



Brexit and the migrant care workforce: Future policy directions. Findings from the second round of Delphi Surveys of UK experts Professor Shereen Hussein and Dr Agnes Turnpenny

Summary

Migrant workers have been vital in helping to fill labour gaps locally and regionally and across different types of social care services in the UK over the last few decades. Brexit and the UK's decision to end free movement for EEA workers was expected to bring significant new challenges to the sector as a whole, and homecare in particular. In 2019, we launched a two-wave expert (Delphi) survey to explore what the future role and composition of this workforce could look like after Brexit within the context of broader sectoral challenges. In March 2020, the first wave of the Covid-19 pandemic hit the UK and created unprecedented challenges for social care. The second (final) round of the survey was conducted in the summer of 2020. It set out to identify points of consensus about major considerations associated with recruitment and retention in homecare in the context of the ongoing Covid-19 pandemic and Brexit. This short report summarises the second-round results of the expert survey and sets out some primary considerations and policy directions for the homecare sector at a time of uncertainty.

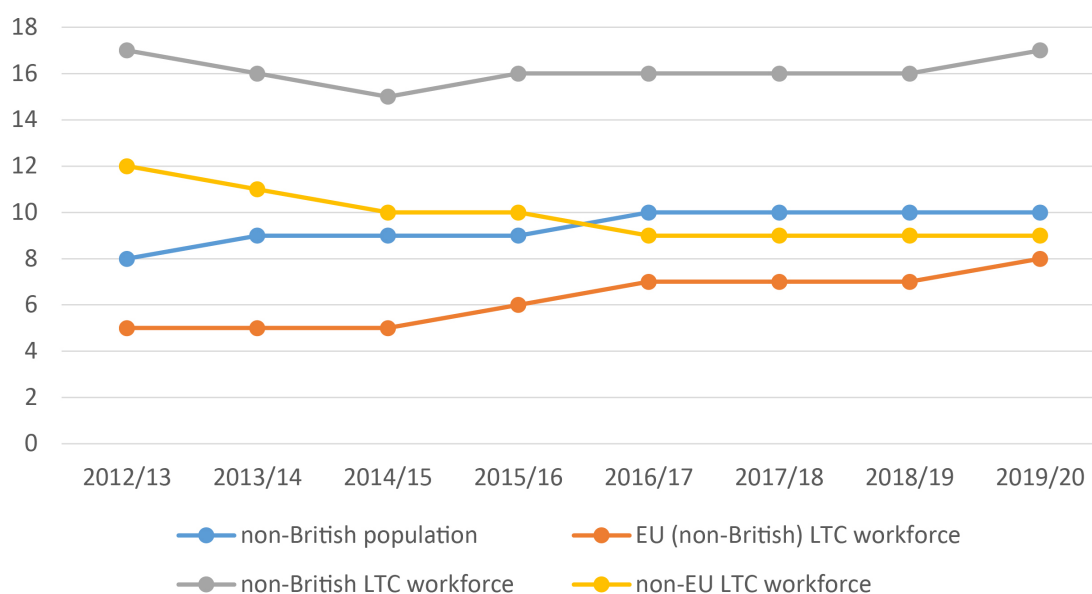
Brexit and the migrant care workforce: Future policy directions

Background

At the time of Brexit (2020), 17% of the social care workforce in England were non-British nationals: 131,000 (8.7%) care workers were non-European Union [EU] (non-British), and 113,000 (7.6%) were EU nationals (Skills for Care).¹ The overall share of migrant workers in the sector has been stable over the past decade (Figure 1). In the context of high vacancy levels in social care – over 7% of roles in the sector were unfilled in 2019/20 – migrant workers have responded to consistent demand, helping plug labour gaps locally and regionally, and across different types of service. During the existence of free movement (when the UK was in EU membership), the number of vacancies was nearly equivalent to the number of EU nationals in the sector, suggesting that challenges are deep-seated and structural.

