



advice and support for older age

**Independent
Age**

Response to the Migration Advisory Committee Call for Evidence on the impacts of the UK's exit from the European Union

October 2017



About Independent Age

Whatever happens as we get older, we all want to remain independent and live life on our own terms. That's why, as well as offering regular friendly contact and a strong campaigning voice, Independent Age can provide you and your family with clear, free and impartial advice on the issues that matter: care and support, money and benefits, health and mobility. A charity founded over 150 years ago, we're independent so you can be.

Website

For more information, visit our website www.independentage.org

Helpline

We give free, confidential advice over the telephone for older people, their families and carers on issues such as getting help at home, adaptations, care assessments, paying for care, staying in touch with other people and welfare benefits.

Call our team of experts on 0800 319 6789, Monday to Friday, 8am-8pm, and Saturday to Sunday, 9am-5pm, or email your query to advice@independentage.org

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1. Introduction

Independent Age uses the knowledge and insight gained from our services to challenge poor care and campaign for a fair deal for older people – a reasonable standard of living, fair access to information and an opportunity to contribute to their communities.

Our response is focused on the social care workforce in England and is based on data collected from research we have conducted on the potential effects of the UK's decision to leave the European Union and changes to migration rules.

The social care workforce has long relied on the skill of migrants – increasingly in fact - migrants who have come to work in England from the European Economic Area (EEA).

The UK's decision to leave the European Union will undoubtedly present challenges to the social care sector at a time where the sector is already facing considerable pressures related to increased costs and demands.

Independent Age research

[Moved to care: the impact of migration on the social care workforce – November 2015](#)

Our 'Moved to Care' report was produced in collaboration with the International Longevity Centre-UK using Skills for Care data to examine the characteristics and profile of migrant workers in the adult social care workforce in England. The report also considered current and potential future UK government policy on migration (from both inside and outside the EEA) and the possible effects on the total size of the care workforce.

[Brexit and the future of migrants in the social care workforce – September 2016](#)

Our report on Brexit was produced as a result of the June 2016 referendum and looked at the specific implications of a reduction in the total numbers of EEA-workers in the social care workforce. We worked with the International Longevity Centre-UK to again undertake modelling, this time based on ONS population projections (from 2014) and Skills for Care 2016 workforce estimates¹.

Our research calculated the 'care workforce gap' under 12 different scenarios, based on how attractive the social sector is to work in (i.e. whether it stays the same, increases or decreases) and whether the net levels of migration to the UK are zero, low, follow ONS principal projections or remain high.

¹ Please note that these may have changed since this research was carried out.

2. EEA Migration Trends

Skills for Care data, 2017 – the latest picture

From the latest figures published in 2017 by Skills for Care we know that around 1.45 million people work in the English adult social care sector. Since a significant minority of social care workers hold down more than one job, the number of jobs is higher at around 1.58 million².

Migrants make up a major proportion of the UK social care workforce with 1 in 6 (16%) born outside of the UK. Just under half (43%) of these migrants were born in the EEA³ totalling just under 100,000 individuals. Skills for Care point out that the adult social care sector (16% non-British) is more diverse than the population of England (8% with no British identity).

Context from our 2016 Brexit report⁴

EEA migrants coming to England to work in social care has dramatically increased.

Over 80% of migrant social care workers who arrived in England in 1995 were born outside the EEA, and 20% were born in the EEA. By 2016 the proportions had completely reversed. Among migrant workers who arrived after 2010, the share of EEA-born migrants has increased steadily by an average of nine percentage points per year, meaning more than 4 in 5 migrant care workers who arrived in 2016, were born in the EEA. In terms of numbers, at least 20,000 EEA-born migrants have come to work in the social care workforce in the past five years, but even this number is likely to be a significant underestimate.

The most likely drivers of this change were:

- the accession of 10 new countries to the EU in 2004, which saw a marked increase in EEA immigration to the UK, and
- the decision by the Coalition Government in 2012 to remove 'senior care workers' from the skill shortage list, making it more difficult for non-EEA migrants to enter the UK to work in social care.

