



Openness = Opportunity

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# 100,000 CARERS MISSING

HOW ENDING FREE MOVEMENT COULD SPELL  
DISASTER FOR ELDERLY AND DISABLED PEOPLE

A GLOBAL FUTURE REPORT AUGUST 2018

## IN BRIEF: 100,000 carers missing: how ending free movement could spell disaster for elderly and disabled people.

*This report makes the case for continuing free movement for low-skilled European workers seeking work in our adult social care sector.*

*England's adult social care sector relies on foreign born workers – almost one in five of those who care for our elderly and disabled people are migrant workers. The sector already has a staffing crisis and has experienced a funding squeeze since 2010, but in recent years European workers have helped to plug the gaps as the number of non-EU workers has fallen.*

*Our analysis shows that if the UK applies similar restrictions on European workers to those currently applied to those from outside the EU, there could be more than 100,000 fewer care staff in England by 2026 than if free movement continues – and 350,000 additional social care jobs to fill just to keep up with the needs of our ageing population.*

### Global Future finds:

- **Ending freedom of movement could lead to 115,000 fewer social care staff by 2026**, compared to the number expected if freedom of movement is retained.
- **17% of social care staff in England – around 222,000 workers – are from overseas**, with the number of EU care staff rising and the number of non-EU care staff, who are subject to strict immigration controls, falling over the last five years.
- There is currently one care worker for every 3.4 people aged over 75; to keep this ratio the same as the population ages, **our care sector will need to employ an additional 380,000 staff by 2026** – but the sector is currently adding just 18,000 British workers a year.
- With new immigration restrictions and without a step-change in social care recruitment, **we expect the over-75 to care worker ratio to hit 4.3 in 2026.**

This comes at a time when:

- Our care sector is already facing a staffing crisis – there are around 90,000 unfilled vacancies, with a vacancy rate of 6.6% compared to the labour market average of 2.5%.
- Cash-strapped employers point to low pay and poor working conditions in this largely publicly-funded sector, which has been the target of cuts for several years, as the root cause of the recruitment crisis.
- Industry experts warn that without migrant workers ‘we would struggle to provide care at all’.

Ministers must properly fund the care our families and loved ones need – and they must not lock out those we need to do the work. Government should reject short-sighted calls to prevent European social care workers from coming to the UK, and reconsider their wider approach to the low-skilled workers our country relies on.

In particular, Global Future is calling for Health Secretary Matt Hancock to make the case for continued free movement for low-skilled social care workers to save adult social care, just as his predecessor Jeremy Hunt successfully fought for foreign doctors to be exempted from the Tier 2 visa cap.



## INTRODUCTION

Low-skilled migrant workers are easy targets. Politicians of all parties talk about the need to reduce their numbers, even when acknowledging the need for Britain to continue to attract highly-skilled workers to remain competitive internationally. There are already strict controls on low-skilled workers from outside the EU, but EU workers continue to benefit from freedom of movement, so low-skilled European workers are a subject of lively political debate. They are unfairly blamed by some for driving down wages, and for taking jobs which British workers would otherwise be able to take. Their presence in Britain is cited as a major cause of the vote to leave the European Union – and Brexit provides an opportunity to restrict their numbers further.

But who are the low-skilled EU migrant workers, and what do they do? This report focuses on one important group of them: workers in adult social care. These are the people who help our elderly and disabled loved ones get dressed in the morning, cook for them, give them company, help them get out and about, and provide them with more control over their lives. Some work in residential care homes and others in the community, supporting people to stay in their own homes and live as independently as possible.

They are essential to the people they care for, and to the wider community too, providing relatives with vital support and often enabling them to continue to pursue their own careers and support their families. We need them.

More than 200,000 social care workers in England – nearly one in five – are from overseas, with a growing proportion coming from the EU. Without them our social care system, already severely overstretched, would collapse completely. And yet there is too little political challenge to the idea that we should stop them coming, and that those who are already here should leave.

This report makes the case for changing that consensus. It shows not only that we need low-skilled social care workers from overseas, but that ending freedom of movement after Brexit would have devastating consequences for our elderly and disabled people.

We already know that the number of non-EU overseas social care workers is falling, as a direct result of the imposition of strict controls on their ability to come to the UK. In recent years this fall has been compensated for by EU migrant workers, while the number of British workers taking jobs in social care has risen far more slowly.

If freedom of movement ends when Britain leaves the EU, we can expect the number of overseas workers in adult social care to plummet. Our analysis suggests that there would be more than 100,000 fewer people working in the sector by 2026 than we would expect if freedom of movement continues – at a time when our population is ageing and we will need more people in the adult social care sector to care for more elderly and disabled people.

Stopping freedom of movement would, according to our analysis, be a major contributory factor in the ratio of over-75s to care staff rising by over 26% between 2017 and 2026 – from 3.4 to 4.3. The care system – and the people who depend on it – would not be able to cope with such an increase.



In the social care sector, foreigners are not taking jobs from British workers or driving their wages down. In fact, there are 90,000 unfilled social care vacancies, and the pressure on wages comes not from competition for jobs but from years of squeezed local authority budgets – with cuts imposed by central government – which make it impossible for social care providers to pay more and which are already forcing several out of business. Social care needs proper funding, and its workers need better wages. But blaming EU workers for the state of the system is ignorant at best and cynical at worst.

Politicians of all parties – and especially ministers – need to confront reality, not duck it for the sake of easy headlines. They need to take up the argument advanced in this report: social care needs freedom of movement to continue, because it needs the European workers free movement has delivered. If our politicians disappear from this debate, our carers will disappear too.

## PART ONE: MIGRANT WORKERS & THE ADULT SOCIAL CARE WORKFORCE

The adult social care sector in England, which provides care and support for older people and disabled adults, employs 1.45 million people – more than the NHS, the country’s biggest single employer. But unlike NHS staff, these workers are employed by a large number of separate organisations: 20,300 organisations, mostly within local authority and independent sector providers, in 40,400 care-providing locations.<sup>1</sup> More than four out of five adult social care workers are women, and most are not highly-paid: local authority-employed care workers received average hourly pay of £9.73 per hour in 2016/17, compared to an average of £7.76 per hour for those in the independent sector.<sup>2</sup>

