



From Crisis to Chronic Shortage: the future of adult social care workforce recruitment in the UK

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SUMMARY

This working paper examines the evolving immigration compliance pressures facing social care providers in the United Kingdom. These pressures have been situated within broader policy shifts around migration, workforce governance and post-Brexit regulation. Drawing on existing literature and informal stakeholder interviews, this working paper highlights how these administrative and ethical challenges have persisted and intensified for the social care sector.

Since the end of the European Union (EU) free movement post-Brexit, the introduction of the skilled worker route, health and social care visa, and related immigration checks has placed new pressures on the ability of the adult social care providers to monitor visa status, maintain record-keeping and report compliance to the Home Office. What once emerged as a compliance burden during the EU expansion era has evolved into a broader structural problem for the sector - one compounded by persistent labour shortages, constrained funding, and continually shifting immigration rules.

By integrating recent evidence, this paper argues that the regulatory burden on social care providers is not merely bureaucratic but also symptomatic of a policy environment that externalises broader control into everyday management practice. In doing so, it highlights the continuity and escalation of these pressures before and after Brexit, underscoring the sector's ongoing struggle to balance legal compliance with delivery of safe and high-quality care.

PURPOSE OF THE WORKING PAPER

Recent policy shifts, long-term workforce projections, and emerging demographic and nationality trends highlight the scale and complexity of the challenges facing the social care sector, and thus setting the backdrop for this working paper. This working paper seeks to scope the current evidence on the intended and unintended consequences of immigration policy changes on the social care sector since the onset of Brexit. This includes, but is not limited to, the impact on the care providers and care workers, which is a topic of increasing urgency given ongoing workforce shortages and global migration shifts. Given the pace of change in immigration reforms over the past few decades in the UK, our focus is on the impact of recent immigration policy changes, particularly from Brexit to the 2025 Immigration White Paper, which banned the Health and Care worker visa for international recruitment of care workers (Gov.UK, 2025c; Read & Fenge, 2019).

This working paper presents findings from a horizon scanning of the literature and informal stakeholder interviews on the impact of the UK's post-Brexit asylum and migration policies on the social care sector (for further details, see Methods section). The working paper will add value by capturing recent policy shifts and emerging patterns of consequence that have not previously been visible in the literature. It will also serve as an evidence base for policymakers, researchers, and service leaders navigating complex decision-making about care workforce sustainability in a time of evolving migration policy.

RATIONALE FOR THE WORK

CONTEXTUALISING THE SOCIAL CARE SECTOR WITHIN RECENT POLICY CHANGES

The social care sector comprises care providers, regulatory bodies, funding agencies, and service users, whose interactions shape workforce outcomes and care quality (Skills for Care, 2024). There is a diverse array of roles within the social care workforce who provide essential support to older adults with complex medical needs, working-age individuals with physical and learning disabilities, those with long-term mental health conditions, and unpaid carers. The social care workforce is predominantly female and more ethnically diverse than the population as a whole, which reflects the global trends of increase migrant labour and feminisation of care work in the UK (England et al., 2002; Skills for Care, 2024). In 2024/25, 78% of employed care workers were

women, while 22% were men. The average age of care workers is 44.1 years (Skills for Care, 2024).

Migrant workers from EU and Non-EU countries remain a cornerstone of the UK's adult social care sector (Turnpenney & Hussein, 2022). The dominant model of migrant employment in the UK is characterised as 'migrant in the market', with relatively accessible labour market entry. However, migrant care workers are often concentrated in roles with poorer working conditions and lower wages, for example, the social care sector (Åhlberg, 2022; Da Roit & Weicht, 2013). While social care providers report facing challenges navigating the dynamic changes in the immigration system resulting in high costs and complex bureaucracy. They also face competition with the National Health Service (NHS) who actively recruit migrant health care workers providing better pay and career opportunities (Foster, 2024), further complicating the care sector's ability to recruit and retain sufficient migrant workers (Migration Advisory Committee, 2022).

Since 2016, there have been significant changes to the immigration policies in the UK which have had an impact on the social care sector. Following a UK wide referendum on 23 June 2016, 51.9% voted in favour of UK withdrawing from the EU (The Electoral Commission, 2016). This led to the end of free movement for EU citizens on 31 December 2020 and Brexit, UK's departure from the EU, being actualised on 31 January 2020. This significant change in policy making, disrupted the flow of EU migrant workers into the UK (Hussein, 2020). During these instrumental policy changes in the UK, the Covid-19 pandemic exacerbated the rate of front line worker vacancies in the social care sector. Between 2021/2022, post Covid-19 vacancies in the social care sector hit a record 152,000, leaving care providers unable to meet demand while hospitals struggled to discharge patients (The King's Fund, 2025). In 2022, as a potential solution to the rapidly increasing vacancies in the health and social care sectors, a new immigration policy was introduced in the form of the Health and Social Care visa (Gov. UK, 2020a). This saw the inclusion of care workers and senior care workers in the shortage occupancy list to boost recruitment in the sector. Through this new visa scheme, 75,000 international recruits were onboarded in the 2022/23 period, rising to 105,000 in 2023/24 and 50,000 in 2024/25, helping vacancies fall back to pre-pandemic levels (The King's Fund, 2025). However, the policy has only been partly successful. While the number of vacancies dropped, there are still 111,000 unfilled roles in social care (Skills for Care, 2025), with a 7% vacancy rate which remains three times higher than the 2.3% national average. The crisis has eased, but long-term workforce shortages persist.

