of the UK is a prerequisite to attract and retain workers in social care, while similar pay for the same work across the UK would also avoid inefficient competition across the four nations.

However, it is important to note the complexities when implementing such a pay rise. When making any decision about raising minimum rates of pay, the funding mechanism must be well thought out. Our discussions with stakeholders revealed that the implementation of the increased pay rate in Scotland has been slow and difficult, with one reporting that the increase in funding simply does not cover the cost of uplifting pay. It was also highlighted that there has been a further squeeze on the differential between care worker and senior care worker pay in Scotland as a result of the rise – with some workers feeling that the extra responsibility of the senior care worker role is not worth the increasingly small gain in pay it comes with. It is important to maintain these differentials especially where additional qualifications and responsibilities are required for roles, so that there is a motivation for progress and a defined career path.

**We therefore recommend that the Government introduces a fully funded minimum rate of pay for care workers in England that is above the NLW, where care is being provided through public funds. As a minimum starting point, we would recommend a level of £10.50 per hour to be implemented immediately.**

Our remit comes from the UK Government, so we do not consider it appropriate to formally advise the Devolved Administrations. However, if asked, we would make the same recommendation to all the DAs. We would note of course that this minimum starting point is the same as that adopted by the Scottish Government from April 2022.

We would also strongly emphasise that an increase of this magnitude will not be enough to address the difficulties presented by low pay in the sector and urge the government to go significantly further as quickly as possible. In addition, differentials across the workforce must increase and the pay premium historically afforded to care workers over other jobs must be reinstated to increase attractiveness and fairly reward employees for the unique nature of their work. Again, and to be crystal clear, increases to the NLW simply do not solve the problems.

We have indicatively estimated the additional wage bill cost implied by a rise in minimum hourly pay, in three scenarios, shown in Table 2.11. These provide an indication of the level of spending required to better compensate care workers, with full details in Annex D. It is for the Government to consider detailed costings and to work out the fiscal impact, which will not be the same as the wage bill cost. The three scenarios we present are, firstly, a wage of £10.50 per hour (this would fall within AfC Band 3); secondly,

aligning care worker pay with the NHS AfC Band 4 minimum which is £11.53 per hour; and, finally, a 39% increase on the NLW in 2022/23, based on analysis done for Community Integrated Care[lviii]. We do not take a view on the ultimate level of care worker pay as this will partly be determined by how the supply of labour to social care responds as wages rise, and to judgments on the value of social care which are outside both our remit and our expertise.

**Table 2.11: Proposed hourly wage rates and their respective estimated wage bill increases**

| **Hourly Wage** | **£10.50** | **£11.53** | **£13.21** |
|---|---|---|---|
| Pay floor | £0.7bn | £2.1bn | £4.9bn |
| Whole distribution | £2.1bn | £4.2bn | £7.7bn |

Source: Internal MAC calculations based on ASHE 2016 – 2021 and APS October 2020 – September 2021.
Note: Includes pay, pension costs and national insurance contributions. The £13.21 wage rate is derived from applying a 39% uplift to the NLW. Assumes no spill over from higher service costs through private spending caps to public spending.

The 'pay floor' cost assumes pay rises entailed by the minimum level taper up the pay distribution, narrowing differentials. The 'whole distribution' cost fully preserves existing pay differentials. As such, we estimate that raising pay in social care could cost between £0.7 and £7.7 billion per year, depending on the extent of both the increase and the protection of differentials.

As discussed above, there are unique features of working in the social care sector. Workers may be required to travel between locations and sleep-in as part of their role. Whilst time spent travelling for work assignments is regulated for by the NMW, there is less certainty surrounding payment for hours spent during sleep-ins. The current regulations in place for these hours worked may result in workers being underpaid for the hours worked. This may heighten recruitment difficulties for the sector.

**We therefore recommend that workers in social care should be paid for the hours while at work, whether this is time spent travelling or sleeping. Whilst these hours are not being properly compensated, low paid workers are being underpaid for their time spent at work. Where care is being provided through public funds, those funds should increase to fully reflect the additional costs involved.**

Again, as our remit comes from the UK Government, we do not consider it appropriate to formally advise the Devolved Administrations. However, if asked we would make the same recommendation to all the DAs. Again, we would note that this policy has already been adopted in Scotland.

# Chapter 3: Immigration policy for social care

## Introduction

This chapter explores previous and current immigration policy for social care, examines how the sector interacts with the immigration system, and provides recommendations for reform.

In our 2021 Annual Report[lix], we recommended that the Government make Care Workers and Home Carers (SOC code 6145) immediately eligible for the Health and Care Worker (H&CW) visa and place the occupation on the Shortage Occupation List (SOL) due to the extreme pressures faced by the sector. The Home Office accepted this recommendation in their 24 December response[lx], which came into effect on 15 February 2022. We review this recommendation later in the chapter.

## Current immigration policy for social care workers

It is important to note at the outset that work-based immigration routes, which comprise the majority of discussion in this chapter, are and continue to be one of a number of ways through which migrants can obtain employment in social care. Historically, social care employers have broadly employed those able and willing to work in the sector, who already had work authorisation in the UK – most were not sponsored on work visas. In this section, we set out the main work route through which migrants can work in the social care sector, alongside other immigration routes.

Under Freedom of Movement (FoM), UK immigration rules distinguished between EEA and non-EEA born migrant workers. Prospective migrants from the EEA could seek work directly in social care without restriction, whilst prospective migrants from outside the EEA could not come to the UK with the express purpose of working in occupations that were not eligible for the Tier 2 visa. Between 2012 and 2020 this ruled out care and senior care workers, but not nursing as this was an eligible occupation. In contrast, significant volumes of EEA migrants have obtained employment in social care in the UK via FoM, albeit in about the same proportion as in the wider economy (see Chapter 1).

The Tier 2 route was replaced by the Skilled Worker (SW) route in December 2020 as the transition period of the UK leaving the EU ended. This aligned EEA and Swiss immigration routes with all other routes into the UK. At the same time, the occupational skill requirement was reduced, making all RQF 3+ (at or above A-level, NVQ3 or equivalent) occupations eligible. This included all social care occupations apart from care workers (SOC 6145). Following the MAC's 2021 Annual Report recommendation, care workers were also made eligible.

In other words, since the end of FoM the immigration system has become more restrictive for EEA workers, who no longer have unrestricted access to jobs in the sector; but it has become more liberal for non-EEA workers, who can now work in a wider range of social care roles. The end of FoM has thus had different impacts for different groups of migrants moving under the main categories facilitating work:

- **For migrants from the EEA**, there is no change for those who qualify for settled or pre-settled status. The EU Settlement Scheme (EUSS) has also ensured a continued pool of labour from which the social care sector can recruit. Moving forward, migrants from the EEA without status under the EUSS must have a sponsoring employer and a job offer that meets the criteria of the SW route to work in the social care sector. These conditions are therefore more stringent than what was previously possible under free movement.

- **For migrants from outside the EEA**, the SW route is open to a broader range of occupations – including several in social care – compared to the previous Tier 2 (General) visa, has lower salary thresholds and no Resident Labour Market Test requirement. This is therefore a relative relaxation of the rules.

**The Skilled Worker route**

For migrants who want to move to the UK for work purposes, the SW route – called the H&CW visa for the subset of occupations in health and social care – is the most direct route into the social care workforce. Applicants to the SW route must be sponsored by an eligible employer, speak English to a required level, and work in a job that is categorised to be skilled to at least RQF level 3 (NVQ3, A-level or equivalent). The annual salary threshold is £25,600, unless the 'going rate' for the occupation is higher. The 'going rate' is defined as the 25th percentile of earnings within the occupation. Table 3.1 details how occupations in social care relate to the SW route.

**Table 3.1: Social care occupations' pay and the Skilled Worker route**

| Occupation | 25th percentile annual full-time gross pay | 50th percentile annual full-time gross pay | Salary threshold for route if on the SOL | Currently on the SOL |
|---|---|---|---|---|
| Care workers* | £17,261 | £20,789 | £20,480 | Yes |
| Senior care workers | £18,620 | £22,417 | £20,480 | Yes |
| Nursing auxiliaries | £17,361 | £20,180 | Set by pay scale | Yes |
| Nurses | £33,209 | £39,634 | Set by pay scale | Yes |
| Care managers | £28,295 | £37,297 | £21,360 | Yes |

Source: ONS, Annual Survey of Hours & Earnings (ASHE) 2021
*Not eligible for SOL prior to the MAC recommendation which came into force on 15/02/2022.

Occupations on the Shortage Occupation List (SOL) generally benefit from reduced salary thresholds. For care workers and senior care workers this means they must be paid a minimum of £20,480 per year (and £10.10 per hour) having been designated as a shortage occupation. Care managers must be paid a minimum of £21,360 per year (and £10.54 per hour). This threshold is largely inconsequential for care managers but equates to the 37th percentile of annual pay for full-time senior care workers and the 47th percentile of annual pay for full-time care workers.

Nurses and nursing auxiliaries are subject to pay scales in the NHS but not in social care. The nursing auxiliary SOC code is prevalent in ONS data for the social care workforce but is not widely recognised by the sector; in principle it provides another option for social care employers to sponsor migrants directly involved in care provision. Immigration rules require migrant nurses and nursing auxiliaries to match or better the corresponding NHS pay band, irrespective of whether the NHS is their employer. They therefore have different thresholds dependent on their salary band. This means migrants wanting to work in these occupations must be paid at least within the pay bands.

There are significant regional differences in care worker pay that make these thresholds less onerous in London, the South-East of England and Scotland. Figure 3.2 illustrates these regional differences in hourly pay for care workers across the UK.

**Figure 3.2: Care worker hourly pay by region**


Source: ONS, Annual Survey of Hours & Earnings (ASHE) 2021

The H&CW visa allows people sponsored for eligible health and social care occupations to have their applications fast-tracked under the SW route, with reduced application fees and an exemption from the Immigration Health Surcharge (IHS). There was a transition period where the IHS was paid on application and refunded, but this is no longer the case. This lowers the cost of a 3-year visa by £2,104 and a 5-year visa by £3,584, which is likely to make the route more attractive for migrants and employers. The application fee for a migrant care worker earning £20,480 on a visa for more than three years equates to 2.3% of gross annual pay, with the percentage doubling if accompanied by a partner or dependant. Assuming the employer already holds a sponsor licence, the Certificate of Sponsorship (CoS) and the Immigration Skills Charge (ISC) can cost as much as 5.9% of gross pay per annum. Underlying all these costs is the expertise, time and potentially legal costs of navigating the immigration system.

*"It is perceived that employers may be discouraged from sponsoring migrant workers and potential candidates may be discouraged from applying for posts in the UK due to concerns about navigating a costly and bureaucratic immigration system"*

**Convention of Scottish Local Authorities (COSLA), response to CfE**

Table 3.3 breaks down the official fees associated with the H&CW visa.

**Table 3.3: Health and Care Worker visa fees**

| Fee | Cost |
|---|---|
| Sponsor licence | Small/charitable employer pays £536, renewed every 4 years<br>Medium/large employer pays £1,476, renewed every 4 years |
| Certificate of Sponsorship | Employer pays £199 per worker |
| Immigration Skills Charge | Small/charitable employer pays £364 for first 12 months, £182 for each additional 6 months<br>Medium/large employer pays £1,000 for first 12 months, £500 for each additional 6 months |
| Application fee | Migrant pays £247 upfront for a visa less than 3 years, plus £247 extra for each partner/dependant<br>Migrant pays £479 upfront for a visa more than 3 years, plus £479 extra for each partner/dependant |
| Healthcare Surcharge | Migrants on this visa are exempt |
| English language test | If required, migrant or employer pay on average ~£180 |

Sources: gov.uk; information about the English Language test from MAC 2021 Annual Report.
Notes: Employers are classed as small if at least 2 of the following apply: annual turnover is £10.2 million or less; total assets are worth £5.1 million or less; 50 employees or fewer. If fewer than 2 of these conditions apply, the employer is medium/large.

### Other routes into social care

Free movement and the SW route (formerly Tier 2 General) are not the only routes for migrants to enter the social care workforce. Prior to the ending of FoM, there were a number of other routes that allowed migrants to work in social care, and these continue to operate in the post-Brexit immigration system.

As discussed in Chapter 1, partners and dependants of UK citizens and other migrants are an important source of labour for the social care sector. There were, and are, substantial numbers of non-EEA migrants working in social care, despite there being no route through which they could enter the UK to work in most social care roles as the main applicant until recently. A migrant arriving as a dependant of another migrant on certain work visas or on a partner visa is free to work in any sector within the UK. A partner visa can be obtained by foreign-born spouses of people with indefinite leave to remain or who have been given refugee status in the UK, as well as foreign-born partners of British citizens

Given the key features of the workforce – often female and aged over 35 – family and dependant visas are likely to remain an important route for the sector. Partners and dependants of EEA migrants now require a visa (if not eligible for the EU Settlement Scheme), which was not the case under FoM. This is offset by the liberalisation of the SW route to a greater number of occupations and a substantial expansion in the number of dependants of student visa holders, which may enable more partners and dependants of non-EEA migrants to come to the UK and seek work in social care. How these two changes will balance out remains unclear. Students provide a further, albeit less significant source of labour. International students are free to work part-time during term time or full-time during holidays in certain sectors. This is likely to contribute a small pool of migrants into the social care sector. The Graduate route allows graduates and postgraduates to work after their studies for a maximum period of 2 years, or 3 years respectively. There is

no restriction on the kind of work a graduate can do on this visa, but we would expect graduates to look for RQF 6+ roles in the long term.

A range of unsponsored schemes also provide migrant labour to the sector – notably the Youth Mobility Scheme (YMS), which is available to those from eligible countries aged 18 to 30 who want to live and work in the UK for up to 2 years, without needing a job offer. Social care may offer casual and flexible work for individuals on this route but will compete with other occupations such as hospitality or retail. Alongside this, those with an Ancestry visa can work in any job role, as can the subset of EU citizens who hold Frontier Worker Permits who previously but no longer live in the UK. In addition, asylum applicants who have waited 12 months or more for a decision are able to work in an occupation on the SOL, while migrants who have been granted refugee status are free to work in any sector.

**Box 1: International comparison of occupation-specific immigration routes for social care workers**

In 2021, the MAC commissioned an international review of immigration routes for social care workers[lxi]. The review identified a diverse mix of immigration policy approaches to the social care sector, including the embedding of social care roles in generic work migration routes, regional migration schemes, reliance on Freedom of Movement, and family and humanitarian migrants.

The differences in the approaches taken by the handful of countries with sector-specific routes, which reflect their individual migration management strategies and whether the route is intended to address the care needs of individuals, or the recruitment needs of care service providers, are informative for the UK context.

Under Canada's **Home Support Worker Pilot (HSWP)**, foreign workers who receive a full-time job-offer from a qualifying employer for a role in a home-care occupation are eligible to apply for a work permit. Applicants must also have at least one year of post-secondary education and intermediate English or French language skills. Any resident can qualify as a sponsor, provided the job meets the requirements and that the wage offered meets the prevailing wage for the occupation in the region. To aid accessibility for individual employers, sponsors do not have to carry out Canada's Labour Market Impact Assessment and HSWP application fees are payable by the migrant. These conditions help counterbalance the risk to the sponsor of migrant workers switching employers, as the HSWP ties the migrant's work permit to the occupation, not the sponsoring employer. There is also no requirement that the role is for a live-in care worker. When applying for their work permit, prospective migrants can include their dependants and must also apply for permanent residency, which is then automatically granted following 24 months working as a full-time domiciliary care worker. The unrestricted labour mobility attached to permanent residency means that foreign social care workers may move out of the sector once they receive permanent status.

Israel's **Temporary Migrant Worker (TMW)** route has a specific category for live-in care workers and takes a contrasting approach to the recruitment of foreign social care workers into domiciliary care roles. Individuals and families looking to recruit a foreign domiciliary care worker must apply for a permit from Israel's Population and Immigration Authority (PIBA), and then recruit through a licensed recruitment agency. Prospective migrants generally require no work experience and there is no salary threshold or labour market test. Labour legislation concerning wages and working hours also do not apply for domiciliary care. Migrants receive a one-year occupation-restricted permit for live-in care work, which is renewable for up to 63 months, and they can change employers, as long as they work as live-in care workers for PIBA-authorised employers in the authorised region. However, in practice, TMW permits are tied to the employer the longer the foreign care worker is in the country, as repeated renewals beyond

the 63-month limit are allowed for those serving the same elderly or disabled person. This employer dependency may leave migrant care workers more vulnerable to abuse.

Unlike the Israeli route, prospective migrants under Japan's **Care Work visa** route are subject to significant human capital requirements. To qualify, foreign workers must hold Japan's National Care Worker Certification and understand everyday Japanese, although a higher level of proficiency may be required to pass the Care Worker Certification exam. The national certification requirement is also applicable to domestic workers in Japan's Long-Term Care Insurance System and reflects the country's overall approach to standards in adult social care. To be eligible for the route migrant care workers must hold a job offer from a Japanese residential care facility for a role that consists of providing support for elderly or disabled residents. However, the human capital requirements mean that the route is most used by those already in Japan undertaking care work training who switch onto the route because the visa can be renewed indefinitely and thus provides a *de facto* route to permanent residency. Like Canada's HSWP, the route allows workers to change employers from the outset, although the role must be in residential care rather than domiciliary care.

## Use of the Skilled Worker route

There is no universal dataset that links migrants' immigration status with their employment, and as we have seen migrants working in social care enter the sector through a diverse range of routes. Home Office Management Information contains details relating to the occupation, salary and characteristics of migrant workers entering the UK via the SW route. It is important to note that this is real time administrative data, which is not quality assured to the same degree as official labour market surveys. These data give an insight into how the social care sector is interacting with the new immigration system; but they do not tell us about other parts of the system – for example how migrants on partner visas come to work in the sector.

As care workers did not qualify for the SW route until 15 February 2022, the data reveals little about the flow of migrants into the largest occupation within social care at the time of this report. However, we can examine applications from employers looking to become sponsors to give an indication of the early impact of the MAC's recommendation that care workers become eligible for the H&CW visa and be added to the SOL. It has also proved difficult to separate nurses in social care from those working in health care within the Home Office data. Inflows of migrant care managers and nursing auxiliaries into social care are negligible.

**Senior care workers**

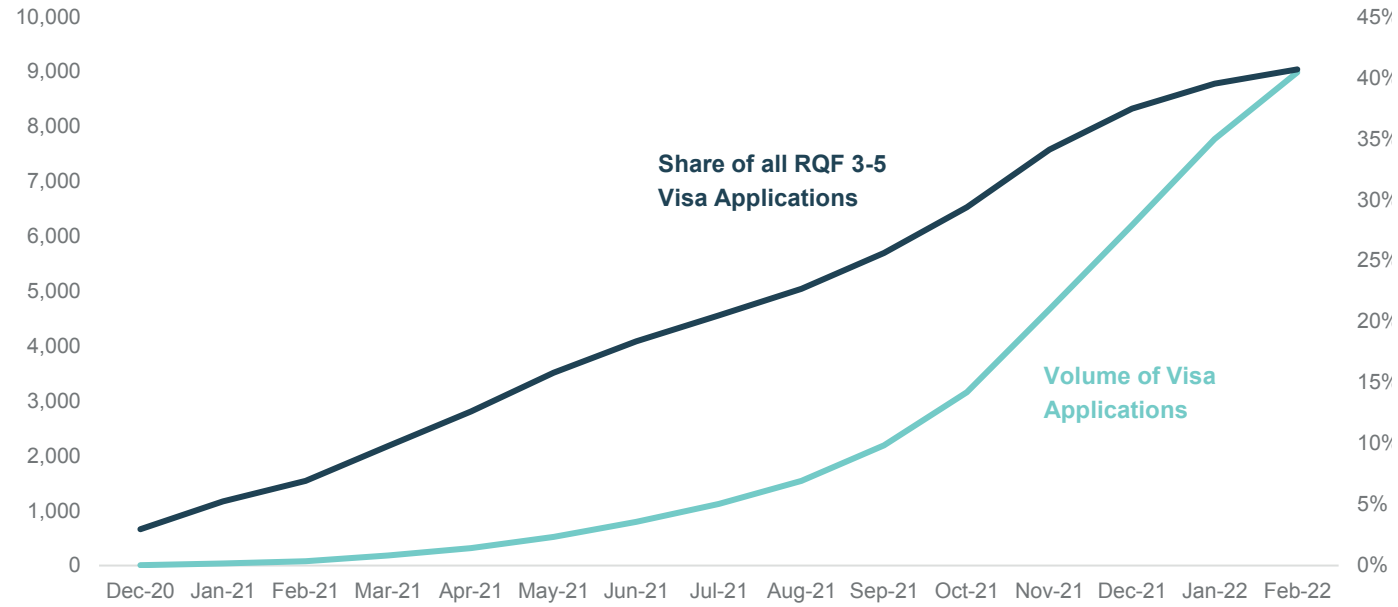
Figure 3.4 shows the volume of visa applications for senior care workers and their share of all RQF 3-5 visa applications since December 2020. As the figure shows, the number of senior care workers arriving in the UK via the SW route rose steadily during 2021. By the end of February 2022, a total of nearly 9,000 senior care workers had been sponsored. It seems probable that at least some of those entering the UK as senior care workers are effectively doing care worker roles, although they must still be paid at or above the threshold. We have received evidence from employers and other stakeholders supporting this:

*"They have the same salary threshold at £10.10 an hour for carers as well as senior carers. So why would we not recruit more senior people instead of junior people if the pay is the same?"*

**Employer, Revealing Reality research interview, England**

There is also no widely agreed distinction between care workers and senior care workers in the sector, despite the immigration system distinguishing between the two occupations. If taken as a percentage of the total care worker and senior care worker workforce, the number of senior care workers who have arrived via the SW route since its introduction equates to around 1% of the comparable existing workforce. Figure 3.4 also shows that senior care workers have made up an increasing share of the visa applications among all RQF 3-5 occupations on the SW route, accounting for over 40% of all RQF 3-5 visa applications by the end of February 2022.

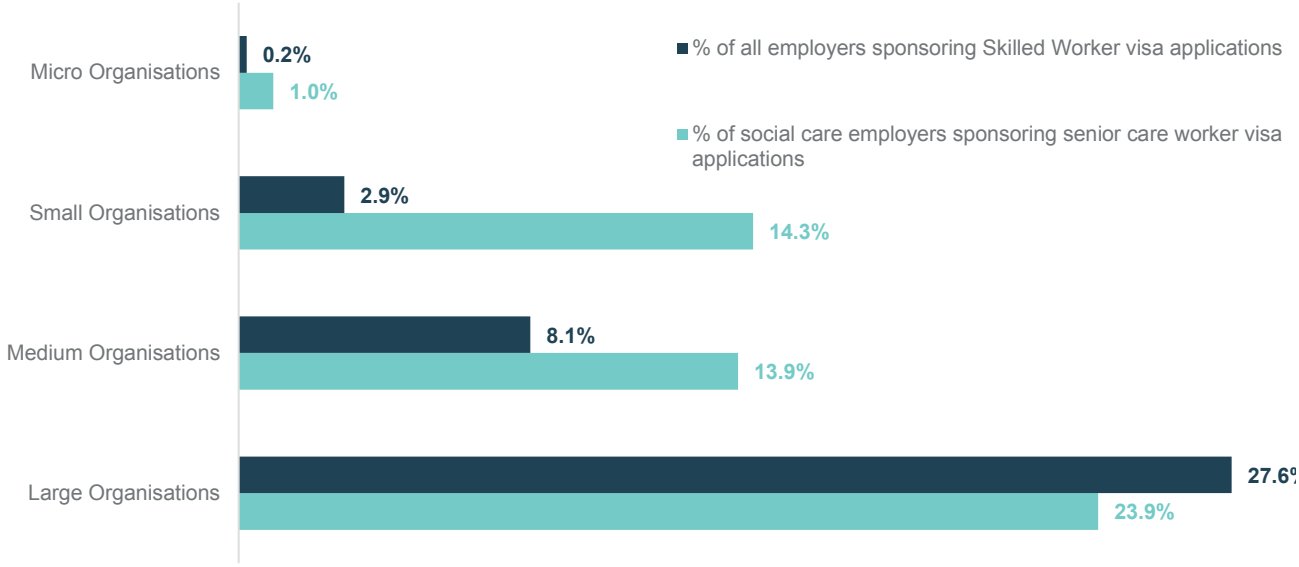
**Figure 3.4: Cumulative senior care worker visa applications and share of all RQF 3-5 visa applications**




Source: Home Office Management Information, Certificates of Sponsorship (CoS) December 2020 – February 2022
Note: 1) Used Certificates of Sponsorship (CoS). CoS is assigned to a migrant by their sponsoring employer and the migrant can then use the certificate number to make a visa application. 2) Figures include both in-country and out-of-country visa applications. 3) Both volume of visa applications and share of all RQF 3-5 visa applications are shown cumulatively.

Large social care organisations have been most likely to use the SW route to recruit senior care workers, with roughly 24% of such organisations using the route (Figure 3.5). This compares with around 14% of small and medium organisations and a negligible share of micro-organisations. However, this appears to reflect the difficulties faced by all micro-organisations when using the immigration system, rather than a specific issue for social care organisations. In fact, smaller organisations in social care are more likely to use the immigration system than similar sized organisations in other sectors.