Poland (12%) and Romania (11%) were among the top five countries of birth for migrant care workers who moved to the UK between 2007 and 2014. By contrast, many Commonwealth countries, such as Nigeria (7%), typically now see fewer care workers settling in the UK as stricter rules

² Skills for Care, *Size and Structure of the Adult Social Care Sector and Workforce in England*, 2017, pp. 23, 33.

³ Skills for Care, *The State of the Adult Social Care Sector and Workforce in England*, September 2017, p. 55.

⁴ Independent Age and International Longevity Centre, *Brexit and the future of migrants in the social care workforce*, September 2016

overseeing unskilled migration from outside the EEA have started to take effect.

1. Please provide evidence on the characteristics of EEA migrants in your particular sector/local area/region. How do these differ from UK workers? And from non-EEA workers?

1.1 Our research was conducted immediately after the EU referendum (June 2016) and so is based on 2016 figures by Skills for Care. While the data above indicates the latest figures published, the research findings below are based on 2016 figures.

1.2 Research⁵ has shown that EEA migrants are typically younger than their British counterparts. While the median age for UK-born workers is 44, this figure is 37 for EEA migrants. It is also lower than non-EEA migrants for whom the median age is 42.

1.3 We have also found that EEA migrants are also more likely to be full-time employees within the social care workforce, with 63.6% employed on a full-time basis. This figure is much lower for British born workers in the sector (51.5%) and non-EEA migrants (51.1%)⁶.

1.4 There is also evidence that EEA migrants are particularly drawn to the nation's capital. London's social care market could be negatively affected should there be a decrease in EEA migrants working in the sector as the city relies heavily on EEA migrants for its social care workforce. Almost two thirds (60%) of the London social care workforce is made up of migrant workers and 15% of this pool are from the EU. This is in contrast to other areas of the UK such as the North East where 95% of care workers are UK-born. This comes at a time when London boroughs have seen a dramatic rise in the number of care home residents with Kensington and Chelsea, as well as Islington both seeing a doubling in older care home residents between 2001-2011⁷.

1.5 London is also the region that recent NHS Digital figures highlight contain six of the ten Local Authorities in England reporting the highest proportion of clients aged 65 and over supported by their council with their social care⁸. There is a particularly acute London effect therefore in terms of the population in need of local authority-funded social care and the reliance on EEA and other migrants to provide that care.

⁵ Independent Age and International Longevity Centre, *Moved to care: the impact of migration on the adult social care workforce*, November 2015, p. 6.

⁶ Ibid, p. 24.

⁷ Ibid, p. 32.

⁸ Adult Social Care Activity and Finance Report, England 2016-17, NHS Digital (2017)

1.6 A reduction in EEA migrants remaining or coming to work in England will intensify pressures in some local health economies to a much greater degree than others. Without any mitigation, the result could be a bigger postcode effect on provision and quality of care with some of the gaps in adequate provision and staffing more acute in areas with low levels of unemployment and high competition for low-skilled staff.

1.7 Those areas with high levels of migrant labour could suffer a major loss of workers while other areas of the UK are able to maintain their overall workforce numbers through higher levels of British born workers.

1.8 We have seen some evidence in the past to suggest that some of these problems – per head of population needing care – may be felt most in the South and South West of England, with its' larger than average population of older people, for example in local authorities located in coastal areas.

1.9 After London and the South East, it is the South West that has the highest proportion of care workers from the EEA (at 6.8% based on 2015 Skills for Care data). The South West is arguably more exposed to some of the impacts of the UK decision to leave the EU as EEA workers make up a greater proportion of all their migrant care workers than in any other English region⁹.

1.10 Focusing now on the nature of their work, EEA migrants make up almost a tenth (8.7%) of the professional social care workforce while making up over 5% (5.3%) of the workforce providing direct care. The role of Registered Nurse is one that is most likely to be affected by a decrease in EEA workers as 14.5% of registered nurses are non-British, EEA nationals¹⁰. This shows the extent to which a decrease in EEA migration could have a detrimental effect on the direct care giving of many elderly people.

1.11 In conclusion, EEA migrants tend to be younger; are more likely to provide direct care giving and are more likely to be in full time employment than British-born workers in the same sector. This underlines the importance of migrants in delivering the direct care that is so important to the UK as its population continues to age.