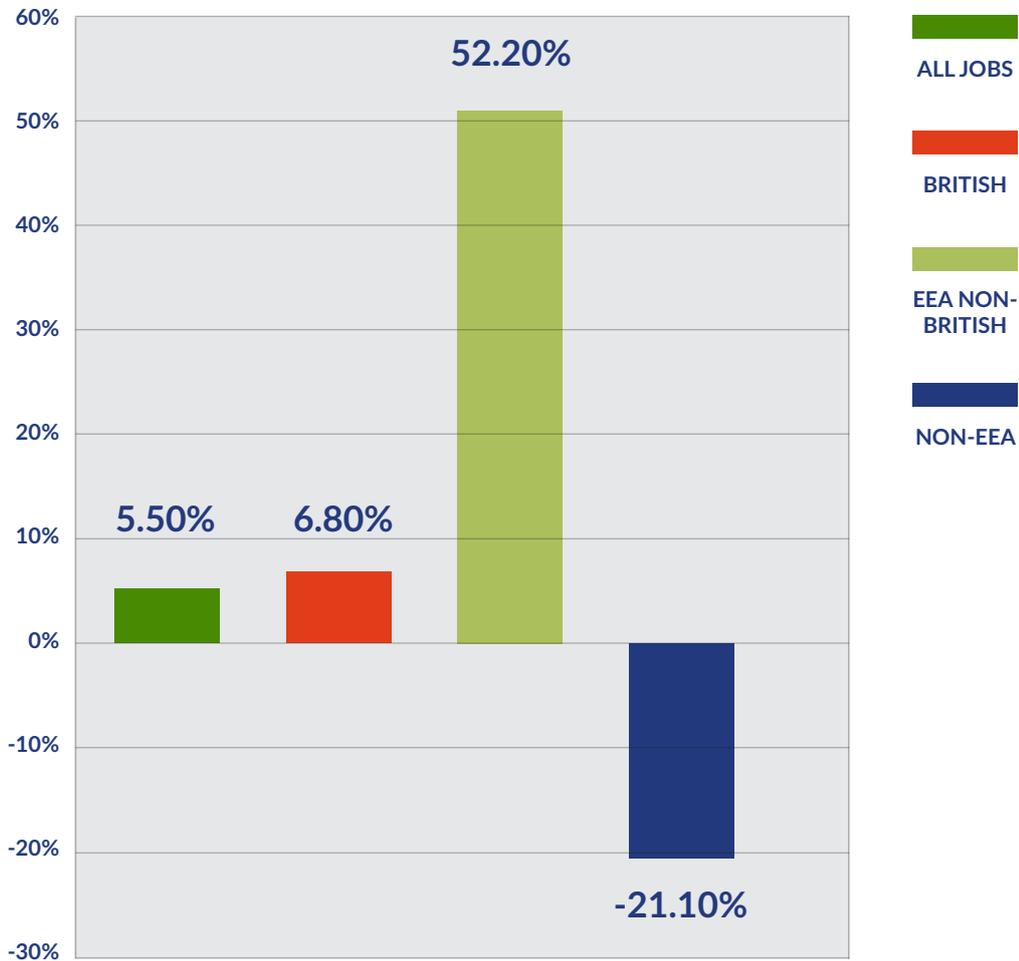
Adult social care has particular difficulties recruiting and retaining staff. The vacancy rate is 6.6%, compared to the labour market average of 2.5%, and there are around 90,000 unfilled vacancies.<sup>3</sup> This has risen from 5.5% in 2012/13, but is slightly down from a peak of 7.0% in 2015/16.<sup>4</sup> According to Skills for Care, in 2016/17 ‘the staff turnover rate of directly employed staff working in the adult social care sector was 27.8%. This was approximately 350,000 leavers over the year, while almost three quarters of all workers remained in their roles.’ There were 425,000 new starters in the same year. Skills for Care says that ‘Turnover rates have increased steadily, by a total of 4.7 percentage points, between 2012/13 and 2016/17. This level of turnover and churn indicates that employers are struggling to find, recruit and retain suitable people to the sector. A large proportion of staff turnover is a result of people leaving the sector soon after joining and the sector also has difficulties in retaining younger workers.’<sup>5</sup>

Of the 1.34 million adult social care workers employed by local authority and independent sector providers in 2016/17, 1.11 million (83%) are British, 95,000 (7%) are from the European Economic Area (EEA), and 127,000 (9%) are from outside the EEA. These 222,000 overseas workers are a crucial part of the adult social care workforce, particularly in some regions of the country: the North East has the highest proportion of British workers, 96%, compared to just 61% in London.<sup>6</sup> According to a 2014 report by the Migration Advisory Committee, two thirds of care assistants in London are migrants.<sup>7</sup>

The proportion of overseas workers within the total adult social care workforce has been very stable over the last five years – falling very slightly from 18% in 2012/13 to 17% in 2016/17. But this masks a significant shift in the balance between EEA and non-EEA overseas workers. The number of adult social care workers from outside the EEA has fallen in the last five years by 34,000 (a decrease of 21%), while the number from inside the EEA has risen by 33,000 (an increase of 52%).

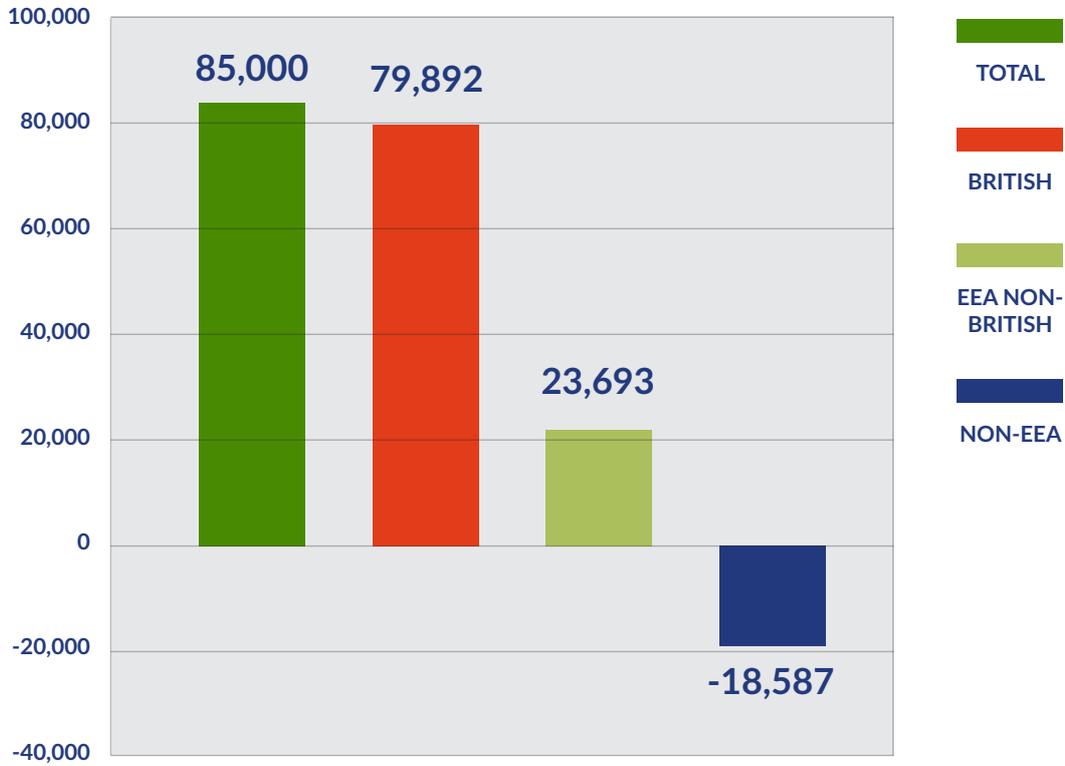
It should be noted that part of the decrease in the size of the non-EEA workforce (and rise in number of British nationals) is likely to be a result of naturalisation, as long-term residents claim British citizenship. Around 120,000 people gained British citizenship in 2017, although we have no information as to how many were adult social care workers.