In July 2025, the Immigration White Paper, titled Restoring Control over the Immigration System, was published by the current Labour government, ending the health and social care visa route for the care and senior care worker roles (Gov.UK, 2025c). A replacement policy has been proposed, the fair pay agreement in adult social care, which aims at improving pay and attracting staff, is currently progressing through Parliament and, in principle, offers a more sustainable solution to the current recruitment and retention issues in the sector (The King’s Fund, 2025). However, many organisations have voiced concerns regarding the proposed approach for the sector. First, it proposes a significant change in a complex sector that must align with broader workforce and social care reforms. More concerning, it will not take effect until 2028, waiting two additional years will mean structural issues such as persistent vacancies, high turnover and low pay will continue unchecked, worsening instability in the sector (Richard Humphries, 2025). Many workers who are already struggling financially may leave the sector before the agreement is implemented, intensifying workforce shortages.

Earlier, the Work Rights Centre warned that ending the Health and Care Worker visa route in July 2025 could have severe consequences for the adult social care sector (Work Rights Centre, 2025). Despite recent progress in reducing vacancies through international recruitment this strategy offers only temporary mitigation to the care sector’s recruitment issues. It does not address the structural drivers of work force instability, for instance, low pay, poor conditions and limited progression, and leaves the sector dependent on globally volatile labour supply (Work Rights Centre, 2025). There are still approximately 111,000 vacancies, and demand for care continues to rise. Banning international recruitment without a replacement plan or an impact assessment risks worsening staff shortages, especially as the Fair Pay Agreement, intended to improve pay and retention. This decision prioritises immigration control over the stability of a struggling care system, making the emerging projections for the 2040 workforce, outlined below, all the more concerning.

SOCIAL CARE WORKFORCE PROJECTIONS FOR 2040

To keep up with the ageing population (defined as people aged 65 and over) in the UK, the Skills for Care project an additional 470,000 staff in the adult social care sector by 2040 (Skills for Care, 2025). This projection is based on the 2024/2025 demographic data, which indicates a 27% skills increase from the current need, taking the total number of posts from the current 1.71 million (2024/25) to 2.17 million (2040) (Skills for Care, 2025). Table 1 below, illustrates the projected trend of posts needed from 2024/25 to 2040.

Table 1 Workforce projections for 2040 (Source: Skills for Care, 2025):

| Year | 2024/25 | 2030 | 2035 | 2040 |
|---------------------------------|-----------|-----------|-----------|-----------|
| Projected number of total posts | 1,710,000 | 1,910,000 | 2,070,000 | 2,170,000 |

These projections can not be separated from the demographic trends of the social care workforce which have been described in the next section.

SOCIAL CARE WORKFORCE DEMOGRAPHIC TRENDS

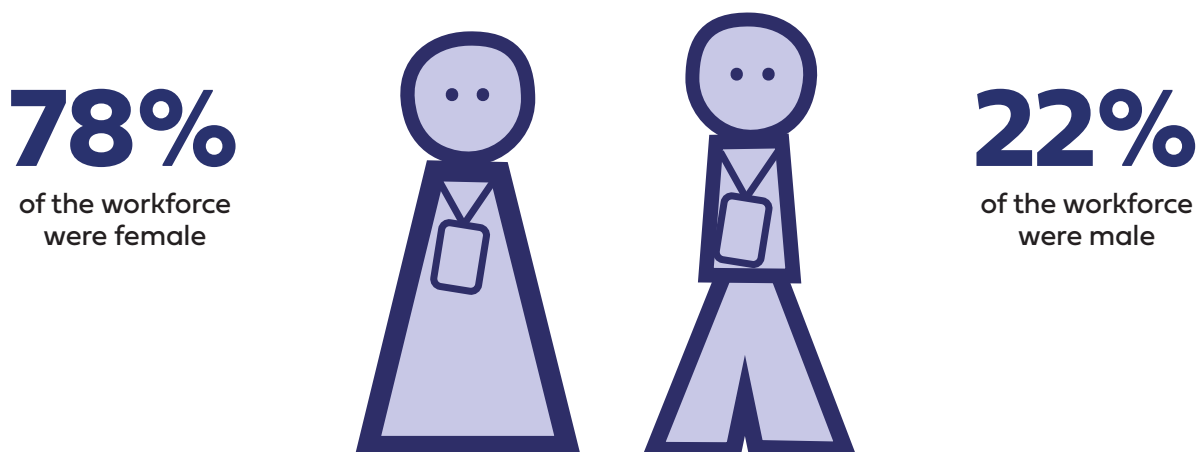
The 2024/25 Skills for Care nationality trends indicate 70.8% of the workforce as British, 23.6% Non-EU, and 5.6% EU (Skills for Care, 2025). Over recent years, the share of Non-EU workers has risen sharply from 8.3% in 2019/20 to 23.6% in 2024/25, driven by immigration policies which allowed recruitment of migrant workers into care roles (Skills for Care, 2025). At the same time, the proportion of EU workers has steadily declined, from 7.1% in 2019/20 to 5.6% in 2024/25. The changes in these trends, reflect the impact of Brexit, as outlined in the previous section, and its implication on EU and non-EU migration patterns.

Post-Covid-19, the need to increase frontline social care workers - those who provide frontline services but are most impacted by immigration policies in the country - was also another major reason for the increase in the social care workforce in the UK (Sumption & Strain-Fajth, 2023). From March 2022 to 2023, 12,000 migrant workers were instrumental in reducing vacancies in the social care sector (Community Care, 2023). The number of vacancies dropped from 164,000 to 152,000, thereby increasing the filled posts from 1.615 million to 1.635 million (Community Care, 2023). However, in March 2025, the number of British national staff working in the social care sector fell by 30,000 individuals which is 85,000 individuals below the number of British workers employed in 2021 (Community Care, 2025). At the same time, the number of positions filled by non-EU nationals increased from 295,000 to 375,000, which is the fifth consecutive annual rise and three times the level seen in March 2022 (Community Care, 2025).