In 2019, as part of a study on Migrant homecare workers in the UK,² we launched a Delphi Survey to generate possible scenarios of future trends migrant workers' contribution to homecare, in the light of immigration changes in the UK. These scenarios explored what the future role and composition of this workforce could look like after Brexit within the context of broader sectoral challenges. The first round of the survey was concluded in February 2019.³ The second (and final) round was launched in May 2020. It set out to identify points of consensus about key challenges regarding the migrant workforce in homecare, and to collect views about relevant policy directions, reflecting on recent and ongoing developments, such as the publication of the UK Government's new points-based immigration system,⁴ and the ongoing Covid-19 pandemic. This short report summarises the second-round results of the Delphi survey and sets out some primary considerations for the homecare sector at a time of uncertainty.

Figure 1: Persons with non-British nationality; adult social care workforce and total population, England, 2012/13-2019/20 (%)



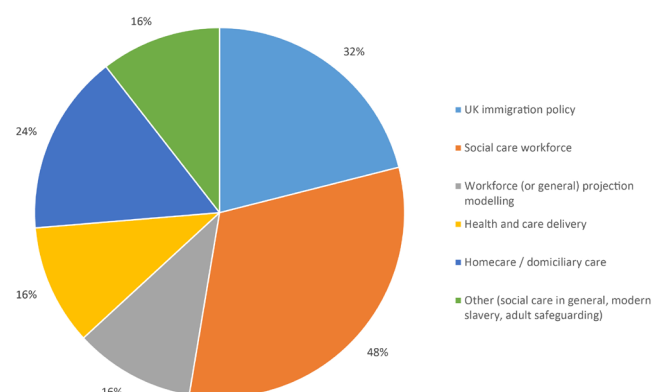
Source: Office for National Statistics (ONS)⁵ and Skills for Care.⁶

Methods

We invited a total of 64 experts to take part in the second round of the Delphi Survey; 30 of them had been invited to the first round, and 34 were newly identified. They included academics and policy experts, representatives of social care provider associations, trade unions, local government organisations, and charities from across the UK.⁷ All invited experts received a summary of the first-round responses along with an online questionnaire.⁸

The second round of the survey received 28 responses (25 complete, 3 incomplete). Ten experts completed both the first and second rounds, while the remaining responses came from those newly invited to the survey. The expertise of respondents is presented in Figure 2.

Figure 2: Distribution of respondents by area of expertise (n=25)



Brexit and the migrant care workforce: Future policy directions

Results

Brexit risks

The majority opinion among respondents (71%, n=20) was that the most significant risk of Brexit for the social care sector was a decline in work migration from the EU. Over two-thirds thought this would be associated with an increase in irregular employment⁹ of migrant workers, primarily driven by demand from employers. Just under a third (n=5) expected Brexit to have no significant impact on irregular employment practices. Those who shared this view said their opinion was informed by strengthened labour market enforcement, and schemes such as the mandatory registration of care workers (introduced in Scotland, Wales and Northern Ireland)¹⁰:

"Care sector is highly regulated and most organisations terrified of the regulator so unlikely to break rules."

"Demand for ASC services will continue and the more unscrupulous providers (of which there are many) will seek to fill the gap."

Some respondents highlighted other, less direct, consequences of leaving the EU and divergence in the UK nations' approaches to social care policy:

"The decline in migration is one risk; however, another concerns the implications of the so-called "internal UK market" and what that might mean in relation to the different requirements around the registration and qualifications of staff and regulation of services across the four nations of the UK. I have similar concerns about the impact of new trade deals on how services are commissioned etc."

Responding to the growing demand for care and support at home

There was consensus (88%, n=23) that growing demand for care and support at home should be met primarily through the expansion of formal services at, or outside, the home. It was noted that expansion should entail both increased capacity and a widening of eligibility criteria. Respondents also felt that support for informal carers needed to be improved. Their views were evenly split regarding the potential role of statutory care leave (a stated Government policy aim) in enabling carers to respond to growing demand for care. Even those in favour highlighted the risks of expecting families to deliver more care.

