



Call for evidence: Work-based immigration

Written evidence submitted by the Homecare Association

October 2026

Executive summary

1. The Homecare Association is the UK's leading membership body for homecare providers, with around 2,100 members across England, Scotland, Wales and Northern Ireland¹. Homecare helps older and disabled people live independently at home, supports hospital discharge and keeps unpaid carers in work. Councils and NHS bodies fund around 81% of homecare expenditure², so public purchasing decisions strongly constrain providers' ability to offer fair pay and secure hours. However, employers remain responsible for meeting their legal and contractual obligations.
2. Government closed the care worker visa route to overseas applicants in July 2025 without a funded plan to replace that supply of workers. Since 2021/22, posts filled by British nationals in adult social care have fallen by around 107,000, while employers who recruited internationally cut their vacancy rate from 9.9% to 5.6%³. People on the Health and Care Worker visa fill around 150,000 care posts at present (this number is likely to reduce, particularly when in-country visa route switching into care ends in 2028), and Skills for Care projects England will need 24% to 33% more care posts by 2040.
3. Closing the route to overseas applicants does not take social care out of immigration policy. Sponsored careworkers already in the UK remain essential to services, some face a real risk of exploitation, and under the Earned Settlement proposals many could remain on sponsored visas for up to a further decade.
4. We support the principle that government should prioritise training, upskilling and employment for UK residents, and our members want to recruit locally. But the closure of the immigration route alone cannot build a domestic care workforce, because low pay and insecure hours in homecare (which are primary, though not the sole, causes of recruitment difficulties) are the predictable result of how the state funds and buys

¹ Despite our UK wide membership, some of the data used in this report, including from Skills for Care, is England specific.

² LaingBuisson (2026) [Homecare and Supported Living UK Market Report 7th Edition](#)

³ Skills for Care (2026) [The State of the adult social care workforce in England](#)

care. In 2025-26, only one council paid fee rates at or above our minimum price for homecare, which covers the minimum amount a provider needs to operate a sustainable business and fully meet regulatory requirements. 29% of councils and Health and Social Care Trusts paid average homecare rates below the direct cost of employing a careworker at the minimum wage⁴.

5. As an Association, we promote compliance with Home Office rules and high employment standards, but it is vital that the conditions to support responsible employment are in place.
6. Five themes run through our evidence.
7. **Careworkers are skilled, but policy does not recognise their skills.** Careworkers' roles require exceptional social and communication skills, resilience, responsibility and strong values. The Migration Advisory Committee (MAC) “categorically” disagrees that care work is low-skilled. Yet immigration rules use salary and qualification level as proxies for skill. In care, this is circular: the state sets low pay through its purchasing decisions, then uses that low pay and its own disregard of care-related skills to classify the work as low-skilled. Describing care as ‘low skill’ also harms domestic recruitment and morale.
8. **UKVI processes and commissioning do not align, which creates problems for employers and exploitation risks for workers.** Sponsors must provide genuine employment and meet the applicable salary and sponsorship requirements, while commissioners often guarantee neither sufficient income nor work volumes. The average English local authority fee rate in our 2026-27 sample is £25.37 per hour against our Minimum Price for Homecare of £34.42⁵ and care is often bought by the minute with no guaranteed volume. This can lead to demand dropping unpredictably and is partly why only 33% of migrant homecare workers responding to the Homecare Voices survey report getting enough hours from their employers to meet UKVI requirements⁶.
9. **Enforcement must protect workers and continuity of care.** Exploitation of migrant careworkers is real and requires firm action. However, revocation following payroll or reporting discrepancies can affect every sponsored worker employed by a provider and disrupt established care relationships. Where permission is curtailed, workers normally have 60 days, or the remaining period of their visa if shorter, to make a new application or leave the UK. A fair process must distinguish serious abuse from errors that can be explained and corrected.
10. **Government should rethink the visa structure and consider sector-wide sponsorship.** Tying careworkers to one employer increases exploitation risk. Sector-wide or portable sponsorship within appropriately regulated care, could let workers leave poor employers, combine hours across compliant providers and stay in care if their sponsor loses its licence.

⁴Homecare Association (2025) [Homecare Deficit 2025](#)

⁵ Homecare Association (2026) [Fee Rates for State-Funded Homecare in 2026-27](#)

⁶ Homecare Voices (2026) [Behind closed doors final](#) – this survey covered 511 homecare workers. Of these, the survey did not ask whether the respondents were sponsored workers but the greatest number of participants that answered any one question on sponsored worker issues was 122.

11. **The sector needs a coherent, funded workforce plan.** We welcome the Government's commitment to publish a social care workforce action plan later this year. It will only reduce reliance on immigration if it funds fair pay, reforms commissioning so providers can offer secure hours, tackles practical barriers such as driving and sets explicit assumptions about domestic and international supply. It needs joint ownership across government, including the Home Office and HM Treasury, and engagement with the devolved governments, because immigration decisions taken in Whitehall shape care across the UK.
12. Government must connect immigration policy with a funded social care workforce plan. Commissioning, fair pay and regulation must work together to build a stable domestic homecare workforce, while recognising the contribution of sponsored staff already here.

Summary of recommendations

13. **Recognise care work as skilled.** Assess responsibility and competence alongside salary and qualification level. Develop proportionate workforce registration focused on competence and conduct, with accessible entry routes.
14. **Fund and commission care properly.** Legislate for a National Contract for Care Services in England with a cost-based fee floor, informed by our Minimum Price for Homecare (£34.42 per hour in 2026-27), and fund the gap between current fees and sustainable provision. Our latest estimate of this gap for England is around £2.3 billion⁷ a year.
15. **Align Home Office rules with commissioning.** Commission care in ways that give providers secure hours and redesign the genuine vacancy test with the sector. Publish model payment clauses that end purchasing by the exact contact minute.
16. **Make enforcement proportionate.** Give reasons, notice and rapid independent review before revocation, except where there is serious abuse or immediate risk, and alert commissioners early to protect continuity of care.
17. **Support displaced workers and those facing exploitation.** Extend the period for workers to find a new job to at least 120 days, create a national redeployment service and a safe route to report exploitation to the Fair Work Agency.
18. **Introduce sector-wide or portable sponsorship within appropriately regulated care, with greater freedom to move between approved providers,** so that careworkers are less tied to a single employer.
19. **Protect careworkers already in the UK.** Keep the five-year settlement route and give care parity with NHS staff.
20. **Improve Home Office service to sponsors.** Shorten processing times for Certificates of Sponsorship, provide a clear escalation route and a secure upload service for sensitive records, and share anonymised regional data with commissioners and the sector to support workforce planning.