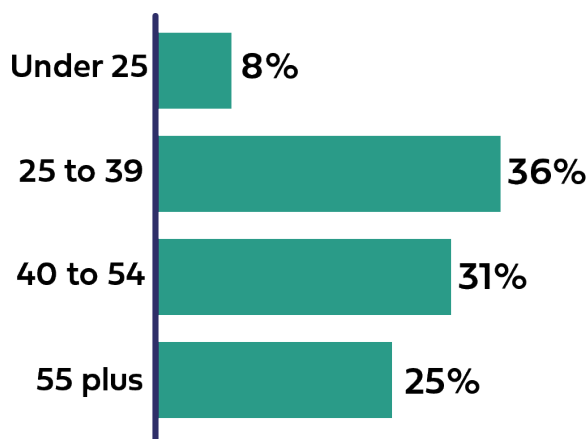
The nationality trend, described further in the next section, show a significant rise in Non-EU staff from 9% in 2020/21 to 25% in 2024/25 (this figure is before the 2025 ban on the Health and Social care visa route) (Skills for Care, 2025). While the decline in the proportion of EU staff over this period is largely attributable to the end of free movement for EU nationals. Of the migrant care workers in England, 24% are Non-EU and 6% are EU nationals, while the remaining 71% are British nationals who either identify as being from White or minority ethnic backgrounds (Skills for Care, 2025). Across England, the social care workers comprise 59% White and the remaining 41% as ethnic minority groups. Figure 1 provides a more detailed breakdown of the proportion of ethnic minority groups employed as social care workers.

Figure 1 Demographics of staff in direct care roles, 2024/25 (Skills for Care, 2025)

