advice and support for older age
Independent Age

Brexit and the future of migrants in the social care workforce

ILC

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Executive Summary

Since the referendum of 23 June, there has been intense speculation about the future residence rights of the estimated three million EU migrants already living in Britain. Recent analysis has focused on European Economic Area (EEA) migrants[1] who work as nurses and doctors in the NHS and their future, as the government decides what – if any – guarantees to provide to people already resident in the UK. However, to date, not enough attention has been given to what Brexit means for the country's social care workforce, increasing numbers of whom come from Europe to provide personal care and support to our ageing population.

In this follow up to our 2015 report 'Moved to Care', we have reviewed **future workforce shortages in adult social care in England to take account of the EU referendum result**. As the government examines options for the country's future policy on migration from within the EEA, it should ensure whatever approach it adopts responds to serious new concerns regarding the tens of thousands of care workers who are EEA migrants, but whose future immigration status remains highly uncertain.

Potential changes to immigration policy post-Brexit could have serious consequences for the social care workforce unless the necessary work is done now to mitigate any risks.

Around 1 in 20 (6%) of England's growing social care workforce are EEA migrants, equating to around 84,000 people. Further, more than 90% of those EEA migrants (78,000) do not have British citizenship – meaning they could be at risk of changes to their immigration status following Brexit.

Turnover and vacancy rates in the social care workforce have been steadily rising for the past decade, and 2016 saw them rise further to 24.3% and 5.1% respectively. We raise concerns that if thousands of EEA migrant care workers lose their right to work in England as a result of post-Brexit immigration changes, it will be almost impossible to close the already sizable social care workforce gap.

In the longer term, the problems are even more far-reaching. Over the past decade, there has been a significant increase in the proportion of migrants from the EEA in the social care workforce.

84,000

of England's social care workforce are EEA migrants (6%)

By 2037 there could be 13.5 older people per care worker

The rate at which EEA migrants have been filling vital care worker vacancies is accelerating as immigration rules affecting non-EEA workers continue to place limits on unskilled labour. In the first part of 2016 alone, over 80% of all migrant care workers who moved to England to take on a social care role were from the EEA.

Any restrictions to the migration status of EEA citizens would therefore very likely reduce the overall number of migrant workers in the social care sector, making it even harder to recruit and retain the necessary numbers of staff.

To model the impact of post-Brexit immigration changes on the social care workforce, we looked at a number of potential scenarios:

- In a zero net migration scenario[2], the social care workforce gap could reach just above 1.1 million workers by 2037. This means that there would be 13.5 older people for every care worker – compared to a ratio of seven for every care worker today. This is a workforce gap which, by 2037, is around 70,000 workers larger than our worst predictions in our analysis pre-EU referendum.
- In a (more likely) low-migration scenario, where the sector remains as attractive as it is today, but the government delivers on its commitment to reduce levels of net migration, there will be a social care workforce gap of more than 750,000 people by 2037.
- Even in a scenario where there are high levels of migration and the care sector becomes more attractive, the social care gap will be as big as 350,000 people by 2037.

The implications of a social care workforce gap of between 350,000 and 1.1 million workers for older and disabled people are clear – far fewer will be able to access the care they need to live meaningful, independent lives.

To avoid this outcome, we will build upon the recommendations of our 2015 'Moved to Care' report, calling for:

- an increase in the attractiveness of the social care sector to British born workers
- immigration policy to reflect the needs of the older and disabled people who rely on social care for their independence
- a fundamental look at the way care is funded and delivered in England.

In isolation, changes to migration policy cannot close projected workforce gaps. If we do not take the best elements of care delivery from around the world, and combine them with a well-funded, well-integrated social care sector in England, older and disabled people will be the ones to suffer over the next 20 years.

Introduction

In November 2015, we published our 'Moved to Care' report in partnership with the International Longevity Centre UK (ILC-UK). The report looked at the role migration has played in filling vacancies in the social care workforce.[3]

Its findings:

- 1 in 5 of the social care workforce (18.4%) in England was born outside of the UK, which includes 150,000 working in residential care homes and 81,000 working in adult domiciliary care.
- Non-EU migrants account for the greatest proportion of migrants working in adult social care – approximately 1 in every 7 care workers (191,000 people). However in recent years, migrants from within the EEA have become the main group coming to the UK to work in social care and now make up over 80% of all new entrants.
- Greater London is particularly reliant on migrant care workers with nearly 3 in 5 of its social care workforce (59%) born abroad.
- Despite the arrival of migrant workers, the adult social care sector in England faces a gap of 200,000 care workers by the end of this parliament. Longer term, the sector could face a shortfall of one million workers in the next 20 years.