Fig 1. Change in adult social care workforce (%) by nationality group, 2012-2017



This shift in the composition of the overall adult social care workforce is largely driven by changes in the composition of the largest group of workers in the sector: those employed in direct care jobs. In 2016/17, the most recent year for which figures are available, 985,000 workers (74% of all those working in adult social care) worked in **direct care**, of whom 815,000 (61% of the total) were employed as **care workers**. Over the last five years, the number of workers in direct care jobs who are British has increased by 10%, and the number from the EEA has increased by 56%, while the number who are from outside the EEA has declined by 18%. The increase in the number of care workers over the last five years (85,000) is greater than the increase in the number of jobs in the entire adult social care sector over the same period (70,000).

Fig 2. Increase / decrease in number of care workers, 2012-2017



The reason for the slower increase in the sector as a whole is that some adult social care sector jobs, especially higher-skilled jobs, have seen an overall decline. For example, the number of **social workers** has fallen by 500 in five years, which is entirely accounted for by the loss of 739 overseas social workers more than cancelling out the addition of 239 British ones. The number of **occupational therapists** has fallen by 800 in five years, almost entirely accounted for by the loss of 799 British occupational therapists. And the number of **registered nurses** working in social care has fallen by 8,000 in five years, with the loss of 3,377 British nurses, and 7,701 non-European nurses, only partially offset by the addition of 3,078 nurses from the EEA.

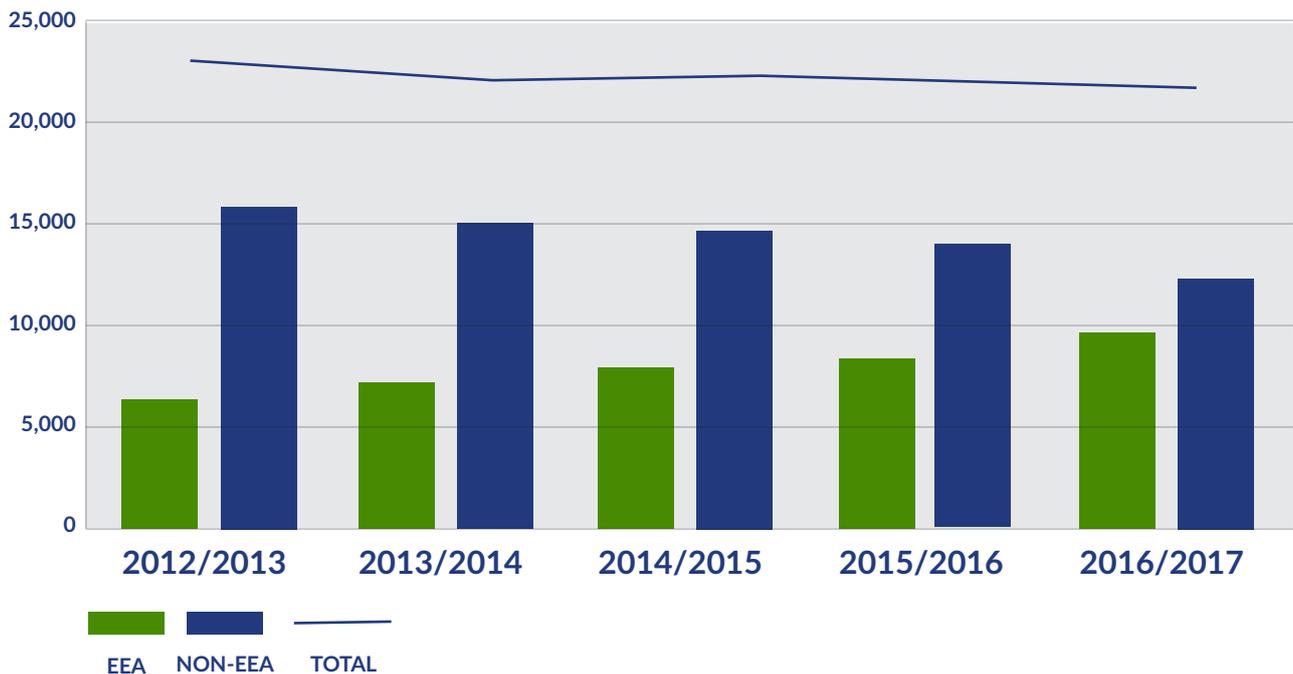
**Table A**<sup>8</sup>

Job roles in Social Care	2012/2013	2013/2014	2014/2015	2015/2016	2016/2017	Increase / decrease 2012-2017
<b>All Jobs</b>	<b>1,270,000</b>	<b>1,295,000</b>	<b>1,320,000</b>	<b>1,330,000</b>	<b>1,340,000</b>	<b>70,000</b>
British	1,046,840	1,074,620	1,096,912	1,105,530	1,118,090	71,250
EEA (Non-British)	62,537	70,175	76,745	86,914	95,165	32,628
Non-EEA	160,623	150,208	146,343	137,556	126,745	-33,878
<b>Social Worker Jobs</b>	<b>17,500</b>	<b>18,000</b>	<b>16,500</b>	<b>17,500</b>	<b>17,000</b>	<b>-500</b>
British	15,453	16,106	15,069	15,923	15,692	239
EEA (Non-British)	619	603	505	609	474	-145
Non-EEA	1,428	1,291	925	968	834	-594
<b>Occupational Therapist Jobs</b>	<b>3,900</b>	<b>4,600</b>	<b>3,900</b>	<b>3,500</b>	<b>3,100</b>	<b>-800</b>
British	3,677	4,256	3,590	3,244	2,878	-799
EEA (Non-British)	85	132	120	131	113	28
Non-EEA	138	212	191	125	109	-29
<b>Registered Nurse Jobs</b>	<b>51,000</b>	<b>51,000</b>	<b>50,000</b>	<b>47,000</b>	<b>43,000</b>	<b>-8,000</b>
British	30,814	31,729	31,482	29,920	27,437	-3,377
EEA (Non-British)	4,007	4,859	5,666	6,277	7,085	3,078
Non-EEA	16,178	14,412	12,852	10,803	8,477	-7,701
<b>Senior Care Worker Jobs</b>	<b>82,000</b>	<b>82,000</b>	<b>83,000</b>	<b>86,000</b>	<b>85,000</b>	<b>3,000</b>
British	65,894	66,266	67,399	70,360	70,220	4,326
EEA (Non-British)	3,548	3,999	4,194	4,846	5,158	1,610
Non-EEA	12,558	11,735	11,467	10,794	9,622	-2,936
<b>Care Worker Jobs</b>	<b>730,000</b>	<b>770,000</b>	<b>800,000</b>	<b>795,000</b>	<b>815,000</b>	<b>85,000</b>
British	584,454	625,710	650,451	646,016	664,346	79,892
EEA (Non-British)	39,668	44,743	50,277	56,542	63,361	23,693
Non-EEA	105,879	99,548	99,272	92,442	87,292	-18,587

## PART TWO: EEA AND NON-EEA STAFF: THE SHIFTING BALANCE

The total number of overseas workers in the adult social care sector has stayed more or less constant for the last five years. But this masks a huge shift in where these workers come from. In 2012/13, non-EEA workers made up 72% of all the overseas workers in the sector, with EEA workers making up the remaining 28%. By 2016/17, non-EEA workers had fallen to 57% of the total, and non-EEA workers had risen to 43%.

