

Immigration and Social Security Co-ordination (EU Withdrawal)

Bill 2019-21 – Second Reading

House of Commons, Monday 18 May

Independent Age response to the Bill:

The coronavirus pandemic has shown how vital the contribution of the social care workforce is to the fabric of our society. It is important that the sector's invaluable contribution isn't an afterthought when it comes to its workforce and immigration.

The Bill makes provisions to end rights to free movement of people under EU law in a step towards the government's plans to introduce a new, skills-based immigration system. The future immigration arrangements for EU and non-EU citizens will be provided for in the Immigration Rules. The Government intends to introduce the future immigration system from January 2021.

We are concerned that proposed changes to the immigration system could adversely affect the social care workforce. In the latest policy statement from the Government on the UK's points-based immigration system, the salary threshold for the new system for which a person can start to earn points will be £23,040.¹ Social care is historically low-paid work, so it is likely that many social care workers will not reach this threshold.

It will likely be impossible to reach the points threshold for a visa on the pay of a professional carer, without points being boosted by a STEM qualification or a PhD, or being on the shortage occupation list - which social care isn't. With these criteria adversely affecting social care workers, we are concerned that this bill risks exacerbating already high staff shortages.

Key issues to raise at Second Reading:

1. [Issues with domestic recruitment.](#)
2. [Vacancies and overseas workers.](#)
3. [Parity with the NHS workforce.](#)

1. Issues with domestic recruitment

The Government has indicated its intention to shift towards a workforce that is less reliant on overseas workers and has. Since 2019 The Government has launched several new recruitment drives for social care workers. However, we believe that achieving this shift towards more domestic recruitment for social care will be difficult without major changes.

Pay and conditions

Social care is historically low-paid work, and opportunities for pay progression are also poor. As of March 2019, the experience pay gap meant that a care worker with five or more years of experience in the sector could expect an hourly rate of just 15 pence higher than a care worker with less than one year's experience.²

The challenges of the work are also significant; care work involves unsocial and inflexible working hours, often in an under-staffed environment and with regular experiences of

¹ <https://www.gov.uk/government/publications/the-uks-points-based-immigration-system-policy-statement/the-uks-points-based-immigration-system-policy-statement>

² <https://www.skillsforcare.org.uk/adult-social-care-workforce-data/Workforce-intelligence/documents/State-of-the-adult-social-care-sector/State-of-Report-2019.pdf>

bereavement. It is not surprising that less demanding options in retail or hospitality, paying similar wages, are preferable.

The NHS is also a direct competitor for staff in some roles and can offer enhanced pay levels and a national career structure. For example, nurses working in the NHS earn 7% more than those working in adult social care – a gap set to grow under the new NHS pay deal.³ The Health Foundation estimates that a further £4.4 billion would be needed by 2023/24 to both boost social care staff pay to grow in line with the NHS, while meeting increased demand.

Whilst pay in the social care sector is mainly decided by independent providers who dominate the market, they are highly constrained by the hourly rates local authorities can pay for care. These hourly rates are in turn dependent on the level of grants that local authorities receive from central Government.

Independent Age is concerned that without more fundamental improvements to pay, progression and conditions in the social care sector, these recruitment campaigns are unlikely to be effective.

A health and social care workforce strategy

As the National Audit Office and others have highlighted, the lack of any updated workforce strategy for adult social care from the Department of Health and Social Care (DHSC) is a significant omission.⁴ The Government produced a draft health and care workforce strategy in December 2017, but it included only five pages on social care out of 142.⁵

DHSC must lead on the development of a comprehensive workforce strategy which brings together health and social care intelligence to better coordinate and collaborate, as well as encouraging local authorities to produce workforce strategies that complement the national workforce strategy.

2. Vacancies and overseas workers

The adult social care sector has both a large workforce gap, and a reliance on immigration to fill vacant posts.

- Nearly 8% of roles in adult social care are currently vacant, equivalent to 122,000 vacancies at any one time.
- In addition, around 8% of the social care workforce (115,000 jobs) have an EU nationality and 9% (134,000 jobs) have a non-EU nationality.⁶

With key roles not being filled, these vacancies create a huge problem for the sector and put pressure on a workforce already at capacity. The changes to the immigration system proposed in this bill could create barriers to disincentivise and prevent overseas workers

³ <https://www.health.org.uk/news-and-comment/blogs/what-should-be-done-to-fix-the-crisis-in-social-care/1-stabilise-and-sustain-the-current-system>

⁴ <https://www.nao.org.uk/wp-content/uploads/2018/02/The-adult-social-care-workforce-in-England-Summary.pdf>

⁵ <https://www.hee.nhs.uk/sites/default/files/documents/Facing%20the%20Facts,%20Shaping%20the%20Future%20%E2%80%93%20a%20draft%20health%20and%20care%20workforce%20strategy%20for%20England%20to%202027.pdf>

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>

from coming to the UK to work in social care, with the risk of widening this workforce gap further. We are also very concerned that this large group of workers will be difficult to replace through domestic recruitment (see section 3).

If the vacancy rate rises further due to immigration changes, NHS employers have suggested that there could be a knock-on impact on the NHS by impeding patient flow and adding further strain to services and staff.⁷

Evidence from other countries suggests that social care workers will need to be given a route to work in the UK, as it is not realistic to completely remove the reliance the social care system has on workers from overseas. Canada, Australia and New Zealand have all developed points-based immigration systems that have included some form of alternative route for social care workers.⁸

Independent Age wants to see an immigration route for social care workers who would not currently get sufficient points for a visa in the newly proposed system.

3. Parity with the NHS workforce

The coronavirus pandemic has further highlighted how invaluable the social care workforce is, playing a vital role in keeping some of the most vulnerable people in our society safe. The harrowing statistics on the number of professional carers who have lost their lives due to COVID-19 further underlines their heroic contribution.⁹ However, social care workers have repeatedly not been treated with the same esteem as their peers in the NHS.

During the COVID-19 crisis, the Government set out that various NHS staff – including doctors, nurses or paramedics – who are not citizens will have their visas automatically extended by one year if it is due to expire before 01 October 2020. They will also not need to pay the immigration health surcharge.¹⁰ This extension is welcome, but we believe that the social care workforce must be treated the same.

Before the crisis, the Conservative party pledged to create an ‘NHS Visa’ to facilitate fast-track entry, reduce visa fees and dedicated support for qualified doctors, nurses and allied health professionals with a job offer from the NHS. No such plan has been proposed for social care.

Social care must be treated equally with the NHS on visa exceptions. Coronavirus has placed a spotlight on social care and the fact it is often treated poorly compared to the NHS in terms of support. It is important that the sector isn’t an afterthought when it comes to immigration as well.

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⁷ https://www.nhsemployers.org/-/media/Employers/Publications/MAC-call-for-evidence-NHSE-response-Oct_19-Final.pdf

⁸ <https://www.nuffieldtrust.org.uk/news-item/a-public-policy-blind-spot-the-possible-futures-of-the-social-care-workforce>

⁹ <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/causesofdeath/bulletins/coronaviruscovid19relateddeathsbyoccupationenglandandwales/deathsregistereduptoandincluding20april2020>

¹⁰ <https://www.gov.uk/guidance/coronavirus-covid-19-advice-for-uk-visa-applicants-and-temporary-uk-residents>