**Figure 3.5: Share of employers sponsoring Skilled Worker visa applications by organisation size**



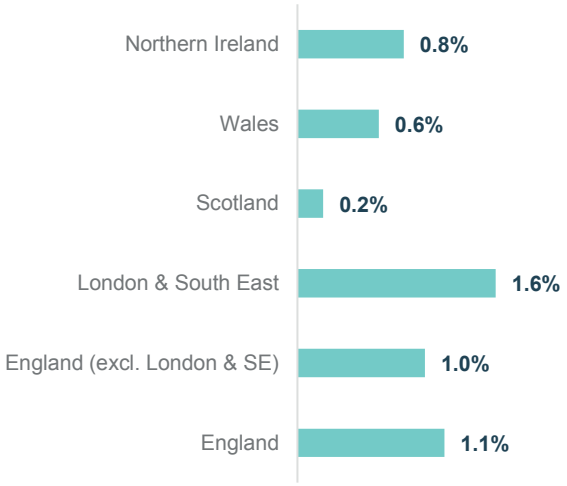

Source: Home Office Management Information, Certificates of Sponsorhip (CoS) data, December 2020 – February 2022; Inter-Departmental Business Register (IDBR), 12 March 2021
Notes: 1) Used CoS. CoS is assigned to a migrant by their sponsoring employer and the migrant can then use the certificate number to make a visa application. 2) Figures include both in-country and out-of-country visa applications. 3) Micro Organisations – (0-9 Employees); Small Organisations – (10-50); Medium Organisations – (51-250); Large Organisations (251+).

As we highlighted in Chapter 4 of our 2021 Annual Report, smaller firms face a number of challenges when using the current sponsorship system, including high administrative costs per migrant worker hired and a lack of capacity or specialised knowledge to make use of the system. Respondents to the CfE also echoed the sentiment that the sponsorship system can be particularly difficult to use for smaller providers, who may have less capacity to deal with the responsibilities of sponsorship:

*"Skilled Worker Visas are being used by care providers, particularly those offering nursing care. However, the current system places a considerable administrative burden on registered sponsor organisations and this is often unfeasible for smaller providers"*

**Representative body, response to CfE, England**

**Figure 3.6: Senior care worker visa applications as a percentage of total care workers and senior care workers by region**




Source: Home Office Management Information, Certificates of Sponsorhip (CoS) data December 2020 - February 2022; ONS, Annual Population Survey 2019
Note: Used CoS. CoS is assigned to a migrant by their sponsoring employer and the migrant can then use the certificate number to make a visa application.

Whilst social care employers in all nations and regions of the UK have begun to use the SW route to recruit senior care workers, usage has tended to be higher in London and the South East – which has historically employed a higher share of migrant workers in the care sector (Figure 3.6).

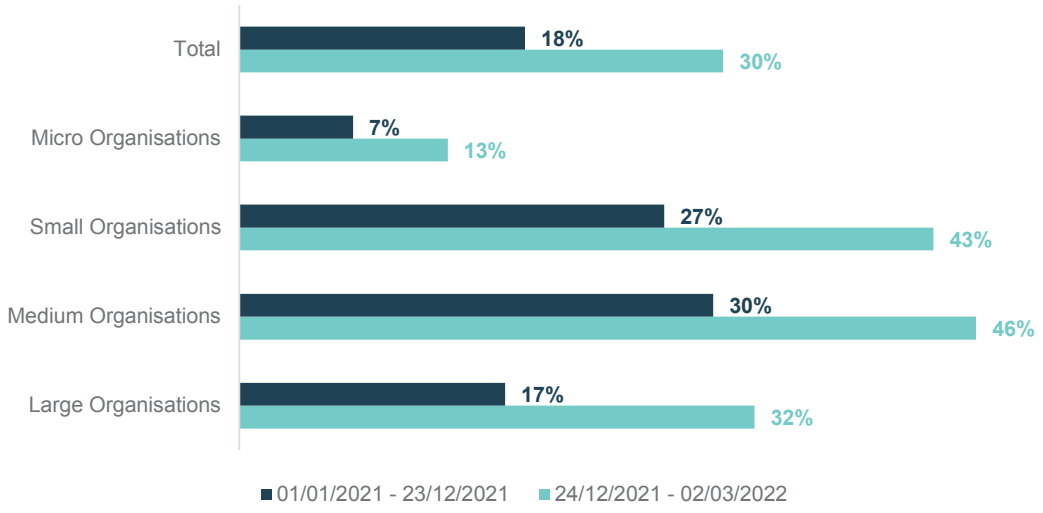
### Nurses

It is difficult to separate nurses in social care from nurses in health care within the visa application data. As the sector of the employer for whom the migrant will be working is not recorded, our best estimate of the number of nurses arriving in the UK via the SW route to work in adult social care relies upon filtering for nurses who are marked as being employed by nursing homes or care homes. This means that our estimate does not include nurses working in non-residential care or for organisations that provide a mix of health and social care and is thus likely to be an underestimate. We estimate that the number of social care nurses entering the UK via the SW route was a little over 1,100 in 2021.

### Care workers

Since the Home Office announced it was accepting the MAC's 2021 recommendation on care workers, the sector has shown interest in utilising the SW route to recruit care workers. To utilise the route, employers must obtain a sponsor licence that allows them to issue CoS to prospective migrant workers. Home Office data on new applications from employers looking to acquire a sponsor licence offers an encouraging sign that social care employers are willing and able to use the SW route (Figure 3.7). The percentage of all new sponsorship applications that were made by employers from the Health and Social Care Sector increased from 18% between 1 January 2021 and 23 December 2021 to 30% from the 24 December 2021, when the Government agreed to include care workers on the route. This increase has been wide-ranging across the sector, with little evidence of differences by organisation size. Home Office data also indicates that there has been an increase in all regions of the UK. Although these figures cover applications to become sponsors made by employers in the health sector as well as social care, the increase observed is likely to be at least somewhat driven by the announcement. Home Office data also shows that 100 visa applications were made by care workers in February, after the recommendation came into effect on February 15.

**Figure 3.7: Percentage of all new sponsor applications and visa applications made by the health and social care sector**




Source: Home Office Management Information, New sponsor applications (01/01/2021 – 02/03/2022).
Notes: Micro Organisations – (0-9 Employees); Small Organisations – (10-50); Medium Organisations – (51-250); Large Organisations (251+).

## Future immigration policy for social care workers

Immigration cannot be viewed in isolation nor as a sole solution to the issues faced by the social care sector. We believe that the Government needs to take a holistic view of immigration alongside the long-standing funding issues and unfavourable terms and conditions within the sector, as discussed in other chapters of this report.

The social care sector is facing a workforce crisis. As stakeholders and our own evidence has highlighted, recruitment and retention of workers has become increasingly difficult for the sector, and this is having serious impacts on the availability and quality of care to those who need it. These problems are not driven by the end of free movement but are the result of years of policy decisions not to fund the social care system properly. However, the end of FoM has contributed to shortages in the social care workforce.

When thinking about the appropriate role of immigration policy, the MAC therefore faces a difficult task. Whilst on one hand, immigration policy may be able to help alleviate some of the workforce problems the sector is facing, it may not always be the best solution to these problems. Some of the potential immigration policy options also bring risks, most notably the risk that migrant workers in low paid positions may be exploited. We were told by a consortium of labour market exploitation experts that their forthcoming research highlights examples of risks that already exist within the immigration system, with examples such as workers being brought to live and work in care settings on Tier 5 volunteer visas on unknown rates of pay. It would also be highly damaging for the sector in the long term if the necessarily limited and short-term relief brought by immigration policy were used as an 'excuse' not to address the more fundamental problems the sector faces.

Nonetheless, the MAC's remit is to make recommendations on immigration policy. With these qualifications in mind, in this section we consider whether and how immigration should be used to enable the employment of workers to the social care sector. In this section we discuss three options:

- an employer-sponsored route;
- alternative sponsorship routes; and
- an unsponsored route.

## Employer-sponsored route

Sponsored routes bring workers to perform specific jobs that meet a given set of eligibility criteria. These routes usually require those employing migrants to engage with the Home Office sponsorship system. Sponsorship is designed to ensure compliance with the immigration rules. For example, it provides an opportunity for the Home Office to ensure that the person is working in an eligible occupation, and enables it to regulate the terms and conditions on which migrants can come to the UK, such as requiring pay rates above the minimum wage. Any visa issued under this system requires continued sponsorship if the worker is to remain in the UK.

This section takes as a starting point the SW route, considering whether the different requirements it involves are appropriate for the social care sector. Some of our recommendations relate broadly to the SW route, whilst others are focused more narrowly on the H&CW visa, which applies to only a subset of the SW route.

**Costs**

The current costs of sponsorship were reviewed in the MAC's 2021 Annual Report. The MAC's analysis showed that immigration costs were not proportionate to wages and make up a larger share of total labour costs for firms employing lower-wage workers. Sponsors who hire fewer workers also spend more per worker to recruit. The MAC concluded that, whilst there may be benefits, the UK immigration system is (relative to international comparators) expensive and time consuming. Smaller firms in particular may struggle to sponsor employees, due to the high initial direct and indirect fixed costs. However, the employers interviewed as part of the qualitative research carried out for this commission did not necessarily see the sponsorship costs as an insurmountable barrier, especially if they were employing agency staff to fill their staffing gaps.

"£536 [for a licence] *is peanuts in the scheme of things compared to what we spend on agency staff. It's not prohibitive"*

**Employer, Revealing Reality research interview, Scotland**

*"We pay agency staff £19 per hour on weekdays and £22 per hour on weekends. Getting staff from abroad would be cheaper in the long run. And also it's about consistency of service and care. Even if it cost us, we would go this route"*

**Employer, Revealing Reality research interview, Scotland**

The government charges for sponsorship on the H&CW visa are set out in Table 3.3 above. As part of the licence, the Home Office expects the sponsor to fulfil their responsibilities to ensure that the migrant is qualified for their visa and that they comply with the conditions of their visa. A sponsor licence requires renewal every 4 years.

A notably large element of the costs is the Immigration Skills Charge (ISC). This is £364 per year per migrant for small and charitable firms, and £1,000 for medium and large firms. Revenue generated from the ISC is not ring-fenced or linked directly to any fund for training to reduce the reliance on migrant workers and is simply a tax on the use of migrant labour which goes to the Treasury.

Given the exceptional pressures on the care sector, we consider a tax on the recruitment of migrant workers which could deter potential migrants to be in opposition to the steps already taken to facilitate immigration into the care sector. We also recognise that the NHS is a large user of the H&CW route whilst care workers often fulfil local-authority commissioned care. It seems illogical to charge the ISC to public sector bodies or those meeting public sector needs and thus simply shifting funds across Government. **We therefore recommend the removal of the Immigration Skills Charge for all H&CW visas.**

**More broadly, it would be useful to separately conduct a full review of the ISC across the entire SW route, which was introduced some years ago and there have been substantial changes in immigration policy and its objectives since that time.**

**Administration**

The Home Office has held oversubscribed information stakeholder events, in partnership with DHSC, before the H&CW route opened to care workers. The Home Office has also told us that work is already underway to further streamline and improve the sponsorship system. Whilst this will undoubtedly be welcome, we would encourage the Home Office to ensure a wide variety of stakeholders are directly involved in the process.

Stakeholders have consistently highlighted that small businesses within the social care sector have had little interaction with the immigration system prior to the ending of FoM and that many small businesses may not have a dedicated HR lead that can ensure their sponsorship responsibilities are met. Whilst we heard from medium-sized businesses that these difficulties are not specific to small employers in the social care sector, they may slow, and ultimately limit, the uptake of care workers on the H&CW visa.

*"The time delays in obtaining the necessary licences as well as assigning the appropriate Certificates of Sponsorship adds such a burden of responsibility on to the employer that navigating the Sponsor Management System is almost an impossibility for many SME employers who simply don't have the knowledge, time or financial resources to engage as well as be totally compliant. At best it is confusing and costly and at worst, it is impossible to navigate without expert professional assistance"*

**Employer, CfE, England**

In our stakeholder engagement and the qualitative research conducted for this commission, stakeholders commonly identified the administrative burdens of sponsorship as a problem. Some pointed to factors such as the need for regular and detailed reporting on their staff, whilst others were primarily concerned about the risks of penalties if they accidentally did something wrong and losing the money that they had invested in the sponsorship process.

*"We applied for a licence in June 2021 and had huge problems logging in and seeing if we had done our application form correctly. We heard in September that we had done it wrong and then had to engage a solicitor to help"*

**Employer, Revealing Reality research interview, Northern Ireland**

*"There's a lot we have to do. I read it in the guidance from the Home Office. We have to report the hours, if they stop working, if they leave before 2 years…it's feasible but it would take a lot, on top of all the paperwork we have to do anyway"*

**Employer, Revealing Reality research interview, Scotland**

*"The principal concern is around all your existing paperwork and the inspection process because we've not done it before. So it's whether we keep our records or have the appropriate wording in contracts and documents and stuff like that. That's the bit where you need proper advice, which we need to get ourselves"*

**Employer, Revealing Reality research interview, England**

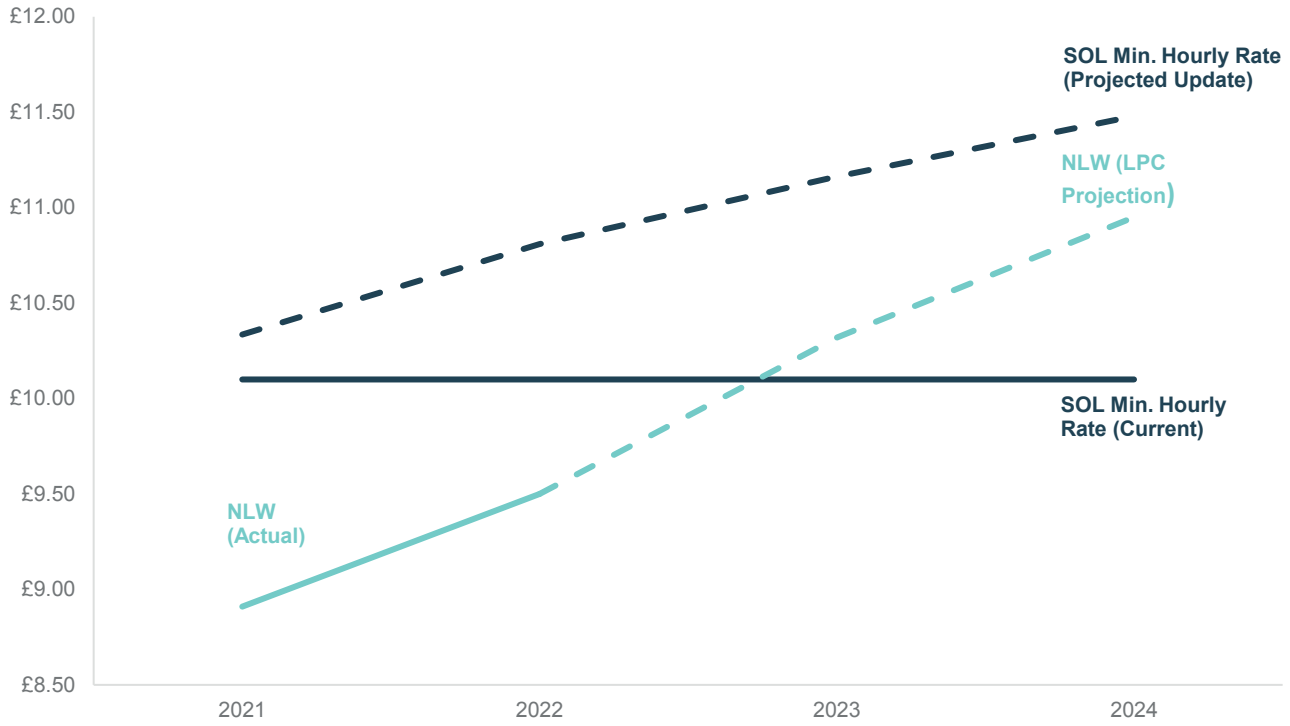
The sponsorship requirements have a policy function, such as ensuring that employers and workers are complying with the immigration rules. There is a balance to be struck between the benefits of oversight and the costs of the administrative burdens for employers. We did not receive sufficient specific evidence as part of our research or stakeholder engagement to recommend particular changes that could be made to the administrative processes involved in acquiring and maintaining sponsor status. As the policy change has only been recently implemented many employers were still getting to grips with the process, about which they expressed some feelings of uncertainty and confusion. We note that when designing the EU Settlement Scheme, the government carefully engaged with users to understand what aspects of the application they found difficult and how the system could be improved. **We recommend that the Government either conduct or commission research to identify administrative burdens for employers and workers that could be eliminated across the SW route.** This analysis should consider both the benefits of specific requirements, and the burdens on users.

**Salary threshold**

In line with the rest of the SW route, the H&CW visa requires migrants to be paid the higher of their occupation's going rate or an annual salary of at least £25,600. Occupations on the SOL receive a discount on these thresholds, so care worker and senior care workers must be paid an annual minimum of £20,480, equivalent to £10.10 per hour. Nurses must be paid according to the Agenda for Change pay scales.

Given the Government's commitment to raising the National Living Wage (NLW) to two-thirds of median earnings by 2024, the minimum hourly wage for a care worker will inevitably increase in the next few years. Figure 3.8 compares the LPC's projected path for the NLW[lxii] to the potential path of the SW route threshold for care workers (assuming they remain on the SOL) – first uprated for 2021 data and then increasing in line with LPC assumptions. This suggests that the NLW could exceed the current £10.10 minimum threshold in 2023, if the £10.10 threshold were itself not uprated. Uprating the SW route thresholds annually, in line with the most recent data on UK earnings as we have consistently recommended, would maintain a gap between the minimum hourly rate for care workers on the SOL and the NLW over time. The gap would however narrow somewhat as the NLW is likely to increase at a faster rate than the SW route thresholds.

**Figure 3.8: National Living Wage and updated SOL hourly wage threshold projections**



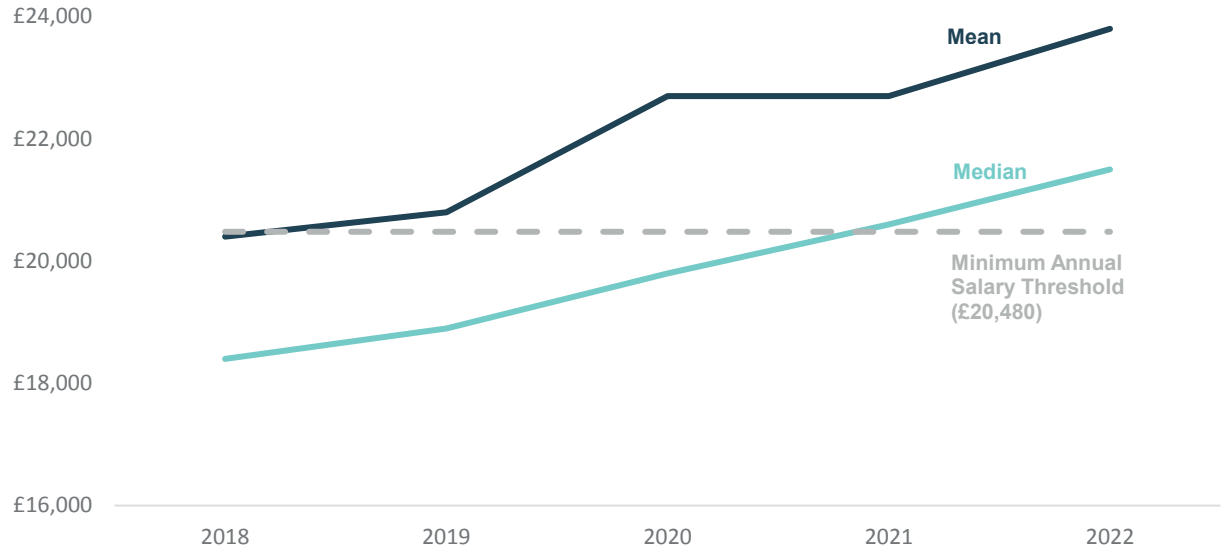

Source: National Living Wage rates and projections from the Low Pay Commission. 2021 updated SOL minimum hourly rate uses 2021 ASHE data and subsequent years are based on 2022 LPC assumptions on wage growth. Years on the x-axis are financial years.

Data from ASHE show that around 48% of care workers currently employed in the UK do not receive £10.10 per hour or more (although data from Skills for Care for England suggests this percentage is considerably higher), and some stakeholders have stated that they will struggle to meet the salary requirements of the H&CW visa for care workers. Whereas many of the employers interviewed in relation to this commission thought that the annual salary threshold of £20,480 would be achievable for them to pay, in several cases they expected that this would be on the basis of working longer hours at a lower hourly rate, and so expressed more concern about the hourly rate of £10.10 per hour, as this was more than they currently paid. Some also expressed concerns that the minimum hourly rate of £10.10 per hour would mean a dual system may develop where UK workers are paid less than migrant workers.

There was a strong consensus across the stakeholder engagement, CfE and qualitative research that increasing wages and providing sufficient public funding to allow this was the most appropriate response to shortages in the care sector, and we have been clear on our view in the previous chapter. Stakeholders' views differed on whether the H&CW salary threshold should be reduced to reflect the current reality of low pay in the sector. Some, particularly employers, felt that reducing pay would be a helpful step to alleviate the problems caused by the lack of public funding. Others, including experts in the social care sector, felt that maintaining the hourly threshold of around £10.10 per hour would create upward pressure on wages at least in some parts of the sector.

Data from advertised job postings suggests that the annual threshold of £20,480 is achievable for many employers. Figure 3.9 shows the pro-rated mean and median annual salary advertised online for entry-level care workers. Whilst the mean salary has been above the £20,480 SOL threshold since 2019, the median also went above this level in 2021.

**Figure 3.9: Median and mean advertised pay (pro-rated) for care workers, 2018 - 2022**




Source: Labour Market Insights, Burning Glass
Notes: 2022 data are from January to March.

If the current wage requirements are maintained and the Government continues to fail to fund the sector at the levels required, some employers may not be able to use the H&CW visa to sponsor migrant workers, but the evidence suggests that many would. For example, Scottish care employers would benefit from the route more than English employers, due to the increases in social care pay in Scotland to £10.50 per hour from April 2022 onwards.

An alternative approach would be to reduce the pay requirements on the route for care workers so that a greater share is eligible for visas. This would make the H&CW visa a more realistic option for the care sector and would provide relief to the sector particularly in the short term.

However, reducing the pay threshold would also have disadvantages. First, it would mean explicitly allowing the immigration system to facilitate the already too widespread practice of paying care workers less than the value they provide, and less than the amount that is required for this labour market to function effectively. It is also possible that it would reduce pressure on the Government to increase its funding for the sector. The Scottish example shows that it is possible to pay care workers more when the political will to do so is there –although it is also important to ensure that these increases are properly funded.

Second, it is also a concern that migrants entering on the H&CW visa have no recourse to public funds including Universal Credit (UC), which British workers can use to supplement their net earnings. Table 3.10 illustrates the monthly UC entitlement of a British worker earning the NLW or £10.10 an hour. Entitlement to UC is largely dependent upon the local housing allowance rate and varies considerably by region. To account for this, the 'Median Housing' columns in the table assume that the worker is subject to the median UK housing allowance rate. The table shows, a British care worker, working full-time for the minimum wage, with 2 children and a partner who is not working, is potentially eligible to receive £16,620 a year in Universal Credit and Child Benefit. This award could be around £3,500 lower if they live in an area with low housing costs like County Durham or around £10,000 a year higher in a high housing cost area like London. An equivalent migrant care worker is not entitled to these additional funds so any reduction in the salary thresholds could push them well below levels required to live in the UK.

**Table 3.10: Indicative monthly Universal Credit and Child Benefit award of British workers**

| Working Pattern - Hourly Wage | Single, No Children, No Housing | Single, No Children, Median Housing | Lone Parent, 1 Child, Median Housing | Couple, 2 Children, Median Housing |
|---|---|---|---|---|
| Full Time: £10.10 | £0 | £28 | £725 | £1,348 |
| Part Time: £10.10 | £0 | £353 | £1,049 | £1,673 |
| Full Time: £9.50 | £0 | £66 | £762 | £1,385 |
| Part Time: £9.50 | £0 | £378 | £1,074 | £1,697 |

Source: Department for Work & Pensions analysis

Notes: The housing component of Universal Credit (UC) is dependent upon the Local Housing Allowance rate, which differs across the UK. The 'No Housing' option above excludes any entitlement to the housing component of UC, while the 'Median Housing' option assumes the median Local Housing Allowance rate. Full-time defined as a 39-hour week (equivalent to the number of hours required to meet the SOL salary threshold at the minimum hourly rate of £10.10); part-time as a 20-hour week. In the couple scenario, only one member of the couple is in work. These figures do not account for the increase in the National Insurance threshold announced in the 2022 Spring Statement.

Third, if low pay in social care is not addressed, it will be difficult for employers to retain migrant workers once the immigration system no longer ties them to the sector, i.e., once they receive permanent status.

The arguments are finely balanced. We recognise that if the Government fails to act on social care funding, some employers will not be able to recruit either from within the UK or from overseas, and that this is likely to exacerbate existing shortages in the social care workforce. On the other hand, early indications suggest that many employers *are* beginning to sponsor care workers at the current thresholds and thus that the salary thresholds are in reach at least for some.

**On balance, we recommend maintaining the current salary threshold for the H&CW visa.** It is important to understand that this judgment is based on the current minimum threshold of £10.10 per hour. If this threshold was uprated to reflect average earnings growth since it was set in 2019, the minimum threshold would now be £10.34 per hour. We may well wish to reconsider the balance of the arguments if the threshold were uprated and no appreciable action was taken by Government to raise wages in the care sector.