Fig 3. Non-UK adult social care staff in England, 2012-2017



The UK Government has more tools to control migration from outside the EEA than from inside the EU, whose citizens are able to benefit from freedom of movement. The application of immigration controls for low-skilled non-EU migrants has effectively dried up the supply of new care workers from outside the EU. As the flow of new low-skilled non-EU migrants taking these roles has largely stopped, the stock of low-skilled non-EU migrants who came here before 2008 is gradually falling as they move into different roles, leave employment altogether including through retirement, or leave the UK. In 2014 the Migration Advisory Committee (MAC) found that most migrants in low-skilled employment were from outside the EU, saying, ‘The fact that there has been no specific route of entry to the UK for non-EU migrants for the purpose of engaging in low-skilled employment, explains why most of this is accounted for by earlier migration.’<sup>9</sup>

One possible consequence of restricting low-skilled non-EU migration, and the gradual decline of non-EU migrants working as care workers, might have been an increase in the proportion of UK nationals in the sector, to take up the slack. But in fact, this has not happened. The data shows a significant increase in the number of care workers from the EEA. This is consistent with the MAC’s finding that ‘Migrants in low-skilled jobs are disproportionately non-recent non-EEA and recent EEA.’<sup>10</sup>



According to the MAC, social care employers have difficulty filling vacancies because of low pay and poor working conditions:

*Lack of investment can create an increased demand for migrant workers. For instance, two thirds of care assistants in London are migrants and we regularly receive evidence from this sector of the difficulties they experience in filling vacancies. Employers in the sector told us that shortages of social care workers and care assistants are largely due to low wages and poor working conditions. Most social care in the UK is publicly funded but provided by the private sector and voluntary organisations. Constraints on local authority budgets have resulted in under-investment in the sector. This has impacted on the wages that care providers are able to offer. In time, this reduces the numbers of workers willing to work in the sector and having fewer workers increases the pressure on those who do work in the sector. The result is a growing demand for low-waged, flexible workers.*<sup>11</sup>

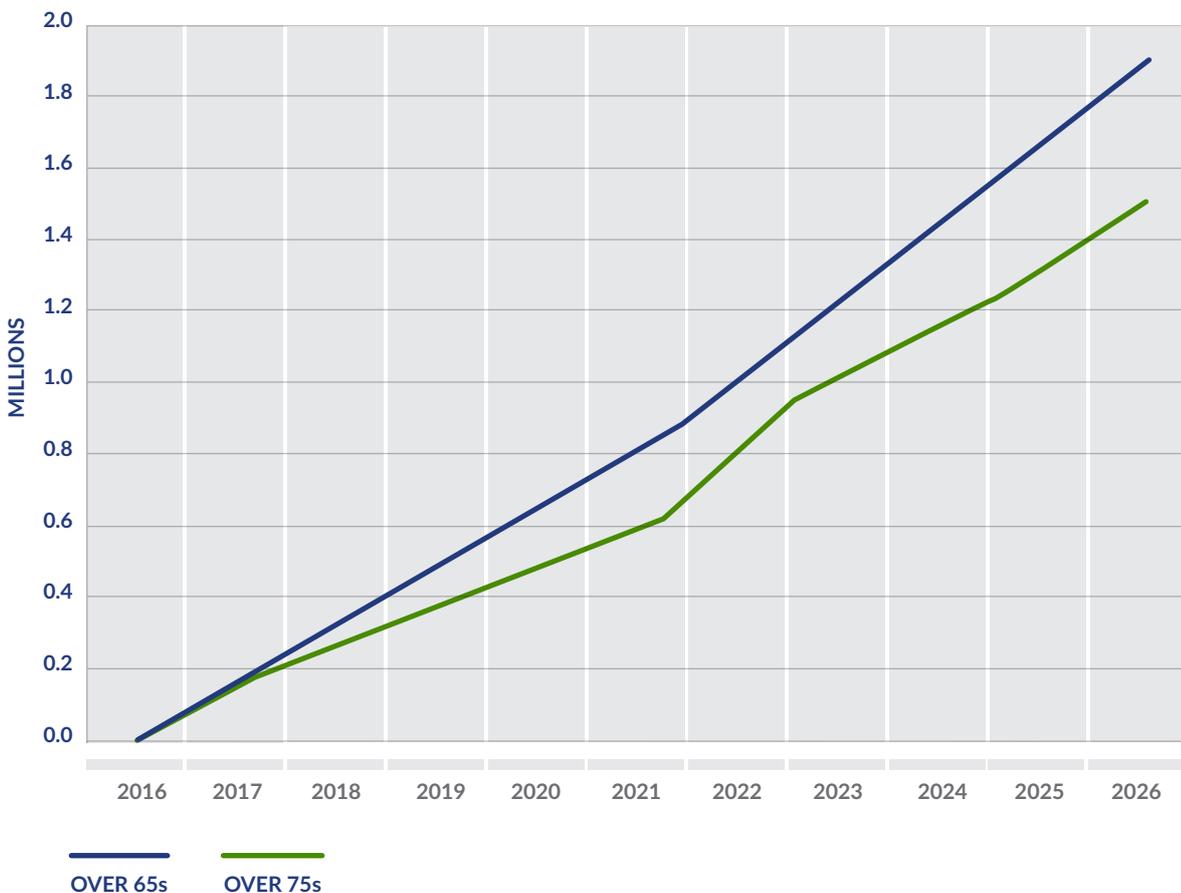
The Government has recognised the need to attract more UK citizens into adult social care, announcing that it will launch an adult social care recruitment campaign in autumn 2018 ‘to raise the image and profile of the sector’.<sup>12</sup> According to care minister Caroline Dinenage, ‘there’s a lack of public awareness of the many opportunities the sector offers. In short, promotion of the pleasure and the privilege of a career in care must get better.’ But in an economy with low unemployment, attracting people to low-paid, highly demanding roles is not easy, despite what Dinenage calls ‘the pleasure and the privilege of a career in care’.<sup>13</sup>

Adult social care is not an area in which foreign workers are taking jobs which British workers would otherwise be willing to take: it is an area in which foreign workers are filling vacancies British workers are not even applying for – and in which there are plenty of vacancies still unfilled. As one care provider told the MAC, ‘If it were not for the migrant workers... I think we would struggle to provide care at all or at the quality we wish.’<sup>14</sup>

## PART THREE: INCREASING DEMAND FOR ADULT SOCIAL CARE

In the decade from 2016 to 2026, the Office for National Statistics projects a 19.4% increase in the number of over-65s in England, and a 33.5% increase in over-75s. According to the ONS, it will take just six years from 2016 to add a million more over-65s to the population of England, and just seven years from 2016 to add a million more over-75s. In 2026 the ONS projects there will be 5,965,000 aged over 75.

