

International recruitment of care workers: Implications for home care following changes to the Health and Care visa in February 2022

Home Care Research Forum November 2024

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Today's presentation

Background

- Health and Care visa and recent policy changes
- Take up the visa and impact on adult social care vacancies and workforce

Our research

- Across 3 studies (completed and just started)
- Findings for adult social care with a focus on homecare
- Implications for policy and practice

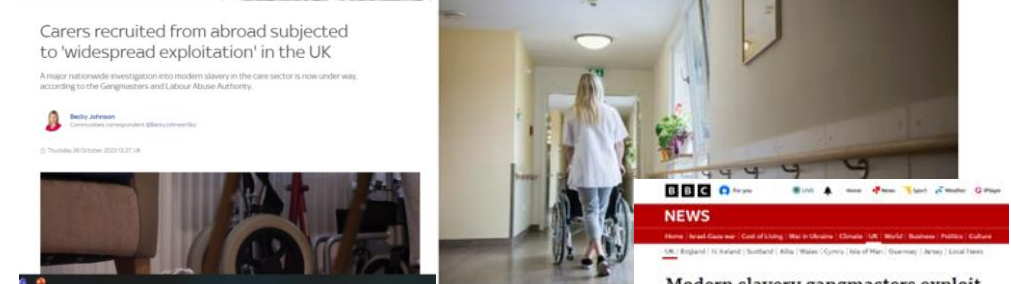
Background: What is the Health and Care visa?



- A work visa which allows entry to the UK from other countries
 - To do an eligible job in the NHS or adult social care
 - Eligible jobs are on the Immigration Salary List (previously the Shortage Occupation List)
 - With a Home Office licensed employer who acts as sponsor
- From 15 February 2022
 - Eligible jobs were extended to include ‘Care workers’ and ‘Home carers’
 - ‘Senior care workers’ eligible since January 2021
 - These changes to immigration policy aims help meet the staffing shortages in frontline adult social care

Recent changes to UK immigration policy

- Changes announced in December 2023 and came into effect from 11 March 2024
- New Health and Care Visa applicants can no longer bring dependants to the UK as part of their visa
- Health and Care Visa holders who are already in the UK can bring dependants whilst on their current visa
- Care providers are required to be registered with the Care Quality Commission (CQC)



What is involved for employers and people seeking work?

Employer

- Sponsor licence
- Certificate of Sponsorship
- Offer minimum salary, currently £23,200 (£11.90/hr 39hr week)