**Required hours**

There is no requirement in the SW route rules for a migrant to be on a full-time contract. However, practically speaking, were a migrant to be on part-time hours, their hourly rate would need to be far higher than the level a social care provider would pay to meet the annual salary threshold. Where migrants are working part-time hours in the social care sector, they will typically have entered the UK on a non-work route, for example as a family member.

Social care has a number of different contract features, including sleep-ins and unpaid travel time that were discussed in Chapter 2. The various types of contract can create large amounts of unpaid work within a care worker's day. This additional unpaid work is clearly an issue for recruitment and retention in the sector that we have made recommendations on in the previous chapter. Stakeholders also advised that whilst some in the social care sector are happy with part-time or zero-hour contracts, migrants coming to the UK for work are more likely to be seeking a full-time position.

The MAC has previously considered the issue of part-time work in its 2020 report: A Points-Based System and Salary Thresholds for Immigration[lxiii]. Though the MAC recommended that the Home Office take account of migrants' change of circumstances once they are in the UK, we did not recommend that the annual salary thresholds should be pro-rated to allow for part-time work. **Taking the concerns set out in that report, along with the considerations above, we maintain that recommendation for migrants on the**

**H&CW visa.** In practice this means that only full-time care workers will be able to obtain entry under the H&CW visa.

We are concerned that the prevalence of unpaid hours, in particular between shifts in domiciliary care, may mean that employers will require migrant workers on full-time contracts to work very long hours in order to meet the full number of paid hours required. However, it is difficult to address this problem through the immigration system itself. For example, requiring employers to pay sponsored migrants for hours that other workers would not be paid for would add to the risks of different contracts for workers of different nationalities. As a result, we think that the problem of unpaid hours, as discussed in Chapter 2, is best addressed for all workers and not via the immigration system alone.

**English language requirement**

Migrants entering the UK on a H&CW visa are required to demonstrate knowledge of English to a minimum of level B1, which needs to be evidenced through passing a Secure English Language Test, an appropriate qualification obtained at a UK School or a degree-level qualification that was taught in English. The MAC have previously set out the benefit for a migrant having a reasonable level of English to allow them to integrate and have better outcomes in both the labour market and society more generally.

Care employers and people who draw on social care were clear on the need to speak English in order to carry out the role and deliver care effectively. **We therefore do not recommend any changes to English language requirements for migrants on the H&CW route**.

> *"I feel, I've got two levels of responsibility. My clients, who are elderly and vulnerable, and my staff. But the first responsibility is the welfare of the clients. … And so I think being understood or being able to have a conversation, we're not just emptying a tin of beans from the can and leaving. They have to be able to have a relationship of some sort with the person coming to the door… They only have them for one hour. It needs to have been an experience that leaves them more comfortable and better off than when that person arrived. … People have to be able to communicate well and that is usually verbal"*
>
> **Employer, research interview, England**

**Settlement requirements**

Migrants who have entered the UK on the H&CW visa will be eligible for settlement, known as Indefinite Leave to Remain (ILR), after a 5-year period. The cost of the application is £2,389 per person. Dependants also pay the same fee, so a person with dependants also applying for ILR may have to pay a large share of their annual post-tax salary in fees.

This represents a significant cost for a migrant given the low wages paid in the social care sector. The cost of a settlement application is very high compared to the unit cost of processing the application, which the Home Office reported as £243 in 2021/22[lxiv]. In fact, the discrepancy between the fee charged and the unit cost for settlement is among the highest in the immigration system.

The reason that fees exceed the cost of processing is that the Home Office funding settlement relies heavily on fee revenue to cross-subsidise other parts of the immigration system. However, this approach has drawbacks, including imposing very large fees on settlement applicants who effectively have no other choice than to pay it if they are to remain in the country.

A 2022 study on migrant economic integration[lxv] shows that selective regimes, like the SW route, can increase wages and labour market incorporation of migrants in the long run, but only when combined with

easier paths towards settlement and high security of rights upon arrival. This can deliver economic returns for the destination country, outperforming both open borders and more restrictive types of policy.

The problem of high settlement costs is not specific to care workers, although compared to many other migrants on work visas their lower salaries make the fee even less affordable. Some other applicants for settlement, such as certain family migrants, may also struggle to pay the settlement fee. However, these individuals are beyond the scope of the current report. As a society, we surely want to encourage dedicated workers in health and social care to remain in the UK. **We recommend that workers who spend the full five years working in nursing or care roles on the H&CW visa should either receive a complete settlement fee waiver or pay a lower fee, that is no higher than the unit cost of processing**. **The cost of this recommendation should not be passed on to other visa fees.**

More generally, while we recognise the value of enabling visa operations to be self-funding at least to some extent, we struggle to see a justification for such a large premium being imposed on settlement applicants, especially where the purpose is to cross-subsidize parts of the immigration system from which they do not particularly benefit. We are also aware that reducing the settlement fee for some or all applicants may create pressure to increase fees elsewhere, and this would have negative impacts on individuals in other visa categories. **We recommend that there should be a review of all visa application fees more broadly to ensure that fees are affordable for people on middle and low incomes**.

## The interim recommendation to add care workers to the H&CW visa and SOL

In our 2021 Annual Report, in recognition of the fact that the wider issues facing the social care sector will need time to resolve, the MAC recommended the addition of Care Workers and Home Carers (SOC 6145) to the H&CW visa and SOL. This was accepted by the Government and implemented in February 2022, though the Government independently imposed the qualification that the route would be initially open to applications for a period of 12 months (although the length of the *work authorisation* issued is up to 5 years as with the rest of the H&CW route). The Government have announced that they intend to internally review the decision during 2022.

In light of the long-term and persistent nature of the challenge facing social care, **the MAC recommends that the decision to make care workers eligible for the H&CW visa should be made permanent, i.e., should not have an automatic sunset date**. This will give more certainty to employers in the sector to plan for the long term.

The placing of care workers on the SOL is separate from the decision to allow applications under the H&CW visa. The MAC would expect to review the position of care workers in the usual way when we next review the SOL. **We would recommend that the Government keep care workers on the SOL until the next SOL review is completed, when we will make a further recommendation.** While any future SOL review will examine the situation in the labour market at that time, realistically it is very unlikely that shortages in the social care sector will be resolved in such a short period. The MAC would likely only be minded to remove care workers from the SOL in the event of a very substantial change in the conditions facing social care employers.

# Alternative sponsorship routes

**Direct employment**

Even if sponsorship duties are simplified and costs reduced, the SW route model does not work for all care employers. Some very small employers were reluctant to take on sponsorship duties and individuals who directly employ care workers are not permitted to become sponsors under the immigration rules.

A small, but highly impacted, proportion of people in the UK directly employ care workers and stakeholders from this sector have told us how vital those care workers are to the people who receive care and support for being able to function and live independent lives. They also told us about the difficulties in finding and recruiting suitable individuals to provide personal care, and the high harm to their lives when they could not find appropriate care. Some direct employers live with care workers in their homes, while others employ workers who work shifts but do not live in. Many of those responding to the CfE in a personal capacity or interviewed explained that finding qualified care workers who understood their specific needs was much harder following the end of FoM, and although they were using agencies to help their search, this was made more difficult by the overall lack of care workers, including UK care workers, and a consequent rise in the daily rates charged by many directly employed care workers. Research undertaken by the NIHR Policy Research Unit in Health & Social Care Workforce at King's College London[lxvi] has highlighted the challenges faced by individuals understanding their rights and responsibilities as employers.

Stakeholders in this position typically wanted a way to employ overseas care workers directly, as they had done in the past under FoM. It was recognised that the administrative burdens of the sponsorship process would be difficult to fulfil for many. The direct employers we spoke to included people who paid their care workers directly and were registered with HMRC to do so.

However, the sponsorship system prevents individuals from registering as a sponsor, as set out in the guidance for sponsors. This applies to all sectors – with no individual being able to sponsor a worker for any reason, including in other activities where it is common for individuals to be employers, such as childcare. Rules requiring sponsors to be organisations that meet requirements, such as sufficient HR capacity to comply with immigration and employment regulations, play a role in protecting sponsored migrant workers. There is already evidence that even when migrant workers are sponsored by organisations, they can be vulnerable to poor compliance with employment law. If workers are directly employed by individuals through some form of sponsorship arrangement, these vulnerabilities are likely to increase because the absence of an external employer makes them more isolated. Whilst in theory migrant workers could find another sponsor, should sponsorship cease without a migrant having a new sponsor, they are required to leave the UK. Research on senior care workers conducted in the mid-2000s suggested that workers felt tied to their employer despite the ability on paper to switch jobs, because they were worried that a gap in sponsorship would lead them to lose their residence rights or pathway to permanent status[lxvii]. This can create a power imbalance between the migrant and sponsor, especially where the migrant relies on the sponsor for their housing.

Direct employment thus raises particular challenges for the immigration system. One potential option to mitigate the problems faced by direct employers who previously relied on FoM would be to allow licensed umbrella bodies to sponsor workers who would then be placed with specific people. Stakeholders, including those who receive care and support from live-in care workers, frequently spoke of the reliance on agencies to source staff. It was noted that agencies have been struggling to provide care workers and

some of the examples given predate the ending of FoM but as with other issues, the ending of FoM and COVID-19 are likely to have exacerbated these shortages.

The model that allows umbrella bodies to sponsor staff exists elsewhere in the immigration system, for example in the Seasonal Agricultural Workers Scheme (SAWS). In this scheme, four licensed 'operators' manage the programme and sponsor workers who are then provided to farm employers. In theory, this can be an attractive option to improve oversight, as the licensed operators have an incentive to ensure compliance with programme rules in order to maintain their licenses. However, it does not remove risks of exploitation, as the recent evaluation of the scheme has identified[lxviii]. The 'end user' employers are also still subject to significant paperwork and compliance requirements that individual direct employers of care workers would potentially struggle to meet.

We have considered an umbrella sponsor model, similar to the SAWS model, for social care. However, we believe that there may be better ways of achieving the same objectives through the existing SW route. As described above, the SW route already allows an agency to sponsor a migrant to the UK provided they are delivering a service to a client (rather than simply providing workers). It should therefore be possible for organisations to use the H&CW visa to employ care workers, with individuals using personal budgets to purchase care and support services from those organisations. The important distinction is that the care worker must be formally employed by the agency rather than the person receiving care and support. The Government created direct payments to allow individuals to manage their own care either by choosing their preferred provider or by employing care workers directly. The ending of FoM does not change the first option. The second option of direct employment may now be harder for some direct payment recipients because they may in the past have used EU workers – particularly for live-in care. This is now generally not feasible and so if they cannot directly employ resident workers, they will have to use the first option instead.

The existing sponsorship arrangements do not preclude individuals from identifying specific care workers that they would like to employ, and then working with a care agency who could sponsor that worker and then provide care to them under a service contract. Since care workers' have only recently become eligible for the H&CW visa it may take some time for this market to fully develop. Local authorities have an important role in shaping social care markets and **the MAC would encourage DHSC and the Devolved Administrations to work with local authorities to support the development of this market.**

Even were this market to be suitably developed, there is likely to be a small group of people who would not want to use an agency to contract care services in their home. They would prefer to have more involvement in the recruitment of the person they will rely on for their care and not be required to pay agency fees. Whilst using an agency would be the preferred model for many, if the Government is clear that allowing individuals to directly hire workers is a fundamental element of social care policy, **the Government could consider the introduction of a pilot umbrella scheme. Under the scheme, an umbrella body would be appointed to sponsor care workers from overseas and people who can show their level of need requires live-in care would be able to directly recruit from the umbrella body.** This would broadly match the approach used for SAWS but would require significant development and must have a robust evaluation plan in place before launch. We would be happy to be involved in the design and evaluation of such a pilot if the Government decided to pursue it. We would also strongly urge close involvement with the sector.

## Unsponsored routes

Unsponsored routes do not tie workers to a specific job but allow them to take any position, so any unsponsored route would be wider than social care. Whether a particular route is sensible is a much wider question than just the impact on the social care sector, which will often be relatively minor. FoM was the largest unsponsored route for the UK and many social care employers used it. More generally, the large majority of EEA and non-EEA migrant workers in social care will have come to the UK through routes that were not sponsored by employers, whether this was FoM or non-work routes such as partner visas. Many stakeholders and employers we heard from in both the consultation and primary research have said that they have consistently recruited from their local area, and the migrants they employed were in the locality already.

The main unsponsored work route in the current immigration system is the Youth Mobility Scheme (YMS), where migrants from a restricted number of countries, who are aged 18 to 30, can apply to come to the UK for up to 2 years with very few restrictions on what work they can do. The Government has said that it would like to expand the YMS to cover EU countries (by agreeing reciprocal deals with those countries) but has not yet done so. Whilst migrants on the YMS scheme have full access to the labour market, the numbers allowed under this route are capped and subject to reciprocal arrangements which can take a long time to agree. Whilst stakeholders stated that some migrants on a YMS visa could work in social care, many felt that they would not have the experience needed by the age of 30.

Unsponsored routes have both advantages and disadvantages as a mechanism for addressing recruitment difficulties in social care.

**Benefits of unsponsored routes**

Where a migrant is not reliant on sponsorship from a specific employer, migrants can work for multiple employers. For example, they can combine more than one part-time role, or combine a role in social care whilst also working in another sector. This enhances the flexibility of the worker.

An unsponsored route imposes a much lower administrative burden on employers because the person already has work authorisation and can simply start working as soon as they are recruited without any additional paperwork.

For the migrant, it also means they are not reliant on sponsorship from a specific employer. This freedom to move between jobs reduces their vulnerability and increases their bargaining power.

**Drawbacks of unsponsored routes for addressing social care recruitment difficulties**

It is not clear to what extent a new unsponsored route or an expansion of an existing one such as the YMS would lead to more migrants working in the social care sector. The same issues that make the social care sector less attractive to the resident population are also likely to mean that migrants are less willing to work in these roles. Nonetheless, it is clear that many EU workers under FoM worked in social care, despite having the option to work in other sectors. The vast majority of migrant workers in social care, EU or non-EU, will have entered the country through routes that do not tie them to this sector.

Unsponsored routes cannot realistically be explicitly targeted at specific sectors. It would be very difficult to enforce any requirement for people in an unsponsored route only to work in social care, as there would be few mechanisms to prevent people from working across sectors. Experience overseas with unsponsored

routes requiring people to work in particular sectors, such as the Australian Working Holidaymakers' Visa, suggests this model is vulnerable to exploitative practices[lxix].

Since unsponsored routes cannot be targeted at specific sectors and because it is likely that a minority of unsponsored workers would actually work in social care, it is important that such routes should be beneficial *in their own right* and not just because of the potential benefits to social care. As a result, we do not recommend any changes to unsponsored routes in the context of this commission. We have however in the past highlighted the benefits of the Youth Mobility Scheme and would continue to urge the Government to expand the scheme to cover some or all EU countries. Undoubtedly some additional entrants on YMS would work in social care, whilst others would take roles in sectors that often compete with social care which would marginally alleviate recruitment difficulties. Several stakeholders, particularly direct employers of care workers and live-in care workers, felt that an expansion of the YMS would alleviate some recruiting pressures.

## Conclusion

Immigration policy cannot solve the workforce crisis in social care, though it can mitigate some of the damage that the shortage of care workers is creating. Using the immigration system to address shortages in social care also has costs. These include the risk of exploitation of potentially vulnerable workers, especially when workers are isolated within the home; as well as the risk that the immigration system will be used to paper over problems that urgently need to be addressed.

Our recommendations on the role of the immigration system in the social care workforce aim to find an appropriate balance between these concerns. In particular, we believe that the SW route is the most suitable route for admitting care workers, and that they should be made indefinitely eligible. On the most difficult question – the issue of required pay – we have set out our recommendation in Chapter 2 of a minimum starting point of £10.50 an hour. We believe that this strikes a balance between the need to make the immigration route accessible to social care employers facing pressing recruitment difficulties, and the need to maintain pressure across Government including DHSC, Local Authorities and the Devolved Administrations to address the core problems the sector faces. Recruitment of senior care workers on the H&CW visa increased over the course of 2021, and there are early indications employers will make use of the new rule expanding eligibility to all care workers.

The social care sector is not heavily reliant on EEA workers, but the ending of FoM shut off one source of workers at a critical time for recruitment and retention. One group that did make significant use of EEA workers were those who require live-in care workers. We have spoken with a number of stakeholders in this group and do not underestimate the severe impact that not being able to source an appropriately skilled care worker for this type of role has. Using immigration policy to address the impacts of the ending of FoM on this particular group is very difficult. We believe that there is a role for care agencies to sponsor staff for this kind of role, as is currently permitted through the SW route. This will not enable direct employers of care workers to replicate the arrangements that were previously available under free movement but should nonetheless help to mitigate some of the negative impacts that they have faced.

# Chapter 4: Recommendations

In this report we have assessed the impact of the ending of Freedom of Movement (FoM) on the adult social care sector. Our main recommendations are summarised below, by chapter.

## Workforce strategy and data

A long-term, coherent workforce strategy, that is fully implemented with adequate public funding, is vital to make social care an attractive, viable and sustainable career. A common, UK-wide, social care data collection framework would provide a better picture of the sector. There is a serious evidence gap about the labour market for directly employed care workers, despite the role of public funds in employing many of them.

**Recommendations:**

1. We fully endorse the views expressed by the Health and Social Care Committee and would strongly recommend that the Department of Health and Social Care (DHSC), and the comparable bodies in the Devolved Administrations (DAs), develop a coherent workforce plan in consultation with the sector.
2. The Government should consider what they might learn from the examples of good practice we have highlighted from across the UK. Additionally, we recommend that the Government embed a culture of regular consultation with the DAs and stakeholders from the Devolved Nations (DNs) to share knowledge and best practice.
3. DHSC and the DAs should consider adopting a common data collection framework.
4. Where possible, social care and healthcare should be separated in Office for National Statistics (ONS) and other official data.
5. DHSC and the DAs should work jointly on a review of the evidence available on directly employed care workers, including those paid for via direct payments, personal health budgets and private funding.

**Chapter 1**

## Labour market

Persistent underfunding of the care sector by successive Governments underlies almost all the workforce problems in social care. It is not for the MAC to advise on the appropriate level or method of social care funding. Higher pay is a prerequisite to attract and retain social care workers and they should be paid for the hours while at work. We would make the same recommendation to the DAs, if asked.

**Recommendations:**

6. We recommend that DHSC and the DAs work towards a joined-up approach when planning and executing recruitment campaigns for the health and social care workforces.
7. We recommend that the Government introduces a fully funded minimum rate of pay for care workers in England that is above the National Living Wage, where care is being provided through public funds. As a minimum starting point, we would recommend a level of £10.50 per hour to be implemented immediately.

8. We recommend that workers in social care should be paid for the hours while at work, whether this is time spent travelling or sleeping. Whilst these hours are not being properly compensated, low paid workers are being underpaid for their time spent at work. Where care is being provided through public funds, those funds should increase to fully reflect the additional costs involved.

**Chapter 2**

## Immigration policy

Immigration cannot be viewed in isolation nor as a sole solution to the issues faced by social care. The MAC would likely only be minded to remove care workers from the Shortage Occupation List (SOL) in the event of a substantial change in the conditions facing employers. Some visa costs are not logical or affordable for low-paid, publicly funded social care workers, while other aspects of current policy are, on balance, appropriate.

**Recommendations:**

9. We recommend the removal of the Immigration Skills Charge (ISC) for all Health and Care Worker (H&CW) visas. More broadly, it would be useful to separately conduct a full review of the ISC across the entire Skilled Worker (SW) route, which was introduced some years ago and there have been substantial changes in immigration policy and its objectives since that time.
10. We recommend that the Government either conduct or commission research to identify administrative burdens for employers and workers that could be eliminated across the SW route.
11. On balance, we recommend maintaining the current salary threshold for the H&CW visa.
12. Taking the concerns set out in the MAC's 2020 report: A Points-Based System and Salary Thresholds for Immigration, we maintain the recommendation that annual salary thresholds should not be pro-rated to allow for part-time work for migrants on the H&CW visa.
13. We do not recommend any changes to English language requirements for migrants on the H&CW route.
14. We recommend that workers who spend the full five years working in nursing or care roles on the H&CW visa should either receive a complete settlement fee waiver or pay a lower fee, that is no higher than the unit cost of processing. The cost of this recommendation should not be passed on to other visa fees.
15. We recommend that there should be a review of all visa application fees more broadly to ensure that fees are affordable for people on middle and low incomes.
16. The MAC recommends that the decision to make care workers eligible for the H&CW visa should be made permanent, i.e., should not have an automatic sunset date.
17. We recommend that the Government keep care workers on the SOL until the next SOL review is completed, when we will make a further recommendation.
18. The MAC would encourage DHSC and the DAs to work with local authorities to support the development of the market for individuals to work with a care agency to sponsor a specific care worker.
19. The Government could consider the introduction of a pilot umbrella scheme. Under the scheme, an umbrella body would be appointed to sponsor care workers from overseas and people who can show their level of need requires live-in care would be able to directly recruit from the umbrella body.

**Chapter 3**

# Annex A: Call for Evidence and Stakeholder Engagement

## Introduction

This Annex details the Call for Evidence (CfE) and engagement with stakeholders that was carried out to support this commission.

Findings from these activities, as well as additional evidence submitted, have been analysed and written up throughout the report to support and illustrate the relevant sections. We also present quotes (generally anonymised to protect participant confidentiality except where explicit permission has been sought to publish the name of the respondent) from these sources. The remainder of this Annex provides more detail on those who responded to the CfE questionnaires and participated in the stakeholder engagement events that took place.

## Stakeholder Engagement

As with other commissions, we carried out a programme of stakeholder engagement to inform our analysis.

This engagement played an important role in our understanding of some of the key issues impacting on the adult social care sector. Members of the MAC met with representative bodies of the sector from all nations in the UK, some on multiple occasions. There were also meetings with government in each nation to understand the complexities being faced by those responsible for policy in the sector. Furthermore, the MAC engaged with trade union representatives to get a clearer picture of the concerns facing workers in the sector.

As part of this commission, in addition to the CfE responses and research participants, we met with a number of stakeholder organisations:

- Care England
- Care Forum Wales
- Care Minister for England (Minister Whately)
- Care Northern Ireland
- Cavendish Coalition
- Disabled People Against Cuts (DPAC)
- Homecare Association
- Independent Health & Care Providers (IHCP) Northern Ireland
- Local Government Association (LGA)
- National Care Association
- NHS Alliance
- Northern Ireland Health Minister (Minister Swann)
- Nursing Homes Ireland
- Royal College for Nursing
- Scottish Care

- Scottish Ministers (Minister Gilruth and Minister Stewart)
- Skills for Care
- Spinal Injuries Association
- Trade Union Roundtable
- Unison
- Welsh Care Minister (Minister Morgan)

# The Call for Evidence

**Overview**

The CfE for this commission comprised 3 questionnaires – individual organisations, representative organisations, and individuals responding in a personal capacity. The questionnaires can be viewed at the end of this Annex. Respondents were initially directed to a landing questionnaire which forwarded them to the most appropriate of these questionnaires for their circumstances. As part of the online CfE, individuals and organisations were also able to submit other evidence directly to the MAC – either as an attachment to a completed questionnaire, or by email.

The CfE questionnaires were open for around 12 weeks, from 4 August to 29 October 2021. 145 responses were received across the questionnaires, and in addition to this, a further 22 respondents provided other evidence, either by emailing documents, or by attaching documents to their CfE response.

Because of the small numbers of responses received, and **the self-selecting nature of the sample**, **the CfE does not constitute a formal statistical survey**, and we have therefore avoided the use of percentages. The large number of unrestricted free-text questions does however mean that the CfE responses contain a lot of rich qualitative information. We have used evidence from the CfE, written submissions and the stakeholder engagement meetings we held to help inform our assessment.

**Topics**

The individual employer and representative organisation CfE questionnaires asked respondents about the following key themes:

- The impact of **location** on staffing and recruitment
- The impact of **COVID-19** on staffing and recruitment
- The impact of the end of free movement on:
    - The **employment of European workers** in social care
    - The **intentions of existing European staff** to remain in post
    - The **ability of organisations to fill vacancies**
- The impact **if vacancies are not filled**
- The **medium-term impact of the end of free movement**

The questionnaire for those responding in a personal capacity was centred on the question of how the end of free movement has and may impact the social care sector, along with any other information the respondent felt was important to the commission.

The results were analysed for specific or potential impacts on the nine protected characteristics under the Equality Act (2010), or for differences by other factors such as geography or care setting. We are unable to draw conclusions about the extent of any specific impacts on protected characteristics through this work, although where issues were raised they have been recorded in the report. The Home Office, upon

accepting any of our recommendations, should carry out a full assessment of the impacts on protected characteristics and sub-groups before implementing our proposals.

## Who responded to the Call for Evidence?

A total of 145 responses were received across the three questionnaires:

- 51 Individual organisations
- 32 Representative organisations
- 62 Individuals responding in a personal capacity

When analysing the CfE responses, it is always necessary to acknowledge that those who respond do so from a specific perspective, whether as an employer using the immigration system, as a representative organisation representing individuals or employers, or an individual working in or interacting with the social care system. We are grateful for the contribution of all those who have participated and for the time they have taken to respond.