What is the European Economic Area (EEA)?

The European Union (EU) is an economic and political union of 28 countries. It operates an internal (or single) market which allows four main 'freedoms': free movement of goods, capital, services, and people between member states.

The European Economic Area (EEA) includes all EU countries and also Iceland, Liechtenstein and Norway. It allows these three countries to be part of the EU's single market.

This means that no-one who is a citizen of an EEA country needs a visa to live and work in the UK (or in any other EEA country).

Switzerland is neither a member of the EU or the EEA but is part of the single market – this means Swiss nationals have the same rights to live and work in the UK as other EEA nationals.

Countries in the EU and EEA, accessed from https://www.gov.uk/eu-eea

This report provides an update to 'Moved to Care' following the UK vote to leave the European Union (EU) on the 23 June. We:

- evaluate how many EEA migrants in the UK, currently working in social care, might have the right to remain post-Brexit, and
- model the impact of Brexit on the social care workforce gap in England in the long term.

Our research

We used two data sources to model the numbers used in this report:

- Skills for Care (the employer-led leadership and workforce development body for adult social care in England) data on the current make-up of the social care workforce from 2016, and
- Office for National Statistics data from 2014 on population projections for the future – including expected migration flows.

Data analysis was undertaken by Cesira Urzi Brancati and Ben Franklin at the International Longevity Centre – United Kingdom (ILC-UK).

Brexit: What next for the care workforce?

On 23 June, the UK voted by a margin of 52% to 48% to leave the European Union.[4]

Since then, there has been intense speculation about when the process of Brexit will begin, and what it will mean. Though details are still reasonably thin on the ground, the Prime Minister has been clear that the UK **will** leave the EU: "Brexit means Brexit".[5]

One of the most significant impacts of leaving the EU, and an issue that received significant media coverage during the referendum debate, is expected to be changes to our current migration system. The Secretary of State for Exiting the European Union, David Davis MP, has explained that at the very least Brexit must mean new controls on the numbers of people who come to Britain from Europe. While the government has explained it is "determined" to protect the status of EU nationals already living in Britain, it has ruled out guaranteeing their residence rights for now.[6]

The uncertainty around immigration policy caused by the referendum vote has already seen significant attention drawn to the migration status of NHS staff.

The think tank IPPR recently recommended that "the government make a particularly generous citizenship offer to NHS workers."[7] Simon Stevens, the NHS England Chief Executive, called on the Prime Minister to let every migrant NHS worker know "they are welcome in this country".[8]

However, less attention has been paid to the migrant workers providing vital care and support in the social care system in England. For a number of years, the healthcare sector has been characterised by a relatively high share of foreign-born workers, for example practising nurses (21.7%),[9] and the social care workforce is similarly dependent on workers born outside the UK (representing around one in five of the total workforce).[10]

In this report, we seek to address that omission. We look at the effects of ending 'free movement of labour', which exists for all EEA citizens, and the implications that would have for the social care workforce, and the older and disabled people who rely on care to live independently.

The exact effects of Brexit on immigration policy will be impossible to predict until more detail about our departure from the EU is available. But the following options are all possible outcomes:

1. **The UK remains a part of the EEA after leaving the EU, and consequently free movement of labour is preserved in the UK.**

2. **The UK leaves the Single Market, but provides guarantees that all EEA citizens currently living and working in the UK will be offered indefinite leave to remain.**

3. **The UK leaves the Single Market, but provides guarantees that some EEA citizens in key roles currently living and working in the UK will be offered indefinite leave to remain, or EEA citizens with a formal job offer to work for a UK employer are able to receive a work permit under a revised immigration system.**

4. **The UK leaves the Single Market, and provides no guarantees to EEA citizens currently living and working in the UK, meaning those without British citizenship, or indefinite leave to remain, risk losing their right to live or work in the UK.**

The uncertainty affecting tens of thousands of EEA migrants currently working in social care could prove damaging enough even though formal negotiations on Brexit are yet to get underway. In **Chapter 2 we look at who these people are and the role of EEA migrants within the wider care workforce.** We also consider why changes to migration policy threaten a serious reversal in recent trends around recruitment of EEA-born workers to care roles.

Given the current lack of assurances on the rights of EEA citizens currently living in the UK to retain their right to live and work here post-Brexit, **Chapter 3 considers the short-term impact on the care market.** Unless EEA-born care workers are entitled to remain in the UK, many local areas in England could be adversely affected by the loss of people employed in a vital part of the health economy.