⁹ Independent Age and International Longevity Centre, Moved to care: the impact of migration on the adult social care workforce, November 2015, See Table 5, p. 32.

¹⁰ Skills for Care, [Workforce Nationality Profile](#).

2. To what extent are EEA migrants seasonal; part-time; agency-workers; temporary; short-term assignments; intra-company transfers; self-employed? What information do you have on their skill levels? To what extent do these differ from UK workers and non-EEA workers?

2.1 Research has also shown that in many cases, migrant workers can be viewed by employers as more desirable than UK-born workers. This is in part due to the perceived higher skill level of EEA migrants compared to British-born workers. Our own research¹¹ showed that there is a 14% chance of an EEA migrant being highly skilled¹² while for British born workers the probability is much lower at 3%.

2.2 The same research also revealed that many employers consider migrant workers “hard-working”, “flexible”, “reliable” and able to empathise with older people. There is also mention of a better work ethic (than British-born workers) and that *“they’re more willing to do extra work if it’s available”*. These are all considered key traits and vital in ensuring high quality care is delivered.

2.3 External research supports these findings as illustrated by the Warwick Institute for Employment Research¹³. They also found “reliable” and “flexible” to be key words employers commonly associated with migrant workers as well as having more relevant experience than British workers:

“Advantages of employing migrants cited by some of the employers interviewed were their reliability, flexibility and (in some instances in social care) being able to employ people with qualifications and experience in a relevant field, albeit that because qualifications were gained outside the UK migrant workers may be paid at the ‘unqualified’ rate.”

2.4 Compas at the University of Oxford produced similar findings in their research¹⁴ with 557 employers of social care workers. Over three-quarters (82%) of employers stated that migrant workers are willing to work all

¹¹ Independent Age and International Longevity Centre, Moved to care: the impact of migration on the adult social care workforce, November 2015 p. 38.

¹² By ‘highly skilled’ we mean they have a qualification equivalent to Level 4 or above.

¹³ Green, A., Atfield, G., Staniewicz, T., Baldauf, B., Adam, D., *Determinants of the Composition of the Workforce in Low Skilled Sectors of the UK Economy: Social Care and Retail Sectors*, Warwick Institute for Employment Research, 2014.

¹⁴ Cangiano, A., Shutes, I., Spencer, S., and Leeson, G., *Migrant care workers in ageing societies: Research findings in the United Kingdom*, COMPAS report, 2009.

shifts, while 71% of employers said that migrant workers had a good work ethic;

"[migrants] are more punctual. They don't take time off without genuine cause. They're more willing to do extra work if it's available; you know, just generally they're polite and very very personable... and more willing to be open and friendly." (Manager of a residential care home in the South East)

2.5 These pieces of research point to a perceived preference for migrant labour [albeit we recognise some of these qualitative findings relate to non-EEA workers] as they are deemed by some employers to have preferential skills or characteristics to UK-born workers.

2.6 Finally, it's important to note that our research from 2015 revealed 4 in 5 (80.9%) EEA-born care workers work in the private sector¹⁵. While the precise proportions may have changed a little in this time, given this sector accounts for larger amounts of growth within the care workforce than local authority in-house care, the private sector could be particularly exposed to the impact of Brexit.

3. Have you made any assessment of the impact of a possible reduction in the availability of EEA migrants (whether occurring naturally or through policy) as part of your workforce? What impact would a reduction in EEA migration have on your sector/local area/region? How will your business/sector/area/region cope? Would the impacts be different if reductions in migration took place amongst non-EEA migrants? Have you made any contingency plans?

3.1 As it stands, many commentators believe the social care sector is unattractive to work in, illustrated through a high turnover rate of 27.8%¹⁶ (this means 350,000 people leave their social care job every year). Turnover rates have increased steadily, by a total of 4.7 percentage points, between 2012/13 and 2016/17. There are various reasons why a career in social care is viewed quite negatively. These include:

- Low pay
- Lack of full time work or precarious work
- Little training/low prospects of career progression
- Negatively perceived
- Long hours

¹⁵ Independent Age and International Longevity Centre, Moved to care: the impact of migration on the adult social care workforce, November 2015, p11.