⁷ Homecare Association (2026) [Fee Rates for State-Funded Homecare in 2026-27](#)

21. Publish a funded, cross-government workforce plan for social care with explicit assumptions about domestic and international supply, backed by regional impact assessment and shared data.

Responses to the Committee's questions

The link between immigration policy and investment in skills, training and domestic recruitment

What impact does immigration policy have on investment in domestic skills and training by employers?

22. In homecare, we have not seen evidence that international recruitment has displaced domestic training investment. Regulated providers must ensure all staff are competent and receive the training⁸, support and supervision their roles require, regardless of nationality. Initial induction does not replace continuing development. Our members identify pay, hours and job security, which public commissioning strongly influences, as major barriers to domestic recruitment.
23. Careworkers are skilled, but the immigration and skills systems do not recognise their skills. We agree with the conclusion of the MAC:
- “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.”⁹*
24. Homecare also requires practical skills, such as driving. Many homecare roles need a valid driving licence and access to a car, yet access to driving lessons, tests and vehicles can be a barrier to entry. We recommend that government considers the role of driving in employment services.
25. The evidence indicates that care providers turned to international recruitment after domestic recruitment had failed, not instead of trying. Skills for Care data show that employers who went on to recruit internationally had higher vacancy rates (9.9%) and turnover (35.3%) in March 2022 than employers who did not (7.6% and 21.9%)¹⁰. Since 2021/22, the number of British starters in direct care roles has stayed below the number of British leavers¹¹.
26. Immigration policy does affect training budgets indirectly. A small provider now pays £480 per year per sponsored worker for the Immigration Skills Charge¹² and £525 per worker for a Certificate of Sponsorship¹³. Because public bodies set most fee-rates, providers cannot pass these costs on to consumers easily, so the costs come out of the same funds that could be used to fund training and supervision, potentially

⁸ Skills for Care (2025) [Statutory and mandatory training guide December 2025](#)

⁹ MAC (2022) [Adult social care and immigration](#)

¹⁰ Skills for Care (2026) The state of the adult social care workforce in England 2026

¹¹ Skills for Care (2026) The state of the adult social care workforce in England 2026

¹² UK Government (2026) [UK visa sponsorship for employers: Immigration skills charge](#)

¹³ UK Government (2026) [UK visa sponsorship for employers: Certificates of sponsorship](#)

reducing the resources available for workforce investment. The MAC previously advised removing the Skills Charge for Health and Care Visa roles¹⁴.

Is there more the Home Office could do to encourage skills investment through immigration policy?

27. In homecare, shortages of formal qualifications have not been the primary driver of international recruitment. Joined-up action is required across government to address the main barriers to local recruitment (especially now overseas recruitment of careworkers has closed) which include: driving and access to vehicles; perceptions of care work; and funding and work organisation that would support better working conditions addressing insecurity and low pay. The Government must lead this by changing how it purchases care, given it pays for 81% of homecare (see our discussion of commissioning below and our report on commissioning¹⁵).

28. We agree with the conclusion of the MAC, who previously identified the following factors as limiting recruitment/retention:

“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... the underlying cause of these workforce difficulties is due to the underfunding of the social care sector.”¹⁶

The lack of skills investment in the sector is ultimately linked to that underfunding and so cannot be addressed by immigration policy in isolation.

To what extent – and over what time frames – can skills policy influence the scale of international recruitment by employers?

29. In social care, skills policy has limited influence on its own because the shortage is mainly a pay and job-quality shortage, not a skills shortage (with the exception of driving). Initial induction can begin within weeks, but safe practice requires assessed competence, supervision and continuing development. Improvements in recruitment and retention will depend on sustained funding and better jobs, not a short training programme alone. Many potential recruits choose retail and logistics because those sectors offer equal or better pay with less responsibility and more predictable hours. As of February 2026, one supermarket chain has paid a starting rate of £13.50 per hour across Great Britain¹⁷. By contrast, 72% of homecare workers surveyed by Homecare Voices¹⁸ (2026) received contact time only pay, so their higher headline hourly rate of £13.08 hides unpaid travel and waiting time (though not necessarily non-compliance with the National Living Wage as average pay for all hours worked should still be above this when employers use contact-time only pay). Median hourly earnings for careworkers were £12.60 in March 2026, before the National Living Wage rose to

¹⁴ MAC (2022) [Adult social care and immigration](#)

¹⁵ Homecare Association (2026) [Homecare: commissioning is the key to quality, fair work and better outcomes](#)

¹⁶ MAC (2022) [Adult social care and immigration](#)

¹⁷ Aldi (2026) [ALDI SETS NEW PAY BENCHMARK AS UK'S HIGHEST-PAYING SUPERMARKET - ALDI UK Press Office](#)

¹⁸ Homecare Voices (2026) [Behind closed doors | a report by Homecare Voices](#)

£12.71 in April 2026. At that point almost half (49%) of independent sector workers were paid less than the new rate¹⁹.

What impact could sector level workforce strategies have on international recruitment? What is necessary to make these plans successful?

30. When the Government announced that they would be taking forward the development of sector-specific Jobs Plans for the Temporary Shortage List, it did not name social care as an eligible sector. We understand this reflects the closure of the overseas route for careworkers, although employers can still recruit some roles, such as nurses, internationally. A sector workforce strategy remains just as necessary for care; the question is whether it is funded and owned across government.
31. We welcome the Government's commitment to publish a social care workforce action plan later this year²⁰. The plan must be effective if the UK is to avoid relying on immigration to meet social care needs in the future.
32. To succeed, a social care workforce plan needs:
- funding for fair pay;
 - commissioning reform so providers can offer guaranteed hours, paid travel time and regular rotas;
 - funded qualifications and career routes through the care workforce pathway;
 - practical support with transport because many homecare roles need a car and a UK driving licence, a major barrier for young people;
 - regional workforce modelling linked to an ageing population and the shift of care into the community under the 10-Year Health Plan;
 - recognition of the skills and values that careworkers need, and that care work is a skilled role;
 - joint ownership across government, named departmental responsibilities, a costed delivery timetable and annual reporting on recruitment, retention, vacancies and unmet care need. The plan should model domestic recruitment, retention and international supply separately, including scenarios for sponsored workers leaving the sector.