The long-term implications of post-Brexit changes to migration policy and how they affect the social care workforce are examined in Chapter 4. We model the future social care workforce gap, looking at different outcomes based on different levels of net migration over time.

Finally, we address which scenarios would work best for the social care workforce and the older and disabled people they support, in Chapter 5: 'Recommendations'.

The role of migrants in the social care workforce

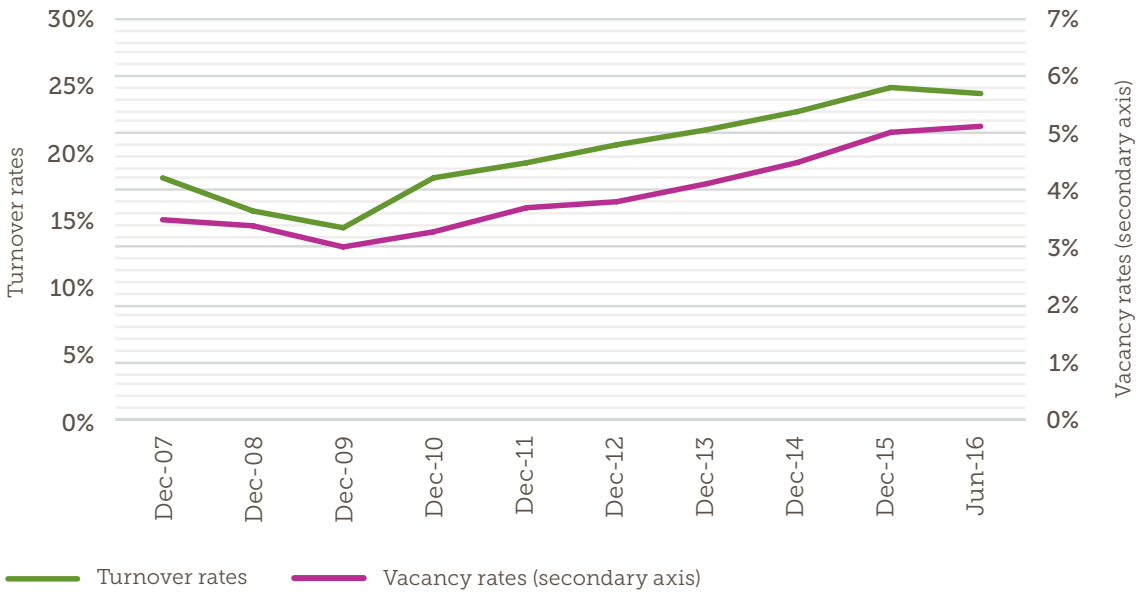
Around 1.43 million people work in the English adult social care sector. Since a significant minority of social care workers hold down more than one job, the number of jobs is higher: around 1.55 million.[11]

Despite significant losses sustained in local authority jobs, overall the social care workforce grew by nearly one fifth (up 18%) between 2009 and 2015. A large part of this growth can be accounted for by an increase in independent sector jobs.[12] However, problems still remain.

In 'Moved to Care' we reported both the expected increase in demand for care as the UK population ages, and the difficulties that the social care sector faces in recruiting British born workers. Together, these challenges mean that migrants have an increasingly important role to play in meeting the country's social care needs.