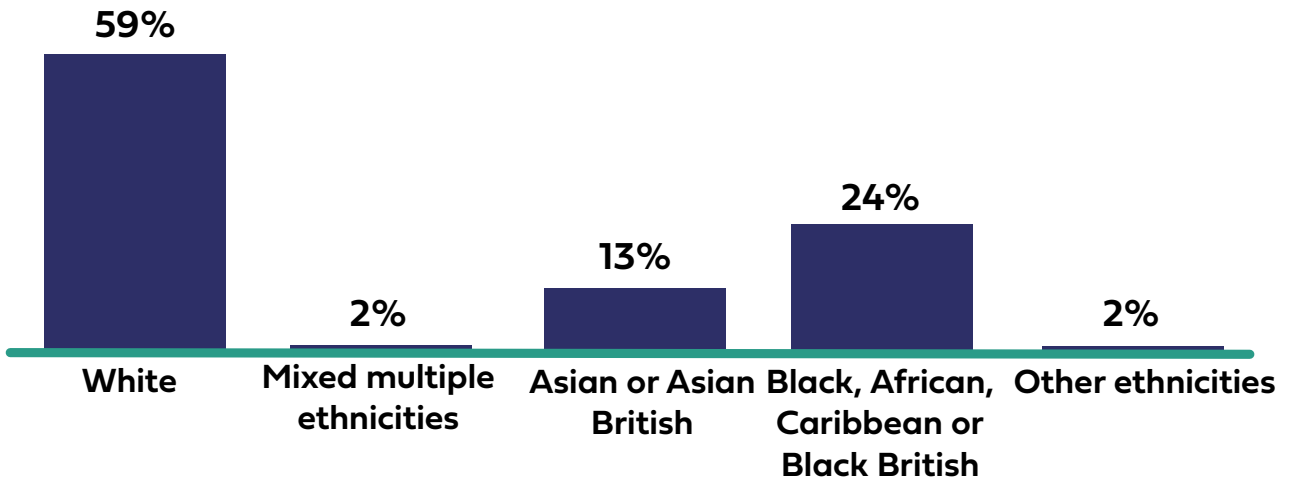
GENDER



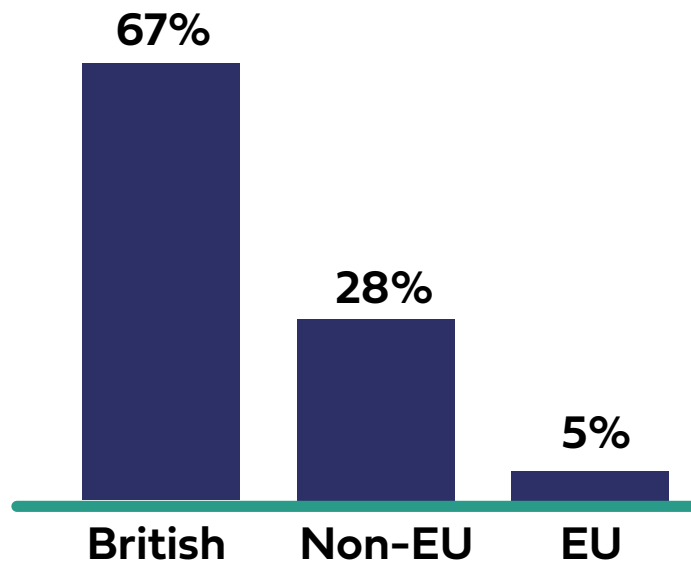
AGE



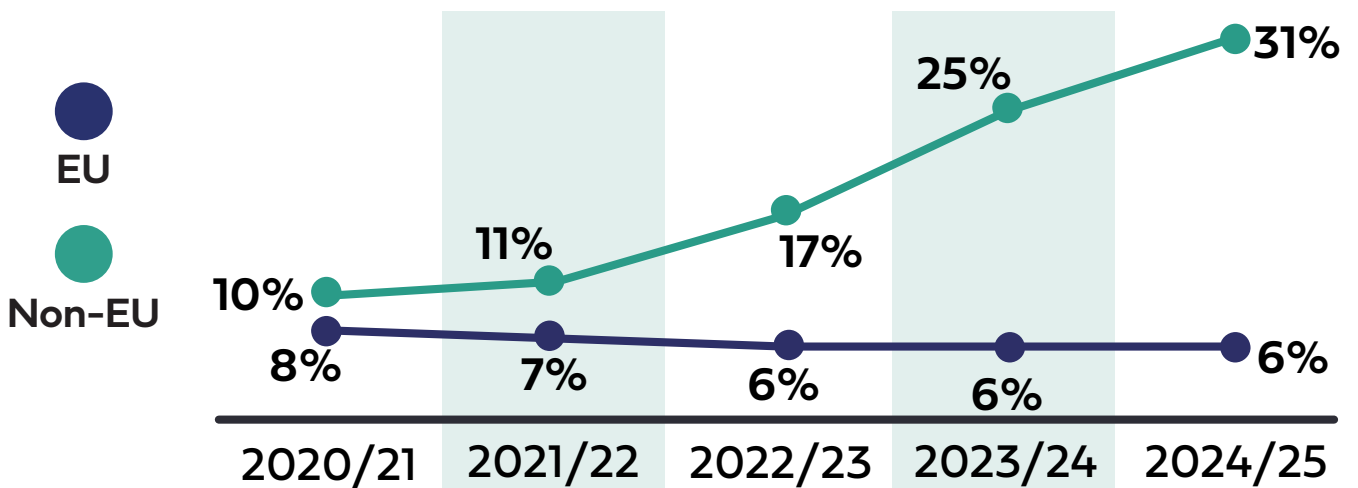
ETHNICITY



NATIONALITY, 2024/25



NATIONALITY TREND



DEMOGRAPHIC TRENDS BY NATIONALITY AND REGION FOR DIRECT CARE WORKERS, 2023/2024

In England, the nationality of social care workers varies significantly by region (Tables 2-4). The majority of social care workers (64%) across most regions are British, however, the proportions differ sharply (Skills for Care, 2025). For instance, in the North East, nearly nine in ten workers are British, with similarly high levels in Yorkshire and the Humber, the South West, and the North West. By contrast, London stands out, under half of the care workforce, 43%, is British, making it by far the least British-dominated region.

Non-EU workers are most heavily concentrated in London, where they make up more than half of the workforce. The Midlands and the South also have a notable presence of Non-EU nationals, with around one in five workers. In contrast, northern regions such as the North East, North West, and Yorkshire and the Humber see far smaller Non-EU populations, generally close to one in ten workers. EU nationals represent a smaller proportion of the workforce in all regions, never exceeding 8% (Skills for Care, 2025). These trends highlight London's distinctive position as the most international region in England, with a workforce where nearly half are migrant workers. While the North remains overwhelmingly British, and the Midlands and the South occupy a middle ground, with British workers still dominant but with a stronger presence of Non-EU nationals than in the North (Skills for Care, 2025).

Tables 2-4: Social Care Workforce Demographic Trends By Nationality and Region (all services), 2024/2025 (Skills for Care, 2025)

64%

of workers had a British nationality in **England**

31%

of workers had a non-EU nationality in **England**

6%

of workers had an EU nationality in **England**

| Region | British |
|--------------------------|---------|
| North East | 82% |
| Yorkshire and the Humber | 76% |
| North West | 76% |
| South West | 67% |
| West Midlands | 65% |
| East Midlands | 64% |
| Eastern | 60% |
| South East | 56% |
| London | 43% |

| Region | Non-EU |
|--------------------------|--------|
| North East | 21% |
| Yorkshire and the Humber | 20% |
| North West | 26% |
| South West | 30% |
| West Midlands | 31% |
| East Midlands | 33% |
| Eastern | 33% |
| South East | 36% |
| London | 50% |

| Region | EU |
|--------------------------|----|
| North East | 2% |
| Yorkshire and the Humber | 3% |
| North West | 3% |
| South West | 6% |
| West Midlands | 5% |
| East Midlands | 5% |
| Eastern | 7% |
| South East | 8% |
| London | 7% |

In 2023, India, Nigeria, Zimbabwe and Ghana were the four leading countries that comprise the non-EU migrant social care workers who entered the UK labour market on the health and care visa (Table 5).

