

Migration Advisory Committee

Social care Commission

Call for Evidence

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 in 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 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.

Section 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?

Homecare Association (formerly United Kingdom Homecare Association, UKHCA)

A2 – What is your email address?

policy@homecareassociation.org.uk

Section B – About your organisation and the businesses you represent

In this questionnaire, where we refer to a 'business' or 'organisation' we are asking about the enterprise level rather than the unit or establishment level. This means considering all branches or units as a whole rather than individual locations of work separately.

B1 – Does your organisation represent...

- Employers
- Employees
- Both

B2 – How many businesses/organisations do you represent?

- Under 5
- 5-49
- 50-499
- 500-4999
- 5000+
- Don't know

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

Please select all that apply.

- Ongoing dialogues as part of business as usual
- Specific events/contact arranged to discuss this consultation
- Other (please state) – our response incorporates the findings of a member survey on workforce issues

- Don't know
- Prefer not to say

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?

- Concentrated in specific regions/devolved nations
- UK-wide
- Don't know

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, please keep your answer to approximately no more than 250 words.

Yes, there are regional variations in staffing and recruitment. However, our [August 2021 survey](#) of members in England and discussions with our members in the devolved administrations suggest that care providers across the whole of the UK are experiencing substantial difficulties at the moment.

Regional factors can shape the challenges that providers are facing. As our [2021 Homecare Deficit](#) illustrates, commissioners in some parts of the country are paying very low hourly rates to care providers which can make it impossible to offer attractive pay and terms and conditions. The cost of living is higher in some regions, making low paid care work less attractive. In the devolved administrations there are also careworker registration requirements to consider.

The proportion of the workforce that is currently non-British varies. [Skills for Care](#) report that across England 16% of the workforce are non-British (7% from the EU). However, 37% of the adult social care workforce in London is non-British (13% from the EU), whereas only 4% are non-British in the North East (2% from the EU).

Please note that we also believe that the live-in care sector has been significantly affected by both the pandemic and the change in migration policy. We are expecting the Live-in Care Hub to respond separately, however, so the following representation focuses on the homecare sector as a whole.

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

<ul style="list-style-type: none">• 0-9 employees
<ul style="list-style-type: none">• 10-49 employees
<ul style="list-style-type: none">• 40-249 employees
<ul style="list-style-type: none">• 250-499 employees
<ul style="list-style-type: none">• 500+ employees

- Don't know

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

Non-European excludes all UK, Republic of Ireland, or European nationals.
European includes all European Union countries (except Republic of Ireland), Norway, Iceland, Lichtenstein and Switzerland

- Sponsored through skilled worker route (formerly Tier 2)

<ul style="list-style-type: none">• Recruited them through the domestic labour market

- They do not employ non-European workers
- Don't know

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

Please select all that apply.

- Student
- A dependent or spouse
- Youth Mobility Scheme
- Ancestry visa
- Already has a permanent LTR or equivalent in the UK (for example temporary or permanent leave to remain, naturalised British citizen or Right of Abode)
- Other (please state)

<ul style="list-style-type: none">• Don't know
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B10 - What area(s) of social care does your organisation represent?

Please select all that apply.

- Residential

- Domiciliary

- Day

- Community

- Other (please state): live-in care, extra-care, and supported living

- Prefer not to say

Section C - Impacts

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

Open text, please keep your answer to no more than 1,500 characters (approximately 250 words).

In mid-2020 providers reported fewer hours of care were being commissioned and some care companies were able to recruit staff who were furloughed or made redundant from other roles.

As the economy re-opened in summer 2021 we have heard of significant competition for staff from other sectors combined with a rise in demand for care. The size of the homecare workforce has increased ([Skills for care](#) report filled jobs up 7.4% between 2019/20 and 2020/21). This has not, however, been enough to meet demand, especially in a difficult recruitment market, so homecare vacancy levels were up to 11.9% in September ([Skills for Care](#)).

In a [survey of 843 of our members](#) in August 2021, 95% of homecare providers said that recruitment was harder than before the pandemic with 78% saying that recruitment was “the hardest it has ever been”. There were not substantial regional variations. Regarding the greatest challenge to recruitment and retention: 13% said careworkers’ exhaustion and 7% said the effect of COVID-19 policies (PPE, vaccination etc.). The most frequently identified challenge was pay or other terms and conditions (46%), followed by competition with other

sectors (18%); Brexit and migration policy also featured (9%). Change in migration policy appears to be having an indirect, as well as a direct, effect on careworker recruitment. Sectors such as hospitality and retail can no longer hire EU workers as easily, so they are targeting careworkers, offering better pay and conditions.

Following the end of free movement on 1st 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](#).