How, if at all, should the approach the government takes to linking immigration and skills policy vary depending on the level of training required for different jobs?

33. We recognise that the Government is intending to phase out recruitment of sponsored workers in the care sector. However, skills level is still proving relevant for the sponsored workforce already here, for example around Earned Settlement.
34. Government should not use RQF level or salary as the only measure of a role's value. For essential public services it should also consider the soft skills and values required for the role, the role's level of responsibility, how critical the role is to the wellbeing of the nation and the impact of workforce shortages as shown through other key data

¹⁹ Skills for Care (2026) [The State of the adult social care workforce in England](#)

²⁰ House of Commons (2026) [Written Ministerial Statement HCWS364, 12 October 2026](#)

(such as the ADASS Surveys, the CQC's State of Care report, Skills for Care's ASC-WDS and NHS hospital discharge statistics). Using salary as a proxy for skill is particularly unfair in care, where the state effectively limits pay through its purchasing decisions.

35. The MAC has highlighted registration as a route to recognising the professionalism of care work. We support a proportionate register focused on competence, conduct and public protection. Its design must recognise experience and provide supported entry routes; making formal qualifications a prerequisite could exclude people with the values and potential to become excellent careworkers.

36. Employers do test values in recruitment processes, and we would be open to having further conversations with Skills England, Skills for Care, and the Home Office about how to make the soft skills and values the sector needs more visible.

Are there mechanisms the Home Office could use to incentivise domestic recruitment?

37. It already costs considerably more to employ sponsored care staff due to the Certificate of Sponsorship and Immigration Skills Charge costs. Sponsors must also guarantee employment and pay that meet the applicable immigration requirements; so, there are already strong incentives for care employers (who are generally working for low fee-rates and delivering unpredictable volumes of work) to recruit locally if possible. Evidence suggests that care providers who moved to recruiting sponsored staff did so because they had high vacancy rates²¹. Other government departments have a key role to play in addressing the factors that could improve domestic recruitment in care.

What evidence is there for the effectiveness of resident labour market tests in encouraging domestic recruitment?

38. Overseas recruitment of careworkers is closed, while eligible in-country recruitment remains subject to immigration rules. Any additional test should demonstrate an employment benefit proportionate to its administrative cost and should not delay the redeployment of workers already in the UK.

Addressing shortages

To what extent should addressing labour shortages be prioritised in immigration policy?

39. In essential public services, shortages have direct human and fiscal consequences. When homecare is not available:

- people go without help to wash, dress, eat, take medication and stay safe at home.

²¹ Skills for Care (2026) The state of the adult social care workforce in England 2026

- unpaid carers carry more of the load, and some leave work. Carers UK reports that 1,500 people a day now leave work to care, a 150% increase in seven years²².
- people deteriorate and go into hospital avoidably or cannot leave hospital because no care package is available. An illustrative comparison is an NHS hospital bed-day costing around £562 in 2025-26²³ against £137.68 for four hours of homecare at our minimum price. These are different services: not every hospital day can be replaced by homecare, and avoided bed use does not translate directly into cash savings.

40. We saw in winter 2021/22 how social care shortages contributed to delayed discharges, ambulance queues and corridor care²⁴.

41. Shortages in key sectors should, therefore, be a government priority. The Government needs an urgent and effective workforce plan for social care. Immigration could play a part in this; but the Government must address the underfunding and commissioning issues that are affecting pay and working conditions in the sector.

When, if at all, should international recruitment be allowed to meet labour shortages in lower-paid jobs, and jobs that require less training? How can the skill level of occupations in shortage be accurately and fairly determined?

42. International recruitment should remain an option where shortages are persistent and evidenced, essential services are at risk, and domestic recruitment cannot meet need in time. In publicly funded care, government should accompany access with a funded plan to improve pay, commissioning and domestic supply. Failure to produce that plan should not itself become a reason to leave people without care.

43. Government should determine skill levels through job evaluation and consideration of the qualities needed for the work (including driving, soft skills and values) and not salary or qualification proxies. In care, salary-based measures are circular: the state effectively limits pay through its purchasing decisions, then uses that low pay to classify the work as low-skilled.

What has been the experience of sectors with labour shortages that have historically been able to recruit internationally? Has this led to a reduction in shortages?

44. In social care, international recruitment clearly reduced shortages. After careworkers became eligible for the Health and Care Worker visa in February 2022, the vacancy rate in independent sector CQC-regulated non-residential services fell from 12.8% in 2021/22 to 9.0% in 2025/26²⁵. Among employers that recruited internationally, the vacancy rate fell from 9.9% to 5.6% and turnover from 35.3% to 25.9% between March 2022 and March 2026. Skills for Care notes that part of this improvement in retention

²² Carers UK (2026) [1,500 people quit work to care for older and disabled relatives every day, 150% increase in seven years](#)

²³ Ahmed, Z. (2025) Hospitals - [Written questions and answers, UIN 91783](#)

²⁴ Care Quality Commission (2022) [The state of health care and adult social care in England 2021/22](#).

²⁵ Skills for Care (2026) [The State of the adult social care workforce in England](#)

reflects the reduced job mobility of sponsored workers. We believe this needs to be addressed via more portable sponsorship, so that stability comes from good employment rather than from workers being tied to one employer. People on the Health and Care Worker visa filled around 150,000 posts in March 2026²⁶. Providers tell us internationally recruited staff bring stability, continuity of care and reduced reliance on agency cover²⁷.

45. But the Home Office designed and managed the route poorly. The Independent Chief Inspector²⁸, the National Audit Office²⁹ and the Public Accounts Committee³⁰ all highlighted weaknesses in the Home Office's understanding of social care. It granted large numbers of certificates to some employers without evidence of available work, while some recruitment agents reportedly charged unlawful fees. Members report that some displaced applicants needed additional training, English-language or driving support before they could take up particular homecare roles. International recruitment eased shortages without tackling their causes, so the domestic workforce continued to shrink. Domiciliary care (including public sector services) still had a vacancy rate of 8.7% in 2025/26, around four times the rate across the wider economy (2.2%)³¹. Further to this, Skills for Care's monthly tracker put the independent sector homecare vacancy rate (not including public sector services) at 9.2% in September 2026³². The lesson is that international recruitment works as a bridge, not a substitute for domestic reform and that changes to immigration policy need to be planned and designed carefully with sector expertise to avoid exploitation.