**Respondent characteristics – Individual organisations**

Of the 51 individual organisations that responded to the commission:

- 7 were based in Scotland, 3 in Northern Ireland, 30 across specific regions in England, 8 across all of England, and 3 across the whole UK.
- 29 were based at more than one site within the UK, 20 were based at a single site in the UK, 1 was based at more than one site including outside the UK, and 1 preferred not to say.
- Many organisations covered multiple areas of social care, with 27 covering residential care, 27 covering domiciliary care, 16 covering community care, 14 covering day care and 9 ‘other’ (typically direct payments care)

**Respondent characteristics – Representative organisations**

Of the 32 representative organisations that responded to the commission:

- 7 represented employees, 14 represented employers, and 11 represented both.
- 10 represented employees or employers in regions of England, 3 were England wide, 2 in Northern Ireland, 3 in Scotland, 1 in Wales, and 13 were UK wide.
- Organisations typically covered multiple areas of social care, with 19 covering residential care, 25 covering domiciliary care, 21 covering community care, 18 covering day care, 17 ‘other’ (typically direct payments care), and 1 organisation that preferred not to say.

**Respondent characteristics – Individuals responding in a personal capacity**

Of the 62 individuals that responded in a personal capacity to the commission:

- 43 were people that receive care, 6 were friends or relatives of a person needing care, 5 worked in social care, 3 were informal carers, 1 preferred not to say, and 4 ‘other’.
- Of those that received care, 41 provided further demographic details:
    - 5 were under 35 years old, 16 were 35-54 years old, 13 were 55-64, and 7 were 65 years or older.
    - 6 described their health as good, 11 as fair, 16 as bad, and 8 as very bad.
    - 25 were female and 16 were male.

# Questionnaires

## Call for Evidence questionnaires: Individual organisations

**Social care commission - Call for Evidence**

**Introductory text**

The Migration Advisory Committee (MAC) has been commissioned by the Government to provide an Independent Review of the impact of the end of free movement of European nationals within the UK on the social care sector.

We appreciate that the COVID-19 outbreak has placed social care organisations in an enormously difficult situation, and that many of you already took the time to respond in detail to our last Call for Evidence about the Shortage Occupation List (SOL) in 2020. The MAC has been commissioned by the Government to provide an Independent Review of the impact of the end of free movement on the social care sector by the end of April 2022, and in order to minimise the burden on you, we will use this Call for Evidence to add to the evidence on skill levels and skill shortages in social care already gathered in 2020 during the SOL Commission.

In this Call for Evidence we ask you to focus specifically on the end of free movement, its impact on your organisation and on the health and social care sector more widely. We greatly appreciate you taking the time to complete this Call for Evidence, in the current challenging context.

The Call for Evidence will remain open until 29th October 2021. All identifying and personal information will remain confidential, however, aggregated and anonymised information in the form of summary statistics will be published as part of our final report. For further details please refer to the processing of personal data document published on our website.

## A About You

To start with, we'd like to get some details about you and the organisation on behalf of which you are responding.

A1 What is the name of your organisation?

| WRITE IN |
|---|

A2 What is your email address?

| WRITE IN | | |
|---|---|---|
| Prefer not to say | 1 | |

## B About your organisation – Individual organisations

In this section we ask you which occupations you employ.

The occupations are based on the standard occupational classification (SOC) coding framework. Using this allows us to make valid comparisons of occupations across different datasets.

We have included a selection of common roles within the social care sector, but if you wish to add further roles please follow the guidance below.

B1 The table below shows a number of roles within the social care profession. Please use the slider to select the annual, full time, wage[1] you pay workers in these roles to the nearest £1000. If you do not employ workers in these roles, please leave the slider at zero.

**For examples of common job titles, please hover over the relevant role. (Respondent moves slider from £0 to the relevant annual wage)**

| **Job group (hover over cell for examples of job titles in group)** | **(example job titles to show – NB These will be in a list below the table)** |
|---|---|
| Care workers (SOC 6145) | • Care assistant<br>• Care worker<br>• Carer<br>• Home care assistant<br>• Home carer<br>• Support worker (nursing home) |
| Nursing auxiliaries and assistants (SOC 6141) | • Auxiliary nurse<br>• Health care assistant (hospital service)<br>• Health care support worker<br>• Nursing assistant<br>• Nursing auxiliary |
| Senior care workers (SOC 6146) | • Senior care assistant<br>• Senior carer<br>• Senior support worker (Local government: welfare services)<br>• Team leader (nursing home) |
| Nurse (SOC 2231) | • District nurse<br>• Health visitor<br>• Mental health practitioner<br>• Nurse<br>• Practice nurse<br>• Psychiatric nurse<br>• Staff nurse<br>• Student nurse |
| Residential, day and domiciliary care managers and proprietors (SOC 1242) | • Care manager<br>• Day centre manager<br>• Nursing home owner<br>• Residential manager (residential home) |
| Welfare and housing associate professionals n.e.c. (SOC 3239) | • Day centre officer<br>• Health coordinator<br>• Key worker (welfare services)<br>• Outreach worker (welfare services)<br>• Probation services officer<br>• Project worker (welfare services) |
| Houseparents and residential wardens (SOC 6144) | • Foster carer<br>• Matron (residential home)<br>• Resident warden<br>• Team leader (residential care home)<br>• Warden (sheltered housing) |

B2 Other than the occupations listed above, do you wish to submit data on other occupations within the care sector?

| | |
|---|---|
| No | 1 |
| Yes | 2 |

[1] Include - All pay before deductions for PAYE, National Insurance, pension schemes, student loan repayments and voluntary deductions. Include paid leave (holiday pay), maternity/paternity pay, sick pay and area allowance (e.g. London). Exclude - Pay for a different pay period, shift premium pay, bonus or incentive pay, overtime pay, expenses and the value of salary sacrifice schemes and benefits in kind.

ASK ALL WHO WISH TO ADD FURTHER ROLES (B2=2)

B3 If you employ workers in roles other than those listed in the previous question, please provide further details below.

For further guidance on identifying other occupations, please use the steps outlined below the table.

| | Role name | SOC code | Average salary for entry level staff in this occupation (excluding allowances & deductions) [2] | Pay period (Annual/ Monthly/ Weekly/ Hourly) | Average hours worked per week |
|---|---|---|---|---|---|
| Role 1 | | | | | |
| Role 2 | | | | | |
| Role 3 | | | | | |
| Role 4 | | | | | |
| Role 5 | | | | | |

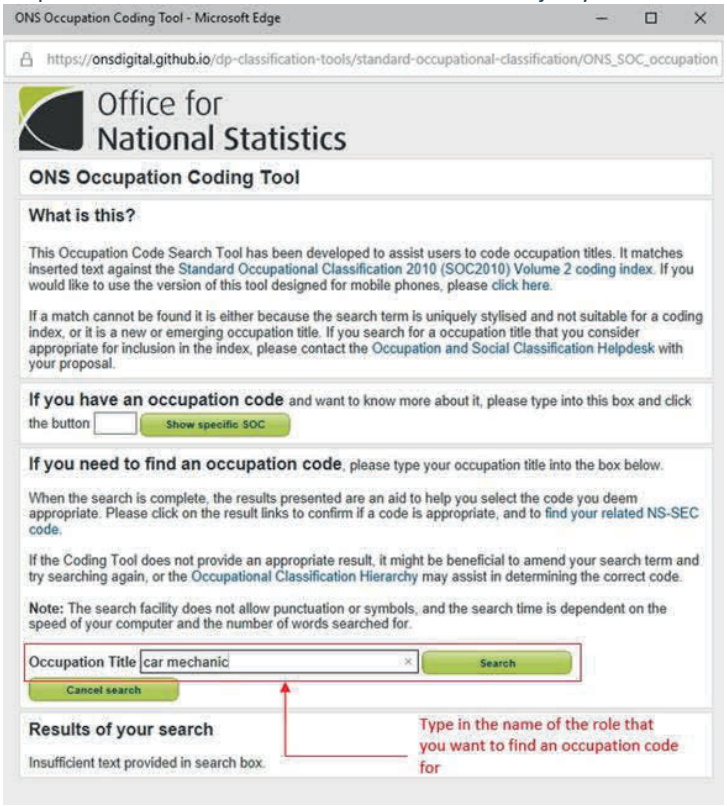
## How to manually add additional occupations and SOC codes

In order for us to be able to make valid comparisons it is important that you match as closely as possible the job you have in mind to the correct 4-digit SOC code. To do this we recommend you make use of the Office for National Statistics Occupation Coding Tool, linked below.

https://onsdigital.github.io/dp-classification-tools/standard-occupational-classification/ONS_SOC_occupation_coding_tool.html

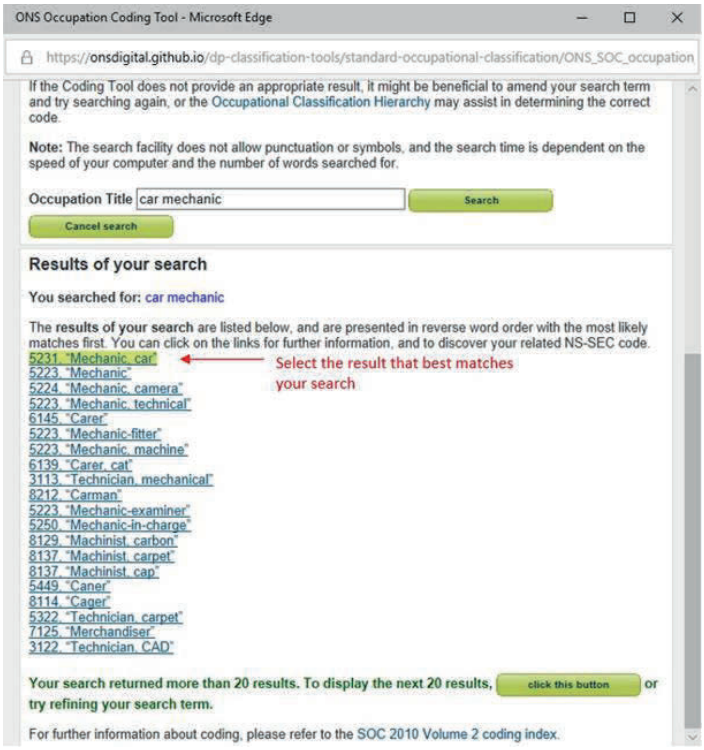
How to use the ONS Occupation Coding Tool

Step 1: Follow the link and enter the name of the job you want to find an occupation code for in the text box highlighted below.

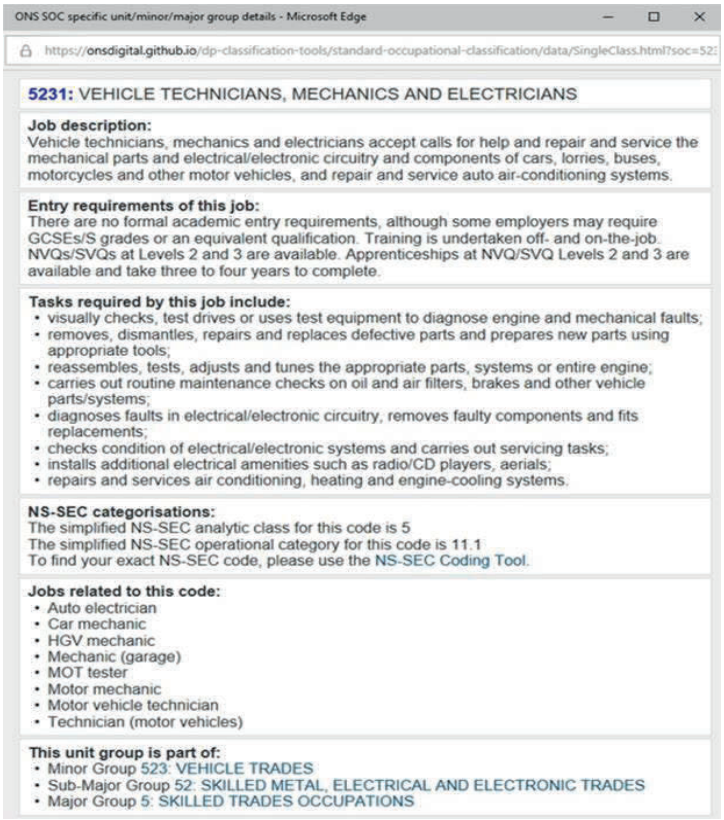



Step 2: Select the result that best matches your search.

[2] Include - All pay before deductions for PAYE, National Insurance, pension schemes, student loan repayments and voluntary deductions. Include paid leave (holiday pay), maternity/paternity pay, sick pay and area allowance (e.g. London). Exclude - Pay for a different pay period, shift premium pay, bonus or incentive pay, overtime pay, expenses and the value of salary sacrifice schemes and benefits in kind.




Step 3: Check the match by reviewing the description of the occupation code, the tasks required, and the jobs related with that code.




Step 4: If you are unhappy with the match suggested by the tool, go back to step 2 and select another suggested match and/or go back to step one and alter your search term.

In this example we are happy with the match and can conclude that the job "Car Mechanic" is associated with occupation code 5231.
For ease of reference the link to the ONS Tool has been provided below:
https://onsdigital.github.io/dp-classification-tools/standard-occupational-classification/ONS_SOC_occupation_coding_tool.html

B4 Approximately how many people does your business, at the enterprise level, employ in the UK?

- Include full and part time employees
- Including bank/agency staff
- Exclude self-employed
- Exclude owners/partners, but other directors count as employees

*SINGLEC*ode.

| | |
|---|---|
| 0-9 employees | 1 |
| 10-49 employees | 2 |
| 50-249 employees | 3 |
| 250-499 employees | 4 |
| 500+ | 5 |
| Don't know | 6 |
| Prefer not to say | 7 |

B5 Of these, what proportion do you estimate are agency/bank staff?

| |
|---|
| WRITE IN % |

B6 What percentage of your current staff do you estimate are UK or Irish, European[3] and non-European nationals?

| | | % |
|---|---|---|
| UK or Irish | 1 | |
| European | 2 | |
| Non-European | 3 | |

**ASK ALL WHO EMPLOY NON-EUROPEAN WORKERS (B6=3 GREATER THAN 0%)**

B7 If known, do you most commonly employ these non-European members of staff through a work visa or are they employed through other means?

| | |
|---|---|
| Sponsored through skilled worker route (formerly Tier 2) | 1 |
| Recruited them through the domestic labour market | 2 |
| Don't know | 3 |

**ASK ALL WHO RECRUITED NON-EUROPEAN WORKERS THROUGH THE DOMESTIC LABOUR MARKET (B7=2)**

[3] European includes all European Union countries (except Republic of Ireland), Norway, Iceland, Lichtenstein and Switzerland.

B8 If known, are your non-European staff resident in the UK as;
PLEASE SELECT ALL THAT APPLY

| | |
|---|---|
| Student | 1 |
| As a dependant or spouse | 2 |
| Youth Mobility Scheme | 3 |
| Ancestry visa | 4 |
| Already has permanent Leave To Remain or equivalent in the UK (for example temporary or permanent leave to remain, naturalised British citizen or Right of Abode) | 5 |
| Other (please state) | 6 |
| Don't know | 7 |

B9 In which region(s) or country(ies) of the UK are the largest population of your employees located? *MULTICODE.*

| | |
|---|---|
| North East | 1 |
| North West | 2 |
| Yorkshire and the Humber | 3 |
| East Midlands | 4 |
| West Midlands | 5 |
| East of England | 6 |
| London | 7 |
| South East | 8 |
| South West | 9 |
| Scotland | 10 |
| Wales | 11 |
| Northern Ireland | 12 |
| England – we operate across regions equally | 13 |
| UK-wide – we operate across the UK equally | 14 |
| Don't know | 15 |
| Prefer not to say | 16 |

B10 Are there any ways in which your location(s) impacts on your staffing and recruitment? (For example, travel times, or local population demographics).

| |
|---|
| *OPEN TEXT – 250 WORDS* |

B11 Is your organisation…

*SINGLECODE.*

| | |
|---|---|
| Based at a single site | 1 |
| Based at more than one site (within the UK) | 2 |
| Based at more than one site (within and outside the UK) | 3 |
| Prefer not to say | 4 |

B12 What area(s) of social work does your organisation cover?

*TICK ALL THAT APPLY*

| | |
|---|---|
| Residential | 1 |
| Domiciliary | 2 |
| Day | 3 |
| Community | 4 |
| Other (Please state) | 5 |
| Prefer not to say | 6 |

B13 Currently, what percentage of your customers/residents are self-funding, or in receipt of partial or complete public funding (e.g. from NHS/local authority, excluding universal allowances such as attendance allowance)?

| | |
|---|---|
| Self-funding | 1 |
| In receipt of partial public financial support (e.g. NHS/ local authority funding) | 2 |
| In receipt of complete public financial support (e.g. NHS/local authority funding) | 3 |
| Prefer not to say | 4 |

## C Impacts

C1 What has been the impact of COVID-19 on staffing levels and your recruitment?

| |
|---|
| *OPEN TEXT – 250* words |

C2 Following the end of free **movement on 1 January 2021, anyone hired from outside the UK, excluding Irish citizens, will be subject to the new points-based immigration system. This brings the regulations for European migrants in line with those for non-European migrants.**

Under this system, applicants for skilled work visas must meet several criteria, including a job offer from a licensed sponsor that meets the applicable minimum salary threshold, and that is for a role categorised at RQF 3 or above **(A Level and equivalent).**

*For example, in social care, Senior Care workers can be employed under this system, but jobs below that level cannot.*

*Further details on the system are available* **here.**

*What impact, if any, do you think this*, **and the wider implications of EU Exit will have on:**

**A** **T**he employment of European workers in social care?

| |
|---|
| *OPEN TEXT – 250* words |

**B The intentions of your existing European staff to remain in post?**

| |
|---|
| *OPEN TEXT – 250 WORDS* |

**C Your ability to fill vacancies?**

| |
|---|
| *OPEN TEXT – 250 WORDS* |

C3 Currently, when you have vacancies you can't fill, what is the impact on service delivery, and how do you adjust to compensate for this?

| |
|---|
| *OPEN TEXT – 250 WORDS* |

C4 Over the medium term (i.e. in around five years' time), what, if any, differences would you expect to see in your sector/organisation as a result of the end of free movement?

| |
|---|
| *OPEN TEXT – 250 WORDS* |

## D Closing

D1 Would you like to be added to our stakeholder database so we can send updates on Migration Advisory Committee work?
*SINGLECODE.*

| | |
|---|---|
| Yes | 1 |
| No | 2 |

D2 Would you be happy for us (or our third party contractors) to recontact you in the next 12 months to invite you to take part in follow-up research regarding similar issues covered in this questionnaire?
*SINGLECODE.*

| | |
|---|---|
| Yes | 1 |
| No | 2 |

D3 Would you be willing for us to contact you if we needed to clarify or supplement responses you have given to this questionnaire?
*SINGLECODE.*

| | |
|---|---|
| Yes | 1 |
| No | 2 |

D4 If there is any additional evidence that you would like us to consider, please attach it here.

**Thank you for taking the time to complete the survey, we really appreciate your contribution**. The information you have provided today will help us to build a clear picture of how the end of free movement has impacted the social care sector.

**Call for Evidence questionnaires: Representative organisations**

**Social care commission - Call for Evidence**

**Introductory text**

The Migration Advisory Committee (MAC) has **been commissioned by the Government to provide an Independent Review of the impact of the end of free movement of European nationals within the UK on the social care sector.**

We appreciate that the COVID-19 outbreak has placed social care organisations in a**n enormously difficult situation, and that many of you already took the time to respond in detail to our last Call for Evidence about the Shortage Occupation List (SOL) in 2020. The MAC has been commissioned by the Government to provide an Independent Review of the impact of the end of free movement on the social care sector in the first half of 2022, and in order to minimise the burden on you, we will use this Call for Evidence to add to the evidence on skill levels and skill shortages in social care already gathered in 2020 during the SOL Commission.**

In this Call for Evidence we ask you to focus specifically on the end of free movement, its impact on your organisation and on the health and social care sector more widely. We greatly appreciate you taking t**he time to complete this Call for Evidence, in the current challenging context.**

The Call for Evidence will remain open until Friday 29th October 2021. All identifying and personal information will remain confidential, however, aggregated and anonymised **information in the form of summary statistics will be published as part of our final report. For further details please refer to the processing of personal data document published on our website.**

The questionnaire automatically saves, so you will be able to **return to your response and add / edit your answers at a later stage.**

## A About You

**To start with, we'd like to get some details about you and the organisation on behalf of which you are responding.**

A1 What is the name of your organisation?

| |
|---|
| WRITE IN |

A2 What is your email address?

| | | |
|---|---|---|
| WRITE IN | | |
| Prefer not to say | 1 | |

## B About your organisation and the businesses you represent

B1 Does your organisation represent…

PLEASE SELECT ONE OPTION ONLY.

| | |
|---|---|
| Employers | 1 |
| Employees | 2 |
| Both | 3 |

B2 How many businesses/organisations do you represent?

PLEASE SELECT ONE OPTION ONLY.

| | |
|---|---|
| Under 5 | 1 |
| 5-49 | 2 |
| 50-499 | 3 |
| 500-4,999 | 4 |
| 5000+ | 5 |
| Don't know | 6 |

B3 How have you engaged with those who you represent to inform this consultation response?

PLEASE SELECT ALL THAT APPLY

| | |
|---|---|
| Ongoing dialogue as part of business as usual | 1 |
| Specific events/contact arranged to discuss this consultation | 2 |
| Other (please specify) | 3 |
| Don't know | 4 |
| Prefer not to say | 5 |

B4 Thinking of those who you have engaged with, in general are their staff concentrated in specific UK countries/regions or are they UK-wide?

PLEASE SELECT ONE OPTION ONLY.

| | |
|---|---|
| Concentrated in specific regions | 1 |
| UK-wide | 2 |
| Don't know | 3 |

**ASK ALL WHO HAVE ENGAGED WITH IN SPECIFIC REGIONS (B3=1)**

B5 And in which region(s) or country(ies) are these staff concentrated?

PLEASE SELECT ALL THAT APPLY.

| | |
|---|---|
| North East | 1 |
| North West | 2 |
| Yorkshire and the Humber | 3 |
| East Midlands | 4 |
| West Midlands | 5 |
| East of England | 6 |
| London | 7 |
| South East | 8 |
| South West | 9 |
| Scotland | 10 |
| Wales | 11 |
| Northern Ireland | 12 |
| England – they operate across regions equally | 13 |

| | |
|---|---|
| Don’t know | 14 |
| Prefer not to say | 15 |

B6 Are there any ways in which the location(s) of those you represent impact on staffing and recruitment? (For example, travel times, or local population demographics).

| |
|---|
| *OPEN TEXT – 250 WORDS* |

B7 Thinking of those you engage with and their number of employees, select all size bands that they cover.

PLEASE SELECT ALL THAT APPLY.

| | |
|---|---|
| 0-9 employees | 1 |
| 10-49 employees | 2 |
| 50-249 employees | 3 |
| 250-499 employees | 4 |
| 500+ employees | 5 |
| Don’t know | 6 |

B8 If known, do those you represent most commonly employ non-European[4] members of staff through a work visa or are they employed through other means?

| | |
|---|---|
| Sponsored through skilled worker route (formerly Tier 2) | 1 |
| Recruited them through the domestic labour market | 2 |
| They do not employ non-European workers | 3 |
| Don’t know | 4 |

**ASK ALL WHO RECRUITED NON-EUROPEAN WORKERS THROUGH THE DOMESTIC LABOUR MARKET (B10=2)**

B9 If known, are these non-European staff resident in the UK as;

PLEASE SELECT ALL THAT APPLY

| | |
|---|---|
| Student | 1 |
| A dependant or spouse | 2 |
| Youth Mobility Scheme | 3 |
| Ancestry visa | 4 |
| Already has permanent LTR or equivalent in the UK (for example temporary or permanent leave to remain, naturalised British citizen or Right of Abode) | 5 |
| Other (please state) | 6 |
| Don’t know | 7 |

B10 What area(s) of social care does your organisation represent?

[4] Excludes all UK, Republic of Ireland, or European nationals. European includes all European Union countries (except Republic of Ireland), Norway, Iceland, Lichtenstein and Switzerland.

PLEASE SELECT ALL THAT APPLY

| | |
|---|---|
| Residential | 1 |
| Domiciliary | 2 |
| Day | 3 |
| Community | 4 |
| Other (Please state) | 5 |
| Prefer not to say | 6 |

## C Impacts

C1 What has been the impact of COVID-19 on staffing levels and your recruitment for the organisations you represent?

*OPEN TEXT – 250 WORDS*

C2 Following the end of free movement on 1 January 2021, anyone hired from outside the UK, excluding Irish citizens, will be subject to the new points-based immigration system. This brings the **regulations for European migrants in line with those for non-European migrants.**

Under this system, applicants for skilled work visas must meet several criteria, including a job offer from a licensed sponsor that meets the applicable **minimum salary threshold, and that is for a role categorised at RQF 3 or above (A Level and equivalent).**

For example, in social care, Senior Care workers can be employed under this system, but jobs below that level cannot.

Further details on the system are available **here.**

What impact, if any, do you think this, and the wider implications of the EU Exit referendum will have on;

C2a The employment of European workers in social care?

*OPEN TEXT – 250 WORDS*

C2b The intentions of existing European staff to remain in post?

*OPEN TEXT* – 250 words

C2c The ability of the organisations you represent to fill vacancies?

*OPEN TEXT – 250 WORDS*

C3 When the organisations/employees you represent experience vacancies that can't be filled, what is the impact on service delivery and how do they adjust to compensate for this?

*OPEN TEXT – 250 WORDS*

C4 Over the medium term (i.e. in around five years' time), what, if any, differences would you expect to see in your sector as a result of the end of free movement?