Person seeking work

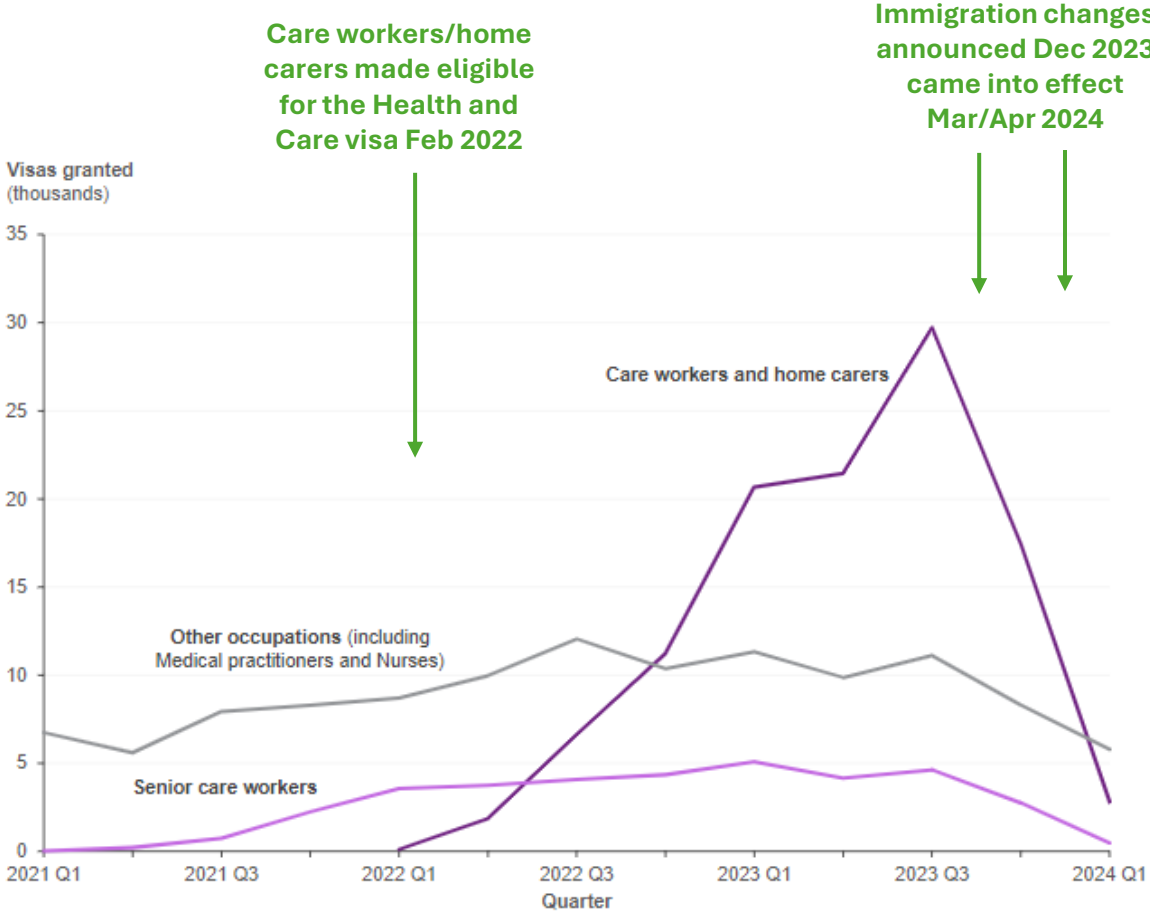
- Health and Care Worker visa
- Proof of English
- Personal savings
- Criminal records certificate
- TB cert (if nec.)
- Travel to UK
- Accommodation in UK

