

Migrant workers and the resilience of the long-term care sector in England

Commentary No. 6 of the [MigResHub](#) at the Migration Policy Centre, RSCAS, European University Institute

The COVID-19 pandemic and the related government restrictions on travel in spring 2020 have led to a substantial labour market shock. As in other countries, long-term care (LTC) services in England were declared ‘essential’ and care staff designated as ‘key workers’ and exempted from mobility restrictions. Nevertheless, the provision of care services was severely affected. Some care workers had to self-isolate due to either infection or fear of infection with COVID-19¹, while others were unable to return to work from holidays or family visits abroad. All these issues led to a decrease in labour supply in a sector that was already facing longstanding problems of high staff turnover (30 per cent) and job vacancies (7 per cent)². High turnover and vacancies are generally assumed to be related to low pay levels (often at minimum wage)³, lack of social and professional status, limited opportunities for career progression, and employment on casual contracts with no guaranteed hours and limited employment rights.⁴ At the same time, local markets saw a surplus of workers due to lost jobs in other sectors, particularly in retail and hospitality, during the pandemic.

Migrants account for one in six care workers in England

Migrant care workers have traditionally been a flexible source of labour to fill gaps in staffing and they are over-represented in England’s LTC sector: as of 2019/20, foreign nationals made up 17 per cent of the 1.5 million workforce, compared to only 10 per cent of the total population (see Figure 1). Migrant workers are, however, unevenly distributed both geographically and across job

roles. While the overall share of migrant workers in the sector has remained relatively stable over the last decade, the composition has changed considerably: the share of EU care workers increased from 5 to 8 per cent (supported by the free movement of EU/EEA workers), while the share of non-EU care workers decreased from 12 to 9 percent. Due to restrictions on direct recruitment of non-EEA workers as part of the 2008 immigration reform, migrant care workers are typically recruited from the pool of migrants already in the country.

The Covid-19 pandemic highlighted issues with recruitment and retention of migrant care workers

Empirical evidence from a recent care worker survey suggests that the LTC service provision in England has proved, despite all challenges, remarkably resilient during the COVID-19 pandemic. A high share of care workers reported increased workload, (80 per cent) and/or working hours (50 per cent).⁵ The contribution of migrants to the LTC sector resilience is, however, mixed. On the one hand, migrant care workers, compared to British care workers, showed a statistically similar increase in workload as a result of the pandemic as well as a similar increase/decrease in their desire to remain working for the current employer (or in the sector), as shown in Figure 2. On the other hand, forthcoming findings from the Retention and Sustainability of Social Care Workforce (RESSCW) project,⁶ using data from the Adult Social Care Workforce Data Set (ASC-WDS) for 2016 to 2019, show that before the pandemic, care workers with foreign

¹ About 15% of key workers in England have been identified at risk from COVID-19 due to health conditions such as asthma, heart issues and diabetes: <https://blog.ons.gov.uk/2020/07/09/covid-19-and-the-impact-on-social-care/>.

² <https://www.skillsforcare.org.uk/adult-social-care-workforce-data/Workforce-intelligence/publications/national-information/The-state-of-the-adult-social-care-sector-and-workforce-in-England.aspx>

³ <https://www.livingwage.org.uk/news/news-over-5-million-workers-insecure-low-paid-work>

⁴ <https://www.nao.org.uk/report/the-adult-social-care-workforce-in-england/>
⁵ <https://www.pssru.ac.uk/blog/the-impact-of-covid-19-on-social-care-workers-workload/>