Fig 4. Increase in number of over 65s and over 75s, 2016-2026.<sup>15</sup>



While of course not all of these people will ever need care, and some will require more than others, nobody doubts that this increase in the population of older people will add considerably to the overall demand for adult social care. A 2017 study in *The Lancet* estimated that by 2025 there would be an additional 190,000 older people with ‘medium dependency’ (needing care at regular times each day, for example to help with preparing meals or putting on shoes and socks) compared to 2013, and 163,000 additional older people with ‘high dependency’ (needing 24-hour care); it estimated that over 71,000 extra care home places would be needed by 2025.<sup>16</sup>

UK Commission for Employment and Skills (UKCES) projections for the England labour market 2014-2024 (2016) finds that ‘care workers and home carers’ is the fastest-growing occupation over the decade, with 135,226 additional jobs in 2024, an increase of 16%. UKCES also calculates replacement demand – the number of new workers required to replace those who leave an occupation through retirement or other reasons. It finds that the occupation ‘care workers and home carers’ has the second highest replacement demand, after ‘sales and retail assistants’, with 388,183 new workers in total required to meet demand by 2024.<sup>17</sup>

In England in 2017 there were 3.4 people aged 75 or over for every social care worker; if the number of care staff remained constant over the next decade, this ratio would rise to 4.5 over-75s per care worker in 2026. To keep the ratio the same would require there to be 1.77 million adult social care staff by 2026 – an increase of 425,000 compared to 2016.

But the sector has added fewer than a net 18,000 new British staff per year for the last four years: it would take nearly 24 years to add an additional 425,000, even if the number of overseas adult social care staff were to stay constant. And in fact, this looks unlikely. The number of non-EEA nationals working in adult social care has declined by an average of 8,500 per year for the last four years.

If this decline continues, it suggests a net loss of a further 76,000 non-EEA adult social care staff by 2026. And cutting off the supply of staff from the EEA after Brexit in 2019 would make the situation much worse.

Global Future has modelled two simplified scenarios for social care over the decade 2016-2026. In **Scenario 1**, freedom of movement ends in 2019 as the UK leaves the EU, and the UK applies similar rules to the citizens of the EU as it currently does to the rest of the world. In **Scenario 2**, freedom of movement continues as now.

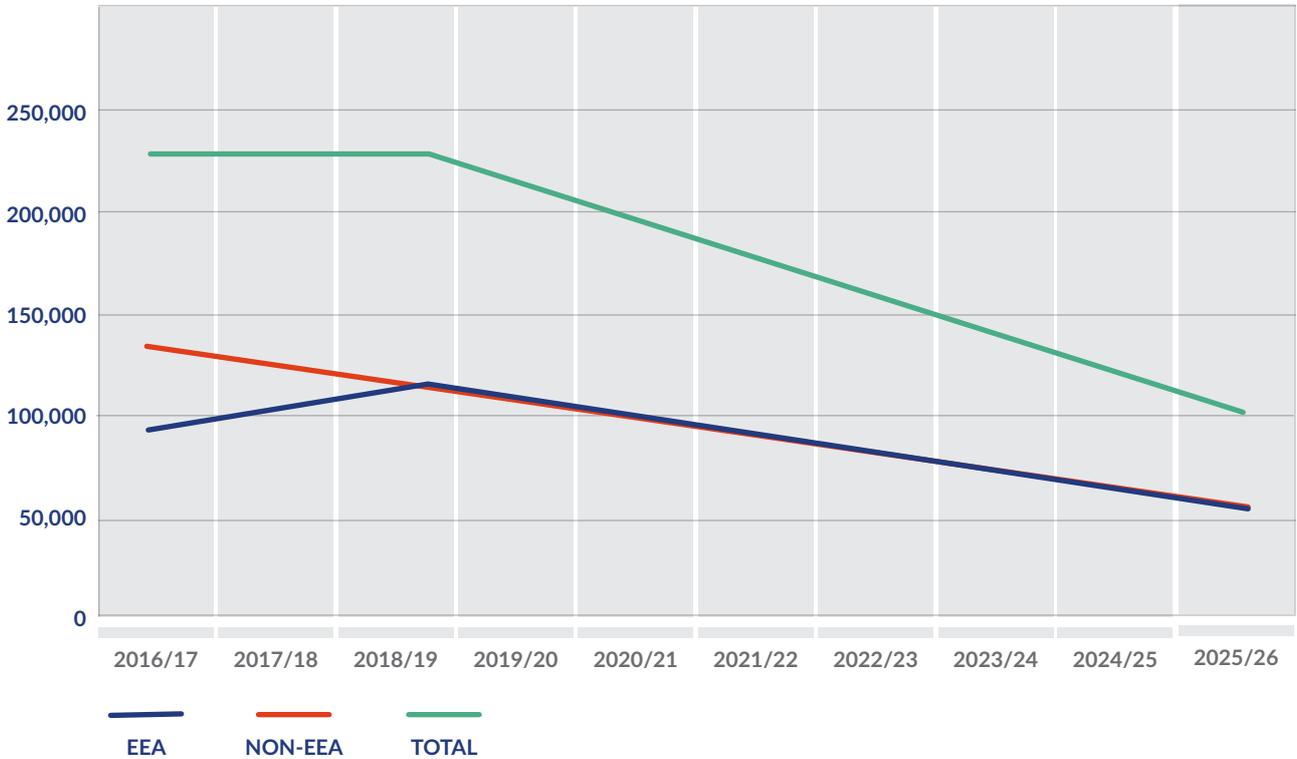
In both projections, the number of British adult social care staff continues to grow at the same rate as the last four years for which figures are available – rounded up to 18,000 per year – and the number of non-EEA staff declines at the same rate as for the last four years – rounded up to 8,500 per year. This means approximately 162,000 more British staff by 2026, and approximately 76,500 fewer non-EEA overseas staff.

In **Scenario 1**, non-British EEA staff increase at the current rate (rounded to 8,000 per year) until 2019, and then decline at the same rate as non-EEA staff (8,500 per year) for the rest of the period – leading to a net loss of 43,500 EEA staff by 2026. In total, in this scenario, the adult social care sector has just 42,000 more staff in 2025-26 than it had in 2016-17 – well short of the 425,000 needed to maintain the current ratio of staff to over-75s. This leaves a ratio of **4.3 over-75s for every adult social care worker** in 2026, compared to 3.4 in 2017 – an increase of over 26%.