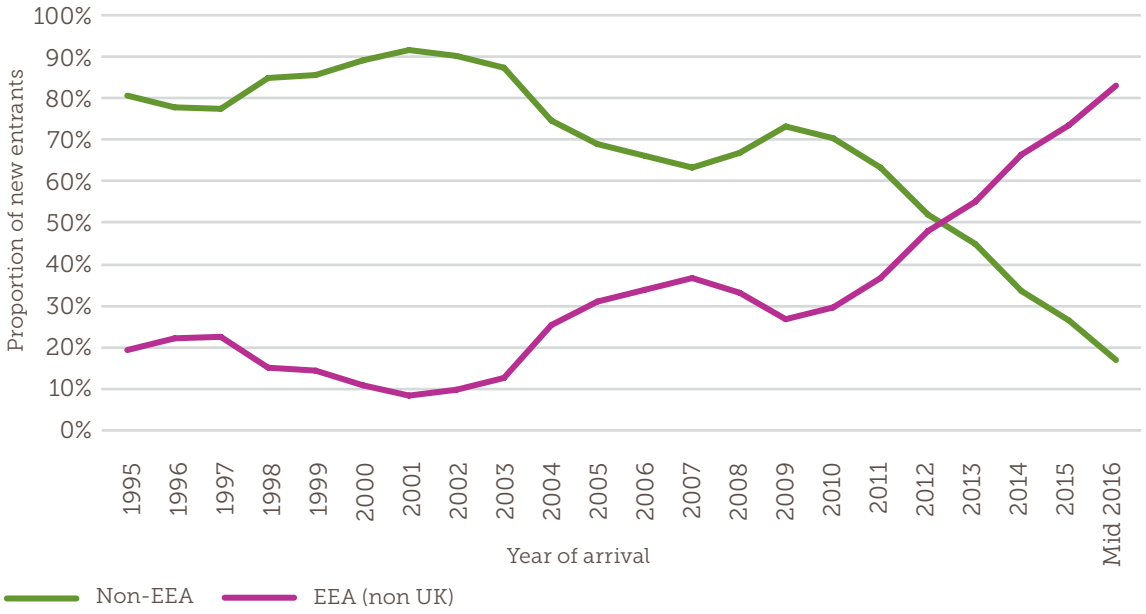
The social care sector in England is facing huge challenges in both recruiting and retaining the workers it needs.[13] Over the last 10 years, both turnover and vacancy rates have increased substantially (from 18% to 24.3% for turnover, and 3.5% to 5.1% for vacancy rates). Both rates have been steadily increasing since 2009 – see **Figure 1** for more details.

Figure 1: Turnover and vacancy rates over time



Source: Dataset for Social Care (NMDS-SC) Key Statistics (2007-16).[14]

Figure 2: Proportion of non-EEA vs. EEA (non UK) born migrants by year of arrival in the UK



Source: Our elaborations using NMDS-SC individual workers' file, June 2016

The latest estimates available in 2016 highlight that:

- 280,000 workers in the adult social care sector are foreign born (circa 20% of the workforce)
- 84,000 workers in the adult social care sector are EEA-born

However, in recent years, the proportion of 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. See **Figure 2** for further details.[15]

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 have arrived in 2016 to date, were born in the EEA. In terms of numbers, at least 19,000 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 an underestimate.[16]

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,[17] 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.

As a result of these changes, migrants from within the EEA now play an important role in filling social care vacancies in England. In 2015, we established that a greater percentage of EEA-born care workers are full time (63.6%) than is the case for other migrant care workers (51.1%) and indeed UK-born workers (51.5%). Furthermore, we highlighted how 4 in 5 (80.9%) EEA-born care workers work in the private sector. Given this accounts for larger amounts of growth within the care workforce than statutory local authority care, EEA-born workers in the private sector could be most exposed to the impact of Brexit. [18]

Reflecting on recent migration trends more widely, it is notable that overall levels of immigration of EU citizens (268,000) remain lower than levels of immigration among non-EU citizens (282,000).[19] The gap has narrowed in recent years, partly due to increases in immigration from EU15 countries – early EU members such as Italy and Spain – and partly due to increases from the EU2 of Bulgaria and Romania, where additional freedoms for migrants to move to the UK were enacted in 2014.[20] 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 overseeing unskilled migration from outside the EEA have started to take effect.[21]

If this flow of EEA migrants is restricted in future, without a concurrent improvement in the rights of migrants from outside the EEA to come to the UK to work in social care, the implications for the social care workforce – and the older and disabled people they support – are likely to be severe.

3

What is the immigration status of current EEA migrants?

Over recent years, all migrants born within the EEA have benefited from EU rules on freedom of movement, which allow them to work indefinitely in the UK without a visa, British citizenship or other immigration recognition.

Partly as a result of this freedom, the overwhelming majority of EEA migrants working in social care have not become British citizens. This is true at all levels within the social care sector from direct care workers to professionals (for example social workers):

- Only around **1 in 20 (5.2%)** EEA migrants in **professional social care roles** have British citizenship.
- Only around **1 in 20 (5.4%)** EEA migrants **providing direct care** have British citizenship.
- Only around **1 in 15 (6.8%)** EEA migrants in **other social care roles** have British citizenship.[22]
- Only around **1 in 6 (16.7%)** EEA migrants in **managerial/ supervisory social care roles** have British citizenship.

78,000

EEA migrant care workers do not have British citizenship

Overall, we estimate that only 5,800 of the current 84,000 EEA migrants working in social care have British citizenship. That means that around 78,000 – more than 5% of the total social care workforce – do not.

Perhaps most worrying of all, our 2015 analysis revealed EEA migrant care workers are most represented in direct care (5.3%) and professional (8.7%) roles. So, the fact that it is in these job roles we see the fewest number of EEA migrants with British citizenship hints at the possibility of larger-scale losses in hands-on jobs that older people most rely on.