Table 5: Skilled Worker - Health and Care visas granted in 2023, broken down by occupation and nationality (Source: Sponsored work entry clearance visas by occupation and industry – Occ_D02, 2023)

| Occupation | Country | Number of workers on Health and Care visa route |
|---|------------------|---|
| Social Care Workers (Care Workers and Home Carers) | India | 18,664 |
| | Nigeria | 18,143 |
| | Zimbabwe | 15,279 |
| | Ghana | 10,137 |
| | Bangladesh | 7,910 |
| | Pakistan | 7,486 |
| | Other | 11,617 |
| Nurses | India | 11,322 |
| | Other | 11,014 |
| Senior Care Workers | India | 5,301 |
| | Other | 11,344 |
| Medical Practitioner | Data unavailable | 8,938 |
| Other and unknown occupations | Data unavailable | 9,322 |

With the 2025 ban on recruitment of social care workers through the health and care visa, the government expects to reduce immigration by 7,000 a year (Community Care, 2025). Therefore, with (i) a 7,000 reduction of migrant workers from non-EU countries over time, (ii) a decline in British nationals working in the sector, and (iii) the projected need to increase the workforce by 27% by 2040, there are several implications of these trends on the sector, including:

- Domestic recruitment alone will be insufficient to meet the future projected needs of the social care sector. The declining proportion of British workers suggests challenges in filling roles from the UK-born workforce, particularly given ongoing recruitment and retention issues in social care.
- Non-EU recruitment will become essential, with the rising demand and the strong recent growth in non-EU recruitment, if the health and care visa ban is lifted this group may become an even larger share of the workforce by 2040. If the ban remains, there may be a hole in the positions filled by 2040.
- EU workforce contribution may remain limited unless new agreements or incentives reverse the post-Brexit decline.
- The ability to meet the projected need for 2.17 million posts will heavily depend on immigration policies. Without continued support for international recruitment routes, there is a risk of severe workforce shortages.

To meet the projected demand by 2040, international recruitment, particularly from outside the EU will play an increasingly central role.

METHODS

HORIZON SCAN OF THE LITERATURE

Between July – October 2025, a horizon scan of relevant peer reviewed publications and grey literature was conducted to explore immigration related changes in the social care sector. Horizon scanning is a systematic examination of information sources to detect early signs of important developments and emerging trends to better inform decision making (Hines et al., 2019) The inclusion criteria included, (1) relevant publications from high income countries, particularly from England, United Kingdom and Europe, (2) literature in English language, and (3) literature from between 2016 and 2025. This timeframe captures the policy transition and impact period surrounding the UK's exit from the EU. Selected sources were screened by reviewing titles, abstracts, or full texts and assess the quality and relevance of the sources based on predetermined criteria. The documents screened and retrieved for the review include elements of the inclusion criteria to support with understanding the immigration related changes in the UK and challenges for the social care sector (Annex 1).

The search strategy included Medline and Google Scholar search for peer reviewed articles. Relevant literature was also hand searched by checking reference lists of identified articles and documents. Websites and grey literature were searched to identify external documents related to immigration policies and the social care workforce. A targeted grey literature search was conducted to identify relevant policies, and reports from specific organisations working in the social care and social policy sectors. For example, particular organisations include Skills for Care, Care Quality Commission, Nuffield Trust, The King's Fund and The Health Foundation. Peer-reviewed articles and grey literature were also searched using a snowball approach (Naderifar et al., 2017).

The following search terms guided the horizon scan of the literature (including appropriate permutations for each term): social care, workforce, social care workers, immigration, migrant worker, Brexit, and free movement. Free text search terms have been further defined in Annex 2.

STAKEHOLDER ENGAGEMENT

Informal conversations were conducted in parallel to complement the horizon scan. The purpose of these conversations were to identify suitable literature sources and anticipated impacts of the immigration reforms as well as understanding the barriers influencing implementation of immigration rules at the provider level. There are several benefits for engaging relevant stakeholders in this context, such as to improve the relevance and quality of the review and the potential to increase dissemination and uptake of the findings (Cottrell et al., 2014). Unlike semi-structured or structured interviews that have a predetermined guide, stakeholder engagement through informal discussions involve open dialogue to allow flexibility for follow-up questions with a focus on collaborative knowledge generation.

Between July to October 2025, informal discussions were conducted with key actors, including academics from University of Bristol, University of Leeds, University of Nottingham, University of Sheffield, London School of Economics, King's College London, and think tanks such as The Health Foundation and Home Care Association. These conversations were instrumental in eliciting experiential insights and contextual knowledge often absent from formal evidence sources. These exchanges contributed to refining the key focus of the horizon scan by enhancing the relevance and identifying emerging policy and practice issues.