Legal/recruitment/brokerage agencies

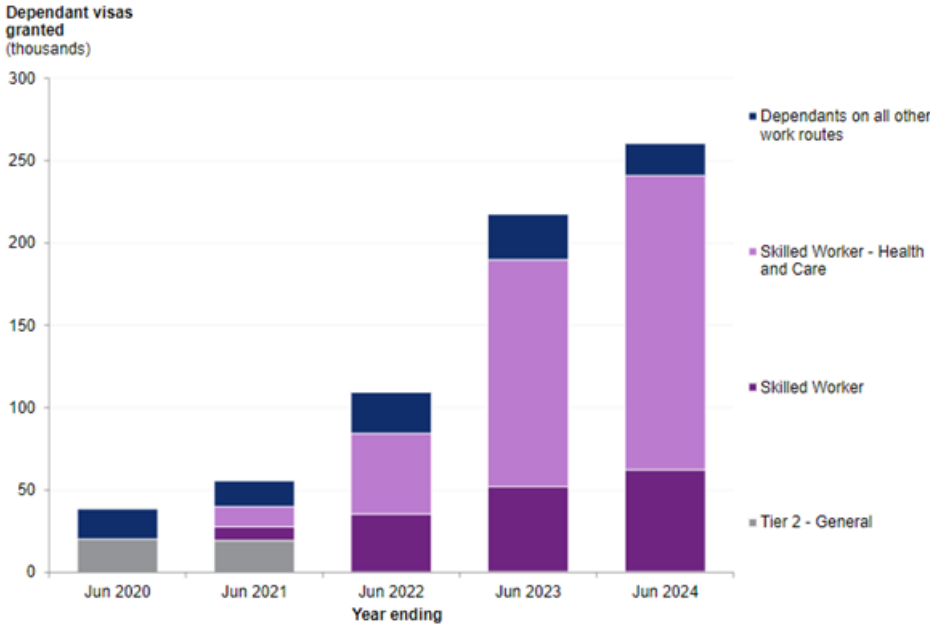
- Varying models of support/cost

Take up of Health and Care visa by 1) main applicants and 2) dependants

1) Main applicants



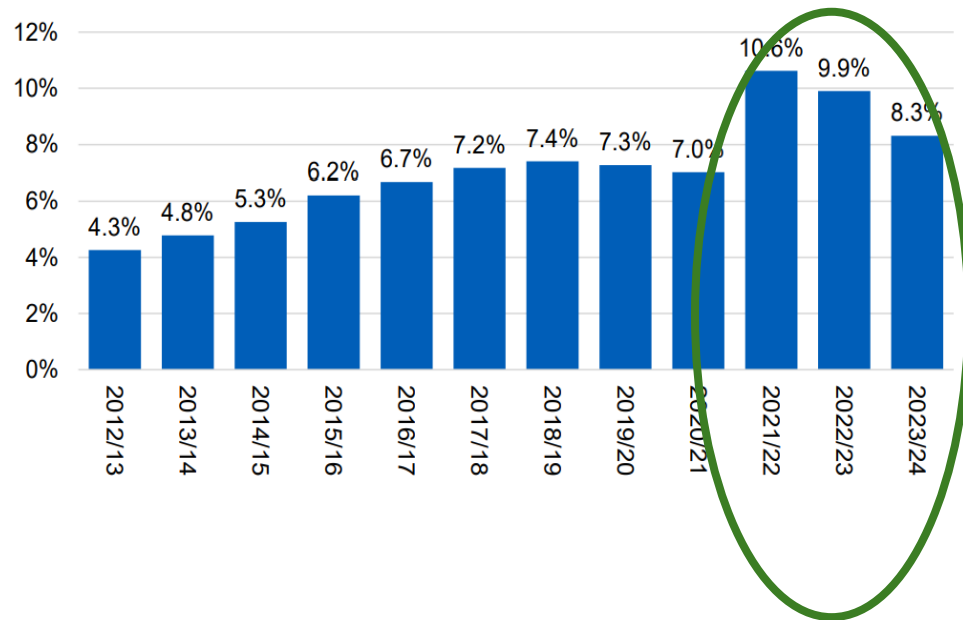
2) Dependants



<https://www.gov.uk/government/statistics/immigration-system-statistics-year-ending-june-2024/why-do-people-come-to-the-uk-to-work>

Impact on vacancies and workforce

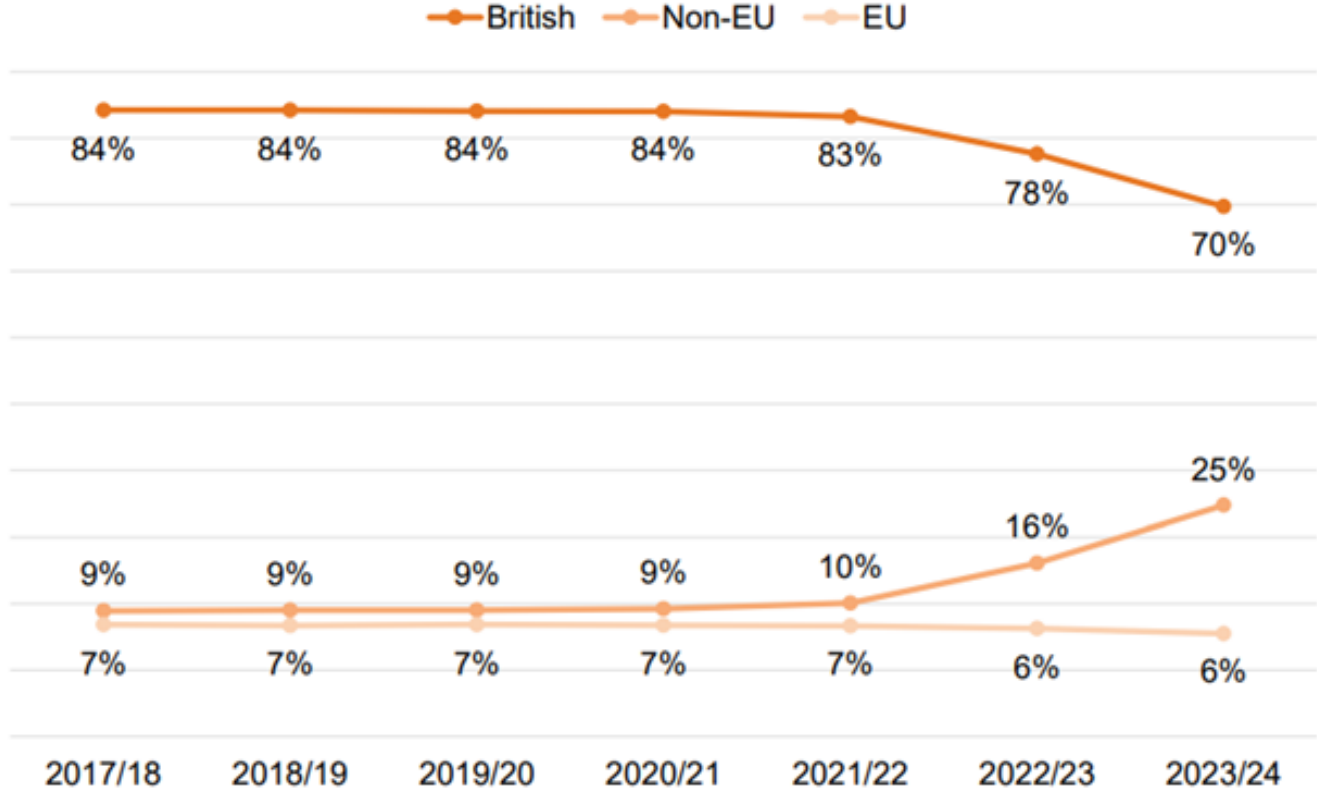
Vacancy rates in adult social care 2012/13 to 2023/24