In the event that EEA migrants without British citizenship lose their right to live and work in the UK – something the Prime Minister has refused to rule out to date[23] – there would be a dramatic effect on vacancy rates within the care sector in England. Moreover, as long as there is uncertainty about this possibility,

there is likely to be an increased risk that current workers consider leaving the UK and potential migrants from EEA countries think twice before taking up vacant roles in the UK.

Citizenship rights

The current legal framework normally enables an EEA national to acquire a permanent right of residence after they have resided in the UK for a continuous period of five years. There are different ways to become a British citizen, but the most common is through a process known as 'naturalisation'. At present, an EEA-national will normally need to have had permanent residence for at least 12 months prior to applying for citizenship. The current rules on rights to residence are different and generally stricter for non-EEA residents.

Become a British citizen, accessed from https://www.gov.uk/becoming-a-british-citizen

One possible approach the government could immediately take would be to guarantee a permanent right to reside in the UK for EEA-born migrants who have been living here for a continuous period of five or more years. However, since such a high proportion of EEA migrants working in care don't have British citizenship and high numbers of EEA migrant workers came to the UK in the past five years, in Chapter 5 we recommend the government should ensure all EEA-born care workers should have a right to remain post-Brexit.

Regional variations

The distribution of EEA-born care workers, and the likelihood of those social care workers having British citizenship, is not uniform across the UK.

Table 3, below, sets out the proportion of social care workers who do not have British citizenship and are EEA born in each region of England. These workers are the most vulnerable to post-Brexit changes to migration policy.

Table 3: Regional variation in EEA-born social care workers distribution and citizenship

Region	% of social care workforce born in the EEA and without British citizenship
North East	1.4%
North West	2.7%
Yorkshire	2.8%
East Midlands	3.8%
West Midlands	4.1%
South West	7.5%
East of England	7.6%
South East	9.7%
London	10.6%

Source: Our elaborations using NMDS-SC individual workers' file, June 2016

The results are stark. Unless immigration policy is designed to protect these EEA nationals' rights of residence, there could be major consequences as the Brexit process takes full effect. In the South East, around 1 in 10 care workers are at risk of losing their right to work and live in the UK since they were born in the EEA and don't have British citizenship. In London, around 1 in 9 care workers are at risk of losing their right to work and remain living here.

In the event that EEA-migrants without British citizenship lose their right to work in the UK:

- The social care workforce in London could lose almost 20,000 workers in almost 21,000 jobs.[24]
- The social care workforce in the South East could lose almost 23,000 workers in more than 24,000 jobs.[25]
- 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.[26]

The impact of these losses on the social care vacancy rates across the country would be profound. Some types of job role may be more severely affected than others, not least registered nurses, where the Centre for Workforce Intelligence has already explained there is an acute shortage of adult nurses in social care.[27] But at least in the short and medium terms it is highly likely that *many care roles would go unfilled* across many of the English regions, and that older and disabled people would struggle to get the care they need.

For many older people, missing out on vital care could typically mean losing touch with their community, failing to recover properly from a stroke or a fall, or even being unable to get up and dressed in the morning.

What are the long-term implications of post-Brexit changes to migration policy for the social care workforce?

To estimate the longer-term impacts of changes to migration policy on the social care workforce, we have modelled future social care demand against four migration scenarios, based on ONS projections.[28]

We are considering the following four scenarios:[29]

1. **zero migration:** no net migration; population increases by 0.2% on average between 2014 and 2037.
2. **low migration:** net migration of 101,000-102,00 per annum; population increases by 0.4% on average between 2014 and 2037.
3. **ONS principal migration projection:** net migration of 164,000-165,000 per annum; population increases by 0.5% on average between 2014 and 2037.
4. **high migration:** net migration of 226,000-227,000 per annum; population increases by 0.7% on average between 2014 and 2037.

While flows of migrants from within the EEA are just one part of the story – with immigration among non-EEA nationals also important – these population changes will in large part be shaped by new controls on migrants from Europe.

We also looked at three different scenarios in terms of the attractiveness of the social care sector to workers:

1. The proportion of the working age population in England working in the adult social care sector remains the same, at 4.1%.
2. The sector gradually loses attractiveness (perhaps as a result of ongoing low wages and relatively challenging working conditions) and falls to 3% of the working age population by 2037.
3. The sector gradually increases in attractiveness (perhaps due to better training provision, better pay or better working conditions) and rises to 5% of the working age population by 2037.