*OPEN TEXT – 250 WORDS*

## D Closing

D1 Would you like to be added to our stakeholder database so we can send updates on MAC work?
*SINGLECODE.*

| | |
|---|---|
| Yes | 1 |
| No | 2 |

D2 Would you be happy for us (or our third party contractors) to recontact you in the next 12 months to invite you to take part in follow-up research regarding similar issues covered in this questionnaire?
*SINGLECODE.*

| | |
|---|---|
| Yes | 1 |
| No | 2 |

D3 Would you be willing for us to contact you if we needed to clarify or supplement responses you have given to this questionnaire?
*SINGLECODE.*

| | |
|---|---|
| Yes | 1 |
| No | 2 |

D4 If there is any additional evidence that you would like us to consider, please attach it here.

**Thank you for taking the time to complete the survey, we really appreciate your contribution.** The information you have provided today will help us to build a clear picture of how the end of free movement has impacted the social care sector.

**Call for Evidence questionnaires: Individuals responding in a personal capacity**

**Social care commission - Call for Evidence**

**Introductory text**

The Migration Advisory Committee (MAC) has been commissioned by the Government to provide an Independent Review of the **impact of the end of free movement of European nationals within the UK on the social care sector.**

In this Call for Evidence we ask you to focus specifically on the end of free movement, its impact on you and on the health and social care sector more widely. **We greatly appreciate you taking the time to complete this Call for Evidence, in the current challenging context.**

The Call for Evidence will remain open until 29th October 2021. All identifying and personal information will remain confidential, however, aggregated and anonymised **information in the form of summary statistics will be published as part of our final report. For further details please refer to the processing of personal data document published on our website.**

The questionnaire automatically saves, so you will be able to return to your response and add/edit your answers at a later stage.

## A About You

**To start with, we'd like to get some details about you to help us contextualise your response.**

A1 What is your email address?

| | |
|---|---|
| WRITE IN | |
| Prefer not to say | 1 |

A2 In what capacity are you responding?
*SINGLECODE.*

| | |
|---|---|
| Social care job role – Direct care | 1 |
| Social care job role – Managerial | 2 |
| Social care job role – Regulated professional | 3 |
| Social care job role – Other | 4 |
| A person who receives care and support | 5 |
| Informal carer – a friend or relative who provides support to a person in need of care without payment | 6 |
| Friend or relative of a person in need of care | 7 |
| Other – Please state | 8 |
| Prefer not to say | 9 |

**ASK ALL RECEIPTIENTS OF CARE OR RELATIVES OF RECIPIENTS OF CARE (A2= 2 or 3)**

A3 What care & support services do you use? / What care & support services does the person you care for use?
PLEASE SELECT ALL THAT APPLY

| | |
|---|---|
| Residential (including care homes with nursing and care homes without nursing) | 1 |
| Domiciliary (Home care, including supported living and extra care housing) | 2 |
| Day | 3 |

| | |
|---|---|
| Community (including community support and outreach, social work and care management, carers' support, occupational or employment-related services, and other adult community care services) | 4 |
| Other (Please state) | 5 |
| Prefer not to say | 6 |

A4 If applicable, when recruiting, did you deal with your individual care worker(s) directly, or did you go through a third party (e.g. a company or local authority)?
PLEASE SELECT ALL THAT APPLY

| | |
|---|---|
| Recruited domestic worker directly | 1 |
| Recruited domestic worker through a third party | 2 |
| Recruited European worker directly | 3 |
| Recruited European worker through a third party | 4 |
| Recruited non-European worker directly | 5 |
| Recruited non-European worker through a third party | 6 |
| Other (Please state) | 7 |
| Not applicable | 8 |

## B Impacts

In July 2021 the Migration Advisory Committee was commissioned to publish an independent report on the impact of the **end of free movement of EU nationals within the UK on social care.**

Following the end of free movement on 1 January 2021, anyone hired from outside the UK, excluding Irish citizens, will be subject to the new points-based immigration system. This brings the **regulations for European migrants in line with those for non-European migrants.**

Under this system, applicants for skilled work visas must meet several criteria, including a job offer from a licensed sponsor that meets the applicable **minimum salary threshold, and that is for a role categorised at RQF 3 or above (A Level and equivalent).**

**For example, in social care, senior care workers can be employed under this system, but jobs below that level cannot. Further details on the system are available here.**

B1 Please tell us how you feel this change has, and may, impact the social care sector, along with any other information you feel is important to the commission.
This could include, but is not limited to your experience of, pay, retention and the conditions of **people working in the care sector.**

| |
|---|
| *OPEN TEXT – 250 WORDS* |

## C Closing

C1 Would you be happy for us (or our third party contractors) to recontact you in the next 12 months to invite you to take part in follow-up research regarding similar issues covered in this questionnaire?
*SINGLECODE.*

| | |
|---|---|
| Yes | 1 |
| No | 2 |

C2 Would you be willing for us to contact you if we needed to clarify or supplement responses you have given to this questionnaire?
*SINGLECODE.*

| | |
|---|---|
| Yes | 1 |
| No | 2 |

C3 Would you like us to email you a copy of the final report once completed?
*SINGLECODE.*

| | |
|---|---|
| Yes | 1 |
| No | 2 |

C4 If there is any additional evidence that you would like us to consider, please attach it here.

C5 Sometimes an individual's personal situation can impact their experience of social care.
If you would like to tell us anything about your personal characteristics, or those related to the individual you are responding on behalf of, that relate to anything you have told us above, please fill in the open text box below.

| |
|---|
| *OPEN TEXT – 250 WORDS* |

C6 Are you happy to provide us with your demographic characteristics? Each question is voluntary

| | |
|---|---|
| Yes | 1 |
| No | 2 |

**IF C6 = Yes**

C7 How old are you?

| | |
|---|---|
| 16-24 | 1 |
| 25-34 | 2 |
| 35-44 | 3 |
| 45-54 | 4 |
| 55-64 | 5 |
| 65-74 | 6 |
| 75+ | 7 |
| Prefer not to say | 8 |

C8 How would you describe your national identity?

| | |
|---|---|
| English | 1 |
| Welsh | 2 |
| Scottish | 3 |
| Northern Irish | 4 |
| Other (please state) | 5 |
| Prefer not to say | 6 |

C9 What is your ethnic group?

| | |
|---|---|
| White English, Welsh, Scottish, Northern Irish or British | 1 |

| | |
|---|---|
| White Irish | 2 |
| Gypsy or Irish Traveller | 3 |
| Roma | 4 |
| Other White background | 5 |
| Mixed or Multiple ethnic group - White and Black Caribbean | 6 |
| Mixed or Multiple ethnic group - White and Black African | 7 |
| Mixed or Multiple ethnic group - White and Asian | 8 |
| Mixed or Multiple ethnic group -Other | 9 |
| Asian or Asian British - Indian | 10 |
| Asian or Asian British - Pakistani | 11 |
| Asian or Asian British - Bangladeshi | 12 |
| Asian or Asian British - Chinese | 13 |
| Asian or Asian British - Other | 14 |
| Black, Black British Caribbean | 15 |
| Black, Black British African | 16 |
| Black, Black British - other | 17 |
| Arab | 18 |
| Any other ethnic group | 19 |
| Prefer not to say | 20 |

C10 What is your religion?

| | |
|---|---|
| No religion | 1 |
| Christian (including Church of England, Catholic, Protestant and all other Christian denominations) | 2 |
| Buddhist | 3 |
| Hindu | 4 |
| Jewish | 5 |
| Muslim | 6 |
| Sikh | 7 |
| Other | 8 |
| Prefer not to say | 9 |

C11 What is your main language?

| | |
|---|---|
| English | 1 |
| Other | 2 |
| Prefer not to say | 3 |

C12 How well can you speak English?

| | |
|---|---|
| Well | 1 |
| Not well | 2 |
| Not at all | 3 |
| Prefer not to say | 4 |

C13 How is your health in general?

| | |
|---|---|
| Good | 1 |
| Fair | 2 |
| Bad | 3 |
| Very bad | 4 |
| Prefer not to say | 5 |

C14 Do you have any physical or mental health conditions or illnesses lasting or expected to last 12 months or more?

| | |
|---|---|
| Yes | 1 |
| No | 2 |
| Prefer not to say | 3 |

**IF C14 = YES**

C15 Do your conditions or illnesses reduce your ability to carry out day-to-day activities?

| | |
|---|---|
| Yes, a lot | 1 |
| Yes, a little | 2 |
| Not at all | 3 |
| Prefer not to say | 4 |

C16 Which of the following best describes your sexual orientation?

| | |
|---|---|
| Straight/Heterosexual | 1 |
| Gay or Lesbian | 2 |
| Bisexual | 3 |
| Other | 4 |
| Prefer not to say | 5 |

C17 What is your sex? A question about gender identity will follow.

| | |
|---|---|
| Female | 1 |
| Male | 2 |
| Prefer not to say | 3 |

C18 Is the gender you identify with the same as your sex registered at birth?

| | |
|---|---|
| Yes | 1 |
| No | 2 |
| Prefer not to say | 3 |

C19 Our full privacy notice is available on the webpage where you accessed this questionnaire. Are you happy for us to quote anonymously from your responses in our report?

| | |
|---|---|
| Yes | 1 |
| No | 2 |

**Thank you for taking the time to complete the survey, we really appreciate your contribution**. The information you have provided today will help us to build a clear picture of how the end of free movement has impacted the social care sector.

# Annex B: Primary Research

## Introduction

This Annex details primary research that was carried out in-house and by our research contractors Revealing Reality to support this commission.

As with the CfE and stakeholder engagement, findings from the primary research activities have been analysed and written up throughout the report to support relevant sections. The remainder of this Annex provides more detail on the methodological details of the research.

The primary research was split into two parts, with the main analysis carried out by Revealing Reality focussing on care workers and employers in domiciliary, day and community care, supplemented by interviews carried out internally with those directly employing PAs, or introducing/supplying these staff to others.

## Methodology

Qualitative research provides understanding and depth of insight into a subject and allows links to be made between themes and sub-themes. Although it cannot provide a measure of the extent to which an issue applies, it can indicate depth of feeling and illustrate the diversity of experience.

In this commission, the qualitative research also enabled us to gain insight directly from individuals within the social care sector, in a confidential and anonymised way. The main qualitative research interviews were carried out by Revealing Reality, an independent research contractor, on behalf of the MAC.

**Revealing Reality fieldwork**

The **Revealing Reality fieldwork** consisted of:

- Depth interviews:
    - 14 with migrant **employees** in the social care sector
    - 18 with **employers** within the social care sector.
- 3 focus groups with **employers**

Participants were initially recruited through targeted emails from the four care bodies across the UK – Skills for Care (England), Northern Ireland Social Care Council, Scottish Social Services Council and Social Care Wales. Whilst this provided a good initial base of participants, some gaps in the sample frame remained. A variety of additional methods were used to identify participants, including research recruiters, respondents to the CfE that had expressed an interest in participating in further research, and contacts provided by care bodies and the expert group for the commission.

The interviews and focus groups took place over video call (Microsoft Teams or Zoom) or telephone, and were between 45 minutes to 1 hour in duration. Fieldwork took place between November 2021 and March 2022. The sessions followed semi-structured topic guides (see end of Annex B below), which were jointly developed by Revealing Reality and the MAC. We have referred to research findings where relevant in this report; however, we will also be publishing a full report from Revealing Reality separately.

Table B.1 shows the sample criteria and characteristics of interviewees. We aimed to interview respondents with a spread of characteristics, which reflected the prevailing attributes observed within the sector whilst also capturing the breadth of diversity.

**Table B.1 – Sampling criteria**

| Migrant worker strand | Employer strand (focus groups and interviews) |
|---|---|
| Location<br>• Northern England<br>• London and South-East England<br>• Northern Ireland<br>• Scotland<br>• Wales | Location<br>• Northern England<br>• London and South-East England<br>• Northern Ireland<br>• Scotland (urban)<br>• Scotland (rural)<br>• Wales |
| Job roles<br>• Senior care workers<br>• Care workers | Care setting<br>• Residential<br>• Non-residential (domiciliary / day / community) |
| Nationality<br>• EU<br>• Non-EEA | Size of organisation |
| Size of organisation | Types of carers employed |

Further to the main sampling criteria outlined in Table B.1, several additional characteristics were monitored, with the aim of ensuring there was a diversity of coverage. These included:

- Gender
- Age
- Ethnicity
- Country of origin for migrant workers
- Length of experience in role for migrant workers
- Length of time in UK for migrant workers
- Employment type (full-time, part-time, contract) – employee only
- Ownership model (e.g. LA, not for profit and for profit, or mix) – employers only

**Supplementary fieldwork on direct employers of care workers**

Supplementing the main research strand, we conducted a programme of **top-up qualitative research on direct employers of care workers**. Research was conducted in this area due to the relative scarcity of evidence on direct employers, as well the distinct immigration issues that exist in this area, specifically that individuals are not eligible for sponsorship status.

The fieldwork consisted of:

- 2 depth interviews with people who receive care and support that directly employ care workers
- 3 depth interviews with agency businesses that provide workers to direct payment users (all of whom also had experience of employing care workers on their own or others' behalf)

Participants were recruited via the CfE, from those respondents who had indicated that they were a direct employer or agency supplying/introducing directly employed care workers, and had expressed an interest in participating in further research. To this extent, those interviewed may represent a different sample than might have been obtained if recruiting from the general population. Those interviewed were of

working age, and all lived in England, and those employing care workers on their own behalf were all doing so because they had physical disabilities. However, we were interested in exploring the changes experienced after the end of Freedom of Movement, and in particular the reasons why and how these changes had taken place and were not aiming to assess the extent or prevalence of these changes.

The interviews were conducted in-house using Microsoft Teams and were between 45 minutes to 1 hour in duration. Fieldwork took place in February and March 2022. The sessions followed a semi-structured topic guide which built upon the Revealing Reality guide. The full topic guides are at the end of this Annex.

We have referred to findings from both strands of the research where appropriate throughout this report. Throughout the report we have taken a standardised approach to ensuring respondents are not identifiable, with respondents in case studies assigned a pseudonym. We have also minimised our use of personal identifiers, such as location or care type, only including these when it is essential to the example. In some instances, some small details have been changed to provide further anonymity, including aspects about the person such as their age or job role.

# Topic guides

## Revealing Reality discussion guide – Employees

**Aims & objectives**

- To understand current practice and issues with recruitment and retainment of staff in adult social care
- To understand employees' perspectives on the push/pull factors to work in adult social care in the UK
- To understand employees' perspectives on how the sector has been impacted by the end of freedom of movement

## Purpose of this document

This is a semi-structured guide for the topics that the researcher will cover in the interview. The researcher will use the guide flexibly - they may not ask questions in the order they are presented here, but in the order which makes most sense for the interviewee - the researcher may probe beyond the questions if topics of interest to the wider goals of the project come up.

### Overview/ Interview flow

| Topic | Objective |
|---|---|
| **Introduction and background** (5 minutes) | • Build rapport with the respondent<br>• Understand their role/responsibilities |
| **Route to UK social care** (20 minutes) | • Understand the respondent's experience of migrating to the UK, including visa route<br>• Identify pull factors to UK and social care sector |
| **Working in UK social care** (10 minutes) | • Gain deeper understanding of the respondent's current role: job satisfaction and working conditions<br>• Identify how far the respondent understands the recent changes to the immigration system and whether they feel this has impacted their job |

| Topic | Objective |
|---|---|
| **Future plans**<br>(15 minutes) | • Learn about the respondent's longer-term goals/ambitions<br>• Identify push/pull factors in their organisation/the wider sector |
| **Wrap up**<br>(5 minutes) | • Encourage reflection and wrap up the interview |

## Introduction and background *(10 minutes)*

***Build rapport with the respondent; Understand their role/responsibilities***

Thank you so much for taking the time to speak to us. We've been commissioned by the MAC for this project to explore employer and employee experiences of working and recruiting in the adult social care sector, in particular understanding how the recent end of freedom of movement has affected the social care sector. We'll be speaking to both employers and employees about their experiences. Findings from the interviews will be used to help the MAC evaluate areas for possible change.

Interview process:

- The interview will last about 1 hour
- It'll be recorded/transcribed, but it will be anonymised
- You have the right to withdraw at any stage
- Explain consent form and say we'll send it after the session
- Explain incentive form and say we'll send it after the session; then they will receive a £50 Love2Shop voucher
- Nothing will be shared with your organisation or the Home Office: there is no way that anything you say can be used to affect any of your dealings with the Home Office, either now or in the future
- Do you have any questions?
- Check if the participant is happy to continue and be recorded

**Can you tell me a bit about yourself?**

- What country were you born in?
- What is your nationality?
- How old are you?
- Where you do you live? Who do you live with?

**Can you tell me a bit about the organisation you work at?**

- Where do you work?
- How long have you been working at [organisation]?
- What sort of care does [organisation] offer?
  - *Prompt: adults with SEND, elderly patient*
  - *Prompt: domiciliary, residential*
- How many people does your organisation take care of?
- How many people does your organisation employ?
  - *Probe: roles*
- Can you roughly estimate how many of those people who might have migrated to the UK from overseas?
  - *Probe: EU/ non-EU*
- Are there any roles that your organisation is struggling to hire?
- Are there enough staff in your organisation?

**Can you tell me a bit about your role?**

- What is your title?
- What are some of your key responsibilities?
- What are your hours like?
  - Is this the same every week?
- What is your salary?
  - How much do you take home each month?
  - What is the case for the discrepancy between these two figures?
    - Are there any costs that you have to cover yourself? *(Probe: PPE)*
  - Are there any parts of your role that you're not paid for?
    - *Probe: travel time, hours not covered by wage if live-in care worker*
  - How has your salary changed over time?
    - How does your salary now compare to when you were first employed?
    - Do you have a sense of what your salary might be in 1/2/5 years time?
  - How long have you been in this role?

## Route to UK social care *(15 minutes)*

***Identify pull factors to UK and social care sector; Understand the respondent's experience of migrating to the UK, including visa route***

**When did you start working in social care?**

**[If in home country]**

- Why did you start working in social care?
- What attracted you to the sector?
  - *Probe: pay, hours, progression, passion*
- What qualifications did you have when you started working social care?
  - When did you receive these qualifications?
  - Where did you receive these qualifications?
  - To what extent did the qualifications that you had at the time impact your decision to go into the social care sector?
- Did you consider the possibility of moving abroad when you started working in social care?
- How was your experience of working in social care in [home country]?

**[If in UK]**

- What work were you doing before, in your home country?
- Did you know you were going to work in social care when you migrated to the UK?
- Why did you start working in social care?
- What attracted you to the sector?
  - *Probe: pay, hours, progression, passion*
- What qualifications did you have when you started working in social care?
  - When did you receive these qualifications?
  - Where did you receive these qualifications?

**[If in neither home country nor UK]**

- What were you doing before working in social care?
  - In this country?
  - In your home country?
  - In other countries?

- Why did you start working in social care?
- What attracted you to the sector?
  - *Probe: pay, hours, progression, passion*
- What qualifications did you have when you started working in social care?
  - When did you receive these qualifications?
  - Where did you receive these qualifications?
  - To what extent did the qualifications that you had at the time impact your decision to go into the social care sector?
- Did you consider the possibility of moving to another country when you started working in social care?
- How was your experience of working in social care in [this country]?

**Why did you decide to come to the UK?**

- Did you have any family or friends in the UK? What were they doing?
  - Who? Where? What were they doing? How long had they been there?
- Did you have any doubts about coming to the UK?
- [If they started social care work *in home country*] Did you know anyone else who had migrated to work in social care?
- What other countries did you consider migrating to, if any?
- How long did you expect to stay?
- Are there any particular career advantages to working in UK social care?

**Could you tell me a bit about your journey to the UK?** (*Ask respondent to walk you through their journey to the UK and map on the timeline)*

**[If they migrated with the job]**

- How/when did you first hear about the job opportunity? *(MAP)*
  - *Probe: was it through an agency/ a recruiter/ an independent employer?*
  - What did you like about the job opportunity?
  - Was there anything you didn't like about it?
- What was the job application process like?
  - How long did it take? When did you start/ finish? *(MAP)*
  - What documents/references/qualifications were required?
  - How easy or difficult was it to have your qualifications recognised in the UK?
- When did you start preparing to come to the UK? *(MAP)*
- What route did you use to come over?

**[If visa (non-EU/Post-Brexit)]**

  - What was the visa route you used?
  - Why did you use that route?
  - Which others did you consider, if any?
  - Did you receive any advice on which visa route to use [from employer]?
  - What did you have to provide for the application process?
  - Did you receive any support for the application process [from employer]?
  - How long did the application process take? *(MAP)*
- When did you arrive in the UK? *(MAP)*
- How was your experience of finding accommodation?
  - How long did it take? *(MAP)*

- Did you receive any support with finding accommodation?
- How long was it until you started work? *(MAP)*

**[If they migrated without job]**

- When did you start thinking about coming to the UK? *(MAP)*
  - When did you start preparing to come to the UK? *(MAP)*
- When did you arrive in the UK? *(MAP)*
- What route did you use to come over?
  - Why did you use that route?
  - Which others did you consider, if any?
- How was your experience of finding accommodation?
  - How long did it take? *(MAP)*
  - Did you receive any support with finding accommodation?
- What sort of work were you hoping to do to begin with?
- How did you go about looking for work?
- Did you receive any support finding work?
- Why did you start working in social care?
- How/when did you first hear about the job opportunity? *(MAP)*
  - *Probe: was it through an agency/a recruiter/an independent employer?*
  - What did you like about the job opportunity?
  - Was there anything you didn't like about it?
- What was the job application process like?
  - How long did it take? When did you start/ finish? *(MAP)*
  - What documents/references/qualifications were required?
  - How easy or difficult was it to have your qualifications recognised in the UK?

## Working in UK social care *(10 minutes)*

***Gain deeper understanding of the respondent's current role: job satisfaction and working conditions; Identify how far the respondent understands the recent changes to the immigration system and whether they feel this has impacted their job***

**How does working in UK social care compare to your expectations?**

- *Probe: refer back to reasons stated for getting into the sector and ask whether these still apply*
- *Probe: if they worked in social care in home country before migrating, ask how social care in the UK compares*

**To what extent are you satisfied with your current job?**

- What do you like/dislike about it?
- How do you feel about the hours that you work?
- How do you feel about the pay that you receive?
- To what extent does your current role offer opportunities for progression?
- To what extent does your current role offer training opportunities?
- How does your experience compare to other employees at your organisation?
- How have the conditions of your work changed over time?
  - How does the nature and conditions of your role now compare to when you first started?

**As you might be aware, in January this year, EU freedom of movement ended, and a new immigration system came into place in the UK. To what extent do you feel this has affected your work?**

- To what extent has it affected your immigration status?
- To what extent has it affected the workforce at your organisation?
- Do you have a sense of the extent has it affected the social care sector more broadly?

## Future plans (10 minutes)

***Learn about the respondent's longer term goals/ambitions; Identify push/pull factors in their organisation/the wider sector***

**How long do you expect to stay at [organisation]?**

**[if indefinite]**

- Have you ever thought about leaving?
- Why?
- Can you imagine any future scenarios that would make you want to leave [organisation]?
- Can you imagine any future scenarios that would make you want to leave the care sector?

**[if they have plans to leave]**

- Why?
- What do you plan to do when you leave? Why?
- Can you think of anything that would need to change for you to want to stay in the organisation?
- Do you plan to stay in the care sector?
- How do your plans compare to other employees at [organisation]?

**How long do you expect to stay in the sector?**

**[if indefinite]**

- Have you ever thought about leaving?
- Why?
- Can you imagine any future scenarios that would make you want to leave?
- Are there any other sectors that you could imagine working in?
  - Why?
- Are there any other sectors that are attractive to you?
  - Why? And why aren't they attractive enough to want to leave…?

**[if they have plans to leave]**

- Why?
- What do you plan to do when you leave? Why?
- Can you think of anything that would need to change for you to want to stay in the sector?
- How do your plans compare to other employees at [organisation]?

## Wrap up (5 minutes)

*Encourage reflection and wrap up the interview*

Is there anything else you feel is worth mentioning?

# Revealing Reality discussion guide – Employers

## Aims & objectives

- To understand current practice and issues with recruitment and retainment of staff in adult social care
- To understand employers' perspectives on how current practice and experience of recruitment and retainment has been impacted by the end of freedom of movement
- To understand employers' perspectives on the importance of international recruitment to adult social care

## Purpose of this document

This is a semi-structured guide for the topics that the researcher will cover in the interview. The researcher will use the guide flexibly - they may not ask questions in the order they are presented here, but in the order which makes most sense for the interviewee - the researcher may probe beyond the questions if topics of interest to the wider goals of the project arise.