C2 - 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, please keep your answer to no more than 1,500 characters (approximately 250 words).

We expect to see a decrease in the number of European workers in social care in coming years because it is now not possible to recruit careworkers directly from Europe, though some will have a right to work in the UK for other reasons.

It is difficult to say what will happen regarding senior careworkers and registered managers. The salary threshold for migration is substantially higher than typical salaries of senior careworkers and inadequate state-funding of homecare means that, for many providers, it is unaffordable. Costs of sponsorship and visas are also prohibitive, with some providers quoting £9450 per worker. Sponsorship and salary requirements will likely deter recruitment

from Europe if UK candidates can be found, but this may balance out if recruitment conditions remain exceptionally difficult in the UK.

Some live-in careworkers may be able to work via the frontier worker route also. It is likely this number will also reduce with time as permits may not be renewed.

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

Open text, please keep your answer to no more than 1,500 characters (approximately 250 words).

Data from the [Office of National Statistics](#) record a reduction of 200,000 EU nationals following Britain's exit from the EU. [Skills for Care](#) reported in October 2021 that there has been no evidence of the existing non-British workforce leaving at an increased rate since the new immigration rules came into place in January 2021. We have not yet seen any substantial evidence that existing European staff are more likely to leave than their British counterparts, but we will be monitoring this situation. The reduction in EU nationals resident in the UK diminishes the pool of potential recruits to the sector.

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

Open text, please keep your answer to no more than 1,500 characters (approximately 250 words).

In our member survey of 843 homecare providers in England in August 2021, 95% of homecare providers said that recruitment was harder than before the COVID-19 pandemic, with the majority (78%) saying that recruitment was "the hardest it has ever been". There were not substantial regional differences.

The difficulties have multiple and complex causes. The most frequently cited causes are more likely to be indirectly rather than directly related to freedom of movement. 46% of providers thought the greatest challenge to recruitment and retention was related to pay or other terms and conditions (which have become more competitive since the end of freedom of movement); 18% that it was competition with other business sectors (e.g. retail and hospitality who may have been more directly impacted by the end of the freedom of movement). 13% said careworkers were exhausted; 9% said it was due to Brexit or migration policy ([see our blog for further information](#)).

A survey of members (shortly to be published on our blog) undertaken in October 2021 suggests that this situation will be significantly harder if vaccination as a condition of deployment is announced.

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

Open text, please keep your answer to no more than 1,500 characters (approximately 250 words).

For most live-in and visiting homecare providers there is a fairly direct relationship between staffing levels and the amount of homecare that can be provided.

In the short-term colleagues might be willing to work additional hours to cover a vacancy, or bank staff or (perhaps less commonly) agency staff might be called upon. This can increase pressures on existing staff so is not sustainable.

However, if there are persistently low staffing levels providers may refuse new work, reduce the hours of care that they deliver or hand care packages back to commissioners. In our survey in August 2021, 38% of providers said they were unable to take on new work (due to staffing levels) with 57% saying they could take on some but not all new work. 29% of providers said that they were handing some work back, with 1% saying they were handing all work back. 70% were continuing to meet existing need.

A survey of 150 members (shortly to be published on our blog) undertaken in October 2021 suggests that this situation will be significantly harder if vaccination as a condition of deployment is announced. In this case 86% thought it was certain or likely there would be increased recruitment costs, 93% thought it was certain or likely that it would be harder to recruit. 67% of providers thought it was certain or likely that they would hand back work and 24% thought it was certain or likely that they would close the business.

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, please keep your answer to no more than 1,500 characters (approximately 250 words).

In the best case scenarios the Government will substantially increase investment in the sector so that there is improved pay, terms and conditions and career progression to make social care work more attractive to suitable UK-based candidates. This is likely to also require efforts to raise the profile of the sector and highlight the rewarding nature of the work.

Without the Government annually investing an additional figure that is in excess of £10 billion a year (see evidence presented to Health and Social Care Committee on 14 July 2020 by Lord Forsyth), social care funding will continue to be insufficient to meet rising demand (see [ADASS Rapid Survey, 2021](#)) and cover sustainable operating costs (see our [Homecare Deficit Report, 2021](#)). Difficult operating conditions (including staffing issues) will limit the capacity in the market and see some providers ceasing operations.

Access to care services will be impacted. Disabled and older people may not get the support that they need leading to preventable escalation of healthcare needs, and increased difficulty discharging people from hospital. More people would need to be cared for by unpaid carers without professional support, with significant consequences for the employment, wellbeing, health and financial security of the unpaid carer and significant implications for the person being supported (see for example [Carers UK, State of Caring 2019](#)).

Section D – Closing

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

- Yes
- No

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?

- Yes
- No

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

- Yes
- No

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

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.