¹⁶ Skills for Care, <http://www.skillsforcare.org.uk/Documents/NMDS-SC-and-intelligence/NMDS-SC/Analysis-pages/State-of-17/State-of-the-adult-social-care-sector-and-workforce-2017.pdf>, 2017.

- Physically and emotionally demanding
- Risks of being subject to abuse

3.2 It is worth noting that the impact of immigration changes could be moderated somewhat by policies to enhance the attractiveness of the sector to UK-born workers. Whether the sector continues as it is or becomes more or less attractive has the potential to reduce or increase the problems presented by a reduction in the total supply of EEA workers.

3.3 To estimate the additional number of social care workers that will be necessary as the population ages, we calculated the ratio of older people for every care worker. We did this on a 20-year horizon, through to 2037. Our assumption is that in order to maintain a service consistent with that offered today, this ratio will at least need to remain constant. Currently, on average, there are around seven older people for every care worker.

3.4 In order to understand the implications of different migration levels we modelled 12 scenarios based on various assumptions ONS present on net migration as well as three different sector-attractiveness levels. The table below outlines our findings and it is important to note that it takes into account ONS projections for all forms of migration, both within and from outside the EEA¹⁷.

		Workforce shortage	Care dependency ratio
Zero net migration	Unattractive	-1,120.92	13.53
	No change	-849.01	10.83
	Attractive	-577.60	9.03
Low migration	Unattractive	-1,064.69	12.81
	No change	-758.20	10.13
	Attractive	-453.17	8.38
Principal	Unattractive	-1,034.70	12.43
	No change	-717.04	9.83
	Attractive	-400.90	8.13
High migration	Unattractive	-1,004.69	12.07
	No change	-675.87	9.54
	Attractive	-348.62	7.90

Source: ONS population projections 2014 and Skills for Care 2016 workforce estimates

3.5 In the worst case scenario, where total levels of emigration in effect equal total levels of immigration (so levels of net migration reach zero), we found that there could be a gap of just above 1.1 million social care workers by 2037. In practice this would mean there would be 13.5 older people in need of care for every care worker. At a time when the strains

¹⁷ Independent Age and International Longevity Centre, *Brexit and the future of migrants in the social care workforce*, September 2016, pp. 15-18.

on social care are well documented and the ageing population is placing more and more demands on the sector, we believe this would place an unmanageable strain on UK- born workers remaining within the workforce.

3.6 While of course net migration reaching zero is highly unlikely, Brexit is uncharted territory for the UK, so if strict new controls are established across both EEA and non-EEA migration, it is not inconceivable in the long-run. The worst case scenario of the workforce gap reaching 1.1 million is also premised on an increasingly unattractive care sector, which is sadly still plausible.

3.7 Even in the low migration scenario (based on migration levels slightly above the government's commitment to reduce net migration to 'tens of thousands'), with the care sector remaining as unattractive as it is today, there will be a social care workforce gap of more than 750,000 people. In this scenario the number of older people for every care worker would still increase (to 10.13).

3.8 The social care sector already has a workforce shortfall with an overall vacancy rate of 6.6%¹⁸ (significantly higher than the 2.6% for the UK's labour force as a whole). Our analysis shows that Brexit has the potential to escalate this problem and this would negatively impact what is an already struggling social care system even further.

3.9 At the time of reporting in 2016, there were in the region of 84,000 EEA migrants working in British social care, however according to our research, only 5,800 had British citizenship equating to roughly 78,000 EEA migrant care workers (which is more than 5% of the total social care workforce in the UK) without British citizenship.

3.10 In the event that EEA-migrants without British citizenship – for whatever reason – lose their right to work and reside in the UK:

- The social care workforce in London could lose almost 20,000 workers in almost 21,000 jobs.
- The social care workforce in the South East could lose almost 23,000 workers in more than 24,000 jobs.
- Even in the North East, which has the fewest EEA migrants, and the smallest overall population, the social care workforce could lose more than 1,000 workers in the same number of jobs.

3.11 A skill loss on this scale would have a damaging effect on the sector and is explained in more detail in the response below.

