

NCF response to Migration Advisory Committee review of the impact of the ending of free movement for social care

Below we have outlined some of our responses to the Migration Advisory Committee (MAC) who have been [commissioned to](#) undertake a review of adult social care and the impact the ending of freedom of movement has had on the sector.

B6. Are there any ways in which the location(s) of those you represent impact on staffing and recruitment? (For example, travel times, or local population demographics). (250 words)

This varies depending on provider and location. Generally, for social care, the issue is that the care settings (either community settings or residential settings) will be based where the need is and not necessarily in the areas where staff can be easily recruited from. This is a particular problem in rural areas and areas with high housing and other living costs. Existing staff and the wider labour market feeding into these settings are unlikely to be local. This means staff have to travel. Recent increases in fuel costs has made this a harder proposition for both existing staff and recruitment. Domestic recruitment is very hard. Recent pressures have meant that many of our members who have not previously recruited from abroad are now being forced to seek international recruitment, simply to fill vacancies in these services. Despite wage increases, our members are struggling to compete with the NHS, hospitality and retail sectors in the domestic labour market. Furthermore, it takes a special and skilled person to work in social care – you can't simply fill a vacancy with someone who is unemployed. They must have the right values and attitude to work in care.

C1. What has been the impact of COVID-19 on staffing levels and your recruitment for the organisations you represent? (250 words)

The pandemic has had an enormous impact on staffing levels across our membership. In July 2021, a [survey of our members](#) showed that nearly 60% said they have seen the rate of exit increase since April 2021. In August 2021, a survey of our membership found that nearly three-quarters of respondents had seen an increase in staff leaving and 46% said their employees were leaving the sector entirely. And now our [survey of registered managers](#) of care services in October 2021 found an average vacancy rate of 17% amongst respondents. 67% report limiting or stopping admissions of new people into care homes or turning down new requests for home care. 33% have limited or stopped admissions from hospitals. **The end result has been approximately 5,000 people being unable to access care and support from these services since 1 September.**

The data from other key stakeholders confirms this crisis. [Skills for Care's latest report](#) shows a sector where sickness rates have doubled, vacancies rates have grown and turnover rates have increased due to very high levels of burnout and stress; the [CQC's latest State of Care report](#) has a strong message about the pressures on the social care workforce, where the CQC recognise the situation facing the sector as 'serious and deteriorating'. They describe a workforce that is exhausted and depleted from the unrelenting pressures of the last 18 months.

C2. What impact, if any, do you think the Ending of Free movement, and the wider implications of the EU Exit referendum will have on;

C2a. The employment of European workers in social care? (250 words)

Our members report that it has become harder to recruit European workers since January 2021. This is particularly problematic for members who have never recruited abroad before but are now turning to overseas recruitment as it is so hard to recruit domestically. The Skills for Care report backs this picture up. Between January and April 2019, 5.2% of new starters arrived from outside the UK. Between January and April 2021 this had fallen to 1.8%. Care workers (SOC 6145) are in particularly high demand but they are not on the Shortage Occupation List making the situation worse. Nurses, Senior Care workers, residential, day and domiciliary care managers are also in high demand across the sector but are very challenging to recruit domestically.

C2b. The intentions of existing European staff to remain in post? (250 words)

While the Skills for Data shows that there is no evidence of an increased rate of exiting by the non-British workforce since January 2021, our membership presents a more nuanced picture. Over the last two years, members report an overall decrease in the numbers of European workers they employ. They also state that since January 2021, it is increasingly becoming harder to retain European staff. One of the reasons given was linked to burnout and lack of recognition – in common with the rest of the workforce – as well as feeling unwelcome in the UK due to the immigration rule changes. Our members have also suggested that a number of European workers now want extended breaks to visit family in countries that previously had strict restrictions in place. This has led to short-term backfill requirements exacerbating workforce pressures. A mixture of COVID-19 and migration rule changes have had a negative impact on workforce capacity as a result.

C2c. The ability of the organisations you represent to fill vacancies? (250 words)

The ending of freedom of movement has made it incredibly hard to fill vacancies for our members when combined with the impact of COVID-19. Some of our members are turning to overseas recruitment **for the first time** due to current workforce shortages but are being constrained by the new immigration rules – particularly around frontline care workers roles (SOC 6145) which are not on the Shortage Occupation List. In the domestic labour market, care providers simply can't compete with the likes of [Amazon offering £3k](#) joining bonuses. Considering the majority of the care provided by the sector is funded by public money, the government needs to be prepared to pay the true costs of care to enable commissioners (both local authorities and CCGS) to pay fee/ hourly rates which ensures higher pay for social care staff across all roles – not just starting roles. As pay rises, the differentials between different grades of roles are being squeezed as providers are not being given the uplifts from government to cover rising costs and salaries. This makes creating an attractive career path for workers increasingly harder.

As such, the staffing crisis is greater than just the frontline care worker; our members report those in oversight roles and registered managers are leaving after 18 months of stress and burnout. These are vital roles, which have a huge impact on the overall operations of care organisations as good leadership is essential for quality of care and for supporting the wider workforce.

C3. When the organisations/employees you represent experience vacancies that can't be filled, what is the impact on the service delivery and how do they adjust to compensate for this? (250 words)

The impact of not being able to fill vacancies was illustrated in our October survey of registered managers.

Some 67% respondents said that they have either limited or stopped admissions of any new people into care homes or they have had to refuse to take on new requests for domiciliary care for people living in their own homes. Some have had to hand back packages of care to the local authority because they do not have enough staff to provide them. This includes 33% who said they had limited or stopped admissions from hospitals. Respondents estimated that this amounted to approximately 5,000 people unable to access care services since 1st September. ADASS's [rapid survey](#) from September 2021 confirms this. They found that nearly 300,000 people in England were waiting for social care assessments, care and support or reviews.

Across the sector, the ability to respond to new requests for care is shrinking and unmet need growing as a result of workforce shortages and underfunding. This in turn puts pressure on other parts of the public sector – including acute health services - and has a real impact on people's lives.

Our members are highlighting the huge pressure on existing staff to cover additional hours. One told us that in August their staff teams had to cover an additional 34,000 hours which meant that the permanent staff group worked an additional 30 hours over the period of a month – each of them worked nearly 5 full weeks in a four-week period.

C4. Over the medium term (i.e. in around five years' time), what, if any, differences would you expect to see in your sector as a result of the end of free movement? (250 words)

If things remain as they are over the next five years, with no additional measures by government to pay a fair price for care, address the workforce crisis in social care and ensure that care workers can be recruited from abroad if needed, we are going to see an increasingly worsening workforce situation and spiralling unmet need which ultimately puts more pressure (and expense) on the NHS. Ultimately, we face crisis in parts of the system as the capacity of social care services declines, eligibility criteria are tightened by Local Authorities and the reliance on agency workers increases.

There are a number of measures the government must now take in order to deal with the short- and long-term impacts of the workforce crisis:

1. Pay a retention bonus to recognise those staff who have worked tirelessly, 24/7 for the last 19 months of the pandemic to provide care for those who need it most
2. Fund a pay increase now for all care staff to improve recruitment and reduce the numbers leaving



3. Add care workers to the Shortage Occupation List for a time limited period to help the care sector
4. Create a new fully funded, workforce plan to develop career pathways, and support recruitment and retention into the future
5. Delay the implementation of mandatory vaccinations across the care sector

See our joint-letter with Unison: <https://www.nationalcareforum.org.uk/wp-content/uploads/2021/08/NCF-UNISON-letter-191021.pdf>