What evidence is available on the effectiveness of shortage lists as a mechanism for using the immigration system to respond to labour shortages?

46. Shortage lists can respond to shortages, but in care the mechanism acted late and without safeguards. The Government added care workers to the Shortage Occupation List in February 2022, and homecare vacancies peaked at 13% in March 2022³³. Government then opened access nationally without assessing local demand, so in some areas, visas exceeded the work available, and both migrant and local staff lacked hours while in other regions shortages persisted³⁴.
47. Shortage lists work best when combined with local market intelligence, robust sponsor vetting and input from councils on local demand and supply.

²⁶ Skills for Care (2026) [The State of the adult social care workforce in England](#)

²⁷ Homecare Association, [Earned Settlement supplementary evidence 2026](#)

²⁸ ICIBI: Independent Chief Inspector of Borders and Immigration (2024) [An inspection of the immigration system as it relates to the social care sector](#), August to November 2023.

²⁹ National Audit Office (2025) [Immigration: Skilled Worker visas](#).

³⁰ Public Accounts Committee (2025) [Immigration: Skilled Worker visas](#).

³¹ Skills for Care (2026) [The State of the adult social care workforce in England](#)

³² Skills for Care (2026) [Recruitment and retention tracker](#)

³³ Skills for Care (2026) [Recruitment and retention tracker](#)

³⁴ Homecare Association (2023) [Response to the Independent Chief Inspector of Borders and Immigration call for evidence on the immigration system and social care](#).

How long should sectors with shortages be allowed access to the Temporary Shortage List? What should happen if shortages remain unresolved after this period?

48. Care workers are not on the Temporary Shortage List because government closed the route to overseas applicants in July 2025. In-country applications from people already working in care remain possible via the Immigration Salary List as well as switching from other visa routes under transitional arrangements until July 2028. Government should clearly set out before July 2028 what will follow. It is helpful for employer planning if the Home Office is clear on the access period from the outset.
49. If shortages remain at the end of an access period, any withdrawal should rest on evidence and a decisive plan to address any remaining shortage through the UK labour market should accompany any announcement. The sector should agree the plan. In the case of social care, given the Government purchases most care, the Government bears some responsibility in producing this plan (it is not sufficient to ask the sector to produce a plan, given employers have limited control over key levers such as pricing).
50. If the route is closed, this should follow reasonable notice and protect workers already in the UK from retrospective changes.

How can the government effectively assess whether sectors are taking adequate steps to address shortages? What approach should be taken when the causes of labour shortages may be due to factors outside of employers' control?

51. Assessment must separate what employers control from what government controls. Public bodies purchase around 81% of homecare, set prices and determine contract structures. Our research shows that 61% of councils and Health and Social Care Trusts purchase an average of no more than 500 hours per provider each week, which makes it hard to plan careworker rotas efficiently, and only 1% use block contracts that guarantee provider income³⁵. Our research suggests that the average English local authority fee rate in our 2026/27 sample is £25.37 per hour, far below the rate we calculate to be the minimum sustainable rate for operating whilst paying the statutory minimum wage - our Minimum Price of £34.42 per hour³⁶. Our Minimum Price also assumes an efficient provider delivering 1,500 hours a week, when (as outlined above) many providers do not have the volume of work. Persistently inadequate fees and unpredictable volumes limit providers' capacity to improve pay and guarantee hours. They do not remove employers' responsibility to pay lawful wages and honour contracts. Judging the sector on outcomes that commissioners drive would penalise the wrong party.
52. Government should assess both employer action (training, progression, retention and compliance) and its own action (fee rates against the cost of lawful employment, commissioning practice and workforce plan funding). Useful measures include the share of commissioners paying at least a cost-based minimum price, the share of hours bought through zoned or block contracts, care pay relative to NHS Band 3, and

³⁵ Homecare Association (2025) [Homecare Deficit 2025](#)

³⁶ Homecare Association (2026) [Fee Rates for State-Funded Homecare in 2026-27](#)

vacancy and turnover rates. Where the causes of shortage lie with government, the Government must act.

53. Cross-departmental policy making is vital for addressing social care workforce issues and needs to include the Cabinet Office (including regarding procurement policy); HM Treasury; the Department for Business, Innovation, Science and Trade; the Department for Education; the Department of Health and Social Care; the Home Office; the Ministry of Housing, Communities and Local Government, and the Department for Work and Pensions.
54. Legislating (for example, the zero hours provisions in the Employment Rights Act 2025 brought forward by the Department for Business, Innovation, Science and Trade) to address employment conditions in social care is not adequate if Government does not design and fund social care systems to implement changes. In the case of zero hours working, for example, this requires changes to commissioning (which must involve at least the Department of Health and Social Care and the Ministry of Housing, Communities and Local Government) and changes to funding (which must involve HM Treasury) to ensure service continuity when costs inevitably increase and flexibility in the delivery of hours materially changes. Too often, we are seeing policy decisions made by one of these departments without follow-through from other parts of Government and the result is system fragility and rising non-compliance.
55. As social care policy is devolved, the devolved administrations also need to be included in discussions about immigration that could affect the social care workforce. We note that the Scottish Government has called for separate immigration policy relating to Scotland³⁷. We recognise that the policy position for social care in the devolved administrations could be significantly different. Wales and Scotland, for example, have specified payment of the Real Living Wage for careworkers, yet recruitment remains challenging in both administrations³⁸. UK-wide immigration decisions should take account of these differences.

What rights and conditions should apply to visas for immigrants coming to work in occupations on the Temporary Shortage List?

56. The following comments apply particularly to sectors with a high risk of labour exploitation, such as social care, and may not apply across the wider economy.
57. The system needs to be designed **with sector knowledge**, so that commissioners and enforcers can spot exploitation and implement realistic standards and safeguards for the relevant job roles. In the care sector, the genuine vacancy test has been a constant challenge, and there remain questions around whether assessments can accurately assess working patterns, pay structures and working time from information submitted during CoS applications. This can result in some employers struggling to get certificates of sponsorship and others being awarded them despite exploitative practices. We would be happy to work further with the Home Office on this.