**Table B. Scenario 1 - Freedom of movement ends in 2019**

	2016/2017	2017/2018	2018/2019	2019/2020	2020/2021	2021/2022	2022/2023	2023/2024	2024/2025	2025/2026
British	1,118,090	1,136,090	1,154,090	1,172,090	1,190,090	1,208,090	1,226,090	1,244,090	1,262,090	1,280,090
EEA	95,165	103,165	111,165	102,665	94,165	85,665	77,165	68,665	60,165	51,665
Non-EEA	126,745	118,245	109,745	101,245	92,745	84,245	75,745	67,245	58,745	50,245
<b>TOTAL</b>	<b>1,340,000</b>	<b>1,357,500</b>	<b>1,375,000</b>	<b>1,376,000</b>	<b>1,377,000</b>	<b>1,378,000</b>	<b>1,379,000</b>	<b>1,380,000</b>	<b>1,381,000</b>	<b>1,382,000</b>
CHANGE		17,500	35,000	36,000	37,000	38,000	39,000	40,000	41,000	42,000

**Fig 5. Projected change in overseas adult social care staff in England, 2016-2026 (Assumes no freedom of movement after 2019)**



In **Scenario 2**, non-British EEA staff continue to increase at the current rate throughout the period, while non-EEA staff continue to decline at the current rate. This leads to an additional 72,000 EEA staff by 2026, and a total increase of 157,500 staff across the adult social care sector. This is still short of the number required, and leaves a ratio of **4 over-75s per worker**.

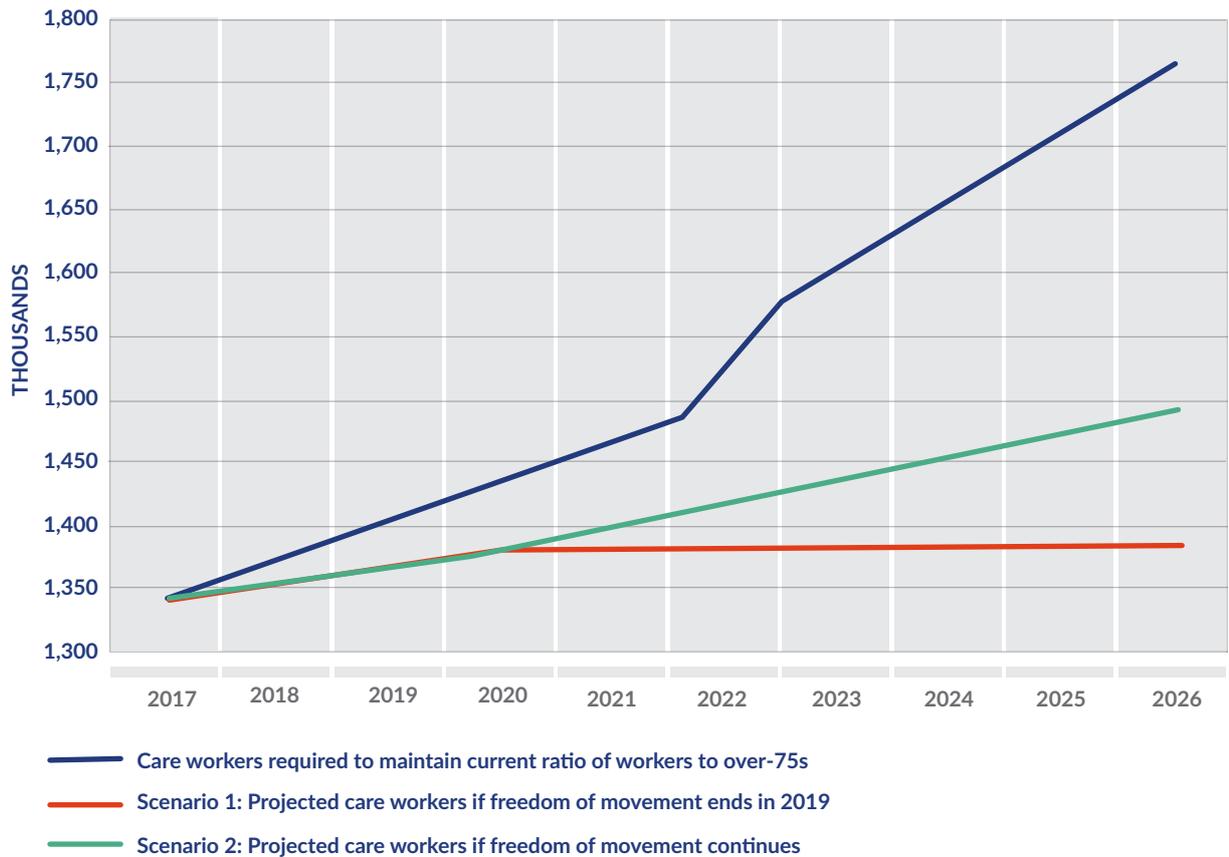
**Table C. Scenario 2 - Freedom of movement continues after 2019**

	2016/2017	2017/2018	2018/2019	2019/2020	2020/2021	2021/2022	2022/2023	2023/2024	2024/2025	2025/2026
British	1,118,090	1,136,090	1,154,090	1,172,090	1,190,090	1,208,090	1,226,090	1,244,090	1,262,090	1,280,090
EEA	95,165	103,165	111,165	119,165	127,165	135,165	143,165	151,165	159,165	167,165
Non-EEA	126,745	118,245	109,745	101,245	92,745	84,245	75,745	67,245	58,745	50,245
<b>TOTAL</b>	<b>1,340,000</b>	<b>1,357,500</b>	<b>1,375,000</b>	<b>1,392,500</b>	<b>1,410,000</b>	<b>1,427,500</b>	<b>1,445,000</b>	<b>1,462,500</b>	<b>1,480,000</b>	<b>1,497,500</b>
CHANGE		17,500	35,000	52,500	70,000	87,500	105,000	122,500	140,000	157,500

The cumulative difference between the two scenarios is 115,500 – a shortfall which, without overseas workers, would require a huge increase in British social care staff.

But this is not the end of the story. Maintaining the ratio at its current level of 3.4 people aged over 75 for every adult social care worker would require even more British workers to be added to the adult social care workforce by 2026, whether or not freedom of movement continues after Brexit. Even with freedom of movement continuing, we project a shortfall of more than 250,000 social care staff by 2026, rising above 350,000 if freedom of movement ends – as shown in Figure 6.

**Fig 6. Adult social care staff needed to maintain current ratio of workers to people aged over 75, 2016-2026**



This means that while overseas workers are an absolutely crucial part of the overall social care workforce, they will never be a complete solution to the problem of social care recruitment and retention.

## PART FOUR: ATTRACTING MORE WORKERS INTO THE CARE SECTOR

In an era of full employment, bringing more British workers into the care sector requires action to make those jobs more attractive, and the simplest and most effective way to do that is by increasing pay. That's basic economics, and also the industry view: a survey by the Association of Directors of Adult Social Services (ADASS) shows that 'Directors of adult services believe increasing salaries for care workers is the most important factor in recruitment and retention.'<sup>18</sup> This is particularly the case given the Government's decision to give pay rises to the lowest-paid NHS staff of up to 29% over three years from 2018. Many of these NHS staff will have comparable roles to adult social care workers.