- Current vacancy rate remains high at 8.3%, equivalent to approximately 131,000 vacant posts, and 11.9% in domiciliary care.
- Peak in 2021/22 the vacancy rate was 10.6% (164,000 vacant posts)
- International recruitment is the main driver in vacancy rate decline
- During this time, the number of domestic recruits to care work fell
- Internationally recruited care workers are contributing to the stability of the ASC workforce
- Lower turnover rates (30% for IR workers compared to 41% for domestically recruited workers)
- Lower sickness absence (2.5 days compared to 9 days)
- More completed care certificate standards (55% compared to 37%)
- And record numbers of men (21%) in the workforce

Proportion of workers by nationality in domiciliary care

Source: Skills for Care estimates



<https://www.skillsforcare.org.uk/Adult-Social-Care-Workforce-Data/Workforce-intelligence/documents/State-of-the-adult-social-care-sector/Summary-of-domiciliary-care-services-2024.pdf>

Our research

Started April 2022 and is on-going:

Phase 1: The Visa Study. Understanding the impact of changes to the UK Health and Care Visa system on the adult social care workforce in England (October 2023)

- To understand:
 - how **care providers** decide whether or not to recruit internationally and the views and experiences of those who do
 - **care worker** motivations, ambitions, experiences of settling and starting work in UK
 - the role of **brokerage/employment agencies**
 - the views of **sector experts**

Phase 2: Evaluation of the International Recruitment Fund for adult social care for 2023-24. £15million funding for regional partnerships across England to develop local responses (due to be published)

- To scope the configuration, plans and experiences of **local authority led partnerships** who received funding
- To explore views and experiences of care providers and care workers

Phase 3: Evaluation of the International Recruitment Fund for adult social care for 2023-24. Just started!

- Aim of the fund is to develop solutions to local challenges around the use of international recruitment and strengthen safeguards against exploitation.

https://kclpure.kcl.ac.uk/ws/portalfiles/portal/232434177/Kharicha_et_al_2023_Visa_Study_report.pdf



The image is a screenshot of a GOV.UK website page. At the top, there is a navigation bar with the GOV.UK logo and a breadcrumb trail: 'Home > Health and social care > National Health Service > Health workforce > Careers in...'. Below the navigation bar, the page is titled 'Guidance' and 'International recruitment fund for the adult social care sector'. The main content area contains the text: 'Information on the £15 million fund to help tackle the barriers of international recruitment, while upholding ethical recruitment and employment practice'. At the bottom right of the page, there is a map of England divided into regions: North East, North West, Yorkshire, East Midlands, West Midlands, Eastern, London, South West, and South East.