³⁷ The Herald (2026) [Scottish Minister calls for Scotland-only visas for workers](#)

³⁸ In 2025, Social Care Wales's [Workforce Report](#) noted that there were rising vacancy levels, with vacancies at 8.6% in domiciliary care. The [Scottish Social Services Council](#) also reported in 2024 that care at home services report problems filling vacancies and we believe this situation to be continuing.

- We believe that there has been a regional mismatch with some regions that have high vacancy rates struggling to recruit and retain staff and others (at the peak of overseas recruitment, less so now) experiencing an oversupply. The Home Office should use **regional** demand and vacancy data in workforce planning and assess regional coordination of recruitment. Any pilot should preserve workers' ability to leave an exploitative employer or move to another area with suitable work.
- There should be a **secure reporting route** so that individuals that wish to raise concerns about their employer are able to do so without fear of deportation if it results in the loss of their employer's sponsorship licence.

58. We recommend that the Government consider a visa system that **does not tie careworkers to a single employer**. If careworkers could move jobs within the local economy more easily, then it reduces the chance of serious labour exploitation or being stuck in jobs where the employer experiences a sudden loss of demand and working hours drop. This means rethinking the structure of visas for care, starting with sector-wide sponsorship within appropriately regulated care, including CQC-registered services in England and relevant regulated services in the devolved nations. This would require an explicit allocation of responsibility for pay, supervision, reporting and safeguarding; provider registration alone would not establish suitability to participate.

Should workers in these roles be permitted to bring dependants, and if so what conditions should apply to dependent visas?

59. The March 2024 restrictions on dependants for careworkers, subject to transitional protections and exceptions, singled out careworkers from every other health and care profession and signalled a lack of parity and respect. In our 2024 Workforce Survey, 36% of providers said the restriction had affected their ability to recruit³⁹. We have since heard reports of careworkers' dependants' visas being curtailed. We would urge the government:

- to ensure that there is clear communication about whether dependants are permitted or not;
- to offer dependant visas for careworkers on fair terms comparable with health colleagues, recognising the importance of family life to retention and wellbeing; and
- not to implement any retrospective changes.

When, if at all, are strictly temporary visas appropriate?

60. Strictly temporary visas suit genuinely seasonal or time-limited work. They do not suit care, which meets a permanent and growing need and where continuity of care is a key quality indicator. Temporary visas in care would increase churn, weaken the continuity of care that people value and raise exploitation risk because workers facing removal have strong incentives to tolerate poor treatment. Settled workers can

³⁹ Homecare Association (2024) [Workforce Survey 2024](#)

change jobs or work for more than one employer, which reduces non-compliance and the pull of the informal economy.

How important is immigration to responding to shortages in the public sector, and what role does immigration have in workforce planning in sectors such as health, education and justice?

61. Adult social care is, in many ways, a public service. Councils in England have statutory duties under the Care Act 2014, with separate statutory frameworks in the devolved nations. The state purchases around 81% of homecare, and the NHS depends on homecare for hospital discharge. Yet policy often leaves care out of consideration of public sector issues: the Earned Settlement proposals suggested a five-year route for some public service occupations (i.e. health and education occupations where going rates are based on national pay scales), including NHS staff, but proposed 15 years for careworkers working in the same integrated system⁴⁰.
62. To date, workforce planning has treated social care as an afterthought. The NHS has a long-term workforce plan; social care has had no government-funded equivalent. As mentioned in paragraph 31, the Government has committed to publish a social care workforce action plan later this year. Skills for Care are also working on an attraction plan.
63. If realistic workforce projections predict a shortage in social care and the government (in liaison with the sector) has assessed what domestic recruitment and retention measures can realistically deliver within the required timescale and these measures are insufficient, then it should consider immigration. Many countries with ageing populations use immigration to help meet care needs, in some cases despite offering care staff better pay and more secure hours (for example, Australia⁴¹, where the government is supporting immigration despite recent wage increases in order to meet demand).
64. Government should coordinate immigration decisions that affect care across departments and model their impact on disabled and older people, unpaid carers and the NHS.
65. Because immigration is reserved, decisions in Whitehall also shape care in Scotland, Wales and Northern Ireland, whose governments fund different minimum pay conditions for careworkers and face different labour market conditions. Their workforce needs deserve explicit assessment.

Should there be different immigration rules for jobs that deliver essential services – such as prison guards or health and care workers? If so, how should rules be different for these jobs?

66. Yes. For careworkers, the immigration rules should:
 - recognise care work as skilled work, taking account of the care knowledge, safeguarding duties and, where relevant, delegated healthcare tasks, responsibility, values and soft skills required to do the work well. Immigration

⁴⁰ Home Office (2026) [Earned settlement](#)

⁴¹ Lowy Institute (2024) [Amid a global aged care labour shortage, how will Australia address the challenge?](#)

policy rhetoric labelling care work as low skilled work also affects domestic recruitment and morale in the sector as a whole and can be deeply damaging;

- apply the same settlement period to careworkers as to NHS staff offering parity between NHS and social care work;
- set salary threshold hourly rates jointly with DHSC (and devolved administrations), by reference to funded pay rates and the Fair Pay Agreement, so that thresholds, agreed pay and fee rates move together;
- ensure that commissioning approaches to purchase care align with Home Office requirements (see paragraph 71 onwards). Consider a regulated model allowing earnings across approved employers, with clear responsibility for guaranteed pay and working-time compliance;
- assess any future reopening of overseas care recruitment against regional vacancies, unmet need and domestic supply, with appropriate safeguards;
- allow sector-wide sponsorship within regulated care with regional coordination where helpful, but without trapping workers geographically so that visas do not tie employees to a single employer, which would reduce exploitation risks;
- build continuity safeguards into enforcement because sudden loss of capacity harms people who rely on care;
- continue to limit sponsorship to CQC-registered providers in England;
- develop proportionate workforce registration in England, with supported routes to demonstrate competence. Any future link between visa eligibility and registration should follow an impact assessment, adequate transition arrangements and access to training, rather than make formal qualifications an automatic entry barrier.

Implementation

What objectives should the Home Office seek to achieve when setting salary thresholds?

67. Salary thresholds should protect migrant and resident workers from undercutting and exploitation, while supporting fair pay for comparable work. In publicly funded care, government must fund the employment costs its rules require. Closing overseas recruitment does not remove the need to protect either group: sponsored staff already in the UK remain vulnerable to underpayment and insecure work.