GUIDING FRAMEWORK FOR ANALYSIS

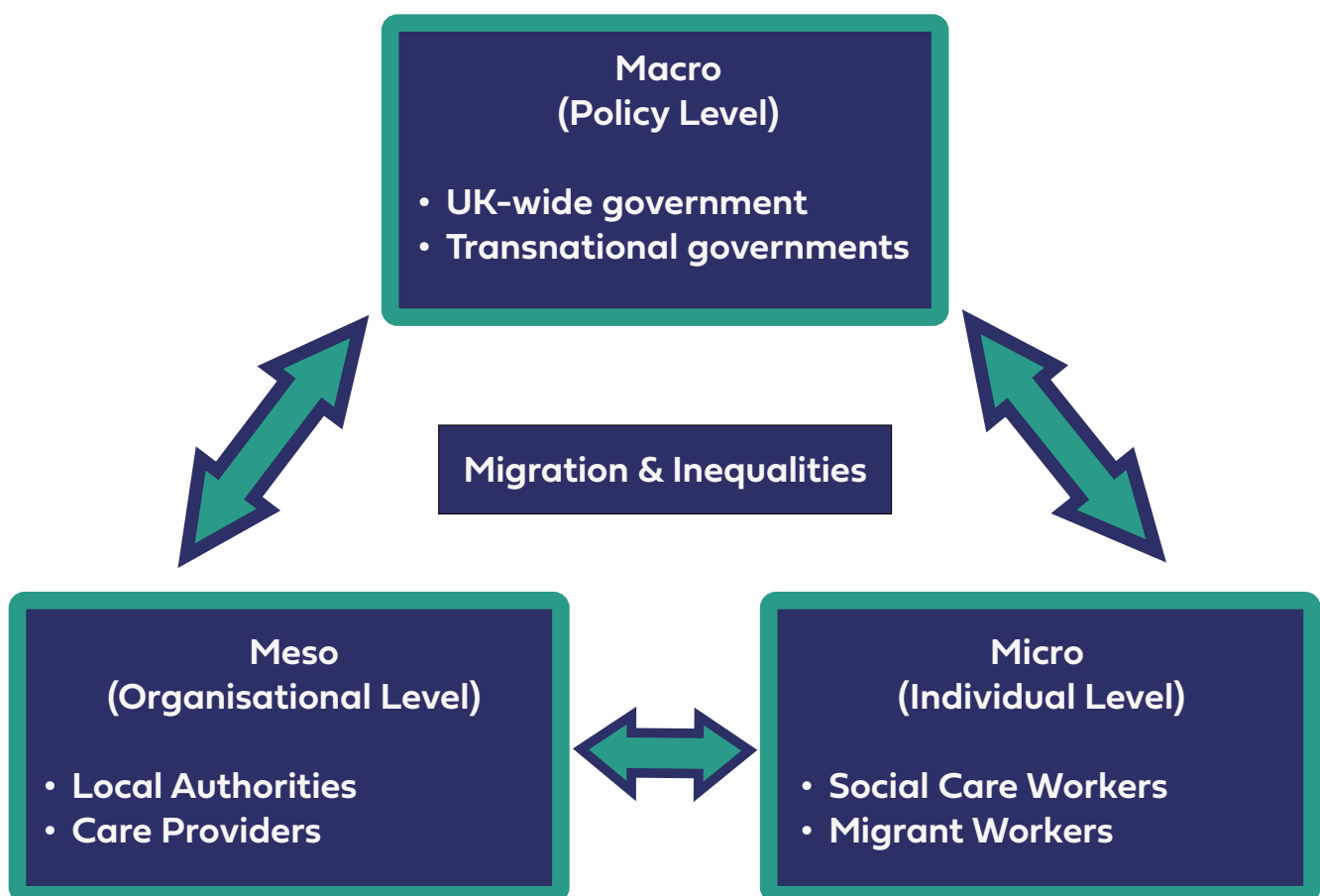
The macro-meso-micro framework served as a guide to explore the levels in which the UK's immigration policies impact the social care sector and its workforce. The different levels have been described as follows and illustrated in Figure 2 (Caldwell and Mays, 2012):

Macro-Level: The impact of the immigration policies at the government level, for example, the change in migration policies and frameworks for the workforce.

Meso-Level: The impact of the policies at the organisational level, for example, how the actors working at this level translate their understanding of the policies into action.

Micro-Level: The impact of the policies at the individual level. For example, those working at this level translate their understanding of how the immigration policies were expressed in their daily work and life. This understanding is shaped by organisational structures and shared narratives.

Figure 2: Framework Guiding the Horizon Scan of the Literature



FINDINGS

Our findings revealed macro- and meso- level issues, although micro-level considerations were not absent, the horizon scan surfaced macro- and meso- level challenges within the social and immigration policy nexus. This was due to the nature of the evidence identified and selected, which emphasised policy, organisational, and cross-sector dynamics over individual level perspectives. Further, upon completion of the horizon scan, our focus shifted toward provider level experiences which was guided by the stakeholder engagement. The findings have been organised into macro- and meso- levels to reflect the different pressures presented by changes in immigration policies that shape the social care sector. At the macro- level, we describe the (1) skilled worker health and care visa, and (2) the 2025 immigration policy changes, that highlight system level national policy shifts. The implications of these changes have been explained at the provider level, that is, the meso- level, including (1) provider capacity of implementing immigration policies and reforms, and (2) difficult implementation and compliance of immigration policies and reforms. These illustrate the organisational implications of policy changes impacting the social care sector at the provider level.

MACRO LEVEL – NATIONAL POLICY CONTEXT

At the macro- level, the findings are shaped by major national immigration policy developments, particularly the Skilled Worker Health and Care visa and the forthcoming 2025 immigration reforms. These system level changes provide the policy context within which many of the issues identified across the findings are situated.

THE SKILLED WORKER HEALTH AND CARE VISA

Since 2016, there have been several policy events effecting the social care workforce (Figure 3). Although the UK voted to leave the European Union in 2016, there were no immediate changes to immigration policy affecting the social care workforce (Read & Fenge, 2019). Free movement continued throughout the transition period until December 2020, and the rights of the EU nationals already living and working in the UK was safeguarded through the EU settlement scheme. This discontinuity was significant. Earlier research, particularly analysis following the A8 accession, demonstrated that EU workers had become an integral part of the social care labour force, with especially high concentration in domiciliary care and in urban labour markets characterised by structural shortages (Christensen et al., 2017). A8

accession refers to the eight Central and Eastern European countries that joined the European Union in 2004, whose nationals subsequently gained rights to live in and work in the UK and other EU member states (Hussein, 2020). Any abrupt loss of this of their automatic eligibility to work in the sector would have constituted a profound shock to providers, many of whom were already facing rising demand, constrained funding, and persistent recruitment difficulties (Hussein, 2020). The gradual introduction of post brexit immigration controls therefore reflected not only that need to stabilize the status of existing EU workers but also an implicit recognition of the sector's long standing dependence on migrant labour to maintain service continuity and provider viability (Read & Fenge, 2019).