Method, sample and analysis

Qualitative research with purposive and snowball sampling to capture diversity in:

- 1) adult social care providers by size, sector, type of care provided, service user, geographical region across England, decision to recruit via the Health and Care visa
- 2) internationally recruited care workers and dependants by type of care provider (employer) and geographical location, home country, motivations and experiences of recruitment and immigration processes, starting work and settling in the UK.

Interviews carried out remotely (phone/video), recorded with consent and transcribed.

Thematic analysis to identify factors that support and encourage use of this new opportunity for international recruitment and those that challenge and deter its use.

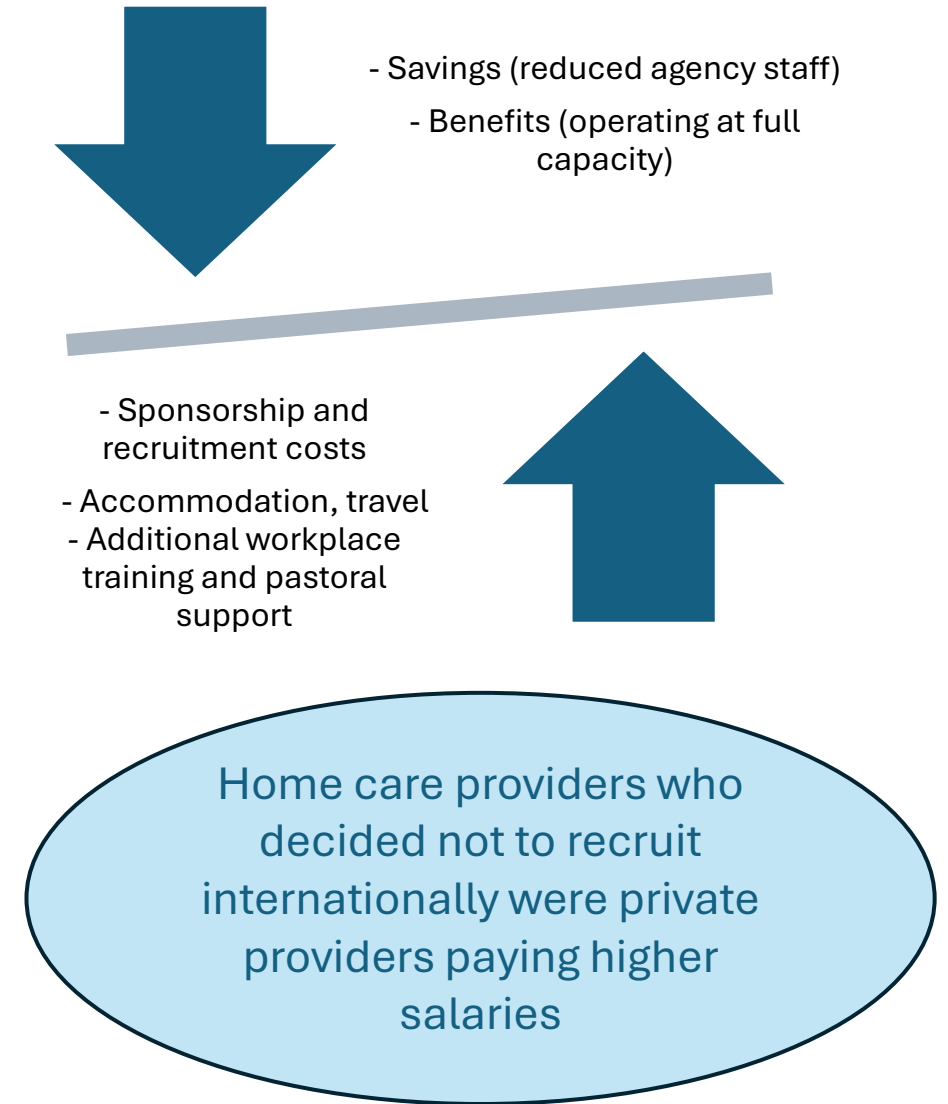
Characteristics of social care providers (n=42)

Recruiting internationally	Service provided	Size (no. of service users)	Sector
Yes = 35	Care Home = 23	10-50 = 9	Private = 35
Considering it = 1	Home Care = 17	51-250 = 17	Not-for-profit = 7
No = 6	Both = 2	250+ = 16	