68. They should also guard against destitution and reflect the value of the role.

69. For publicly funded services, they should also be affordable within the prices the state pays, or government should fund the difference.

To what extent does the current approach to setting salary thresholds achieve these objectives?

70. The Health and Care Worker threshold of £25,000, or £12.82 per hour, is currently 11p per hour above the National Living Wage of £12.71. This reduces the risk of pay

disparity between local and sponsored staff in a sector where Skills for Care report that in 2025-26 27% of careworkers are paid at, or within 10p of, the wage floor⁴².

71. Salary threshold compliance is a significant problem in care, with record levels of revocations⁴³, many linked to pay compliance. At root, Home Office processes and public commissioning do not align: UKVI expects providers to guarantee hours and pay that commissioners neither guarantee nor fund. This creates problems for employers and exploitation risks for workers. We highlight three sector-specific issues:
72. **Reporting and procedural fairness:** salary discrepancies may arise from permitted absence, payroll errors or unlawful underpayment and require careful investigation. In *R (Moon Fish Ltd) v Secretary of State for the Home Department*⁴⁴ [2026] EWHC 2289 (Admin), the High Court quashed a revocation decision concerning a salary shortfall associated with unpaid leave. The case supports a fair opportunity to explain discrepancies and procedural fairness; it does not remove sponsors' reporting duties or prevent action against serious abuse.
73. While notification of leave and other factors that reduce salary are important, we would urge proportionate enforcement processes around salary discrepancies with proper dialogue with providers to resolve issues before resorting to revocation.
74. **Contact-time-only pay:** a headline rate paid only for visits does not establish compliance. Minimum-wage calculations must include all time that legally counts as working time, including relevant travel between visits, and follow the applicable pay-reference rules. Immigration salary requirements are a separate test. UKVI and employers need clear worked examples covering travel, training, waiting time, deductions and variable rotas.
75. To give two examples of cases raised by members: one was concerned commissioners have commissioned work from a provider where an international careworker was working 37.5 hours of contact time a week but required to work 7am to 9pm daily for five to seven days per week with broken shifts with far longer working time once travel and waiting time are included, a pattern that raises questions about Working Time Regulation compliance and careworker wellbeing. In another anonymised case set out in our commissioning paper, payroll records showed careworkers expected to be available for up to 98 hours in a week to deliver 39 paid contact hours⁴⁵.
76. The Home Office should publish sector-specific examples explaining how actual working hours and pay are assessed under the immigration rules, alongside minimum-wage and working-time obligations. A requirement to evidence a genuine job must not be confused with a requirement to deliver 37.5 hours of contact time.

⁴² Skills for Care (2026) [The state of the adult social care sector and workforce in England 2026](#)

⁴³ Home Office (2026) [Migration transparency data](#)

⁴⁴ See: *R (Moon Fish Ltd) v Secretary of State for the Home Department* [2026] EWHC 2289 (Admin); *R (Moon Fish Ltd) v Secretary of State for the Home Department* [2026] EWHC 2289 (Admin). And: Anthony Collins Solicitors (2026) [Revocation of sponsorship licences; don't let it happen to your organisation](#)

⁴⁵ Homecare Association (September 2026) [Homecare: commissioning is the key to quality, fair work and better outcomes](#)

77. Contact time only pay structures arise in the context of low fee rates and contact-time only commissioning practices. We call on the Government to address these issues.
78. **Security of hours:** both the guaranteed salary and the hours available matter. In the Homecare Voices survey, only 33% of migrant homecare worker respondents said that their main sponsor provided enough hours to meet the minimum salary requirement⁴⁶. This aligns with our own research: our 2025 workforce survey showed that nearly nine in ten homecare providers who responded (89%) said that sponsored careworkers contacted them in 2025 seeking additional employment because their primary sponsor had not given them enough hours⁴⁷. While in some cases a lack of hours reflects irresponsible employment or exploitation, providers are also subject to significant volatility in the number of hours of work that they have available, particularly those working in end of life and hospital discharge work where demand for services can fluctuate significantly. Requiring a full-time salary in a market where commissioners buy care by the minute, with no guaranteed volumes, transfers risk to providers and workers. UKVI expects providers to guarantee hours to workers when commissioners do not guarantee hours to providers. For example, from 31 August 2026 Redcar and Cleveland Council has paid providers only for the exact minutes recorded, at £23.04 per hour for longer calls, below the £26.17 direct cost of employing a careworker lawfully, while reminding providers of their immigration responsibilities.
79. Enforcement alone cannot resolve unpredictable work volumes or inadequate fees. Government must reform commissioning so providers can offer secure hours and meet their obligations. It should also consider a regulated model for combining earnings across approved employers. This would require a rule change; supplementary work does not remove the primary sponsor's existing obligations.
80. We also urge the government to include specialist parts of the homecare sector like live-in care where working patterns are atypical in the forthcoming workforce plan, so that the overall policy approach towards them is consistent.
81. The MAC's December 2025 review recommended raising the Health and Care Worker threshold to the equivalent of NHS Band 5 (£29,970), while advising that transitional arrangements should ensure workers already in the UK in RQF 3 to 5 jobs are not accidentally required to leave⁴⁸. Any increase for careworkers must come with matching increases in fee rates and consideration about whether providers could realistically pay that rate to local workers. Otherwise, it will drive non-compliance, revocations, pay equity issues and loss of capacity, not higher pay.

What impact does changing rules on eligibility for work visas have on businesses, employers and workers?

82. Frequent rule changes increase fragility in the homecare sector by limiting providers' ability to develop sustainable business plans. Since 2022, government has opened the care route, tightened scrutiny, banned dependants, restricted sponsorship to CQC-registered providers, changed salary thresholds, closed the route to overseas applicants, raised English language requirements, increased the Immigration Skills

⁴⁶ Homecare Voices (2026) [Behind closed doors](#)

⁴⁷ Homecare Association (2025) [Voices of Homecare: Workforce](#)

⁴⁸ Migration Advisory Committee (2025) [Review of salary requirements](#)

Charge, raised visa fees, introduced more detailed salary checks and proposed extending settlement to 15 years. Each change brings legal costs and compliance risk but also has a significant emotional toll on staff and their managers as they face uncertainty about their future. Providers have also seen long-pending applications cancelled because rules changed while the Home Office was processing them, meaning that they needed to resubmit when processing times could be as long as 18 weeks.