The idea of an informal carer visa, allowing non-British national family members to travel to the UK to care for relatives, had moderate support among respondents

(68%, n=15 in favour), but while acknowledging the increasingly diverse ageing population, many expressed concerns about the potential risks involved in this:

"[It could create] another, even more invisible tier, below other informal carers. What, if any, rights would they have for example to work part time, access to services themselves? Also creates another tier potentially on race/nationality grounds which could further unhelpfully delineate discrimination on the basis of race or colour."

This was set in the broader context of scepticism about the rhetoric and reality of homecare without acknowledging the complexity of needs, care, and housing:

"My fears about concentrating all energy on care at home are around the isolation and easy erosion of resource and support in lean times of individuals and individual carers. [...] The rhetoric around personalised care at home, while sounding like the best, invokes profound cynicism: to achieve the best care at home for everyone would be massively expensive, there could be no economies of scale achieved through shared overheads and staffing for example, so it makes no economic sense unless the ultimate aim is to reduce costs by effectively reducing the support."

There was agreement that the sector needs to become more attractive to the resident workforce – 96% agreed with this statement – however, recruiting migrant care workers to fill gaps in workforce demand was also seen as very important (96% agreed), particularly in the short- to medium-term.

Most respondents agreed that 'better pay' was the most important factor for attracting more people to homecare (83% ranked this first and 17% second). In comparison, 17% thought creating 'better jobs' was the priority for making the sector more appealing for workers (a further 44% ranked this second most important, after 'better pay').

Views on the extent to which local supply can meet demand, and how this will be shaped by the impact of Covid-19, differed. The majority of respondents (92%, n=23) anticipated that new groups of workers would be attracted to join the sector in the near future, mainly due to pandemic-associated job losses in other sectors in the economy and increased awareness of social care work. A potential downside is that this might "allow the government to ease off any plans to improve terms and conditions in the sector". However, only a minority expected that the sector would become more attractive

Brexit and the migrant care workforce: Future policy directions

in the next 5 to 10 (28%, n=7) or 10 to 20 (44%, n=11) years, and half thought this would be due to automation and increasing displacement of workers from other sectors. Some cautioned against equating uptake of jobs with attractiveness:

"While the labour market implications of COVID-19 mean more people may go into homecare as one of the few employment opportunities available, I caution against equating more uptake with more attractiveness. I do not foresee substantial policy change to introduce the keys to attractiveness noted, like better pay or jobs, given the approach of the current administration."

The new points-based immigration system

All but two respondents (92%) agreed that the UK's points-based immigration system would be detrimental to homecare and social care more broadly.

Regarding the most likely impact of new immigration rules, three-quarters of those who answered this question (n=15) expected this to be geographical, although views on which areas would be the most affected were diverse: London, the South East and urban areas with larger migrant workforces were mentioned by most, but some also highlighted that labour supply in rural and less populated areas, including Scotland, could also be adversely impacted by a sharp fall in EU migration.

Half of respondents (n=10) expected that certain types of providers and social care support would be more exposed and adversely affected by the new rules. Views differed as to which these were, but included small companies with limited HR functions, and homecare and live-in care providers, highlighted by respondents as likely to be particularly prone to such risks.

Less than half of respondents thought the new rules might disproportionately impact specific groups of people who use services. The groups highlighted by participants included people living with dementia and complex needs, and those employing personal assistants or live-in care workers.

Only two respondents expected the new immigration system to have a limited effect on homecare because many migrant care workers came from outside the EU. They perceived such routes - such as accompanying family members, use of UK ancestry visa - to be largely unaffected by the new rules.

Most respondents agreed (65%, n=15) that improving pay and working conditions was necessary to mitigate the potentially detrimental impact of the new immigration system in homecare.

"We must ask why the UK is so reliant on migrant workers in social care. Because of how social care is structured [...] then it is a 'race to the bottom' in terms of reducing costs to win contracts."

The majority of respondents (64%, n=14) were in favour of introducing a sectoral visa with the possibility of long-term settlement. At the same time, a few participants (n=3) raised concerns about restricting migrants to a specific sector, with potentially adverse implications for both service users and workers.

"I think I prefer an open-ended working visa to a visa linked to working in a particular sector: restricting migrants to one sector may mean people continue working in homecare when they are not happy to, which can lead to bad practice and even abuse."

