



International recruitment to England's adult social care workforce Exploring the impact of changes to the Health and Care Worker visa on the adult social care workforce in England



High vacancy rates in social care, mean staff are unavailable for people who need care and support. This affects the wellbeing of workers and the sustainability of some providers.

It also affects NHS services, particularly hospital discharge arrangements and local authority commissioning. The introduction of the Health and Care Worker visa in 2022, which allows people from other countries to work with a licensed UK employer as a care worker is one response to workforce shortages. International recruitment rates increased from 4% in 2021 to 11% in 2022 in England's adult social care sector.

What is the aim of the project?

This study is evaluating the impact of the changes to immigration policy from the perspective of care providers, internationally recruited care workers, and other stakeholder groups to inform policymakers in adult social care in England and wider care workforce stakeholders

What did we do?

The research team carried out a qualitative study, sampling for diversity in:

- 1) care provider size, sector, type of care provided, service user, geographical region across England, and decision to recruit via the Health and Care visa
- 2) internationally recruited care worker and dependant experiences of recruitment and



immigration processes, starting work and settling in the UK.

Semi-structured interviews were carried out with 22 care providers and 29 internationally recruited care workers and dependants. Thematic analysis was used to identify factors that support and encourage use of this new opportunity for international recruitment and those that challenge and deter its use, both within and across stakeholder groups.

What did we learn?

Key determinants in take up amongst care providers were the salary level and terms of contract associated with the visa, size and resource within the employing organisation, additional costs associated with housing, workplace induction and pastoral support, and experience of international recruitment.

Care providers and people seeking care worker roles identified challenges with navigating and coordinating processes involved in international recruitment and meeting immigration requirements. Most sought support via informal contacts and agents with recruitment, legal and/or immigration expertise. Variation in how costs were charged and met were reported, as well as knowledge of and adherence to UK government ethical guidelines and best practice benchmarks.

Other challenges included:

- Availability and cost of accommodation for

care workers and dependants in London and rural/remote areas

- The English language level required for the visa application (other than for care workers who had been taught in English to degree level in their home country, had previously studied in the UK or worked internationally in other countries).

Researchers identified models of good practice and pastoral support provided by care providers and valued by care workers on arrival in the UK and in the longer-term.

Implications

Early learning in this fast-moving policy area has identified factors to expediate and improve international recruitment and sponsor / visa applicant experiences, and promote ethical practice and safeguards for people who seek care work and longer-term opportunities in the UK. Long-standing issues of pay, terms and conditions and the value placed on social care work remain.

Further information

<https://arc-sl.nihr.ac.uk/social-care/visa>
<https://www.kcl.ac.uk/research/visa-study>

Contact

Dr Kalpa Kharicha, senior research fellow,
King's College London
Email: kalpa.kharicha@kcl.ac.uk
Twitter: @KalpaKharicha, @HSCWRU
and @ARC_S_L

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