## Overview/Interview Flow

### Introduction and background

| Topic | Objective |
|---|---|
| **Introduction and background** *(5 minutes)* | • Build rapport with the respondent<br>• Understand their role/responsibilities |
| **Description of the organisation** *(5 minutes)* | • Understand where the respondent's organisation fits into the care sector<br>• Get a sense of their key business needs |
| **Intro into the impact of the end of freedom of movement** *(5-10 minutes)* | • Get a sense of what the respondent knows about the recent changes to the immigration system<br>• Learn whether the respondent feels the end of freedom of movement has impacted their organisation |
| **Pre- end of freedom of movement** *(15 minutes)* | • Learn about the makeup of the respondent's workforce before the end of freedom of movement<br>• Learn about the respondent's recruitment and retainment of international and UK workers before the end of freedom of movement |
| **Post- end of freedom of movement** *(20 minutes)* | • Gain a deeper understanding of how the end of freedom of movement has impacted the respondent's organisation<br>• Learn about whether/how the makeup of the respondent's workforce has changed since the end of freedom of movement<br>• Learn about the respondent's recruitment and retainment of international and UK workers since the end of freedom of movement<br>Identify which visa routes the respondent uses for international recruitment |
| **Looking to the future** *(15 minutes)* | • Gain an understanding of what the respondent expects the future to look like in terms of recruitment, retainment and workforce makeup<br>• Gain and understanding of what the respondent would like the future to look like in terms of recruitment, retainment and workforce makeup |

| Topic | Objective |
|---|---|
| **Reflections** *(5 minutes)* | Gather over all reflections |

***Objectives: Build rapport with the respondent + understand their role/responsibilities***

Thank you so much for taking the time to speak to us. We've been commissioned by the MAC for this project to explore employer and employee experiences of working and recruiting in the adult social care sector, in particular understanding how the recent end of freedom of movement has affected the social care sector. We'll be speaking to both employers and employees about their experiences. Findings from the interviews will be used to help the MAC evaluate areas for possible change.

Interview process:

- The interview will last about 1 hour
- It'll be recorded/transcribed, but it will be anonymised
- You have the right to withdraw at any stage
- Explain consent form and say we'll send it after the session
- Nothing will be shared with your organisation or the home office: there is no way that anything you say can be used to affect any of your dealings with the Home Office, either now or in the future
- Do you have any questions?
- Check if the participant is happy to continue and be recorded

1. **Can you tell me a bit about your role?**
    - What are your key responsibilities?
        - *Prompt: recruiting, management responsibilities*
    - How long have you been working at [organisation]?
    - How long have you been working in the adult social care sector?

## Description of the organisation

***Objectives: Understand where the respondent's organisation fits into the care sector; get a sense of their key business needs.***

2. **Could you tell me a bit more about [organisation]?**
    - What sort of care do you offer?
        - Prompt: adults with SEND, elderly patient
        - Prompt: domiciliary, residential
    - How many people do you take care of?
    - Where is your organisation based?

    **[If multi-site]:**
    - Where is your own office located?
    - Where is the head office located?
    - Do you have any international presence?
    - How do the different sites work together?

    **[If single-site]:**
    - Where are you based?
3. **What have been the biggest challenges for your organisation over the last year or so?**
    - What are the main factors that have been causing these challenges?

- How do you think the way you've been impacted compares to other adult social care organisations?
- To what extent do you think the way you've been impacted compares to other sectors outside of adult social care?
- To what extent has this affected the quality of care that you can offer?
- To what extent has this affected your workforce?

## Introducing the impact of the end of freedom of movement

***Objectives: Get a sense of what the respondent knows about the recent changes to the immigration system + Learn whether the respondent feels the end of freedom of movement has impacted their organisation***

4. **How important is international labour for your workforce?**
   - *Probe with EU/no*n-EU
   - What are the bene*fits to your organisation in recruiting internationally?*
5. **As you may know, from January 2021, the UK stopped being a part of EU freedom of movement and the new points-based immigration system came into force. This means that EU citizens now require visas to come and work in the UK. How much do you know about the new immigration system?**

| For researcher: some information about the new system to probe with/test against |
|---|
| • Single, global, points-based immigration system<br>• Need 70 points to get any visa<br>• Immigrants need: job offer and sponsorship letter<br>• Routes for care workers: skilled worker, health and care worker (H&CW) visa<br>• Only senior care workers can come in (SOC 6146)<br>• The shortage list = lower salary requirement + lower application fee<br>• Senior care workers are currently on the shortage list<br>• 'Going rate' for each profession differs and can supersede general salary requirements<br>• Immigrants need evidence of personal savings to support themselves<br>• Skilled worker + HSC visa lasts for up to 5 years before you need to extend it – you can extend as many times as you like – after 5 years |

6. **Have you noticed any ways in which the new immigration system has impacted your organisation?**
   - Are these anticipated impacts, or are they already taking place?
   - What has changed?
     - *Prompt: recruitment retainment, staff shortages*
   - To what extent has this affected your workforce?
     - *Prompt: Makeup – job titles, nationality, contract type*
     - *Prompt: personal difficulties, strain, sickness*
   - To what extent has this affected the quality of care that you offer?
   - To what extent has this affected your business?
   - How do you think the way you've been impacted compares to other adult social care organisations?
     - To what extent do you think the way you've been impacted compares to other sectors outside of adult social care?

## Pre-end of freedom of movement

***Objectives: Learn about the makeup of the respondent's workforce before the end of freedom of movement + Learn about the respondent's recruitment and retainment of international and UK workers before the end of freedom of movement***

7. **Could you describe your workforce before the end of freedom of movement?**
    - What sort of roles did you employ? *(Probe around job titles)*
    - What sort of hours did your staff tend to work? *(Probe around contract types)*
    - Could you estimate the proportion of British/EU/non-EU staff?
8. **Who did you want to recruit for your workforce?**
    - *Probe around nationality, job titles, contract types*
    - Were there any job roles that were harder/easier to fill than others?
    - Were there any significant gaps in your workforce? Who did you need to fill them?
    - How important was international labour for your organisation?
9. **What do you think attracted staff to work for your organisation?**
    - What did your organisation offer in terms of progression, training and opportunities?
    - Was there anything you included in the job offer in order to make it more appealing?
        - *Probe: UK/EU/international*
        - *Probe: pay or other benefits*
        - Was there any flexibility with what you could offer to different recruits?
    - Why do you think international workers wanted to come and work in UK social care?
    - Do you think workers saw social care as a long-term career?
10. **Practically, what was involved with trying to recruit these people?**
    - What channels would you use to reach people?
        - *Probe: UK/EU/international*
    - Did you conduct your own recruitment or outsource to recruiters?
        - *Probe: UK/EU/international*
    - What sort of qualifications, if any, did workers need to have? Were these qualifications recognised internationally?
        - *Probe: UK/EU/international*
        - What sort of qualifications did workers tend to have in practice?
            - What proportion of your workforce had qualifications above/below the minimum requirements?
    - What did your organisation offer in terms of training, if anything?
        - *Probe: UK/EU/international*
        - Does this include any qualifications?
    - Was it easier to recruit workers from any countries more than others?
        - *Probe: UK/EU/international*
    - Do you know which visa routes overseas workers tended to use? Did you have any responsibilities regarding their visas?
        - For those sponsoring employees:
        - What is the process of sponsoring employees?
        - How easy or difficult is it to apply for a CoS (Certificate of Sponsorship) for employees?
    - Were there any particular costs associated with recruiting staff
        - *Probe: UK/EU/International*
        - *Probe: sponsorship costs*

- Did you offer any additional support to new migrant workers?
- Were there any differences in how you recruited for different roles?
  - *Probe: UK/EU/international*
- Were there any particular challenges involved in recruitment?
  - *Probe: UK/EU/international*
- What might have made recruitment easier, if anything?
  - *Probe: UK/EU/international*

**11. How long did employees tend to stay at your organisation?**

- Did you have a sense of employees professional ambitions when starting at your organisation?
- Do you know whether employees tended to see social care as a long term career?
- When people did leave, what reasons did they tend to cite?
- Were there any particular professions that employees moved to?
- Can you think of anything that might have encouraged people to stay longer?

## Going deeper into the workforce post- end of freedom of movement

***Objectives - Gain a deeper understanding of how the end of freedom of movement has impacted the respondent's organisation; Learn about whether/ how the makeup of the respondent's workforce has changed since the end of freedom of movement; Learn about the respondent's recruitment and retainment of international and UK workers since the end of freedom of movement***

**12. Could you describe what your workforce looks like now?**

- What sort of roles do you employ now? Are there any changes here? *(Probe around job titles)*
- What sort of hours do your staff tend to work now? *(Probe around contract types)*
- Are there any changes to the proportion of British/ EU/ non-EU staff?
- What has been the proportion of turnover in your workforce in the last 6 months?
  - How typical is this?
  - How has the scale of turnover in your organisation changed over time? [Probe: Compare 1/2/5 years ago]

**13. Who do you most want to recruit for your workforce now?**

- *Probe* around *nationality, job titles, contract types*
- Are there any gaps in your workforce? *(Probe around whether gaps are because of lack of recruitment or lack of retainment)* Who do you need to fill those gaps?
- Are there any job roles that were harder to recruit for/ fill than others?
- How important is international labour for your organisation?

**14. What do you think attracts staff to work for your organisation?**

- Do you think there have been any changes in how attractive a career in adult social care is since January?
- What does your organisation offer in terms of progression, training and opportunities?
- Is there anything you include in the job offer in order to make it more appealing?
  - *Probe: UK/EU/international*
  - *Probe: pay or other benefits*
- Is there any flexibility with what you can offer to different recruits?
- Why do you think international workers want to come and work in UK social care?
- Do you think workers see social care as a long term career?

**15. Practically, what is involved with trying to recruit these people?**

- Has your recruitment strategy changed in any ways since the end of freedom of movement?
  - *Probe: UK/EU/international*
- What channels do you use to reach people?
  - *Probe: UK/EU/international*
- Do you conduct your own recruitment or outsource to recruiters?
  - *Probe: UK/EU/international*
- What sort of qualifications do workers need to have? Are these qualifications recognised internationally?
  - *Probe: UK/EU/international*
  - What sort of qualifications do your workers tend to have in practice?
    - What proportion of your workforce have qualifications above/below the minimum requirements?
- What does your organisation offer in terms of training, if anything?
  - *Probe: UK/EU/international*
- Is it easier to recruit workers from any countries more than others?
  - *Probe: UK/EU/international*
- Do you know which visa routes overseas workers tended to use? Do you have any responsibilities regarding their visas?
  *Prompt with options:*
  - Skilled worker (NB. only works for senior care workers (SCWs) when on shortage list)
  - Health and care worker (what did they think of this being introduced? NB. It being introduced gave a route for SCWs)
  - Family visa
  - Youth Mobility Scheme
  - Temporary work visa
  - Student visa
- Are there any particular costs associated with recruiting staff
  - *Probe: UK/EU/International*
  - *Probe: sponsorship costs*
- Do you offer any additional support to new migrant workers?
- Are there any differences in how you recruited for different roles?
  - *Probe: UK/EU/international*
- Are there any particular challenges involved in recruitment?
  - *Probe: UK/EU/international*
- What might make recruitment easier, if anything?
  - *Probe: UK/EU/international*

**16. How long do employees tend to stay at your organisation?**

- Do you have a sense of employees' professional ambitions when starting at your organisation?
- When people leave, what reasons do they tend to cite?
- Are there any particular professions that employees move to?
- Do you have any current strategies for improving retention?
- Can you think of anything that might encourage people to stay longer in the future?

**17. To what extent are you able to support employees who are currently looking to gain settled status in the UK?**

- To what extent do you have to do anything beyond your current responsibilities as an employer to support these employees?

## Looking to the future

**18. Do you see your workforce changing in the near future?**

- Do you see it changing for better or for worse?
- Probe: proportion of senior care workers/care workers?; full-time/ part-time/self-employed; British/ EU/non-EU?
- Probe*: COVID-19 easing?*

**19. Do you anticipate any particular challenges in the next year or so?**

- *Probe: sho*rtages? Recruitment? Retainment? International versus domestic labour
- Are you taking/planning to take any actions that might mitigate against current and expected future challenges?
  - *Probe: Changes to job offer, redesigning jobs*
- To what extent do you expect the future increase in the national minimum wage will impact you organisation?
  - *Probe: Expected implications on recruitment, retention, the wider organisation*
  - How easy or difficult will it be for your organisation to meet this new minimum?

**20. Do you have a sense of your recruitment strategy going forward?**

- For international workers?
- For British workers?

**21. Changes have recently been made to allow care workers to come to the UK on a Skilled Worker visa.**

- To what extent would you make use of this visa?
- To what extent do you think you could support workers to settle in the UK after 5 years of being on the Skilled Worker Visa?
  - *Probe: Feasibility around necessary pay progression over the 5 years.*

**22. Have you considered sponsoring employee's visas?**

- *Probe on which of the sponsorship requirements would be most/least likely to put them off the route.*

**23. What is your understanding of your requirements as an employer to be able to sponsor employees?**

- Do you know if there are any requirements that the candidate must fulfil?

| **Employee requirements** | |
|---|---|
| B1 English language requirement | How would you feel about having to find potential workers who fulfil this requirement?<br>What English level do you think it is necessary for potential employees to have, if any?<br>How big a barrier would this requirement be for your organisation? How might you overcome it, if at all? |
| Employee must have a salary of at least £20,480 per year (equates to £10.10 per hour).<br>*Employees on the new sponsorship route must be paid £10.10 per hour to meet the salary threshold of £20,480 per year, as only 39 hours of the worker's contract can go towards meeting the salary threshold. It is possible that they can work* | How would you feel about having to pay potential workers this amount?<br>How feasible is this for you? Why/why not?<br>What impact if any do you think this would have on contracts/salaries for domestic workers? |

| | |
|---|---|
| *up to 48 hours per week, but nothing above their 39 hour/ week limit can go towards meeting their salary threshold.* | How big a barrier would this requirement be for your organisation? How might you overcome it, if at all?<br>What salary level would be feasible for you to pay?<br>How would you feel about having to employee new migrant care workers full time? |

| **Employer requirements** | |
|---|---|
| Apply and pay for a **sponsorship licence**: £536 if you're a small sponsor; £1,476 for medium or large sponsor.<br>The application process takes approx. 8 weeks.<br>*Note to researcher -You're usually a small sponsor if at least 2 of the following apply:*<br>*Your annual turnover is £10.2 million or less*<br>*Your total assets are worth £5.1 million or less*<br>*You have 50 employees or fewer* | How would you feel about having to pay this amount?<br>How feasible is this for your organisation? Why/why not?<br>How would you feel about the sponsor application process taking 8 weeks?<br>How big a barrier would this requirement be for your organisation? How might you overcome it, if at all?<br>What fee/time period would be feasible for your organisation?<br>Do the costs involved in sponsoring employees feel worth it for your organisation?<br>*Probe: How do they compare to the costs spent on agency staff if used?*<br>Do you imagine there would be any other costs you would have to incur when sponsoring employees?<br>*Probe: Travel etc* |
| Potentially pay £199 per worker for a Certificate of Sponsorship | Which countries would you be looking to recruit workers from?<br>How would you feel about having to pay for a Certificate of Sponsorship?<br>How feasible is this for you? Why/why not?<br>How big a barrier would this requirement be for your organisation? How might you overcome it, if at all?<br>What fee would be feasible for your organisation?<br>What if it was £100? What if it was £300? |
| Immigration Skills Charge per worker:<br>Small sponsors - £364 for first year, £182 for each subsequent 6 months;<br>Large sponsors - £1000 first year, £500 each subsequent 6 months<br>*The cost of the CoS and Immigration Skills Charge for each workers who stay in the UK for 5 years would equate to roughly £5,000 for medium/large employers and £2,000 for small ones.* | How would you feel about having to pay for a Certificate of Sponsorship?<br>How feasible is this for you? Why/why not?<br>How big a barrier would this requirement be for your organisation? How might you overcome it, if at all?<br>What fee would be feasible for your organisation?<br>What if it was £XX? |
| Using the Sponsor Management System to track and record employees' attendance.<br>Compliance checks may be carried out by the Home Office. | How would you feel about having to track and record employee's attendance?<br>How feasible is this for you? How much time do you think it would take? |

| | |
|---|---|
| | How do you feel about being subject to compliance checks?<br>How big a barrier would this requirement be for your organisation? How might you overcome it, if at all? |

| **Other considerations** | |
|---|---|
| The new visa route for care workers (as opposed to only senior care workers) is only due to be open for 12 months, but workers who come to the UK during this time can stay as long as they want and settle. | Does the fact that the government has said the route will be open for 12 months affect your thinking about how/whether to use the route?<br>How effectively would this help you to recruit new workers?<br>What about if the route was open for 18 months? 3 years? Indefinitely? Would this change how/whether you use this route? |

**24. Thinking about all these considerations, how would you feel about using this visa route?**

- Which would be the biggest barriers for you?
- What would enable you to use this route?
- To what extent do you think using this recruitment route would tackle challenges you are facing as an organisation?

**25. Another hypothetical option would be for there to be an unsponsored visa route, i.e. you wouldn't have to sponsor a worker to come to the UK and workers would be able to take any job, in or outside of the care sector. This might work similarly to a Youth Mobility Visa.**
*[show stimulus with potential requirements]*

- How do you feel about this idea?
- What do you think about these requirements?
    - How do you feel about the age criteria (18-30)? How suitable would these people be for the roles you would want to fill?
    - How do you feel about the 2-year duration?
    - How do you feel about it only being open to people from certain, mainly EU countries?
        - Which countries would you be looking to recruit people from?

**26. Is there any other type of immigration system/visa route that you think would be beneficial for your organisation?**

**27. If you were able to recruit whoever you wanted, what difference do you think this would make to your organisation?**

**28. Is there anything else you would like to mention?**

Thank you.

# Revealing Reality discussion guide– Employer groups

## Aims & objectives

- To understand current practice and issues with recruitment and retainment of staff in adult social care
- To understand employers' perspectives on how current practice and experience of recruitment and retainment has been impacted by the end of freedom of movement
- To understand employers' perspectives on the importance of international recruitment to adult social care

### Overview/Interview Flow

| Section | Objective |
|---|---|
| **Introductions** (15 mins) | • Build rapport<br>• Briefly establish the context, role, and responsibilities of each participant |
| **Awareness of factors affecting social care** (20 mins) | • Understand awareness of recent changes to immigration rules/ ending of freedom of movement, amongst other factors which have impacted social care in the last few years |
| **Attraction and recruitment** (20 mins) | • Understand who have they looked to recruit in the past vs now<br>• Understand how they have tried to attract employees to apply, including what the key challenges have been in the process and how they've changed over time<br>• Understand what is involved in recruiting employees (international vs UK national) and how this has changed over time |
| **Retention** (20 mins) | • Understand strategies for retention, and how these have changed over time<br>• Understand challenges to retention and how these have changed over time |
| **Looking ahead** (10 mins) | • Understand who are they intending on trying to recruit/retain in the future?<br>• Understand what challenges will exist beyond COVID-19, and the place of immigrationwithin this.<br>• Understand what strategies they will have to put in place to recruit UK national vs International workers |

## Introductions (15 mins)

**Build rapport; Briefly establish the context, role, and responsibilities of each participant**

**Introduction**

Hello everyone. Thank you so much for taking the time to speak to us. Before we all introduce ourselves to each other, we'll quickly run through the aims and the format of the session.

- I'm X and I work as a researcher at Revealing Reality. We've been commissioned by the MAC for this project to explore employer and employee experiences of working and recruiting in the Adult Social Care Sector, in particular understanding how the recent end of freedom of movement has affected the social care sector. Findings from the interviews will be used to help the MAC evaluate areas for possible change.
- This session is an opportunity for us to get an overview of your perspectives as employers in the sector. We'll be asking you draw on your experiences and discuss the priorities and challenges faced by the sector.

- It's important to remember that there are no right or wrong answers. We're aware that people may have different responsibilities and levels of understanding of some of the things we'll be talking about in the group – this is not a test, and all answers/opinions are valid!
- You don't have to answer anything you don't want to. Whilst understanding personal experiences related to your specific organisations might be helpful, we're aware that some may not want to go into detail about their own organisation, which is absolutely fine. Feel free to make broader reflections about the broader social care sector as you've experienced it. That said, we hope to create a trusting, honest atmosphere where we see each other as collaborators, not competitors. The aim of this session is to gather reflections and workshop idea that can benefit the sector as a whole.
- The session will last 1.5 hours.
- We want the session to be conversational and for everyone to have their say. If there is something being said that you don't agree with, please chip in and challenge
- Everything you say during this session will be anonymised. None of the information you give us will affect your dealings with either the Home Office or your organisation.
- The session is going to be recorded. This is in order to make an anonymised transcript, which with your consent will be passed onto the MAC.
- At the end of the session we will be sending you a consent form and an information sheet.
- Any questions?

1. **Tell us a bit about yourself and your work.**
    - *Probe: Name, location, role, length of time in the adult social care sector*
- Tell us a bit about your organisation
    - *Probe: Type of organisation, size of organisation, care provided*

## Factors affecting social care (20 mins)

**Understand awareness of recent changes to immigration rules/ ending of freedom of movement, amongst other factors which have impacted social care in the last few years.**

2. **What do you think are the biggest factors which have affected your organisation in the last couple of years? Let's take two minutes to each have a think.**
    *Get respondents to list factors and input into stimulus flashcards (Slide 2)*
- Why do you say this?
- How have they affected your organisation?
  *Show additional pre-made flash cards (Slide 2)*
- What do you know about these factors?
    - *Probe for flash cards on immigration*: How important is international labour for your workforce?
- How would you rank these factors in terms of the largest impact on your organisation and workforce? (*Get respondents to order cards on stimulus scale- Slide 3)*
    - Why did you put them in this order?
- To what extent do you think this is the same for the wider social care sector in your region? (*Get respondents to reorder cards - Slide 4)*
    - Why did you put them in this order?
    - How do you think each of these factors have affected other sectors in comparison?

We're particularly interested in the role of immigration and the ending of freedom of movement in relation to the sector. Of course, as we have seen, there are several factors which have affected the sector in the last year. Let's try to unpick these factors where we can for the rest of the interview.

## Attraction and recruitment *(20 mins)*

**Understand who have they looked to recruit in the past vs now; Understand how they have tried to attract employees to apply, including what the key challenges have been in the process and how they've changed over time; Understand what is involved in recruiting employees (international vs UK national) and how this has changed over time**

3. **How easy or difficult is it to get the right workforce at the moment?**
    - How does this compare to a year/two years ago?
4. **How easy/difficult is it to attract workers into the sector now?**
    - Who are you trying to attract? Probe: qualifications, experiences, skill set
        - What proportion of your workforce have qualifications above/below the minimum requirements?
    - How do you try to attract them?
        - What do you need to offer?
        - *[Probe] pay and progression*

    To what extent does the offer differ depending on international/UK national employees?
    - To what extent can you vary the terms of your offer based on the applicant?
        - *[Probe] experience, qualifications*
    - How does what you do to attract employees compare to a year/two years ago?
    - To what extent do you attract the right people for the job?
    - What are the challenges in attracting the right employees?
        - To what extent are you competing with other sectors?
        - What is the impact of these challenges on your organisation?
5. **To what extent has the ending of freedom of movement impacted your ability to attract the right people?**
6. **What is the recruitment process once people have expressed interest in working in your organisation?**
    - How does this compare for UK national vs international applicants?
        - What are the main routes that you use for international workers?
        - How does the process change depending on the route?
        - Do you sponsor workers? What does this process involve?
        - To what extent has the process of getting employees into the organisation changed over the last one/two years?
    - What are the key challenges in getting people into the organisation?
        - How has this changed over time?

## Retention *(20 mins)*

**Understand strategies for retention, and how these have changed over time; Understand challenges to retention and how these have changed over time**

7. **What are they main challenges in retaining staff in your organisation? Let's take two minutes to have a think of ideas**

    *Get respondent to list out challenges on stimulus – slide 6*
    - Why do you say this?

- How long do employees tend to stay in your organisation?
  - To what extent does vary between roles?
  - Why do you think this is?
  - How has the scale of turnover in your organisation changed over time? [Probe: Compare 1/2/5 years ago]
- How do these challenges compare to the challenges you faced one/ two years ago?
- To what extent are you competing with other sectors?
  - Which sectors?
  - How does this compare to a year/ two years ago?

**8. What do you think might encourage employees to stay longer?**

- *Probe: pay,* training *and opportunities, hours*
- Have you made any changes to your retention strategy in response to recent changes?
  - *Probe: COVID-19, new immigration system, [any other challenges they have mentioned]*
- What do you think could be done to make retention easier?

## Looking ahead *(15 mins)*

**Understand who they are intending on trying to recruit/retain in the future?; Understand what challenges will exist beyond COVID-19, and the place of immigration within this; Understand what strategies will they have to put in place to recruit UK national vs International workers**

**9. What are your recruitment and retention plans for the future?**

- Do you see there being any changes in who you recruit?
  - *Probe: UK/ international; different roles*
- Do you see there being any changes in how you recruit British/international workers?

**10. Do you envision your recruitment challenges changing in the future (for better or worse)?**

- *Probe: shortages? Recruitment? Retainment? International versus domestic labour*
- Are you taking/planning to take any actions that might mitigate against current and expected future challenges?
  - *Probe: Changes to job offer, redesigning jobs*
- To what extent do you expect the future increase in the national minimum wage will impact you organisation?
  - *Probe: Expected implications on recruitment, retention, the wider organisation*
  - How easy or difficult will it be for your organisation to meet this new minimum?