However, higher wages come with a cost. According to the ADASS, a comparable increase in pay for adult social care staff – just to bring them to parity with equivalent jobs in the NHS – would cost £3 billion a year.<sup>19</sup> This is the equivalent of one fifth of the entire local authority social care budget: it is not something providers would be able to finance without support from central government.

Around 65% of independent social care providers' income comes from local authority-commissioned care.<sup>20</sup> The amount spent on adult social care services by local authorities fell from £18.4 billion in 2009/10 to just under £17 billion in 2015/16, a real-terms cut of 8 per cent.<sup>21</sup> The Institute for Fiscal Studies says that the combined impact of falling local authority spending and a rising population means that spending on adult social services per adult fell by 13.5% in England between 2009/10 and 2015/16 – without taking into account the ageing population, which will have put additional pressure on adult social care services.<sup>22</sup>

A range of local authority leaders and independent social care providers have warned of a looming cash crisis within the sector.<sup>23</sup> The LGA puts the immediate and annually recurring market provider gap – the difference between the estimated costs of delivering care and what councils pay – at £1.44 billion.

This shortfall comes within the context of a wider local authority funding crisis expected to produce a total funding gap of around £6 billion in the next financial year. In fact, although total support for social care has fallen councils are spending an increasing proportion of their total budgets on care: 34% in 2010/11 rising to almost 38% in 2018/19.<sup>24</sup>

That total funding gap is expected to hit £7.8 billion by 2025 – by which point the adult social care gap is expected to rise to £3.56 billion under existing plans.<sup>25</sup>

In the face of these constraints the National Audit Office has warned that roughly 15 councils face the risk of bankruptcy within the next three years.<sup>26</sup>

So for local authorities the picture is bleak – budgets have been squeezed, greater pressure is still to come, and care is already making up an increasing proportion of total council budgets, meaning that there is less and less space for them to find more money for it from elsewhere. Ultimately, this cash crisis can be expected to have an impact on the quality of care. We are already seeing councils reduce support to the absolute minimum, and industry experts note wider problems as 'the increasing pressures on the social care system are impacting on the quality of care people receive, causing additional delays in the NHS, and squeezing the budgets of other council-funded services'.<sup>27</sup>



This puts pressure on independent care sector providers' ability to carry out their role effectively. In its 2016 assessment of the quality of health and adult social care in England, the Care Quality Commission (CQC) says it fears the sustainability of the adult social care market is approaching a tipping point.<sup>28</sup> The ADASS paints a worrying picture of a 'market becoming increasingly fragile and failing in some parts of the country'.

*48 directors say they have seen home care providers closing or ceasing to trade in the last six months (impacting on 3,290 people) and 44 directors had contracts handed back by home care providers (impacting on 2,679 people) in the same period. Despite raising fees to providers, fees do not match what providers say they need to be sustainable. Directors' biggest concern about the impact of savings made or planned is the prospect of providers facing financial difficulty (expected in 2018/19 by three quarters of directors) and quality challenges (expected in 2018/19 by two thirds of directors). 78% of directors are concerned about their ability to meet the statutory duty to ensure market sustainability within existing budgets.<sup>29</sup>*

And there are growing reports of exasperated providers handing contracts back to local authorities as they fail to meet existing commitments. Mears Care, for example, has abandoned a range of contracts across the country – and refused to bid for others – citing local authority deals that were 'nothing short of encouragement to providers to breach the national living wage'.<sup>30</sup>

As the ADASS report makes clear, these closures have a real impact on people's lives. In one council alone, more than 900 people were affected by home care closures.<sup>31</sup>

Increasing adult social care workers' pay to a level where it would have a substantial impact on recruitment and retention might well be the right thing to do, but it would require very significant additional money. Furthermore, while improvements in pay and conditions could be expected to have a positive impact on recruitment, stopping the recruitment of overseas workers would not in itself push wages up – because the downward pressure on wages comes from a central government-imposed squeeze on local government budgets which makes it impossible for providers to pay more, not from overseas workers distorting the market by offering to work for less than providers would otherwise pay.

There is a strong case, then, for improving adult social care workers' pay. But it will not in itself reduce the sector's dependence on workers from overseas, or reduce the impact on the sector of ending freedom of movement for low-skilled workers after Brexit, at least over the next decade and probably beyond.

## PART FIVE: LOW-SKILLED MIGRATION POST-BREXIT - OPTIONS

It is not yet clear what arrangements will be put in place for low-skilled migration from the EU after Brexit, or even what arrangements the Government would currently like to put in place.

The Brexit White Paper published in July 2018 does not set out what the UK's post-Brexit immigration system will look like. It says that free movement of people will end, and promises an Immigration Bill, but details of what will be in it are absent – the White Paper points to the Migration Advisory Committee (MAC) report due in September 2018 as a source of 'important evidence on patterns of EU migration and the role of migration in the wider economy'. But it says that 'The UK's future immigration arrangements will set out how those from the EU and elsewhere can apply to come and work in the UK. This will be crucial to supporting its public services, as well as enhancing the UK's attractiveness for research, development and innovation.'<sup>32</sup>

A leaked Home Office document, dated August 2017, suggested that the Government was then considering post-Brexit immigration restrictions designed to deter all but highly-skilled EU workers, with lower-skilled migrants granted residence for no more than two years. It set out plans to give preference in the job market to resident workers, and limit the number of EU citizens able to come to the UK to do low-skilled work. It is not clear what the current status of these proposals is.

According to the leaked document, 'Put plainly... to be considered valuable to the country as a whole, immigration should benefit not just the migrants themselves but also make existing residents better off.'<sup>33</sup> In the case of immigration to work in the adult social care sector, as in the case of most immigration, the benefit is of course both to the migrants themselves and to existing residents – because the migrants are working to care for elderly and disabled people who need to be cared for, in a sector which is still understaffed.

At various stages in the negotiations there have been reports that Britain will offer an immigration deal that looks very similar to the current freedom of movement regime,<sup>34</sup> and even that in the event of a no-deal Brexit the Government will have no choice but to continue with freedom of movement because the Border Force lacks the resources to register EU citizens at ports of entry.<sup>35</sup> And last year the Migration Advisory Committee (MAC) suggested that EU migrants under 30 could be given two-year visas allowing them to live and work in the UK after Brexit, similar to schemes in place in Australia, New Zealand and Canada.<sup>36</sup> But the only thing that is clear at this stage is that many of the most important decisions are yet to be taken.

Migration Watch's Lord Andrew Green recently proposed a post-Brexit immigration policy of expanding the Tier 2 work permit system to cover workers from the EU, a seasonal agricultural workers' scheme and, most relevantly, the possibility of 'temporary arrangements for people like construction workers, but [with] an annually increasing fee for employers using this route in order to encourage them to train UK workers'.<sup>37</sup>

Lord Green does not mention adult social care, but given its status as a sector where low-skilled immigration is vital it is possible that under his proposed system this would be another area where temporary arrangements could be put in place. However, his mechanism of increasing fees for employers to encourage them to train UK workers seems, in the case of social care, to misunderstand the problem. While training might well be beneficial, UK workers are not insufficiently *skilled* to work in social care – they are not being turned down for social care jobs, or choosing not to apply for social care jobs, because they are not qualified for them. They simply do not want to work in social care in sufficient numbers to meet demand, given the



nature of the work and the rates of pay available, and the alternative employment options available to them elsewhere.

