

The Visa Study: the impact of the Health and Care Worker Visa on frontline social care workforce - Emerging findings

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Today's presentation

- ❖ Background to Health and Care Worker visa
- ❖ Study plan
- ❖ Early findings
 - ❖ Social care providers and internationally recruited care workers

Background: Health and Care Worker visa



Changes to UK immigration policy 15 February 2022

- people from other countries can apply for a Health and Care Worker visa
- to work as a 'Care worker' or 'Home carer' (SOC Code 6145)
- with a licensed UK employer

This change to immigration policy is designed to help meet the staffing shortages in frontline adult social care

What is involved for employers and people seeking work?

Employer

- Sponsor licence
- Certificate of Sponsorship
- Offer minimum salary £20,480 (£10.10/hr 39hr week)

Person seeking work

- Health and Care Worker visa
- Proof of English
- Personal savings
- Criminal records certificate
- TB cert (if nec.)
- Travel to UK
- Accommodation in UK
- Dependents?

Legal/recruitment/brokerage agencies

- Varying models of support/cost

GOV.UK

Home > Health and social care > National Health Service > Health workforce
> Code of practice for the international recruitment of health and social care personnel

Department of Health & Social Care

Guidance
Code of practice for the international recruitment of health and social care personnel in England
Updated 22 August 2022

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Foreword

We are pleased to introduce the revised code of practice for recruiting personnel internationally for health and social care organisations in England.

With a [projected global shortage of 10 million health workers to achieve universal health coverage in low and lower-middle income countries by 2030](#), we remain committed to be a force for good in the world, and support better health and care both within and beyond our shores.

To that end, we recognise the important role that international health and care workers

“We are committed to upholding the highest ethical standards in international recruitment and this new code implements the World Health Organization (WHO) global code of practice” DHSC Nov 2021

Health and Care worker visa uptake in 2022

Increase in number of visas and speed of processing during the year

Role	Time frame	Number of visas
Care worker	15 th Feb – end Sept 2022	14,000 applications *
	15 th Feb – end Dec 2022	23,300 applications 22,100 granted **
Senior care worker	1 st Jan – end Sept 2022	15,000 applications *
	1 st Jan – end Dec 2022	40,300 applications 34,800 granted **

* Migration Advisory Committee (MAC) (Dec 2022) Annual Report.

** <https://www.gov.uk/government/statistics/immigration-system-statistics-year-ending-december-2022/why-do-people-come-to-the-uk-to-work> (accessed 23.02.23)

Study plan

Study aim: To evaluate the impact of these immigration changes on the social care system, from different perspectives, to offer timely feedback for government departments and agencies.

Qualitative study – semi-structured interviews (online)

- Sampling – Purposive and snowball

Stakeholders in England

- **social care providers**
- **internationally recruited social care workers and dependants**
- brokerage/legal/recruitment agencies
- sector skills experts
- representatives of service users and carers

Ethics and PPIE

King's College London Ethics Committee approval under the Minimal Risk criteria (Reference number: MRA-21/22-29134)

Discussed with HSCWRU's Unit's Public Involvement and Engagement Group who commented on draft proposal and topic guides.

Sample: ongoing stakeholder interviews (2022-3)

- **Social care providers (n=22)** size, sector, type of care provided, service user, geographical region across England, decision to recruit via the Health and Care visa
- **Internationally recruited care workers (n=19)** and **dependants (n=3)** experiences of recruitment and immigration processes, starting work and settling in the UK
- **Brokerage/legal/recruitment agencies (n= 8)** including those on NHS Employers ethical recruiters list
- **Sector skills experts (n= 15)**

Interviews started May 2022 and are on-going

Sample characteristics: care providers (n=22)

Taken up new visa?	Care provided	Size	Sector
Yes = 15	Care Home = 10 Home Care = 4 Both = 1	10-50 = 0 51-250 = 8 250+ = 7	Private = 13 Not-for-profit = 2
Considering in near future = 1	Care Home = 1 Home Care = 0	10-50 = 0 51-250 = 0 250+ = 1	Private = 0 Not-for-profit = 1
No = 6	Care Home = 4 Home Care = 2	10-50 = 1 51-250 = 2 250+ = 3	Private = 4 Not-for-profit = 2

Geographical spread (some providers working across regions):

London = 6, East of England = 4, Midlands = 7, South East = 4, South West = 4, NE and Yorkshire = 4, North West = 0

Emerging findings: care providers

International recruitment remains last resort for many; potential new pool of workers but a short-term fix.

Staffing pressures

We have no choice. There are no staff. Social care have no more staff. And with the cost of living crisis, people are having to not stay in social care. It's just a shambles, the whole thing. (small to medium care home provider, taken up visa, 04.05.22)

I think the main thing that's coming through at the minute is I've never known as many members interested in international recruitment as I do at the minute. Which just shows you that the labour problem is right across the country. So people that have never put a toe in the water, even the tiny little ones, are being forced, I think is the right way to actually, they're just saying, We cannot go on like this (representative of national care organisation, 26.7.22)

Emerging findings: care providers

Key determinants in take up:

- Size of organisation and its resource (set up and on-going costs prohibitive particularly to small-medium providers)
- Existing salary levels vs terms and conditions of Health and Care worker visa for care workers
- Perceived cost-effectiveness and the risks of it not working out, considering accommodation /settling in the UK, pastoral care, workplace induction, staff turnover
- Previous +ve experience of international recruitment and managers / existing staff with links in other countries seemed to increase likelihood