Our estimates of the needs of the future social care workforce are based on an increase in demand for social care, resulting from our ageing population – in 20 years, almost a quarter of the population will be over 65.[30]

To estimate the additional number of social care workers that will be necessary, we calculated the ratio of older people for every care worker. 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 social care worker.

While it is possible that future advances in technology and working practices will mean that each social care worker can support more older and disabled people, we expect those changes to have only limited impact prior to 2037.

What did we find?

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.**

While of course net migration reaching zero is highly unlikely, Brexit is unchartered 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.

The projection of a workforce gap just above 1.1 million is even greater than our 2015 projections. In 2015, our low migration, unattractive sector scenario projected the adult social care workforce will be short by 1.05 million workers in 20 years' time. Should the long-term effects of Brexit contribute to a situation where Britain experiences zero net migration, **these new findings suggest the workforce gap would get wider still – by 70,000 additional workers (to reach 1,121,000 by 2037).**

Even in the low migration scenario (based on migration levels slightly above the government's commitment to reduce net migration to 'tens of thousands'[31]), 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.

Table 4: Migration scenarios at a glance for 2037

		Workforce shortage	Care dependency ratio
Zero net migration	Unattractive	-1,120,920	13.53
	No change	-849,010	10.83
	Attractive	-577,600	9.03
Low migration	Unattractive	-1,064,690	12.81
	No change	-758,200	10.13
	Attractive	-453,170	8.38
Principal	Unattractive	-1,034,700	12.43
	No change	-717,040	9.83
	Attractive	-400,900	8.13
High migration	Unattractive	-1,004,690	12.07
	No change	-675,870	9.54
	Attractive	-348,620	7.90

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

Table 4, above, sets out all 12 scenarios we examined.

The impacts of these care worker workforce gaps are significant. In a worst case scenario (a zero migration, unattractive sector combination), the number of older people for every care worker almost doubles from around seven[32] (the ratio today) to 13.5 by 2037.

In a more likely low migration, unattractive sector scenario the number of older people for every care worker increases by more than three quarters to 12.8. While future increases in the National Living Wage could serve to strengthen the appeal of the social care sector, chronic levels of under-funding for care could yet deepen further.

This means an unattractive sector scenario is still an important one to map out.

Even well in advance of 2037 – for example at the end of this parliament, when many agree Brexit will have taken place – the workforce gap could grow to just over 200,000 in a low migration, unattractive sector scenario.

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.

Is immigration the only answer?

It is clear that immigration currently plays an important part in the social care workforce and may be needed to play an even more important one in future. But alone it is not enough. Even in the (now highly implausible) high migration, attractive sector combination, we would expect to see a social care workforce gap of around 350,000 workers by 2037.

In order to close this gap, and ensure that older and disabled people can rely on the care and support they need to live healthy, independent lives, we must also look at different ways to deliver care.

In our 'Moved to Care' report we looked at the way social care is delivered in five other countries,[33] and concluded that a greater emphasis on paid family carers might help to alleviate some of the workforce pressures currently facing social care.

However, such an approach could also have unintended consequences, not least because those who cannot rely on care from family or friends may lose out altogether. As such, an increased reliance on family care cannot *replace* a professional care workforce, nor should it reduce the number of migrants working in the sector.

What is clear however, is that closing the social care workforce gap is likely to rely on **some combination of:** moving to new and innovative models of care delivery, making the care sector more attractive to the British born workforce and allowing even higher levels of migrant workers to enter the sector.

In the next chapter, we set out the steps that the government must take to protect older and disabled people who rely on care to remain independent.

Recommendations

In our 2015 'Moved to Care' report we made a number of recommendations around how to close the social care workforce gap.

We called on the government to act as follows:

- **Increase the attractiveness of the care sector to new recruits by offering additional training (including 'careprenticeships') and attract more men to the sector.**
- **Provide more and better support for unpaid carers to allow more families to offer care to their loved ones, while continuing their other ongoing commitments.**
- **Provide better funding for the care sector as a whole, to drive up pay and conditions and attract more UK-born staff to the sector.**

The decision to leave the EU has made it all the more important that these recommendations are embraced and delivered by the government. We stand by them all today.

But, the decision to leave the EU also has implications for the EEA migrants that play such a vital part of the care workforce. Our recommendations to deal with the additional challenges posed to care delivery by Brexit are as follows:

1 The government must ensure that all EEA migrants *currently* working in social care in the UK have the right to remain post-Brexit.