## New visa route

**11. Changes have recently been made to allow care workers to come to the UK on a Skilled Worker visa.**

- To what extent would you make use of this visa?
- To what extent do you think you could support workers to settle in the UK after 5 years of being on the Skilled Worker Visa?
  - *Probe: Feasibility around necessary pay progression over the 5 years.*

**12. Have you considered sponsoring employee's visas?**

- *Probe on* which *of the sponsorship requirements would be most/ least likely to put them off the route.*

**13. What is your understanding of your requirements as an employer to be able to sponsor employees?**

- Do you know if there are any requirements that the candidate must fulfil?

| **Employee requirements** | |
|---|---|
| B1 English language requirement | How would you feel about having to find potential workers who fulfil this requirement?<br>What English level do you think it's necessary for potential employees to have, if any?<br>How big a barrier would this requirement be for your organisation? How might you overcome it, if at all? |
| Employee must have a salary of at least £20,480 per year (equates to approx. £10.10 per hour).<br>This means it's likely the job would need to be full time. | How would you feel about having to pay potential workers this amount?<br>How feasible is this for you? Why / why not?<br>How big a barrier would this requirement be for your organisation? How might you overcome it, if at all?<br>What salary level would be feasible for you to pay?<br>How would you feel about having to employee new migrant care workers full time?<br>How feasible is this for you? |

| **Employer requirements** | |
|---|---|
| Apply and pay for a **sponsorship licence**: £536 if you're a small sponsor; £1,476 for medium or large sponsor.<br>The application process takes approx. 8 weeks.<br>*Note to researcher -You're usually a small sponsor if at least 2 of the following apply:*<br>*Your annual turnover is £10.2 million or less*<br>*Your total assets are worth £5.1 million or less*<br>*You have 50 employees or fewer* | How would you feel about having to pay this amount?<br>How feasible is this for your organisation? Why / why not?<br>How would you feel about the sponsor application process taking 8 weeks?<br>How big a barrier would this requirement be for your organisation? How might you overcome it, if at all?<br>What fee/ time period would be feasible for your organisation? |
| Potentially pay £199 per worker for a Certificate of Sponsorship. | Which countries would you be looking to recruit workers from?<br>How would you feel about having to pay for a Certificate of Sponsorship?<br>How feasible is this for you? Why / why not?<br>How big a barrier would this requirement be for your organisation? How might you overcome it, if at all?<br>What fee would be feasible for your organisation?<br>What if it was £100? What if it was £300? |
| Immigration Skills Charge per worker:<br>Small sponsors - £364 for first year, £182 for each subsequent 6 months;<br>Large sponsors - £1000 first year, £500 each subsequent 6 months<br>*The cost of the CoS and Immigration Skills Charge for each workers who stay in the UK for 5 years would equate to roughly £5,000 for medium/large employers and £2,000 for small ones.* | How would you feel about having to pay for a Certificate of Sponsorship?<br>How feasible is this for you? Why / why not?<br>How big a barrier would this requirement be for your organisation? How might you overcome it, if at all?<br>What fee would be feasible for your organisation?<br>What if it was £XX? |
| Using the Sponsor Management System to track and record employees' attendance. | How would you feel about having to track and record employee's attendance? |

| | |
|---|---|
| Compliance checks may be carried out by the Home Office. | How feasible is this for you? How much time do you think it would take?<br>How do you feel about being subject to compliance checks?<br>How big a barrier would this requirement be for your organisation? How might you overcome it, if at all? |

| **Other considerations** | |
|---|---|
| The new visa route for care workers (as opposed to only senior care workers) is only due to be open for 12 months, but workers who come to the UK during this time can stay as long as they want and settle. | Does the fact that the government has said the route will be open for 12 months affect your thinking about how/whether to use the route?<br>How effectively would this help you to recruit new workers?<br>What about if the route was open for 18 months? 3 years? Indefinitely? Would this change how/whether you use this route? |

**14. Thinking about all these considerations, how would you feel about using this visa route?**

- Which would be the biggest barriers for you?
- What would enable you to use this route?

**15. Another hypothetical option would be for there to be an unsponsored visa route, i.e. you wouldn't have to sponsor a worker to come to the UK and workers would be able to take any job, in or outside of the care sector. This might work similarly to a Youth Mobility Visa.**

*[show stimulus with potential requirements]*

- How do you feel about this idea?
- What do you think about these requirements?
    - How do you feel about the age criteria (18-30)? How suitable would these people be for the roles you would want to fill?
    - How do you feel about the 2-year duration?
    - How do you feel about it only being open to people from certain, mainly EU countries?
        - Which countries would you be looking to recruit people from?

**16. Is there any other type of immigration system / visa route that you think would be beneficial for your organisation?**

**17. If you were able to recruit whoever you wanted, what difference do you think this would make to your organisation?**

**18. Is there anything else you would like to mention?**

Thank you.

# MAC Discussion Guide – Direct employers

## Aims & objectives

- To understand current practice and issues with recruitment and retention of staff by personal budget holders (direct employers)
- To understand direct employers' perspectives on how current practice and experience of recruitment and retention has been impacted by the end of freedom of movement
- To understand direct employers' perspectives on the importance of international recruitment to adult social care

## Purpose of this document

This is a semi-structured guide for the topics that the researcher will cover in the interview. The researcher will use the guide flexibly - they may not ask questions in the order they are presented here, but in the order which makes most sense for the interviewee - the researcher may probe beyond the questions if topics of interest to the wider goals of the project arise.

## Overview/Interview Flow

| Topic | Objective |
|---|---|
| **Introduction and background** *(5 minutes)* | Build rapport with the respondent<br>Understand more about their personal situation |
| **A bit more about your situation** *(10 minutes)* | Understand what the individual's history of employing care workers has been like (how long for, how many, what type, what for, who) |
| **The end of freedom of movement** *(5 minutes)* | Get a sense of what the respondent knows about the recent changes to the immigration system<br>Learn whether the respondent feels the end of freedom of movement has impacted their personal situation |
| **Impact of the end of freedom of movement** *(20 minutes)* | Learn about the makeup of the respondent's carers before the end of freedom of movement – where did their carers come from, how were they recruited<br>Learn about the respondent's recruitment and retainment of international and UK workers before the end of freedom of movement<br>Gain a deeper understanding of how the end of freedom of movement has impacted the respondent's ability to recruit<br>Learn about whether/ how the respondent's ability to recruit has changed since the end of freedom of movement<br>Learn about the respondent's understanding of the current rules they would have to follow if they were to recruit internationally |
| **Looking to the future** *(5 minutes)* | Gain an understanding of what the respondent expects the future to look like in terms of availability and recruitment of carers/why<br>Gain and understanding of what the respondent would like the future to look like in terms of availability and recruitment of carers/what would need to happen for this to come about |

## Introduction and background

***Objectives: Build rapport with the respondent + understand more about their situation***

Thank you so much for taking the time to speak to us. I work for the MAC's research team. The MAC has been commissioned by the Home Secretary to report on the current situation in Adult Social Care, and to make some recommendations about migration. As part of this the MAC is speaking to some people who employ carers, whether on their own or another person's behalf, to find out more about their experiences of recruiting and employing carers, and in particular understanding how the recent end of freedom of movement has affected the social care sector. Other research being carried out by other people on our behalf will involve speaking to larger employers, and to carers themselves, about their own experiences. Findings from the interviews will be used to help the MAC evaluate areas for possible change.

Interview process:

- The interview will last about 45 minutes
- It'll be recorded/transcribed, but it will be anonymised – nothing will be used that would identify them.
- You have the right to withdraw at any stage.
- Thank for consent form (check own records to see this has been received)
- Nothing that would identify you will be shared with the wider Home Office: there is no way that anything you say can be used to affect any of your dealings with the Home Office or any other government department, either now or in the future.
- Throughout the interview we will be asking about your individual situation. We are interested in the different circumstances in which people employ carers, and details about things like the types of work they do, the numbers of carers they employ and the amount of time they spend with you. Please do not feel that you have to share details about your personal medical situation or history, and we won't be asking directly about this. However, please also feel free to share anything you think would be helpful and are happy to talk about.
- As we go through the questions, let me know if there is anything you'd prefer not to answer.
- Do you have any questions?
- Check if the participant is happy to continue and be recorded.

1. **Can you tell me a bit about your situation? *(We are not asking for any confidential or medical details, or anything you do not feel comfortable talking about)***
   *(Establish whether care is required on their own behalf or someone else's behalf)*
   - How long have you required care/has this person required care?
   - And how long have you been a personal budget holder?
     - Reasons they became a personal budget holder
     - Advantages of being a personal budget holder over having care supplied by the local authority
     - Any disadvantages of being a personal budget holder

## A bit more about your situation

2. **Could you tell me a bit more about the carers you employ?**
   - For how many hours a week do you employ carers?
     - Is this as many hours as you would ideally like? (Probe on why not more – e.g. budget, availability)
   - And how many carers do you employ?
     - Is this the number you would ideally like? (Probe on whether the individual would prefer more, fewer carers)

- What sort of hours do your carers tend to work?
- Could you tell me more about what a typical day or week might look like in terms of the carers who attend?

3. **Employing carers**
   - What are your carers like? *(Probe on personal qualities, skills, anything else needed e.g. car)*
   - How do you normally find your carers?
   - What do you look for when you recruit someone?
     - How easy is it for you to find someone you are happy to recruit?
     - Probe on extent to which they are able to choose between different candidates

## The end of freedom of movement

***Objectives: Get a sense of what the respondent knows about the recent changes to the immigration system + Learn whether the respondent feels the end of freedom of movement has impacted their own personal situation***

4. **How important has it been in the past to be able to recruit carers who are not British?**
   - What proportion of previous carers have not been British?
     - Could you estimate the proportion of British/ EU/ non-EU staff you have employed over the years?
   - *Probe* whether *EU/non-EU, which specific countries*
   - Why do you think this has been the case?
   - What have been the benefits to you in being able to recruit this group of people? (Probe on whether just ease of recruitment/number of recruits, or anything else)
   - Why were the carers you employed before working in UK social care?
   - To what extent did these workers see social care as a long-term career?
   - When they left, do you know where they went? *Probe on:*
     - Next career step
     - Where they went geographically – elsewhere in UK, back to home country, somewhere else
5. **As you may know, from January 2021, the UK stopped being a part of EU freedom of movement and the new points-based immigration system came into force. This means that EU citizens now require visas to come and work in the UK.**
   - Do you know any details about the new immigration system? (Don't worry if not – we are just trying to find out any elements that people do know about)
   - Do you know any details about what is involved in employing someone on a visa? (Again don't worry if not – we're just trying to find out whether there are any elements people are more likely to know about)

*For researcher: some information about the system to probe with/ test against*

- Freedom of Movement has ended for EU workers and now the same system as for non-EU workers applies
- The application process takes around 8 weeks
- Immigrants need: job offer and sponsorship letter
- Routes for care workers: skilled worker, health and care worker (H&CW) visa
  - Only senior care workers were able to come in (SOC 6146) at a rate of at least £20,480 per year **and at least** £10.10 per hour (this is changing following MAC recommendation and any care worker earning this salary can)

- The shortage list = lower salary requirement + lower application fee
    - Senior care workers are currently on the shortage list
- The employer needs to have a sponsorship licence (£536 for a small employer) and pay an Immigration Skills Charge (£364 per year) plus for non-EU countries a Certificate of Sponsorship (£199 per worker)
- Immigrants need evidence of personal savings to support themselves
- Skilled worker + HSC visa lasts for up to 5 years before you need to extend it – you can extend as many times as you like – after 5 years you may be able to settle permanently
- Employers need to track and record workers' attendance and there may be Home Office compliance checks

- Have you noticed any changes to your own situation following these new rules?
    i. *Probe on any changes to situation with existing carers (have they settled, moved on, returned to their previous country)*
        - (If had EU staff: did they settle? Were they involved in this process at all?)
    ii. *Probe on any changes to ability to recruit carers when needed*
        - Extent of any impact on quality or quantity of care received
- Do you know anything about how these new rules affect the agency/agencies you use?
- Individuals are not currently allowed to sponsor care workers' visas. If this were allowed, would it be something you would consider?
    - Why/why not
    - *Probe on which of the sponsorship requirements would be most likely to put them off the route.*
    - *Probe on which of the sponsorship requirements would be* least *likely to put them off the route.*
- Thinking about the rules I outlined earlier – how far do you think individuals in a similar situation to yours would be able to use this system if they were able to?
- Why is this? *(Probe on)*
    - Costs
    - Complexity
    - Are there any rule changes that sound less difficult for individual employers?
    - And are there any rules that sound more difficult for individual employers?

**6. Could you describe what your carer workforce looks like now?**

- How many carers/who do you employ now? Are there any changes here? *(Probe around nationalities; if not British are they settled EU, here on another route, etc.)*
- What sort of hours do your carers tend to work now?
    - To what extent has this changed/stayed the same?
- What working patterns do your carers tend to work now?
    - To what extent has this changed/stayed the same?
- Can you find carers with the qualifications/training you need?
    - To what extent has this changed/stayed the same?
- What has been the proportion of turnover in your carers in the last 6 months?
    - How typical is this?
    - How has the amount of turnover in your carers changed over time? *(Probe: Compare 1/2/5 years ago)*
- Do you currently have any vacancies within your carer team?

- *Probe on extent to which (they believe this is) related to end of Freedom of Movement*
- Who do you most want to recruit for your carer team now?
- *Probe on how they expect to fill these vacancies (extent to which they expect that this will be more difficult following the end of Freedom of Movement)*
- Are there any specific areas it is more difficult to recruit for? (for example type of work done, types of shift, types of work pattern, days of the week)
- Extent to which this has changed following Freedom of Movement

## Looking to the future

**7. Do you see your workforce changing in the near future?**

- Do you see it changing for better or for worse?
  - *Probe: proportion of senior care workers/ care workers?; full-time/ part-time/ self-employed; British/ EU/ non-EU?*
  - *Probe: COVID-19 easing?*
- Do you anticipate any particular challenges in the next year or so?
- To what extent do you expect the future increase in the national minimum wage to impact you?

**Is there anything else you'd like to mention?**

Thank you so much for speaking to us. Your views will really help shape the recommendations we make to the Home Secretary. To reiterate, we won't use your name or any identifying quotes in our report, we'll report on generalised themes and anonymised quotes that won't disclose your identity. We are due to report back at the end of April, and I can send you a copy of the report then if you would be interested in receiving it? (If so, we will retain your email address until then so we can email a copy).

# MAC discussion guide – Care suppliers

## Aims & objectives

- To understand current practice and issues with recruitment and retainment of staff in adult social care
- To understand care suppliers' perspectives on how current practice and experience of recruitment and retainment has been impacted by the end of freedom of movement
- To understand employers' perspectives on the importance of international recruitment to adult social care

## Purpose of this document

This is a semi-structured guide for the topics that the researcher will cover in the interview. The researcher will use the guide flexibly - they may not ask questions in the order they are presented here, but in the order which makes most sense for the interviewee - the researcher may probe beyond the questions if topics of interest to the wider goals of the project arise.

## Overview/Interview Flow

| Topic | Objective |
|---|---|
| **Introduction and background** *(5 minutes)* | • Build rapport with the respondent<br>• Understand their role/ responsibilities |
| **Description of the organisation** *(5 minutes)* | • Understand where the respondent's organisation fits into the care sector<br>• Get a sense of their key business needs |
| **The impact of the end of freedom of movement** *(30 minutes)* | • Get a sense of what the respondent knows about the recent changes to the immigration system<br>• Learn whether the respondent feels the end of freedom of movement has impacted their organisation<br>• international and UK workers since the end of freedom of movement<br>• Identify which visa routes the respondent uses for international recruitment<br>• Look at the feasibility of complying with the visa requirements, on the organisation or its clients' behalf |
| **Looking to the future** *(5 minutes)* | • Gain an understanding of what the respondent expects the future to look like in terms of recruitment, retainment and workforce makeup<br>• Gain and understanding of what the respondent would like the future to look like in terms of recruitment, retainment and workforce makeup |

### Introduction and background

***Objectives: Build rapport with the respondent + understand their role/responsibilities***

Thank you so much for taking the time to speak to us. I work for the MAC's research team. The MAC has been commissioned by the Home Secretary to report on the current situation in Adult Social Care, and to make some recommendations about migration. As part of this the MAC is speaking to some people who employ carers, whether on their own or another person's behalf, to find out more about their experiences of recruiting and employing carers, and in particular understanding how the recent end of freedom of

movement has affected the social care sector. Other research being carried out by other people on our behalf will involve speaking to larger employers, and to carers themselves, about their own experiences. Findings from the interviews will be used to help the MAC evaluate areas for possible change.

Interview process:

- The interview will last about 45 minutes
- It'll be recorded/transcribed, but it will be anonymised – nothing will be used that would identify them.
- You have the right to withdraw at any stage.
- Thank for consent form (check own records to see this has been received)
- Nothing that would identify you will be shared with the wider Home Office: there is no way that anything you say can be used to affect any of your dealings with the Home Office or any other government department, either now or in the future.
- Throughout this interview I'll be asking various questions, which you're very welcome to respond to with reference to any types of carer you offer (if you offer different types), but this strand of the research is specifically looking at issues relating to direct payment/personal budget holders, and so if there is anything specific to that type of care/carer, it would be really helpful if you could highlight it.
- Do you have any questions?
- Check if the participant is happy to continue and be recorded.

1. **Can you tell me a bit about your role?**
    - What are your key responsibilities?
    - How long have you been working at [organisation]?
    - And what does your organisation do?
        - Probe on whether it's an introductory agency only, or whether it supplies and manages carers
        - Type of carers supplied
        - Client base
        - Extent/proportion of direct payment clients in their client base

## Description of the organisation

***Objectives: Understand where the respondent's organisation fits into the care sector; Get a sense of their key business needs.***

2. **Could you tell me a bit more about [organisation]?**
    - What sort of carers do you supply?
        - *Prompt: adults with SEND, elderly patient*
        - *Prompt: domiciliary, residential*
    - Where is your organisation based? (If multi-site, do they have any international presence?)
3. **What have been the biggest challenges for your organisation over the last year or so?**
    - What are the main factors that have been causing these challenges?
    - How do you think the way you've been impacted compares to other adult social care organisations?
        - *Probe on any issues specific to direct budget holders*
    - To what extent has this affected the quality of care that you can offer?
    - To what extent has this affected your workforce?

## The impact of the end of freedom of movement

***Objectives: Get a sense of what the respondent knows about the recent changes to the immigration system + Learn whether the respondent feels the end of freedom of movement has impacted their organisation***

4. **How important is international labour for your workforce?**
    - *Probe with EU/ non-EU*
    - What are the benefits to your organisation in being able to access international labour?
5. **As you may know, from January 2021, the UK stopped being a part of EU freedom of movement and the new points-based immigration system came into force. This means that EU citizens now require visas to come and work in the UK. How much do you know about the new immigration system?**
    *Box is for reference/questions, no need to probe as there are other questions later*

*For researcher: some information about the system to probe with/ test against*

- Freedom of Movement has ended for EU workers and now the same system as for non-EU workers applies
- The application process takes around 8 weeks
- Immigrants need: job offer and sponsorship letter
- Routes for care workers: skilled worker, health and care worker (H&CW) visa
    - Only senior care workers were able to come in (SOC 6146) at a rate of at least £20,480 per year and at least £10.10 per hour (this is changing following MAC recommendation and any care worker earning this salary can)
- The shortage list = lower salary requirement + lower application fee
    - Senior care workers are currently on the shortage list
- The employer needs to have a sponsorship licence (£536 for a small employer) and pay an Immigration Skills Charge (£364 per year) plus for non-EU countries a Certificate of Sponsorship (£199 per worker)
- Immigrants need evidence of personal savings to support themselves
- Skilled worker + HSC visa lasts for up to 5 years before you need to extend it – you can extend as many times as you like – after 5 years you may be able to settle permanently
- Can only recruit senior care workers under the new system, not standard care workers)
- Employers need to track and record workers' attendance and there may be Home Office compliance checks

6. **Could you describe your workforce before the end of freedom of movement?**
    - What sort of roles did you employ? *(Probe around job titles)*
    - What sort of hours did your staff tend to work?
        - *Probe around contract type, carer contracts supplied, extent to which carers took one job to fit around other things, or 2-3 different contracts to work simultaneously*
    - Could you estimate the proportion of British/ EU/ non-EU carers you were placing?
    - Were there any job roles that were harder/easier to fill than others?
7. **What do you think attracted staff to work in the placements arranged by your organisation?**
    - Was there anything you found it beneficial for clients to include in the placement offer in order to make it more appealing?
        - *Probe: UK/EU/international*
        - *Probe: pay or other benefits*
        - Was there any flexibility with what clients could offer to different recruits?
    - Why do you think international workers wanted to come and work in UK social care?
    - Do you think workers saw social care as a long-term career?

- *Probe on why leaving, where to, whether carers took one or successive postings, extent to which carers left to become permanent employees of clients*

8. **Practically, what was involved with trying to recruit these people?**
   - What channels would you use to reach people?
     - *Probe: UK/EU/international*
   - Did you conduct your own recruitment or outsource to recruiters?
     - *Probe: UK/EU/international*
   - What sort of qualifications, if any, did workers need to have?
   - What did your organisation or your clients offer in terms of training, if anything?
     - *Probe: UK/EU/international*
   - Was it easier to recruit workers from any countries more than others?
     - *Probe: UK/EU/international*
9. **Have you noticed any ways in which the new immigration system has impacted your organisation?**
   - Are these anticipated impacts, or are they already taking place?
   - What has changed?
     - *Prompt: recruitment, churn, calibre of staff, staff shortages, ability to meet client requests*
   - To what extent has this affected the carers looking for placements?
     - *Prompt: Makeup – job titles, nationality, contract type*
       - Probe on anything specific to direct payment clients as compared to other clients
     - *Prompt: personal difficulties, strain, sickness*
   - Have you/clients had to change what you offer?
   - To what extent has this affected the quality of care that you offer?
     - Have there been any requests/contracts that you have not been able to fulfil?
       - Any particular roles that are now more difficult to place
   - To what extent has this affected your business?
   - How do you think the way you've been impacted compares to other adult social care organisations?
       - *Probe on anything specific to direct payment carers*
     - To what extent do you think the way you've been impacted compares to other sectors outside of adult social care?
   - Have you previously had any responsibilities regarding their visas?
   - Do you have any responsibilities now?
     - *Prompt with options:*
       - *Skilled worker (NB. only works for senior care workers (SCWs) when on shortage list)*
       - *Health and care worker (what did they think of this being introduced? NB. It being introduced gave a route for SCWs)*
       - *Family visa*
       - *Youth Mobility scheme*
       - *Temporary work visa*
       - *Student visa*
10. **To what extent are you able to support employees who are currently looking to gain settled status in the UK?**
    - To what extent do you have to do anything beyond your current responsibilities as an employer to support these employees?
11. **Changes have recently been made to allow care workers to come to the UK on a Skilled Worker visa.**

- To what extent would you make use of this visa?
- To what extent do you think you could support workers to settle in the UK after 5 years of being on the Skilled Worker Visa?
    - *Probe: Feasibility around necessary pay progression over the 5 years.*

**12. What is your understanding of your/your clients' requirements as an employer to be able to sponsor employees?**

- Do you know if there are any requirements that the candidate must fulfil?
- Have you considered sponsoring care workers' visas?

*Probe on visa requirements, and how feasible it would be for clients to manage this (or the organisation to do so on their behalf – NB individuals are not allowed to sponsor workers themselves)*

| **Employee requirements** | |
|---|---|
| B1 English language requirement | How would you feel about having to find potential workers who fulfil this requirement?<br>What English level do you think it's necessary for potential employees to have, if any?<br>How big a barrier would this requirement be for your organisation?<br>How might your organisation overcome it, if at all? |
| Employee must have a salary of at least £20,480 per year (equates to approx. £10.10 per hour).<br>This means it's likely the job would need to be full time. | How would you feel about your organisation having to pay potential workers this amount?<br>How feasible is this for your clients? Why / why not?<br>How big a barrier would this requirement be?<br>How might you overcome it, if at all?<br>What salary level would be feasible?<br>How would you feel about your organisation itself having to employ new migrant care workers full time? |

| **Employer requirements** | |
|---|---|
| Apply and pay for a **sponsorship licence**: £536 if you're a small sponsor; £1,476 for medium or large sponsor.<br><br>The application process takes approx. 8 weeks.<br><br>*Note to researcher -You're usually a small sponsor if at least 2 of the following apply:*<br><br>*Your annual turnover is £10.2 million or less*<br><br>*Your total assets are worth £5.1 million or less*<br><br>*You have 50 employees or fewer* | How feasible is this for you? Why / why not?<br><br>How big a barrier would this requirement be? |
| Potentially pay £199 per worker for a Certificate of Sponsorship. | Which countries would you be looking to recruit workers from?<br><br>How feasible is paying for the CoS? Why / why not?<br><br>How big a barrier would this requirement be for your organisation? How might you overcome it, if at all? |
| Immigration Skills Charge per worker:<br><br>Small sponsors - £364 for first year, £182 for each subsequent 6 months;<br><br>Large sponsors - £1000 first year, £500 each subsequent 6 months<br><br>*The cost of the CoS and Immigration Skills Charge for each workers who stay in the UK for 5 years would equate to roughly £5,000 for medium/large employers and £2,000 for small ones.* | How would you feel about having to pay the Immigration Skills Charge? |
| Using the Sponsor Management System to track and record employees' attendance.<br><br>Compliance checks may be carried out by the Home Office. | How would your clients feel about having to track and record employees' attendance?<br><br>How feasible is this for them? How much time do you think it would take? Would it be feasible to do this on their behalf? |

| **Other considerations** | |
|---|---|
| The new visa route for care workers (as opposed to only senior care workers) is only due to be open for 12 months, but workers who come to the UK during this time can stay as long as they want and settle. | Does the fact that the government has said the route will be open for 12 months affect your thinking about how/whether to use the route? How effectively would this help you to recruit new workers?<br>What about if the route was open for 18 months? 3 years? Indefinitely? Would this change how/whether you use this route? |

**13. Thinking about all these considerations, how would you feel about using this visa route?**

- Which would be the biggest barriers for you?
- What would enable you to use this route?