All but one respondent (n=24) agreed that the Government should amend the points-based immigration system in response to the experience of the COVID-19 pandemic, to include:

- The inclusion of social care work on the list of shortage occupations¹¹
- The lowering of the salary threshold, and
- The introduction of a sectoral visa.

Other comments highlighted the high cost of UK visas as a potential barrier for migrant workers to move into work in low-paid occupations. The classification of care work as "low skilled" further hinders this as it leaves this work below the minimum qualification requirement.

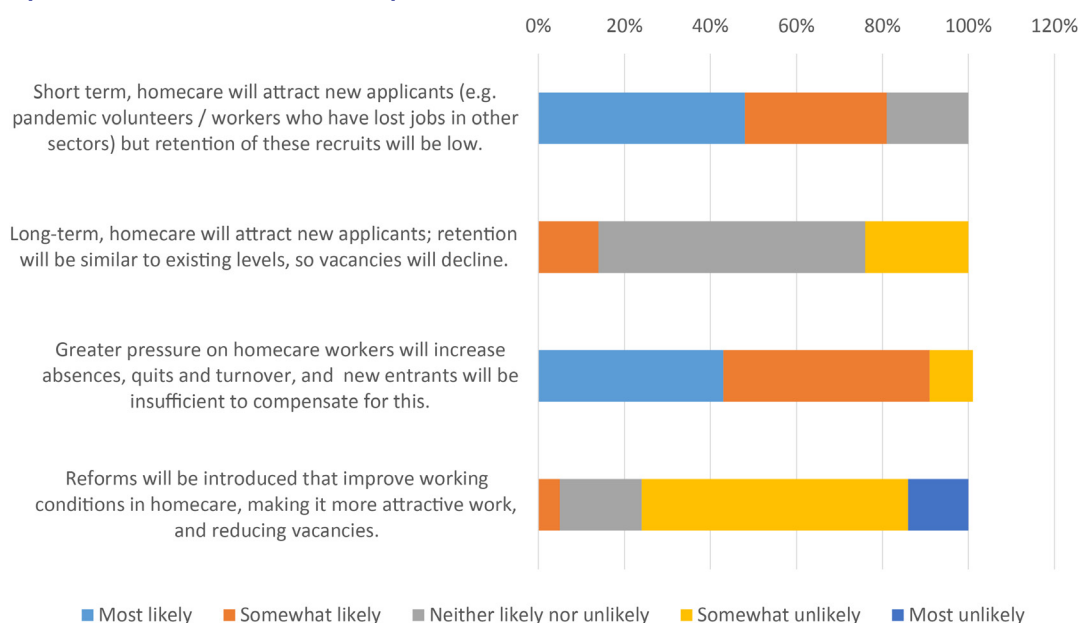
Likely impact of the COVID-19 pandemic

Views on the most likely impact of the COVID-19 pandemic on the homecare workforce were divided. Around half agreed that homecare would attract new applicants in the short term, for example, via the increased number of volunteers during the pandemic, people seeking employment who have lost jobs in other sectors, or those attracted to the sector because of its higher profile and a better understanding of care work. Retaining these new-to-the-sector recruits was perceived to be difficult, however, potentially leading to higher turnover and complete exit from the sector once the overall labour market situation recovers. Others predicted that pressure on existing homecare workers would increase absences, quits and turnover, and that new entrants would be insufficient to compensate for this.¹² For survey participants, the least likely outcome of the pandemic was the introduction of a social care reform that would improve pay and retention in the sector (Figure 3).

One respondent commented that recession would "allow the government to get away without meaningful reform of the sector whilst at the same time recruitment and retention will improve because of the level of unemployment in the wider economy". Another highlighted the potential negative impact of the pandemic on the attractiveness of the sector and the financial pressures threatening the viability and sustainability of many providers in the absence of a

Brexit and the migrant care workforce: Future policy directions

Figure 3: Likely outcomes of the COVID-19 pandemic for the homecare workforce (n =21)



social care reform:

"Short term, people will not want to work in care seeing how many care workers have died and issues around PPE and testing and the fact that jobs in the retail sector are available for the same or more money."