In August 2020, the government launched the Health and Care visa under the Skilled Worker Route, though most adult social care roles were excluded. Later that year, following the end of free movement with the EU, a points-based immigration system was introduced (Gov.UK, 2020b). By March 2021, the government expanded eligibility by adding senior care workers to the Health and Care visa and the Shortage Occupation List (SOL), in response to recommendations from the Migration Advisory Committee (MAC).

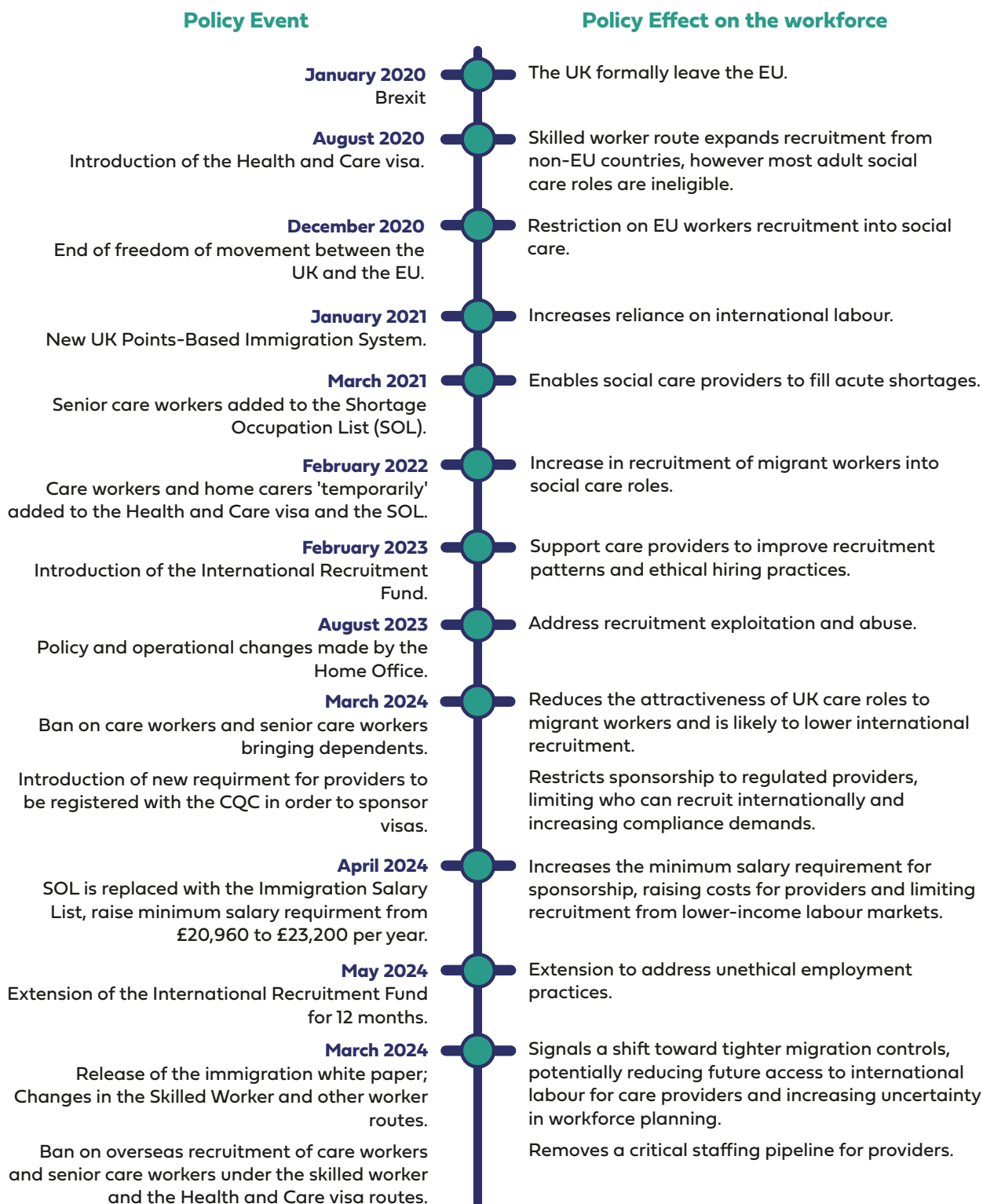
The MAC went further in December 2021, urging that care workers more broadly should be included on the visa and the SOL to ease recruitment pressures (Migration Advisory Committee, 2021). This advice was accepted in early 2022, when ministers announced that care workers would be eligible to apply, provided they were sponsored by a licensed employer and paid at least £20,480 per year (Gov.UK, 2021a). Temporary concessions were also made to support recruitment, for example, roles in care work (e.g., care workers, senior care workers) were added to the SOL in February 2022, enabling overseas recruitment. Although Health and Care Worker visa holders remained exempt from the Immigration Health Surcharge, a fee that many visa or immigration applicants to the UK must pay as part of their application, by paying it, applicants gain access to the UK's public health system (the NHS) free of charge from the start date of their visa, rights to free health care for dependants have been restricted, only those already in the route before March 2024 can continue to bring or live with dependants (Gov.UK, 2025b). Sponsorship remains costly, at £525 per certificate, to be covered by the employer.