Lord Green also speculates that ‘Unlimited access to cheap foreign labour might well be one of the reasons firms have not boosted productivity by investing in technology.’ Whether this is true or not in other industries, it is unlikely to be relevant in social care, which is one of the job categories with the lowest probability of automation.<sup>38</sup> Increasing controls on immigration will not make adult social care a more attractive career, and there is little potential for using technology to reduce the need for workers. Meanwhile, in the absence of sufficient low-skilled migrants to meet demand, the adult social care system will not just continue to be understaffed, but will become increasingly overstretched.

## PART SIX: RECOMMENDATIONS

It is no exaggeration to say that ending freedom of movement risks breaking the adult social care sector – and putting at risk the care, and the lives, of millions of older and disabled people – in the next decade. It simply cannot be allowed to happen. Ministers must recognise this, and take steps to ensure that the sector is protected from the effects of Brexit.

In our view, the fact that a significant proportion of the adult social care workforce is from overseas is not a problem in itself, and there is no need to take action to attempt to reduce it: migrant workers are important, valuable and do a good job. However, for those who do think it is a problem, it is a serious mistake to think of it as one which can simply be solved by tightening immigration rules without taking other action to encourage more UK nationals to apply for jobs in the sector.

Quite simply, there are not tens of thousands of British workers looking for work in social care but unable to find it because immigrants are taking jobs they would otherwise be able to take themselves: in fact, there are 90,000 unfilled vacancies.

If not enough British people want to work in a largely state-funded sector where pay is low, working conditions are poor and the underlying local authority budgets which fund much of it have been cut back for years, then the most important solutions are staring us in the face and have nothing to do with immigration at all. Put starkly, without spending a lot more money to improve pay and conditions, many more elderly and disabled people will go without the care they need, whatever immigration system we have – but restricting low-skilled EU immigration will see more people go without the care they need, faster.

Recruiting sufficient British staff to reduce dependence on the overseas workers who currently make up 17% of the adult social care workforce may be desirable to the Government, but it will not be easy. In an economy close to full employment, where local authority budgets have been squeezed, social care providers are being forced to drive costs down and employers are not in a position to increase wages, attracting new people to adult social care is a challenge – it is notable that care minister Caroline Dinenage's recent article about the need to promote careers in care and fill the 90,000 social care vacancies did not mention wages once.<sup>39</sup>

Cutting off a crucial supply of EU workers who help the system to function, before the sector has been put in a position to attract alternative staff, would be catastrophic. Elderly and disabled people in London and the South East, where EEA workers make up 13% and 11% of adult social care staff respectively, would be particularly vulnerable to restrictions on free movement.

Global Future believes that restricting labour migration between the EU and the UK after Brexit will damage the UK. **We support retaining free movement of labour**, to benefit UK workers who want to work in the EU, EU workers who want to work in the UK, and UK businesses and public services who want to recruit the staff they need.

In the absence of this common-sense approach, we advocate the minimum possible friction for those who wish to come here from the EU to work in the adult social care sector in particular. We urge the government to **reject** options which have already been suggested, including:

- Denying low-skilled EU migrants the right to settle in the UK
- Capping the number of low-skilled migrant workers, either overall or by sector
- Charging fees to social care employers who wish to recruit workers from overseas
- Imposing a minimum salary threshold on low-skilled migrant workers
- Restricting entry to low-skilled EU migrants who are prepared to work at night or other anti-social hours

All of these measures would deter workers who the social care sector will continue to need to attract for the foreseeable future. All of them would put additional pressure on an adult social care system that is already overstretched and already experiencing recruitment problems, and all of them would have a direct impact on the care, and the quality of life, of elderly and disabled people.

If freedom of movement between the UK and EU is not to be retained across the board after Brexit – which, to repeat, Global Future believes it should be – then **the forthcoming Immigration Bill should include special provision for adult social care, ensuring that there are no restrictions on the sector’s ability to continue to recruit the staff it needs.** Other sectors may need similar carve-outs to ensure that they can continue to function after Brexit.

One of the last acts of the previous Health and Social Care Secretary, Jeremy Hunt, was to win an argument within government for the removal of doctors and nurses from the Tier 2 visa cap, to ensure that the NHS could continue to recruit the staff it needs. Global Future was one of the many organisations making the case for this change, with our June report *Our International Health Service*,<sup>40</sup> which pointed out how reliant the NHS is on overseas staff.

### Ministers changing immigration rules to protect vital public services: Jeremy Hunt and the Tier 2 visa cap

Earlier this year health organisations warned the Government that the Tier 2 cap on visas for skilled non-EU workers was preventing the NHS from recruiting the doctors and nurses that it needed. For months in succession, the quota was exceeded by the number of applicants, meaning that hundreds of doctors were stopped from moving to the UK to take up posts for which they had already been recruited, and for which they were qualified and had passed the required language tests, because their salaries did not meet the threshold.

NHS Employers, the British Medical Association and the heads of a number of medical royal colleges wrote to Home Secretary Sajid Javid in May to say that the cap was having an impact on waiting times and costs. Health and Social Care Secretary Jeremy Hunt said that he would take up the issue with the Home Secretary,<sup>41</sup> and Mr Hunt and Mr Javid reportedly made the case together to the Prime Minister.<sup>42</sup> In June, the Government announced that doctors and nurses were being taken out of the Tier 2 visa cap, meaning that there is now no restriction on the number who can be recruited from outside the EU.<sup>43</sup>



**Matt Hancock, newly appointed to the job of Health and Social Care Secretary, will need to fight a similar battle inside government to safeguard the sustainability of the adult social care sector** – this time on behalf of lower-skilled workers and their employers, and of the older and disabled people who rely on them. Social care’s profile may be lower than that of the NHS, but the number of social care workers who would be affected by the wrong decisions on post-Brexit EU migration is vastly bigger than the number of doctors affected by the Tier 2 visa cap.

As this report has made clear, while allowing EU workers to continue to come to work in our social care system is vital, it will not be close to sufficient to solve the recruitment problems facing the sector. **Even with continued immigration from the EU, we need to attract far more British workers to careers in social care** – as ministers have recognised.

So the Government needs to take action to make a career in adult social care more attractive to British workers. This means, first and foremost, **addressing the social care funding crisis** that has seen the sector cut back substantially since 2010: with an ageing population this is not sustainable and is putting local authorities and private sector providers at risk.

The Government has rightly announced its intention to work with employers to **improve training and career paths for social care workers** as part of a wider recruitment campaign, but pay improvement is at least as important in attracting more staff. The ADASS calculates that it would cost £3 billion to give social care workers a **pay rise in line with that awarded to the lowest-paid NHS staff**, but this is the bare minimum required; it cannot be financed by local government or independent providers without additional resources from central government, and ministers need to make the case for this too.

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