Conclusion

The findings of this Delphi Survey confirm that a range of experts perceives Brexit as likely to impact homecare by reducing labour supply significantly – an impact perceived to vary by geographical area and type of care provision. Apart from live-in care and services for older adults with complex needs, however, respondents were unclear where it would be felt the most. Senior care worker roles were added to the Shortage Occupation List in March 2021 and these workers became eligible for the new Health and Care Worker Visa,¹³ making it easier and less costly to hire staff in this category from outside the UK. The Government's ambition for social care to rely on the domestic workforce seems unfeasible without broader sectoral reform and a workforce plan to improve employment conditions. Details of such a reform are yet to be published.¹⁴

The end of the Brexit transition period (and to free movement of EU workers into the UK) coincided with the second wave of the COVID-19 pandemic, impacting the labour market, international migration and the social care sector in diverse and significant ways. Despite the pandemic's effects on other sectors - resulting in higher numbers of people losing their jobs or being furloughed - and Government campaigns to attract people to work in social care, vacancies and staffing pressures remain significant.¹⁵ Moreover, a substantial decline in the total number of migrants, particularly those from EU8 and EU2 countries, was recorded in 2020.¹⁶ Although the

extent and reasons for these changes are complex,¹⁷ this may indicate increased levels of return migration from the UK to EU countries.

Finally, the COVID-19 pandemic continues to reduce international travel: the managed quarantine of arrivals and restrictions on travel to and from the UK will impact the international movement of new and more established migrants, particularly 'circular' migrants who take up live-in care work and travel regularly between the UK and their home country.

There is thus substantial uncertainty, with many unknown factors, regarding the future of migrant labour in UK homecare and in social care in general. At this stage, it is impossible to fully disentangle the impacts on the workforce of the new immigration system, Brexit and the COVID-19 pandemic. As pressure on the sector eases, it will be essential to assess the impact of the new rules on recruitment and staff retention in the homecare sector and to identify emerging gaps and possible ameliorating interventions. More information is needed on the immigration status of non-British nationals in the sector, with a breakdown of categories, such as numbers with indefinite leave to remain, people with family visas, students, or other types (e.g. those with ancestry visas). Such information would allow for targeted analysis to better understand challenges and to identify potentially effective future strategies to address current and projected shortages in the homecare workforce.

The key message of the expert survey is that the priority should be to improve the homecare sector as part of broader social care reform. This reform needs to acknowledge the significant contribution of migrants who work in homecare. Measures are needed to promote their retention and to ensure that their involvement in the sector is regulated in a way that safeguards their rights and the quality of care provided.

Acknowledgments

We gratefully acknowledge the contribution of all the experts, including those unlisted who chose not to be named.

Brian Beach, International Longevity Centre UK

Care Policy and Evaluation Centre, London School of Economics

Care Quality Commission

Caroline Emberson, Rights Lab, University of Nottingham

COMPAS, University of Oxford

Freddy Gathorne-Hardy, Christies Care Ltd

Karolina Gerlich, The Care Workers' Charity

Margaret Dangoor, Crossroads Care Kingston and Richmond

Martin Green, Care England

Martin Stevens, HSCWRU, King's College London

Mike Docherty, Scottish Social Services Council

Neil Eastwood, Care Friends

Nina Hemmings, the Nuffield Trust

Office for National Statistics

Renee Luthra, Centre for Migration Studies, University of Essex

Sarah Kyambi, Migration Policy Scotland

Vic Rayner, National Care Forum

Brexit and the migrant care workforce: Future policy directions

Endnotes

1 Comparable data for Scotland, Wales, and Northern Ireland not available.

2 <http://circle.group.shef.ac.uk/portfolio/migrant-care-workers-in-the-uk/>

3 Hussein, S. & Turnpenny, A. (2020) [Estimating demand and supply of migrant homecare workers in the UK, Summary of Round 1 of a Delphi Survey](#). University of Kent

4 <https://www.gov.uk/guidance/new-immigration-system-what-you-need-to-know#history>

5 <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/internationalmigration/datasets/populationoftheunitedkingdombycountryof-birthandnationality>

6 <https://www.skillsforcare.org.uk/adult-social-care-workforce-data/Workforce-intelligence/publications/national-information/The-state-of-the-adult-social-care-sector-and-workforce-in-England.aspx>

7 Responses received from England and Scotland only.

8 In Qualtrics; summary report available upon request from the authors.

9 Undeclared employment that excludes workers from the protection of employment rights and national living wage regulations.