The social care workforce, particularly in London and the South East, is acutely vulnerable to the loss of thousands of care workers. Vacancy rates in the sector have been steadily increasing since 2009, and would likely dramatically increase if EEA migrants were forced to leave their current social care roles.

We need to ensure that the older and disabled people who rely on care workers for their independence and health are not left unsupported. The government must therefore guarantee that those who are currently caring for some of our most vulnerable citizens have the right to remain.

This could be done in a number of ways – from retaining freedom of movement within the EEA to granting special dispensation to those working in care to retain their right to work, as Simon Stevens has already called for on behalf of NHS workers.

2 The government should ensure that *future* migrant social care workers are appropriately recognised in any new approach to migration.

In a zero net migration scenario, there could be a social care workforce gap of 1.1 million people by 2037. Even if the social care sector's attractiveness increases dramatically over time, and the UK government successfully embraces effective new care delivery methods, it is likely to be impossible to fill that gap without migrants from both inside and outside the EEA joining the social care sector.

As such, it is vital that any new approach to immigration recognises the urgent need for more social care workers in the UK, and provides a clear path for migrants to fill UK social care vacancies.

This could be achieved in a number of ways from guaranteeing freedom of movement within the EEA, to allotting care workers priority access rights in a work permit system.

At present, the different controls governing entry rights for non-EEA migrant workers include Resident Labour Market Tests and Shortage Occupation Lists. Sponsorship is another feature of what is sometimes regarded as a bureaucratic immigration system. As the government continues to explore options for future controls on EEA nationals coming to the UK, it needs to design simplicity into any new approach affecting migrant care workers.

If the government does not recognise the vital contribution made by social care workers in any new immigration system, it will be older and disabled people who will lose out.

3 The government must secure the funding of social care in England.

We have argued that the best way to quantify the level of funding needed and identify its sources, is through an independent cross-party commission to examine funding for both social care and the NHS.

Without a clear plan to ensure sustainable funding for the provision of social care in England, it is hard to see how the sector can become more attractive to British-born workers or develop the new models of care delivery it will need.

Only if the government engages with the broad, system-wide challenges facing social care, can older and disabled people be confident that they will have a social care system they can rely on for the decades ahead.

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. If it 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 British-born and tens of thousands of EEA nationals.

Appendix 1:

Key statistics from 'Moved to care: the impact of migration of the adult social care workforce'

In November 2015, Independent Age and the International Longevity Centre UK published new research into the importance of migration to the adult social care workforce in England. The report addressed all aspects of the migrant care workforce, but particularly focused on non-EEA migrants and also included original qualitative research. To provide some meaningful comparisons so that the new data presented in this report can be put into context, you may want to review the principal research findings from 'Moved to care':

The role of migrants in the social care workforce

- An estimated 1.45 million people work in the adult social care sector, accounting for a total of 1.52 million jobs.
- The adult social care sector is highly reliant on migrant labour with nearly 1 in 5 care workers (18.4%) born outside of the UK.
- Non-EEA migrants account for the greatest number and proportion of the migrant care workforce – some 191,000 people out of a total of 266,000, representing 13.2% of the total care workforce.
- Around 75,000 care workers come from within Europe, representing 5.2% of the total care workforce.

How the migrant composition changed over time

- In 2011, 22% of all migrants working in the English care workforce were born in Europe, rising to 27% by 2015.
- Up to 40% of EU migrant care workers arrived in the UK after 2011, while 86% of non EU migrants in the care workforce arrived before 2011.
- Looking at this in the context of 50 years' worth of information, among migrant care workers who arrived in the UK between 1966 and 2002, non-European migrants consistently accounted for a greater share than European migrants.
- The situation started to change in 2003/04 as the A8 countries who were granted accession to the EU, saw the share of new entrants accounted for by European migrants rise by nearly 10 percentage points.
- It is between 2010 and 2014 that there is the starkest change, with EU migrants accounting for the overwhelming share of new entrants to the care workforce (80%).
- Among care workers who arrived in the UK between 1995 and 1999, 85% were born outside the EEA, with Commonwealth countries such as India and Nigeria accounting for the largest share.
- By contrast, among those who arrived between 2007 and 2014, only 3 in 5 were born outside the EU, with Polish workers and Romanians representing over a quarter of the newest recruits.

References

1 Throughout the report we mainly refer to EEA migrants, as Brexit could affect nationals from across the European Economic Area, which includes the European Union, but a small number of other European nations as well.

2 A zero net migration scenario means total levels of emigration and immigration are equal, with no fewer or no more immigrants to the UK than there are emigrants from the UK.