## Looking to the future

**14. Do you see your carer workforce changing in the near future?**

- Do you see it changing for better or for worse?
  - *Probe: proportion of senior care workers/ care workers?; full-time/ part-time/ self-employed; British/ EU/ non-EU?*
- Are you taking/planning to take any actions that might mitigate against current and expected future challenges?
- To what extent do you expect the future increase in the national minimum wage will impact your organisation?
  - *Probe: Expected implications on recruitment, retention, the wider organisation*
  - How easy or difficult will it be for your clients to meet this new minimum?
    - Anything specific to direct budget holders

**Is there anything else you'd like to mention?**

Thank you so much for speaking to us. Your views will really help shape the recommendations we make to the Home Secretary. To reiterate, we won't use your name or any identifying quotes in our report, we'll report on generalised themes and anonymised quotes that won't disclose your identity. We are due to report back at the end of April, and I can send you a copy of the report then if you would be interested in receiving it? (If so, we will retain your email address until then so we can email a copy).

# Annex C: Data and definitions

Adult social care (hereafter referred to as 'social care') encompasses a diverse range of activities, settings, and people. There is no universally recognised definition of the social care sector or workforce and national surveys have, in general, not been designed with the sector in mind. This Annex sets out our approach to data analysis for this commission, covering data sources and statistical definitions of the sector and workforce. As with the qualitative analysis, it has not been possible to make a full assessment of the extent to which any of the issues raised apply to protected characteristics, although any such findings have been recorded in the main report.

## Data sources

We identified and explored a wide range of data sources for this commission, including official statistics produced by the Office for National Statistics (ONS), job vacancy data from platforms such as Indeed and Burning Glass (BG), administrative data from the Home Office (HO) and data collections led by the social care sector. A list of the main data sets we have used is provided below. Each of these sources provided a distinct perspective, and none acted as the single source of information for all of the questions answered in our work.

**Table C.1 Examples of data sources used in this commission**

| Official statistics* | Administrative data | Job vacancy data | Sector-led data collection |
|---|---|---|---|
| Annual Population Survey (APS) / Labour Force Survey (LFS)<br><br>Annual Survey of Hours and Earnings (ASHE)<br><br>ONS population projections | Certificate of Sponsorship (CoS) data<br><br>Sponsor registration data | Indeed<br><br>Burning Glass (BG) | Adult Social Care Workforce Data Set (ASC-WDS)<br><br>Scottish Social Services Council (SSSC) data<br><br>Social Care Wales (SCW) data, including registration data<br><br>Northern Ireland Social Care Council (NISCC) registration data<br><br>PA Pool data |

*We have also used care user projections data from the Care Policy Evaluation Centre (CPEC), produced on commission for the Department of Health and Social Care (DHSC), as an input into our workforce demand projection. These are not official statistics but are used in DHSC's own analysis. This list is not exhaustive.

Official statistics produced by the ONS have played a central role in the MAC's data analysis historically and continued to do so for this commission. ONS data provides a consistent and coherent basis for labour market analysis within and across sectors, between UK nations and over time, albeit with well-documented sampling issues during the pandemic[lxx]. The major difficulty in using ONS data is that its Standard Industry and Occupation Classifications (referred to as SIC and SOC, respectively) do not precisely capture the full depth or nuance of social care activities in terms of the diversity of roles and particular care settings. This is discussed below. A further difficulty arose in that sample sizes were often limited for the social care sector

outside England. We note the ONS's efforts to improve the understanding and coverage of social care data[lxxi] and we are grateful for their assistance.

Administrative data collected by the Home Office provided a timely picture of how the social care sector is interacting with the immigration system – but also uses SIC and SOC codes with their inherent limitations. The Indeed platform generally uses its own classification system, while BG uses a combination of this and other classifications.

Sector-led data collection played an important role in confirming the picture from ONS data and our stakeholder engagement, providing occasional challenge to official statistics and filling in the gaps, particularly by care setting. We are grateful to Skills for Care (SfC), the Scottish Social Services Council (SSSC), Social Care Wales, and the Northern Ireland Social Care Council for their assistance in accessing and making best use of their data. These data sources are tailored more closely to the diversity and nuance of social care provision, with greater sample size (sometimes effectively acting as a census) outside England. There would be challenges in relying solely on this data: it cannot give us a consistent and comprehensive view across sectors or UK nations, and official statistics generally provide a richer array of variables.

In our data analysis and our report, we have relied on official statistics in the first instance to identify key trends and make conclusions about the social care sector. Administrative and job vacancy data have supplemented this picture as with other MAC commissions. We have also used sector-led data collection to add nuance to our findings and we have highlighted where there are notable disagreements between data sources. Often these may be driven by differences in non-random response rates and associated weighting techniques, rather than fundamental differences in sampling. We are confident that this approach balances the coverage and comparability of official statistics with the granularity and insight available from sector data.

Table C.2 sets out how APS and ASHE data (for England only) compares to SfC data on the size of the social care workforce.

**Table C.2: Comparison of APS, ASHE and SfC workforce (employees) data in England**

| Occupation | APS | ASHE* | SfC |
|---|---|---|---|
| Care workers | 624,000 | 517,000 | 895,000 |
| Senior care workers | 75,000 | 57,000 | 84,000 |
| Nurses | 22,000 | 30,000 | 34,000 |
| Care managers | 44,000 | 36,000 | 52,000 |
| Other care providing roles | 45,000 | 62,000 | 99,000 |

Sources: APS March 2021; ASHE 2021 provisional; Skills for Care data provided on request for March 2021. Notes: APS and ASHE observations filtered for England only. APS and ASHE workforce estimates based on individuals by main job; there are around 50,000 individuals reporting care worker as a second job in the APS, some of whom work in social care as their main job. SfC care manager estimate is the sum of 'Middle Management', 'Registered Manager' and 'Senior Management'. *ASHE is not designed to provide comparable estimates of workforce size.

In general, SfC estimates of the size of the social care workforce are larger than the equivalents from ONS statistics, even focussing on the occupations in our scope. Some of this discrepancy is due to limitations in how SIC and SOC codes define the sector and the activities within it, and some is likely due to differences in weighting. We find that the characteristics of and trends in the workforce are similar regardless of the data source used, so we are confident that our analysis has picked these up accurately. Table C.3 provides comparisons on the distribution of hourly care worker pay in England across data sources.

**Table C.3: Comparison of APS, ASHE and SfC care worker hourly pay data in England**

| Percentile | APS (stated pay) | ASHE (stated pay) | ASHE (actual pay) | SfC (stated pay) |
|---|---|---|---|---|
| 25th percentile | £8.72 | £8.72 | £9.00 | £8.78 |
| Median | £9.07 | £9.03 | £9.93 | £9.04 |
| 75th percentile | £10.00 | £9.94 | £11.63 | £9.64 |

Sources: APS March 2021, ASHE 2020 revised, Skills for Care data provided on request for March 2021.

The main differences here are in the way pay is measured rather than the data source. Measures of 'stated' pay in the APS and ASHE are based on the contracted hourly pay rate of the subset of employees for whom this is defined. This also corresponds to SfC's data, which allows employers to benchmark their pay rates against other employers. The ASHE measure of 'actual' pay is derived from the responses for gross pay and hours worked elsewhere in the survey. This is our preferred measure as it reflects actual earnings and the ONS's published hourly earnings. SfC also estimate that the upper tail of the distribution is narrower.

## Statistical definitions

We have used a consistent definition of social care throughout the data analysis in this commission and we have made clear where we have had to depart from this. Our definitions of the sector and the workforce are guided by the overall focus of this commission:

- *Adult*, and not child social care
- Social *care*, and not social work
- The direct *provision of care*, and not supporting work – though this is vital to the functioning of the sector

For ease of presentation and given their limitations in describing social care activity, we have avoided repeated mention of SIC and SOC codes in our report except where this is relevant, e.g. in discussing the design of immigration policy. But our data analysis has assumed a consistent set of SIC and SOC codes, or their closest equivalents outside official statistics. Table C.4 details our definition of the social care workforce.

**Table C.4: Statistical definition of the social care workforce**

| SOC (2010) code | SIC (2007) codes | Generally referred to as |
|---|---|---|
| 1242 Residential, day and domiciliary care managers and proprietors | All | Care managers |
| 2231 Nurses | 87.1 Residential nursing care activities<br>87.2 Residential care activities for learning disabilities, mental health and substance abuse<br>87.3 Residential care activities for the elderly and disabled<br>88.1 Social work activities without accommodation for the elderly and disabled | Nurses, registered nurses |
| 6141 Nursing auxiliaries and assistants | 87.1 Residential nursing care activities<br>87.2 Residential care activities for learning disabilities, mental health and substance abuse<br>87.3 Residential care activities for the elderly and disabled<br>88.1 Social work activities without accommodation for the elderly and disabled | Other care providing roles |
| 6145 Care workers and home carers | All | Care workers |
| 6146 Senior care workers | All | Senior care workers |

Notes: this breakdown is largely preserved into SOC 2020, with the exception of nurses which are split into more disaggregated occupations – we count all of them within the relevant SIC codes. In SOC 2000 there is no distinction between care workers and senior care workers, but this breakdown is otherwise preserved.

Where possible we have captured workers in an occupation across all sectors, for consistency with previous MAC analysis (notably the Shortage Occupation List) and given the statistical noise and sample size limitations incurred through industry filtering. We assume that, regardless of their stated industry in the data, the vast majority of individuals in these occupations work in adult social care. This is borne out in the APS. As the majority of nurses and nursing auxiliaries and assistants work in the healthcare sector, we have applied a set of SIC code filters that best captures the overall approach of our commission, explained above. We recognise that 'nursing auxiliary' is a term not widely used or recognised in social care in the UK – these are nonetheless reported in significant volumes in ONS data, and we assume those employed in this occupation broadly do work similar to that of care workers.

A notable absence from this list is directly employed care workers. The often informal and transitory nature of their employment means that they may both intersect and be separate to the workforce defined above in unpredictable ways. We have used data from SfC and PA pool to better understand this segment of the workforce. It is, however, regrettable that there is a data gap in this area – particularly in the live-in care sub-sector, where care needs may often be greatest.

SfC and SSSC use their own occupation classifications in their data collection. These are similar, but not directly comparable, to ONS SOC codes. This inevitably leads to some differences across data sources, particularly in the estimated workforce headcount. But on most other features, including the personal characteristics of social care workers, the share of migrants in the workforce and the proportional growth in the workforce over time, these sources and official statistics largely tell the same story.

## Competing occupations

In this report we also refer to 'competing occupations' against which the social care sector vies for workers in the labour market. We have identified these occupations by pooling the five-quarter Labour Force Survey from the first quarter of 2016 to the first quarter of 2020 and tracking the past and future labour market status of those who were employed as a care worker in either the first or final quarter of a survey wave. Individuals in the care worker occupation at the end of the survey but not the beginning are classified as entrants, while for exits the converse is true.

Excluding those who entered from or exited to unemployment and inactivity, and the other occupations in our scope, competing occupations are defined as SOC codes that account for more than 3% of observed entrants to *or* exits from care worker roles over the period. The occupations are social worker (SOC 2442), housing officers (3234), welfare and housing associate professionals not elsewhere classified (3239), other administrative occupations not elsewhere classified (4159), personal assistants and other secretaries (4216), teaching assistants (6125), educational support assistants (6126), sales and retail assistants (7111), retail cashiers and check-out operators (7112), cleaners and domestics (9233), kitchen and catering assistants (9272), waiters and waitresses (9273) and bar staff (9274). This lines up with similar analysis done by SfC and insights from our stakeholder engagement.

# Annex D: Workforce projection and wage bill estimates

In Chapter 1 we present illustrative projections of the demand for social care workers up to 2033, to give an indication of the future recruitment required. In Chapter 2 we set out some indicative wage bill costs of raising pay in social care. This Annex provides technical details behind these estimates.

## Workforce projections

At the outset, it should be noted that these estimates are highly and intentionally *illustrative* and make no assumptions with regard to future changes in policy and the capacity of the system to function amid persistent labour shortages. Our projection draws from previous work commissioned by the Department for Health and Social Care (DHSC), the ONS population projections and workforce data. We acknowledge the work done by the Devolved Administrations to understand the future demand for social care. For our purposes, and to avoid spurious accuracy, prior work commissioned by DHSC provides a useful basis for our projection.

We first estimate the future number of people who receive care and support (hereafter referred to as 'care users'). We take the Care Policy Evaluation Centre (CPEC)'s 2018 care user projections[lxxii], produced for DHSC, across working-age and old-age care users in residential, domiciliary and community settings in England, and scale them by the ratio of the UK adult population to the adult population of England in the ONS population projections:

$$CareUsers_t = CPECUsers_t \times \frac{ONSAdultPopulationUK_t}{ONSAdultPopulationEngland_t}$$

Scaling up CPEC's estimates in this way accounts for different demographic trends across the UK.

We convert this estimate of social care *users* to an illustrative projection of social care *workers* by observing the historic 'staffing ratio' of users to FTE workers (assuming a 39-hour week) for each of the occupations in our scope. The 'ideal' ratio assumes all vacancies are filled.

$$IdealRatio_t^{Occ} = (1 + VacRate_t^{Occ}) \frac{\overline{Hrs}_t^{Occ} \times Headcount_t^{Occ}}{39} \div CareUsers_t$$

We use the average ratio observed between 2018 and 2020. By accounting for vacancies, using Skills for Care's latest vacancy rate data, we assume that filling all vacancies within the sector would mean all demand for social care services is fulfilled. Our projections are then calculated by multiplying the observed staffing ratio for each occupation by our estimate of future care users to 2033, and summing across all occupations:

$$FTEsneeded_t = \sum_{occ} IdealRatio_t^{Occ} \times CareUsers_t$$

We assume that the observed staffing ratios will remain constant in the future: an increase in the ratio would imply that, on average, care users have more labour-intensive care needs in future or that labour productivity in the sector declines; a decrease in the ratio would imply the reverse. There has not been an update on CPEC's work since 2018 and given that the pandemic places both upward and downward

pressures on future care demand, we assume that CPEC's 2018 estimates constitute a 'central' path for the future.

Table D.1 sets out our projected demand for each occupation, in terms of FTEs.

**Table D.1: Projected demand for social care occupations (FTEs)**

| Occupation | 2023 | 2028 | 2033 |
|---|---|---|---|
| Care workers | 644,000 | 714,000 | 807,000 |
| Senior care workers | 77,000 | 85,000 | 96,000 |
| Nurses | 41,000 | 45,000 | 51,000 |
| Care managers | 66,000 | 73,000 | 83,000 |
| Other care providing roles | 53,000 | 59,000 | 66,000 |
| Total FTEs needed | 881,000 | 976,000 | 1,100,000 |

Source: MAC analysis.

It should be noted that this demand projection only captures social care activities in the labour market, and those in the labour market that can be readily observed. Unpaid care work has long been substantial across the UK and may well become even more prevalent with future demographic pressures. The way this interacts with the social care system, and labour market, is complex and outside the scope of our commission.

## Wage bill estimates

We provide indicative estimates of the yearly wage bill cost of raising pay in social care. These are neither comprehensive estimates of the change in the wage bill, nor estimates of the system-level costs accounting for means-tested public spending. Instead they provide an indication of the magnitude of spending that may be required.

Our estimates are based on setting the following minimum hourly pay rates on care workers and senior care workers:

- **£10.50**, equivalent to the National Living Wage (NLW) in 2022/23 plus £1
- **£11.53**, the minimum of Agenda for Change Band 4 in 2021/22
- **£13.21**, a 39% increase on the NLW in 2022/23, based on analysis in Unfair to Care[lxxiii]

We first considered how the distribution of stated hourly pay (see Annex C) might look in 2022 following the NLW uplift to £9.50, using provisional 2021 ASHE data. We assumed that, compared to 2021, increases in pay would taper from the rate implied by the NLW uplift to the compound average growth rate (CAGR) from 2016 to 2021, as shown in tables D.2 and D.3.

**Table D.2: Estimated 2022 stated hourly pay distribution for care workers**

| Decile | 2021 | CAGR* | Assumption | 2022 |
|---|---|---|---|---|
| Minimum (0) | £8.91 | 4.4% | 6.6% | £9.50 |
| 10th | £8.95 | 4.4% | 6.6% | £9.54 |
| 20th | £9.18 | 4.5% | 5.8% | £9.72 |
| 30th | £9.47 | 4.3% | 5.5% | £9.99 |
| 40th | £9.79 | 3.9% | 4.9% | £10.27 |
| 50th | £10.19 | 3.7% | 4.4% | £10.64 |
| 60th | £10.80 | 3.7% | 4.1% | £11.24 |
| 70th | £11.55 | 3.5% | 3.5% | £11.95 |
| 80th | £12.78 | 3.5% | 3.5% | £13.23 |
| 90th | £14.88 | 3.5% | 3.5% | £15.41 |

Source: ASHE 2016 revised-2021 provisional. *From 2016 to 2021. The uplift in the NLW from 2021/22 to 2022/23 is 6.6%.

**Table D.3: Estimated 2022 stated hourly pay distribution for senior care workers**

| Decile | 2021 | CAGR* | Assumption | 2022 |
|---|---|---|---|---|
| Minimum (0) | £8.91 | 4.4% | 6.6% | £9.50 |
| 10th | £9.32 | 5.2% | 6.1% | £9.89 |
| 20th | £9.76 | 5.2% | 5.9% | £10.33 |
| 30th | £10.10 | 5.0% | 5.7% | £10.68 |
| 40th | £10.49 | 4.9% | 5.5% | £11.07 |
| 50th | £10.93 | 4.9% | 5.3% | £11.51 |
| 60th | £11.36 | 4.6% | 4.6% | £11.88 |
| 70th | £11.99 | 3.7% | 3.7% | £12.44 |
| 80th | £13.15 | 4.1% | 4.1% | £13.69 |
| 90th | £14.32 | 3.1% | 3.1% | £14.76 |

Source: ASHE 2016 revised-2021 provisional. *From 2016 to 2021. The uplift in the NLW from 2021/22 to 2022/23 is 6.6%.

Against this baseline, we considered two ways in which an hourly pay increase could be implemented:

- A ‘pay floor’ ensuring that workers are paid at least the rates above. Pay rises taper to zero or to rates that preserve the ordering of the deciles in the distribution, which narrows.
- A ‘whole distribution’ pay rise which preserves the structure of the distribution, giving each decile the same proportional increase in stated hourly pay.

Table D.4 sets out how this translates into potential increases in hourly pay for each decile.

**Table D.4: Assumed gross stated hourly pay rises**

| | Care workers | | Senior care workers | |
|---|---|---|---|---|
| **Pay rise** | ***Pay floor*** | ***Whole distribution*** | ***Pay floor*** | ***Whole distribution*** |
| **£10.50** | +£1 at the NLW, tapering to zero at the 6th decile | +£1 at the NLW, up to +£1.62 at the 9th decile | +£1 at the NLW, tapering to zero at the median | +£1 at the NLW, up to +£1.55 at the 9th decile |
| **£11.53** | +£2.03 at the NLW, tapering to zero at the 8th decile | +£2.03 at the NLW, up to +£3.29 at the 9th decile | +£2.03 at the NLW, tapering to zero at the 8th decile | +£2.03 at the NLW, up to +£3.15 at the 9th decile |
| **£13.21** | +£3.71 at the NLW, tapering to zero at the 9th decile | +£3.71 at the NLW, up to +£6.01 at the 9th decile | +£3.71 at the NLW, tapering to +£1.48 at the 9th decile | +£3.71 at the NLW, up to +£5.76 at the 9th decile |

Source: MAC calculations based on ASHE 2016 revised-2021 provisional.

Our estimate of the total wage bill cost is composed of the increase in gross hourly pay, an assumed statutory employer pension contribution of 3% on the marginal increase in pay, and employer National Insurance contributions of 15.05% on the marginal increase in pay, net of pension. The increased wage bill cost is applied to the APS estimate of the UK care worker and senior care worker workforce – as such, these estimates would be significantly larger if based on Skills for Care workforce estimates.

# Glossary

**AfC**

Agenda for Change.

**APS**

The Annual Population Survey is a continuous household survey, covering the UK, with the aim of providing estimates between censuses of main social and labour market variables at a local area level.

**ASHE**

Annual Survey of Hours and Earnings is a comprehensive source of information on the structure and distribution of earnings in the UK.

**BG**

Burning Glass is a platform which provides real-time data on job growth, skills in demand, and labour market trends.

**BREXIT**

The withdrawal of the United Kingdom from the European Union.

**CfE**

Call for Evidence to submit information and evidence to the MAC. This usually takes the form of an online questionnaire, and the submission of written evidence.

**CMA**

Competition & Markets Authority.

**CoS**

A Certificate of Sponsorship must be assigned to each foreign worker that a UK company employs. It is an electronic record rather than a physical document. Each certificate has its own number, which (once the CoS is issued) a worker can use to apply for a visa.

**COVID-19**

Coronavirus disease (COVID-19) is an infectious disease caused by the SARS-CoV-2 virus. It caused the worldwide pandemic, the effects of which still resonate today.

**CPEC**

Care Policy Evaluation Centre.

**CQC**

Care Quality Commission.

**DA**

The Devolved Administrations (Scottish Government, Northern Ireland Executive and Welsh Government).

**DHSC**

Department of Health and Social Care.

**DN**

The Devolved Nations of the UK (Scotland, Northern Ireland and Wales).

**EEA**

Throughout this report we use the term 'EEA' migrants to include European Union (EU) countries plus Iceland, Liechtenstein and Norway. We also include Switzerland as part of our definition, but exclude migrants from the Republic of Ireland, as it remains part of the Common Travel Area following the UK's exit from the EU.

**EU**

The European Union: Austria, Belgium, Bulgaria, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, Netherlands, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden.

**EUSS**

EU Settlement Scheme.

**FoM**

Freedom of Movement. Within this report this is used to describe the reciprocal travel rights that existed for citizens of the UK and the EU prior to 31 December 2020.

**FTEs**

Full-time equivalents.

**H&CW visa**

The Health and Care Worker visa is an immigration route which allows medical professionals to come to or stay in the UK to do an eligible job with the NHS, an NHS supplier or in adult social care.

**HMT**

HM Treasury is the government's economic and finance ministry.

**HMRC**

HM Revenue & Customs, the UK's tax, payments and customs authority.

**HSCT**

Health and Social Care Trust, specific to the Northern Ireland health care system.

**IHS**

Immigration Health Surcharge is a fee paid by migrants coming to live in the UK for longer than 6 months to gain access to the NHS.

**ILR**

Indefinite Leave to Remain, also called 'settlement', gives a migrant the right to live, work and study in the UK for as long as they like.

**ISC**

Immigration Skills Charge is an additional charge for each foreign worker recruited by a UK employer.

**LA**

Local Authority.

**LFS**

The Labour Force Survey is a study of the employment circumstances of the UK population. It is the largest household study in the UK and provides the official measures of employment and unemployment.

**LPC**

Low Pay Commission.

**MAC**

The Migration Advisory Committee is an independent, non-statutory, non-time limited, non-departmental public body that advises the government on migration issues.

**MWS**

The Migrant Workers Scan contains information on all overseas nationals who have registered for and allocated a National Insurance Number.

**NCS**

The National Care Service in Scotland.

**NDPB**

Non-departmental public body.

**NHS**

England's National Health Service.

**NICs**

National Insurance Contributions.

**NI**

Northern Ireland.

**NISCC**

Northern Ireland Social Care Council.

**NLW**

National Living Wage.

**NMW**

National Minimum Wage**.**

**Non-EEA**

Countries outside of the EEA.

**NVQ**

National vocational qualification.

**OECD**

The Organisation for Economic Co-operation and Development is an intergovernmental economic organisation with 38 member countries, of which the UK is one, to stimulate economic progress and world trade.

**ONS**

Office for National Statistics is the executive office of the UK Statistics Authority, a non-ministerial department which reports directly to Parliament. It produces official statistics on immigration, emigration, and net migration, amongst other areas.

**PA**

Personal Assistant.

**PBS**

Points-based system.

**PPE**

Personal Protective Equipment.

**RQIA**

The Regulation and Quality Improvement Authority in Northern Ireland.

**RQF**

Regulated Qualifications Framework categorises qualifications in England based on their size, and their level of challenge or difficulty. Equivalent qualification frameworks are in place in the Devolved Nations.

**SCW**

Social Care Wales.

**SCWDP**

Social Care Workforce Development Partnership.

**SfC**

Skills for Care.

**SIC**

The UK Standard Industrial Classification of economic activities is a five-digit classification, providing the framework for collecting and presenting a large range of statistical data according to economic activity.

**SME**

Small and Medium-sized Enterprise. The UK government definition of SMEs encompasses micro (less than 10 employees and an annual turnover under €2 million), small (less than 50 employees and an annual turnover under €10 million) and medium-sized (less than 250 employees and an annual turnover under €50 million) businesses.

**SOC**

The Standard Occupational Classification is the ONS's common classification of occupational information for the UK.

**SOL**

Shortage Occupation List.

**SSSC**

Scottish Social Services Council.

**ST**

Salary Threshold.

**SW**

The Skilled Worker route is an immigration route for skilled migrant workers to access a skilled role with a UK employer.

**Tier 2/Tier 2 (General)/T2(G)**

Prior to 1 December 2020, all routes for skilled work in the UK were under Tier 2 of the immigration system. These routes now come under the skilled worker route and others.

**UC**

Universal Credit, a means-tested payment to help with living costs for people on a low income, out of work or unable to work.

**UK**

United Kingdom comprising: England, Northern Ireland, Scotland and Wales.

**YMS**

Youth Mobility Scheme.

# End notes

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