83. Between 8 January and 19 January 2026, we collected 108 responses from homecare providers across the UK, employing around 15,000 careworkers. When asked “Have any of your sponsored staff already left the UK or the social care sector because of the uncertainty over the settlement period?” 28% of providers said sponsored staff had already left the UK or social care because of settlement uncertainty. 50% said staff had told them they would leave if the settlement period increased. When asked “What will the impact on your business be if you lose current sponsored care staff because of the new settlement policy”, nearly half (48%) expected to hand back care packages or reduce the amount of care they are delivering. 55% expected to reduce or stop growth plans, and 8% expected to close⁴⁹. Our analysis showed that in 59% of providers, sponsored workers delivered a higher share of care hours than their share of the workforce, so their loss cuts capacity disproportionately. One member's sponsored staff make up 38% of its workforce in one city but deliver 61% of its care hours⁵⁰.
84. Administrative errors (such as not reporting sickness absence correctly) can cause sudden and dramatic loss of staff if they trigger sponsor licence revocation. Older and disabled people can lose carers they know and trust with little or no notice, breaking the continuity of care that is central to quality. For workers, the sudden loss of a job, income and potentially the right to remain in the UK is traumatic, and managers and colleagues feel the impact too. A provider that wants to challenge a revocation can do so only through judicial review, which is beyond the means of most small providers. This can result in employers being reluctant to sponsor displaced workers, even when they have vacancies.
85. Frequent rule changes also make it harder for registered managers, most of whom work in small organisations without in-house HR or legal support, to keep up with the latest requirements.
86. Poor service from the Home Office compounds the impact of rule changes. Providers tell us they receive little or no information about delays or next steps on certificate of sponsorship applications, and lose candidates as a result. Some have waited longer than 18 weeks to sponsor a displaced worker (though UKVI has reduced this service standard to 12 weeks, it is still long), and decisions vary between caseworkers. Members report difficulty identifying an effective escalation route, particularly about IT problems or administrative errors. Members report being required to send sensitive payroll and other records by ordinary email, with password-protected or encrypted attachments rejected in some cases. Small providers, who make up most of the sector, cannot afford specialist legal advice to navigate this.

⁴⁹ Homecare Association, [Earned Settlement supplementary evidence 2026](#)

⁵⁰ Homecare Association, [Earned Settlement supplementary evidence 2026](#)

87. We recommend that the Home Office:

- further shortens the service standard for processing CoS applications;
- further increases the capacity of the Priority Service;
- creates a clearer route for employers to seek advice on the status of applications and to complain about service standards;
- provides an authenticated secure upload service for sensitive records, with access controls, audit trails and clear retention arrangements.

Is it more important to have a responsive or consistent approach to work migration policy?

88. Consistency matters more in care. Providers make long-term commitments to workers and to the people they support, and frequent changes undermine both. In our experience, the need for urgent policy changes has arisen from:

- A lack of joined-up policy thinking across Government on social care workforce issues.
- Poor understanding of social care when designing immigration policy.
- Lack of communication with the sector about arising issues and planned changes.
- A lack of adequate impact assessment of policy proposals considering health and social care impacts on the UK population, and not just immigration factors.

89. The Government could address these through better workforce planning and engagement with the sector. Policy could be more consistent if thought through carefully from the start.

90. We recognise the need for responsive changes where urgent and unexpected situations arise. However, retrospective changes (as proposed in the Earned Settlement paper) are deeply damaging to the morale of a crucial workforce serving the public sector.

What improvements could be made to the work visa system to ensure that migrant workers are treated fairly, with dignity and respect?

91. We recommend that government:

- keeps the five-year settlement route for careworkers already in the UK and gives care parity with the NHS. Retrospective changes are not fair or respectful;
- pilots sector-wide or portable sponsorship within appropriately regulated care, with independent oversight and clear responsibility for employment standards, so workers can change approved employers more easily. The pilot should be evaluated against worker safety, continuity of care and administrative cost;

- builds on the October 2026 provision for Skilled Workers with a qualifying positive Conclusive Grounds decision under the National Referral Mechanism to have their work conditions relaxed. Government should provide earlier, time-limited protection and access to lawful work where there is credible evidence of serious labour exploitation, with independent assessment and safeguards;
- in the absence of sector-wide sponsorship, provides a protected route for workers to raise concerns about their employer's employment practices without fear that they will face deportation;
- creates a referral pathway from the Home Office to the Fair Work Agency for exploited workers, linking into the National Referral Mechanism for modern slavery, as suggested by the Work Rights Centre⁵¹.

92. Above all, workers are unlikely to be treated fairly if the public sector is paying their employers below the cost of lawful employment. Government's own guidance on modern slavery in supply chains warns purchasers against buying at prices so low that suppliers are likely to be exploiting workers⁵². We have encountered cases where some public sector commissioners pay rates as low as £18 per hour for homecare. Such rates raise serious questions about whether public procurement adequately considers the cost of lawful employment and exploitation risks. HM Treasury, the Ministry of Housing, Communities and Local Government and the Department of Health and Social Care should urgently address this.

What mechanisms are needed to support migrants who lose their jobs after they arrive in the UK, through no fault of their own?

93. The Home Office previously said that more than 39,000 careworkers had been affected by sponsorship licence revocations up to December 2024⁵³. We know that there have been at least 5,446 sponsorship licences revoked (across the whole economy) since then,⁵⁴ each potentially affecting many workers. So thousands of careworkers have found themselves unemployed due to the revocation of their sponsor's licence. In some cases, workers in this situation have been subject to serious exploitation. The UK still needs careworkers and vacancy rates remain high, so it makes sense to try to support these displaced workers into alternative jobs.
94. While the Government established Regional Partnerships to provide support to displaced staff through the International Recruitment Fund, the Department of Health and Social Care has said that funding for these Partnerships is likely to end at the end of the current financial year.
95. Members reported barriers that limited the effectiveness of the Regional Partnerships; we do not have a comprehensive national evaluation. We explored barriers in our 2025 Workforce Survey and found that there were issues with:

⁵¹ Work Rights Centre (2026) [Home Office revokes record number of sponsor licences | Work Rights Centre](#)

⁵² Home Office (2017) [Transparency in supply chains: a practical guide](#).