⁶ <https://www.pssru.ac.uk/resscw/frontpage/>

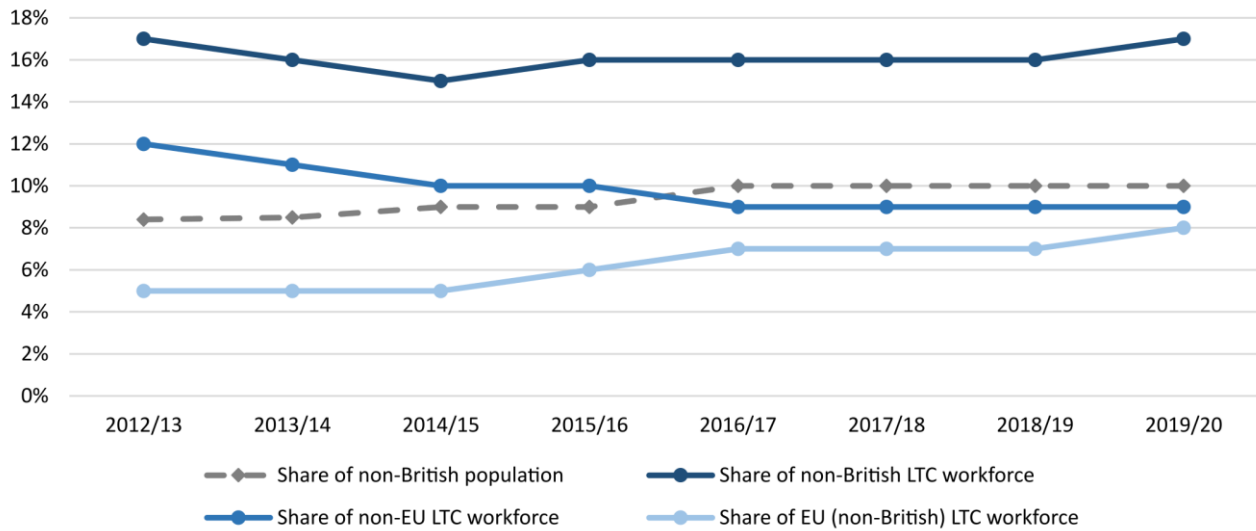


Figure 1: Proportion of LTC workforce and total population with non-British nationality – England, 2012/12 13 to 2019/20
Source: Office of National Statistics (ONS) and Skills for Care.

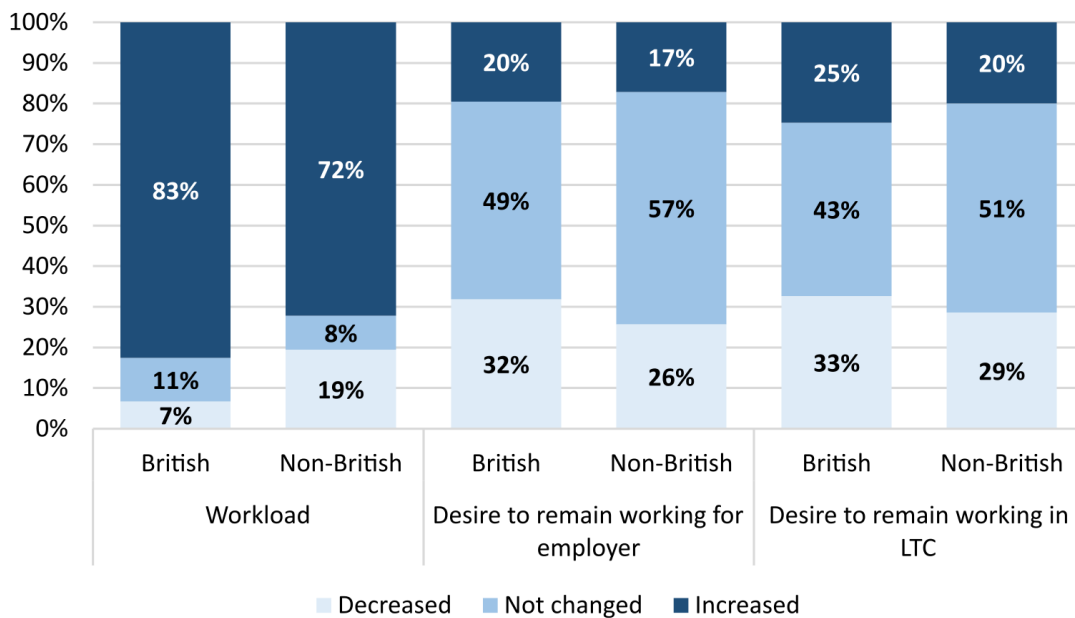


Figure 2. Change in workload, desire to remain working for current employer, and desire to remain working in LTC as a result of the COVID-19 pandemic, LTC staff by nationality
Source: Care Worker Survey, RESSCW project.

⁷<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/internationalmigration/datasets/populationoftheunitedkingdombycountryofbirthandnationality>

⁸ <https://www.skillsforcare.org.uk/adult-social-care-workforce-data/Workforce-intelligence/publications/national-information/The-state-of-the-adult-social-care-sector-and-workforce-in-England.aspx>

⁹<https://www.pssru.ac.uk/resscw/frontpage/>

nationality were significantly more likely to leave an LTC job than British care workers with similar characteristics.¹⁰ Moreover, the English LTC sector also observed a reduction in the inflow of migrant care workers since March 2020.¹¹ Migrant care workers (and in particular circular migrants) faced several challenges during the pandemic due to border closures, quarantine measures, and generally the perceived risk of infection during international travel. This might have encouraged some migrant care workers to return/remain in their home countries. Both the higher turnover and the reduced recruitment of migrant care workers are likely to affect the resilience of the LTC system negatively.