3 To review some of the key statistics contained in our original 2015 report, 'Moved to care', please look at Appendix 1. In 2015, we primarily referred to EU migrants. This report considers possible changes to migration policy and how it could affect all EEA nationals.

4 http://www.bbc.co.uk/news/politics/eu_referendum/results accessed on 18/08/16

5 http://www.independent.co.uk/news/uk/politics/theresa-may-brexit-means-brexit-conservative-leadership-no-attempt-remain-inside-eu-leave-europe-a7130596.html access on 18/08/16

6 Ministerial Statement on Exiting the European Union on 5/09/16

7 Becoming one of us, IPPR, September 2016

8 http://www.dailymail.co.uk/news/article-3697069/Tell-EU-staff-welcome-despite-Brexit-vote-NHS-boss-Simon-Stevens-urges-Theresa-May.html accessed on 25/08/16

9 Partial review of the shortage occupation list: nursing, Migration Advisory Committee, March 2016

10 Moved to care: the impact of migration on the adult social care workforce, Independent Age and ILC-UK, November 2015

11 Skills for Care, Size and structure of the adult social care sector and workforce in England, 2016.

12 Ibid.

13 The focus of this report is on Brexit and the effects of any future changes in migration policy on the social care workforce in England. Brexit and migration policy affect the whole of the UK but our data covers information on EEA migrants who have arrived in the UK but who have specifically taken up a social care role for an employer in England. Our modelling for future years also addresses care ratios and workforce gaps in England.

14 National Key Statistics: https://www.nmds-sc-online.org.uk/research/researchdocs.aspx?id=9

15 Note: it is worth mentioning that the dataset also contains a third category 'non-UK (country not known)', which often accounts for a rather large proportion. However, because we do not have information of country of birth, other than that it is not the UK, we will have to assume that the distribution of EEA/non-EEA migrants is the same among them as it is among workers on whom we have information.

16 Our elaborations using NMDS-SC individual workers' file, June 2016

17 1 May 2004 the following countries entered the EU: Czech Republic, Estonia, Cyprus, Latvia, Lithuania, Hungary, Malta, Poland, Slovakia and Slovenia.

18 For more statistics on the roles and profile of EEA-migrant care workers contained in our original 2015 'Moved to care' report, look at Appendix 1.

19 Migration Statistics Quarterly Report, Office for National Statistics, August 2016

20 Migration Statistics Quarterly Report, Office for National Statistics, August 2016

21 Moved to care: the impact of migration on the adult social care workforce, Independent Age and ILC-UK, November 2015

22 Our elaborations using NMDS-SC individual workers' file, June 2016

23 http://www.independent.co.uk/news/uk/politics/theresa-may-refuses-to-rule-out-deportation-of-eu-nationals-living-in-uk-amid-fears-of-influx-of-a7117346.html accessed on 15/08/16

24 Adult social care sector and workforce in the London region, Skills for Care, January 2015: http://www.skillsforcare.org.uk/Document-library/NMDS-SC,-workforce-intelligence-and-innovation/NMDS-SC/Regional-reports-2015/SFC-LONDONREGION-WEB.pdf

25 Adult social care sector and workforce in the South East region, Skills for Care, January 2015: https://oacp.org.uk/wp-content/uploads/2015/07/SfC-SE-Region-Full-Report.pdf

26 Adult social care sector and workforce in the North East region, Skills for Care, January 2015: http://www.skillsforcare.org.uk/Document-library/NMDS-SC,-workforce-intelligence-and-innovation/NMDS-SC/Regional-reports-2015/SFC-NEREGION-WEB.pdf

27 Partial review of the shortage occupation list: nursing, Migration Advisory Committee, March 2016 (see page 111).

28 ONS population projections 2014

29 Note these projections were estimated before the Brexit vote. As a result, future projections will likely reflect the increased probability of restrictions on migrants from the EEA.

30 ONS population projections 2014

31 Conservative Party manifesto commitment, 2015

32 The ratio of 7 older people to 1 care worker is based on 2016 figures where we have high levels of migration and the sector is not always able to attract the number of workers it needs.

33 Italy, Germany, the Netherlands, Sweden, Canada,

34 Principal data sources for the November 2015 research included 'The state of the adult social care sector and workforce in England 2014' (Skills for Care), but further analysis was undertaken using individual workers' files from the Skills for Care National Minimum Data Set (NMDS-SC), including data made available in 2015. Although this new report, 'Brexit and the future of migrants in the social care workforce' references some of the main findings of our 2015 research, most of the key findings are based on newly available data, not least from the 'Size and structure of the adult social care sector and workforce' report for 2016.

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