¹⁸ Skills for Care, *The state of the adult social care sector workforce in England*, September 2017, p. 32.

3.12 It should also be noted that any major development in migration policy is likely to impact upon the number of non-EEA migrants entering the country. The Brexit referendum centred on migration with research such as the British Social Attitude Survey¹⁹ suggesting that a desire to reduce migration was behind the leave vote.

3.13 Should future changes in migration policy focus on changes to EEA migration, it is important not to assume that the shortfall in EEA workers will easily or quickly be taken up by non-EEA migrants. Migrants born outside of the EU made up approximately one in seven care workers (191,000) when we carried out our research in 2015 and should any change in policy affect migration across the board and not just within Europe it is likely to have a detrimental effect on the total number of migrants coming to work or able to remain within social care in the UK.

3.14 Clearly, the implications of all these scenarios for older people's access to care – and their ability to live independently – are very worrying. Dealing with these problems must form a key part of future migration and social care policy in the UK.

3. Recruitment Practices, Training & Skills

4. What are the advantages and disadvantages of employing EEA workers? Have these changed following the Brexit referendum result?

4.1 As outlined in previous sections of this submission, research²⁰ has shown that for many employers, employing EEA and other migrant workers ensures a high standard of care with workers who are flexible, reliable and have a good work ethic.

4.2 Research²¹ by the Social Care Workforce Research Unit, King's College London also highlighted a caring, respectful approach to older people that was more prevalent in migrant workers. Employers often attributed this pattern to migrants' home cultures where they perceived there to be a greater value of family caring for older people. It is these values that research highlights employers so prize who place a real premium on 'soft' skills and caring attitudes in recruitment practice.

4.3 The Social Care Workforce Research Unit²² also found that for many employers, employing migrants is their only way to address workforce

¹⁹ National Centre for Social Research, *British Social Attitudes Survey 34*, June 2017.

²⁰ Manthorpe, J., Hussein, S., Charles, N., Rapaport, P., Stevens, M. & Nagendran, T., *Social care stakeholders' perceptions of the recruitment of international practitioners in the United Kingdom—a qualitative study*, *European Journal of Social Work*, 13(3), pp. 393-408, 2010.

²¹ Hussein, S., Stevens, M. and Manthorpe, J. *What drives the recruitment of migrant workers to work in social care in England?*, *Social Policy and Society*, 10(3), pp. 285-298, 2011.

²² *Ibid*, pp. 285-298.

shortfalls with many British workers unwilling to work in social care. The statistics outlined at the beginning of this response demonstrated the extent to which the sector struggles to recruit and retain workers. And research has shown that EEA migrants are – generally speaking – reasonably happy to work in a care sector that otherwise faces real challenges attracting UK-born workers.

4.4 In this respect, EEA migration appears to offer a reliable route for care providers to secure quality social care workers where elsewhere they may struggle to attract and retain workers at the levels needed to keep up with demand.

Conclusion

This is a crucial moment for the adult social care sector, which, like many parts of the UK economy, is waiting for additional details from the government following Brexit.

With a growing proportion of care workers coming each and every year from Europe, whatever new approach to migration policy the government adopts will have a particularly acute effect on this vital sector of the UK workforce. It is a workforce that has been growing – and will no doubt need to continue growing – as our population ages.

To ensure it can continue to grow in line with the demands placed on it by rapid demographic change, the government needs to properly factor in adult social care into its plans for Brexit. We would recommend they can do this through two key actions:

- **Simplify the settlement process to ensure those EEA migrants who wish to remain do so.** The transition process for how Britain leaves the European Union is likely to see EEA nationals leave the UK – it is therefore vital that the administration process for settlement is made as simple as possible in order to maximise the number of individuals legally able to remain in the UK.
- **Ensure that future migrant social care workers are appropriately recognised in any new approach to migration.** This can be achieved through placing key roles such as Registered Nurse or Senior Care Worker on the Shortage Occupation List. This would prioritise the entrance of migrants working in the social care sector and ensure we are not turning away individuals who will significantly help address the social care workforce shortage.

If the government fails to meet this challenge, not only will care workers lose out, but so too will older people who rely on the care and support provided by both UK-born and tens of thousands of EEA nationals.