⁵³ Secondary Legislation Scrutiny Committee (2025) [Twenty First Report](#): Statement of Changes in Immigration Rules

⁵⁴ Home Office (2026) [Migration transparency data](#)

- **Role matching and training:** respondents reported that some applicants needed driving, English-language or care-skills support, or were seeking roles that did not involve personal care. Some providers offered driving lessons where other requirements were met.
- **Support needs:** some workers had been recruited for jobs that did not materialise and needed a realistic introduction to homecare, alongside practical, emotional and pastoral support after exploitation or loss of employment.
- **Location mismatch:** available jobs did not always align with where displaced workers lived.
- **Personal care preferences:** some vacancies involve requests for a careworker of a particular sex. Providers must assess these individually and recruit in accordance with equality law; a person's preference is not a blanket exemption from non-discrimination duties.
- **Process and communication issues:** providers reported delays, poor responsiveness, inaccurate information, and candidates not attending appointments.

96. We believe that there are additional barriers to recruiting displaced workers now as employers are uncertain about the future of the sponsored care workforce, both in terms of the impact of the Earned Settlement proposals and due to frequent changes in Immigration Rules and severe penalties for errors. This can mean that some employers are concerned about the risks of taking sponsored staff on if they could lose them again.

97. It is important to support people who become unemployed through no fault of their own. Despite the challenges above, there are vacancies in the sector for candidates with the right skills and values.

98. We recommend that government:

- creates or commissions a national redeployment service/platform with live vacancy matching, building on existing regional partnerships, with ADASS, devolved counterparts and the sector, supported by published data on placements, retention and worker outcomes;
- funds continuing local support, independent advice and practical assistance for displaced workers, including after any current regional funding ends;
- provides practical support, if necessary, for example, with driving tests if that is the barrier;
- integrates measures into a national workforce plan;
- provides at least 120 days of protected lawful status to find suitable work and make a new application, with clear information on work rights and support while applications are processed. We believe it typically takes longer than 60 days to find a new job. The Work Rights Centre has previously argued that 60 days is 'almost never long enough'⁵⁵;

⁵⁵ Work Rights Centre (2025) [Evidence to the Secondary Legislation Scrutiny Committee for its consideration of the Statement of Changes to the Immigration Rules: HC 733, 12 March 2025](#)

- pilots a sector-wide scheme allowing displaced careworkers to move between approved, appropriately regulated providers without repeating the full sponsorship process, while preserving accountability and access to independent advice;
- fast-tracks certificates of sponsorship for responsible providers who take on displaced workers;
- introduces explicit protections against settlement disadvantage arising from sponsor failure, with clear rules on employment gaps, continuity of residence and timely applications;
- adopts a fair revocation process, with clear reasons, notice, a right to explain payroll or reporting anomalies and rapid independent review, where there is no serious abuse or immediate safeguarding risk; and reduces the use of mandatory revocations where the cause is administrative error and serious exploitation risk is low⁵⁶.

Cross-government working

How could the Home Office work more effectively with other government departments to develop a work migration system that achieves its aims – such as growing the economy and delivering essential services – while reducing net migration?

99. We believe that the key missing factor is the lack of a government-owned, funded and coherent workforce plan for social care that outlines a serious strategy to fund and commission care in a way that enables the UK to attract the care workforce that it needs.
100. Retaining and redeploying sponsored careworkers already in the UK is also consistent with the Government's aim of reducing net migration. A displaced worker who moves into a vacancy with a responsible provider fills a care post without requiring a new arrival and protects continuity of care. Policies that push trained careworkers out of the sector, including retrospective settlement changes, work against both aims.
101. Alongside this, there is a lack of understanding about how the sector works within the Home Office. Regular engagement with care employers could help to improve communication and highlight issues.
102. In the context of sector engagement and a plan, there are opportunities for better data sharing. If the Home Office can publish regular anonymised and aggregated data, and share necessary case-level information through lawful, secure arrangements, about how many migrant workers are in each region, the length of permissions; the number and types of revocations, and displaced workers and their employability, for example, this should enable more effective workforce planning. This could help to reduce migration requirements with time by allowing recognised issues to be addressed.
103. We understand UKVI has made some improvements regarding the information on the social care workforce shared with local authorities. However, at present, this kind of

⁵⁶ As mentioned above, see case [R \(Moon Fish Ltd\) v Secretary of State for the Home Department \[2026\] EWHC 2289 \(Admin\)](#)

information sharing and liaison with the wider sector is not regular or consistent, and the information that would assist with strategic planning is not always available.

How effective is the Labour Market Evidence Group in supporting joined up, cross-departmental policy making?

104. The Group should publish further information on its work in relation to social care: the closure of overseas recruitment does not remove the need for policy evidence.

How does the government assess the economic and fiscal impact of work migration, and how does this inform decisions about immigration policy? How could the evaluation of economic impact be improved?

105. The fiscal assessment of care migration should reflect how public purchasing constrains earnings and how care supports the wider economy. Adult social care contributed an estimated £81.8 billion in gross value added to the English economy in 2025-26⁵⁷. This sector-wide estimate is not the contribution of migrant careworkers alone. Assessment should also examine effects on unpaid carers' employment, unmet need, hospital use and discharge, alongside public-service costs and tax receipts. Assumptions about migrant households cost to the exchequer should be evidenced and tested, rather than inferred from nationality or occupation and may not be the same as the domestic workforce.
106. Government should evaluate the economic impact of care migration on a whole-system basis. That means counting avoided NHS costs and the employment of unpaid carers, alongside taxes and public-service costs, using transparent counterfactuals, regional modelling and sensitivity analysis to avoid double counting.

How is reliance on international recruitment considered in workforce planning and policy formation across government departments?

107. Government opened the care route in 2022 in response to a crisis and closed it to overseas applicants in 2025 without a funded plan to replace that supply domestically. This suggests a historic lack of serious strategic consideration of the social care workforce supply, not only in the Home Office, but in any Government department.
108. Skills for Care developed an Adult Social Care Workforce Strategy, which brought together sector stakeholders and referenced international recruitment. However, DHSC has not adopted it as government policy, and it has not become a fully funded, cross-government delivery plan.
109. As mentioned in paragraph 31, the Government has committed to publish a social care workforce action plan later this year. It must be funded, owned across government and explicit about the role international recruitment will and will not play, so that it addresses the risk of shortages as overseas recruitment ends and existing workers leave or change roles.

⁵⁷ Skills for Care (2026) [The state of the adult social care sector and workforce in England 2026](#)