- Supporting both older people and adults with disabilities
- Located across all regions in England

Care provider decision making and experiences of international recruitment

- Key determinants:
 - salary level and terms of Health and Care worker visa
 - resource available within the organisation
 - previous positive experience of international recruitment
 - perceived cost-effectiveness vs risks of it not working out
- Experiences:
 - Need for international recruitment
 - Frustration with changing policy goalposts
 - Increasing recruitment of people from other countries already in the UK



Health and Care visa holders (n=33)

- Internationally recruited care workers (n= 33) compared to domestically recruited peers:
 - Predominantly **female** (n=28/33)
 - **Younger** (most were aged 25-39 years old) (n=22)
 - **Skill level high** (in terms of formal qualifications and experience)
 - nurses and graduates,
 - professional training in other subjects
 - paid and unpaid experience of care work
- Home countries primarily in **Asia** (India, Philippines and Nepal) and **Africa** (Zimbabwe, Zambia, Malawi, Liberia, Nigeria, Ghana and South Africa)
- Push and pull factors
- Previous experience of working internationally. Ability to bring dependent children made UK an attractive option for longer-term settling
- Impact of recent changes to policy on dependants of H&C visa holders?
- Care workers recruited from home countries and increasingly from within UK (moved employer/sponsor or previously on student visa).



Experiences of immigration and recruitment processes

Sponsorship and visa application:

- complicated, time/resource intensive process
- variable support from Home Office and UK Visas and Immigration
- most care providers paid for legal advice
- supporting documentation and infrastructure in home countries

Recruitment:

- on-line jobs boards and social media platforms (including diaspora groups)
- friends and family of current or ex-staff, as well as more tenuous links
- recruitment and/or legal agencies in UK/source countries (at cost)
- people already in the UK – on student /dependent/Health and Care worker visas

- ❖ Applicants submitted 100s or 1000s of CVs, only omitting those with driving licence requirement for home care if they did not have one
- ❖ Otherwise, no differentiation between care home and home care work or location within UK

Particular challenges

Internationally recruited care workers

- Costs and paying back debt
- Longer-term accommodation and location
- English language
- Dependency on sponsor / costs of moving to another sponsor
- Vulnerability to exploitation

Sector

- Huge increase in visas/sponsors -> sponsor licence revocation -> care providers closing -> internationally recruited care workers and any dependants displaced
- Shift in focus from recruitment to retention within the care sector
- Efforts hampered by lack of information on care workers
- Cross-sector working (e.g. voluntary sector, police, labour exploitation agencies) to support workers

Particular challenges within home care: driving and travel

Driving license

“When I came here, no. I don't think I knew that I would have to buy a car when I come here. Only what I knew is that they needed driver's licence so, obvious, if a job requires driving licence. But, well, I didn't know that I would have to drive, I just knew that they want the driver's licence. But that I was going to drive, I didn't no.” (Care worker 2023, 10.02.23)

Car ownership

“Then that's when also my boss started nagging me about getting a car. So he said to me, 'You need to get a car'. And then I was like, 'Okay, I need to get a car but, you know, I've just arrived here and I'm just trying to find my footing. I don't even have a place of my own. And you want me to get a car and I'm just coming from [continent]'. Then he was like, 'I will give you a loan'. And I was like, 'No, I do not want to be in debt. I've never been one person who loves being in debt'... So I called my brother in [UK city]. And I asked him if he could get me a car, and the process kind of took long because my brother was looking for a nice car for me. He wanted something nice and durable. You know, something with a good mileage. Something that could take me from house to house. So we needed something that was economic, fuel wise. So I kind of took time. I think my brother, it took about three weeks. And my boss now he was already on my neck, threatening me that he was going to send me back to [continent] because I don't drive”. (Care worker 2024, 21.02.23)

“Recruiting someone from overseas is complicated because they generally won't be bringing a car with them, which means that you have to look at [inaudible] vehicles and things which is essentially changing your business model and requires extra insurance and stuff. Then there's getting the driving licences. So I mean, people can often drive on an international licence for a certain amount of time in the UK, but that they have to qualify with the UK licence. So there's a sort of what it is if they fail their test and then there's like six months waits for driving tests in some parts of the country. So that's complicated”. (Sector expert 6006, 07.09.22)