Salary levels:

*Why do we have to pay them £10.10 an hour when our own carers are coming in at national minimum wage, which is all we can afford or just above? So there's a disparity there, that is causing issues. So a lot of employers locally will not bring people in, ..., because it causes so much disruption in their services with people who have been a number of years and not being able to attain £10.10 an hour... The way that I look at it personally is that we want to bring all our people up to that wage or higher. **(large care home provider – but has taken up visa, 21.06.22)***

Decision making:

*So the bit that's most difficult, I think, for SMEs, is understanding what's good practise rather than what the legislation is. So all the soft issues, like who pays for the airfare? Who pays for the hotel for the first month? Yeah, all that sort of thing. And how much do you recover, if anything, from the individual if they don't work for you for longer than six months and all that sort of stuff. It's that where understanding what the norms are and what a good employer is doing is not easy to pick up. **(representative of national care organization, 26.07.22)***

Emerging findings: care providers – sponsorship and recruitment

Initial experiences of sponsorship:

- complicated, time/resource intensive process, both application and maintenance
- inadequate support from Home Office and UK Visas and Immigration
- difficult to co-ordinate with parallel process being undertaken by applicant

Fast-moving policy area. Learning and adaptation over course of the study

Emerging findings: care providers – sponsorship and recruitment

Most care providers turned to lawyers even when experienced in international recruitment

- Recruitment via:
 - friends and family of current or ex-staff, as well as more tenuous links
 - recruitment and/or legal agencies in UK /source countries
 - people already in the UK – on student / dependent / Health and Care worker visas

Different models of support & cost

- Employers arranging immigration support and covering almost all costs, plus initial money / loans to settle, sometimes tied accommodation
- Commissioning international recruitment agencies who do not charge fees to applicants/workers
- Claw back clauses to 'share the risk' over length of contract
- Employers working with agents based in the UK and/or abroad who pass on costs/'fees' to applicants*
- Applicants using agents in home countries for different levels of support at varying cost*
 - *Care workers reported paying between £3-12.5K; all reported knowing people who had paid more
- Applicants meet HO/UKVI requirements with support from family/friends/peer networks at no cost. Travel costs sometimes met by employer.

Sample characteristics: care workers and dependants

Length of time in UK (months)	Yet to arrive = 1 <6 months = 11 6-12 months = 8 pre-H&C visa = 2
Gender	female = 18 male = 4
Age (years)*	< 25 = 2 25-39 = 16 40-49 = 2 50-59 = 1
*Missing = 1	
Ethnicity	Indian = 11 Asian Other = 3 African = 7 White Other = 1

On arrival to UK:

19 senior/care workers, 3 dependants

At interview:

15 senior/care workers in medium-large nursing and residential care homes, 2 in home-care, 1 live-in carer (all private sector)

Initial interviews with care workers working in participating care homes; second phase with more variable experiences.

Home countries of care workers and dependants:

India, Philippines, Nepal, Zimbabwe, Zambia, Malawi, Liberia and Poland.

Emerging findings: care workers

Predominantly qualified (nursing training/degrees) or with experience in caring (paid/unpaid)

Reasons for moving to UK:

- better quality of life and career prospects
- their dependents' future in the UK
- to send money home to family in remittances

Longer term plans and ambitions:

- further training and qualifications to work in NHS or senior positions in social care
- to settle in UK, buy home in affordable part of the country, with dependents/family
- return home / move to other countries for work

Emerging findings: care workers

Time from application to starting work = 2-8 months with employer / agent / family / peer support

Key challenges

- English language – passing test for application and communication in UK
- Costs (application, travel, accommodation & cost of living in UK, especially for those with dependants)
- Paying back debt
- Dependency on sponsor
- Vulnerability to modern slavery and labour exploitation

Reflections on short-term sacrifices for longer-term gains



Challenges: English language

The first thing is that language itself, because before I was actually afraid to speak. Okay, we can speak, still I was afraid to speak, how it will be the grammar things and all the things, [inaudible], but after time here, anyway I don't have any other choice. And the thing is that from my home, including females and juniors, everyone is supporting me speaking [inaudible] and I came actually, this language was too speedy they're using too speedy, and I was unable to get it. Then they started to speak it slowly for me like that, I can then and I will understand their pronunciation [inaudible]. So I improved a lot. **(Internationally recruited care worker, 20.10.22)**

Emerging findings: care workers

What helps

- Pre-arrival communication and planning with care manager & existing internationally recruited workers
- Practical support on arrival to the UK – airport pick up, accommodation, local orientation, cash advance, registering with essential services
- Pastoral care / networks in UK / explaining UK culture
- Induction to workplace and health and care systems
- Knowledge of employment rights and confidence to assert rights
- Equality, Diversity, Inclusion (EDI) training for existing staff?

Pastoral care

So that reduces a lot of your burden, if you have a support. Especially the people who are who has -- who have recruited, who has employed you, are there for you, to listen to your concerns and then take actions. What more do you need? They're just not recruiting people, just make use of us or get the business done, no, they also listen to our business. That's very important. It's very important for our peace of mind because you're leaving your families abroad and you're coming here to set a future for your families, but the beginning you're alone. **(Internationally recruited care worker, 12.07.22)**

Next steps

Continued interviews with internationally recruited care workers and dependants, recruitment/legal brokers, representatives of service users and carers.

On-going discussion with DHSC about next phase of evaluation of International Recruitment fund

Thank you for listening

Any questions?

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