10 In Wales voluntary registration for adult care home workers started in 2020 and it will become mandatory from October 2022. More information: <https://socialcare.wales/registration/why-we-register>. In Scotland most social services workers are required to register with the Scottish Social Services Council. More information on registration: <https://www.sssc.uk.com/registration/> In Northern Ireland registration of social care workers with the Social Care Council is compulsory. More information: <https://niscc.info/who-can-register/social-care-workers/>

11 This happened subsequent to the survey in March 2021: <https://www.gov.uk/government/news/rule-changes-to-make-it-easier-to-recruit-health-and-care-staff>

12 See for example Hussein et al. 2020 (https://www.pssru.ac.uk/resscw/files/2020/12/COVID19-and-the-UK-Care-Workers_FINAL_01dec20.pdf)

13 <https://www.gov.uk/health-care-worker-visa>

14 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/986770/Queen_s_Speech_2021_-_Background_Briefing_Notes..pdf

15 Skills for Care COVID-19 recruitment and retention monthly tracking <https://www.skillsforcare.org.uk/adult-social-care-workforce-data/Workforce-intelligence/publications/Topics/COVID-19/Recruitment-and-retention.aspx>

16 EMPo6 Employment by country of birth and nationality: <https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes/datasets/employmentbycountryofbirthandnationalityemp06>

17 See O'Connor & Portes 2021 (<https://www.escoe.ac.uk/estimating-the-uk-population-during-the-pandemic/>) and Sumption 2021 (<https://migrationobservatory.ox.ac.uk/wp-content/uploads/2021/02/COMPAS-Commentary-Where-did-all-the-migrants-go-Migration-data-during-the-pandemic.pdf>)

Brexit and the migrant care workforce: Future policy directions

ABOUT THE RESEARCH

The [Sustainable Care: connecting people and systems](#) programme explores how care arrangements can be made sustainable with wellbeing outcomes. It studies the systems, work and relationships of care in the context of changes in technology and mobility and aims to support policymakers, the care sector and academics to conceptualise sustainability in care as an issue not only of resource distribution, but also of rights, values, ethics and justice. The programme focuses on adults living at home with chronic health problems or disabilities and their families, carers and paid workers. Funded by the UKRI Economic and Social Research Council, it is delivered by eight universities and Carers UK, led at the University of Sheffield by Professor Sue Yeandle.

This research report was written by Professor Shereen Hussein and Dr Agnes Turnpenny. The paper was designed by Dr Kelly Davidge.

The support of the Economic & Social Research Council (award ES/P009255/1, *Sustainable Care: connecting people and systems*, 2017-21, Principal Investigator Sue Yeandle, University of Sheffield) is gratefully acknowledged.

ABOUT THE AUTHORS

Professor Shereen Hussein is Professor of Health and Social Care Policy at the London School of Hygiene and Tropical Medicine and Co-Director of the NIHR Policy Research Unit in Health and Social Care Systems and Commissioning.

Dr Agnes Turnpenny is a Consultant at the Institute of Public Care at Oxford Brookes University.

To cite: Hussein, S. and Turnpenny, A. (2021) *Brexit and the migrant care workforce: Future policy directions*. Sustainable Care Research Report, CIRCLE, Sheffield: University of Sheffield.

sustainablecare@sheffield.ac.uk
[@CircleShef](#)
circle.group.shef.ac.uk

ISBN 978-1-9993572-9-0

© The authors and CIRCLE, The University of Sheffield, August 2021



LONDON
SCHOOL of
HYGIENE
& TROPICAL
MEDICINE



Economic
and Social
Research Council