Driving, travel and time between appointments

Benefits of car ownership

“Yes, because I feel if I have my own car, I'll have more packages. Yeah, because some packages are not accepted, maybe because of the distances and so forth. But if I have my own private car. I'll go and yes, I will accept such packages from the company and I'll be able to drive on my own and make my own money”. (Care worker 2022, 29.11.22)

“... they actually try to assign clients closer to where you live to avoid so much transportation”. (Care worker 2022, 29.11.22)

Time between appointments

“Driving is a bit hard, even for the back, and so on. And traffic, spending your whole day in the car, imagine when you get a break, you have to sleep in the car, maybe for three hours. Finding a place to sleep, and then you just sleep there like, you know. You want the toilet, you have to struggle to go and find the toilets. Yeah, it's very hard”. (Care worker 2023, 10.2.23)

Working Hours: volatility in care demand, zero-hours contract and terms of visa

“We're working every day, every day from 2nd January to I think May, we would work every day. And if you said you're tired, you be in trouble.... And there's working sometimes it started six and finish maybe you have eleven o'clock.

[What do you mean, if you complain, what kind of trouble would you be in?]

Just maybe they could just take you off the rota a week. Or if there's a meeting in the in the company group, you know that you have a discussion in the meeting, you'll be told, I'll be sending you back home, if you think you came here to sleep and play.” (Care worker 2021, 23.11.22)

“... when we were about to sign [the contract], that's when I -- hours are not the same as the ones you offered when I was in [home country]. ... There were other statements that were edit(ed) on the contract. And also, alterations on the number of hours. It was now [inaudible] zero hours guaranteed, (with no guarantee of) the rate at £10[/hour].

[And what happened when you told them that this is not what you were expecting?]

They said, ‘You're free to switch.’” (Care worker 2020, 15.11.22)

Lone working and need for pastoral support

“I end up getting stressed, depressed. And so maybe someone [client] can just, sort of, stuff shout at you from nowhere. And then you just get stressed, whatever, and so on. But then, if you don't really get that support from the office or something, I think it becomes a big waste, considering that you are in a new country. Some of us, maybe, won't be having any family or someone to just throw your issues. You end up getting into depression and so on”. (Care worker 2023, 10.02.23)

What helps?

Explanation of
payslips and
deductions

Expected
costs of living
in UK

Time to settle
before starting
work

Applying for
a NI number

Pre-arrival
communication
and planning

Linking to essential
services (e.g. GP,
bank, schools)

Practical support on
arrival – airport pick up,
transport to
accommodation, food,
cash advance, wi-fi

Named contact
/ buddy at
work

Information on
UK health and
care systems

Workplace
training and
induction

Wider orientation
to local area and
amenities

Information on
transport options,
cost and maps

Linking up other IR
care workers /
recruiting in cohorts

Friends and
family in UK

Implications for policy and practice

Developments over the course of this work

- National guidance on:
 - ethical international recruitment, on-boarding and pastoral care
 - local authority responsibility for licence revocation
- National helplines to report exploitation
- Care provider registration with CQC mandatory

What else?

- Ethical recruitment (Code of Practice) requirement rather than best practice benchmark
- Longer-term commitment to international recruitment given the investment involved for care providers and people seeking work in the UK and workforce shortages
- Particularly for home care sector with the increasing preference for care at home
- Cross-government and cross-sector working
- Attitudinal shift towards internationally recruited care workers that recognises their value
- International recruitment to be considered within wider and long-standing concerns about pay and conditions within social care

Acknowledgement and disclaimer

The work presented today was funded by the National Institute for Health and Care Research (NIHR) Policy Research Programme (Policy Research Unit in Health and Social Care Workforce: Ref. PRPRU-1217-21002 and). The views expressed here are those of the authors and not necessarily those of the NIHR or the Department of Health and Social Care.



Thank you

Study participants who shared their views and experiences.

- Thank you for listening
- Any comments or questions?

Email: kalpa.kharicha@kcl.ac.uk

For more information:

<https://www.kcl.ac.uk/research/visa-study>

<https://www.kcl.ac.uk/research/international-recruitment-fund-for-adult-social-care>