Following the Covid-19 pandemic and Brexit, problems with migrant recruitment will likely increase

In addition to COVID-19, the LTC labour market is expected to be considerably affected by Brexit and the end of the free movement of EU/EEA workers on 31 December 2020. All workers with an EU/EEA nationality who will arrive by that date will be allowed to continue to live and work in the UK, provided they apply to remain through the 'EU Settlement Scheme'.¹² As of 30 September 2020, about 4 million applications for 'settled' or 'pre-settled' status have been positively concluded.¹³

A new points-based immigration system will be introduced for all migrants coming to work to the UK from January 2021.¹⁴ Care worker jobs will not be eligible for a work visa because they are below the required (formal) skill level and minimum salary thresholds. Therefore, very few migrants (if any) will be able to come to the UK with a work visa specific to the care sector from 1 January 2021. Social care providers and stakeholder organisations expressed concerns about the impact of the new immigration system on the LTC sector, expecting that the chronic crisis in the social care workforce will worsen. The British government's position is that care providers should invest more in recruiting and training local residents.¹⁵

The new points-based immigration system and the COVID-19 pandemic are forces likely to act in opposite

directions. While the new immigration system is expected to reduce the labour force supply by restricting migration into the LTC sector, the COVID-19 pandemic has increased (at least temporarily) the labour supply in LTC through redundancies in other sectors (e.g. retail and hospitality). The availability of more workers and volunteers is generating opportunities for the LTC sector if harnessed well.¹⁶ However, the issues around retention, training, suitability and resilience still remain, with questions on whether the new recruits will stay in LTC jobs after the economy recovers or leave for jobs in other sectors. If they leave, immigration will become even more important for addressing shortages in the LTC sector, and should be part of the government response to enhance the sustainability as well as the resilience of the sector to future potential shocks.

The high rates of COVID-19 mortality¹⁷ in care homes may also change demand for different LTC services. More people might be motivated to look for forms of care that have been traditionally less common in England, but might now be perceived as 'safer options', particularly live-in care. This form of care would probably increase the resilience of LTC provision, but it also comes with specific risks for both care workers and service users. Live-in care traditionally relies on migrants, who are more likely to be attracted to the accommodation element of this type of care provision. This, combined with the introduction of a more restrictive immigration regime, could potentially create a fertile ground for a 'grey' care market. Safeguarding service users' and care workers' well-being and rights in an already precarious system should be a key priority.

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¹⁰ A potential explanation would be that with demand for care staff exceeding supply, vacant care worker jobs are likely much easier to secure by recent migrants. Once they accumulate on-the-job experience with a local employer as well as information on alternative jobs opportunities, they move on to better jobs either in social care or in another sector.

¹¹ <https://www.skillsforcare.org.uk/adult-social-care-workforce-data/Workforce-intelligence/publications/national-information/The-state-of-the-adult-social-care-sector-and-workforce-in-England.aspx>

¹² <https://www.gov.uk/eusettdstatus>

¹³ <https://www.gov.uk/government/collections/eu-settlement-scheme-statistics>

¹⁴ <https://www.gov.uk/government/publications/uk-points-based-immigration-system-further-details-statement>

¹⁵ <https://www.gov.uk/government/publications/letter-to-the-mac-on-the-shortage-occupation-lists-report/home-secretary-letter-to-the-mac-in-response-to-the-shortage-occupation-lists-report-accessible-version>

¹⁶ <https://www.pssru.ac.uk/blog/who-wants-to-be-a-social-care-worker/>

¹⁷ <https://coronavirus.data.gov.uk/>

This commentary is based on research in two projects:

1. Sustainable Care: Connecting People and Systems is a multi-disciplinary programme (2017-2021) funded by the Economic and Social Research Council (award reference no. ES/P009255/1).

2. The Retention and Sustainability of Social Care Workforce (RESSCW) project is part of the Health Foundation's Efficiency Research Programme (award reference no. 1325587). The Health Foundation is an independent charity committed to bringing about better health and health care for people in the UK.

Views expressed in this publication reflect the opinion of individual authors and not those of the funders or the European University Institute.

The Migrants and Systemic Resilience Hub ([MigResHub](#)) facilitates research and debates on how migrant workers affect the resilience of essential services during the Covid-19 pandemic and similar shocks in the future. MigResHub is a joint initiative of the EUI's Migration Policy Centre (MPC) and Migration Mobilities Bristol (MMB) at the University of Bristol.