There were also new safeguards put in place, for instance, there has been recognition that the care sector has elevated risks of modern slavery and labour exploitation (UNISON, 2023). Employers (sponsors of the migrant workers) have explicit duties under the sponsorship system (e.g., assigning

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a valid Certificate of Sponsorship), were introduced to protect migrant workers from exploitation. In 2023-2024 period, the government shifted focus toward strengthening international recruitment frameworks. It launched a new recruitment taskforce and established an International Recruitment Fund to help employers reduce barriers to overseas hiring (Kharicha et al., 2025). Policy changes later in the year aimed to address unethical practices, such as the charging of recruitment fees to workers and misuse of dependant visas. Further reforms in 2024 increased the minimum salary threshold for Skilled Worker visas from £26,200 to £38,700 (Gov.UK, 2024), though care workers were temporarily exempt until July 2025 and sponsoring employers were required to be registered with the Care Quality Commission (CQC). At the same time, dependants were no longer permitted for overseas care workers. Amid concerns over growing reports of unethical employment practices, the International Recruitment Fund was extended in May 2024 to provide continued support and oversight (Gov.UK, 2025a).

Figure 3: Policy Events and Effect on the Social Care Workforce



THE 2025 IMMIGRATION POLICY CHANGES

In May 2025, the Restoring Control over the Immigration System white paper (Gov.UK, 2025c), introduced reforms including ending new overseas recruitment in lower-skilled social care roles, raising skill and salary requirements for many visa categories, and a proposal for lengthening residency requirements for settlement from 5 years to 10 years. It is not yet clear whether this extension will apply to people already in the UK under existing rules or only to those arriving or switching after the implementation of the policy.

On 22 July 2025, new applications for Health and Care visas in care worker and senior care worker roles (SOC codes 6135/6136) were formally banned (NHS Employers, 2025). During a transition period (until 2028), extensions or in-country switches will be possible for those already in the UK under certain conditions (e.g. employed by the same sponsor and in the same code) (NHS Employers, 2025). These switches include, but are not limited to, students prolonging their stay in the UK by entering the social care sector on a temporary basis while seeking longer employment. After July 2028, the care worker and senior care worker roles will be removed from the Immigration Salary List (ISL) (Gov.UK, 2025d). Only CQC-registered providers are permitted to sponsor workers, and sponsorship rules have tightened, with higher salary thresholds (£31,300 generally, or £25,000 if on the ISL) and stricter conditions on repayment clauses (NHS Employers, 2025).

To accompany this shift, the government launched a £12.5 million international recruitment regional fund (2025–26) aimed at supporting migrant care workers affected by unethical practices or sponsor non-compliance and encouraging better employment standards across regions (Gov. UK, 2025a). This initiative aligns with the Code of Practice for the International Recruitment of Health and Social Care Personnel in England, which promotes ethical recruitment, prohibits active hiring from countries facing critical health-workforce shortages, and requires transparency, fair treatment, and equal employment rights for all overseas recruits (Gov.UK, 2021b). It also obliges employers and agencies to ensure recruits are not charged fees, that contracts are clear and proportionate, and that adequate pastoral and professional support is provided.

MESO LEVEL – PROVIDER AND ORGANISATIONAL CONTEXT

At the meso- level, the findings highlight how providers experience and respond to these national policy changes in practice. This includes both organisational capacity to implement immigration reforms and the practical challenges of compliance which occur throughout the findings.

PROVIDER CAPACITY OF IMPLEMENTING IMMIGRATION POLICIES AND REFORMS

Since 2014, providers in the adult social care sector have had to adapt continuously to an evolving immigration policy landscape. The sector's persistent challenges of low pay, high turnover, and rising demand, make generic immigration policies, that is policies that are not social care sector specific, particularly difficult to apply. The evolving immigration rules designed for the wider labour market, often fail to reflect the realities of a fragmented sector, resulting in additional administrative burdens and confusion.

The large providers typically have stronger human resource and legal teams, compliance systems, and payroll capacity. Yet there is some evidence to suggest they do less international recruitment, but this may also depend on the care setting (Alberti et al., 2025). The small and medium-sized providers, particularly independent and rural operators, rely much more on migrant labour despite having weaker compliance infrastructure, higher costs relative to size, and fewer resources for governance. Literature suggests that small and medium sized providers dominate in social care and are disproportionately reliant on migrant recruitment channels, often via agencies or dependants (Alberti et al., 2025).

As Manthorpe et al. (2018) show, many social care managers feel they have “effectively become immigration officers,” juggling compliance obligations alongside their primary responsibility of delivering safe, high-quality care (Manthorpe et al., 2018). While their study predates Brexit, more recent evidence (Sumption & Strain-Fajth, 2023) indicates that compliance burdens have not abated, in fact they have evolved under new immigration and workforce regimes. This compliance load has grown substantially as policies have shifted, leaving providers with little stability, a pattern that emerged during the EU-expansion era, when increased labour mobility shaped social care provision (Manthorpe et al., 2018), and intensified after the Brexit referendum as migration and workforce policies became more restrictive.

The dynamic and evolving immigration system has also been criticised for creating conditions

that make exploitation easier (Migration Advisory Committee, 2021). Migrant workers are often tied to specific sponsors, and the high costs of sponsorship, combined with restrictive visa conditions, create significant vulnerabilities. In this context, weak governance or poor oversight can expose workers to unfair treatment, recruitment fees, or coercive contract terms. For the providers this might mean losing their sponsorship license and for smaller enterprises this could include loss of business as they may heavily rely on migrant care workers, particularly in home care settings.

DIFFICULT IMPLEMENTATION AND COMPLIANCE OF IMMIGRATION POLICIES AND REFORMS

Between 2014 and 2019, most frontline care workers were recruited from the EU and entered the UK without the need for visa sponsorship, a pattern that largely continued even after the 2016 referendum, up until the introduction of the points-based immigration system in 2021 (Sumption & Strain-Fajth, 2023). Few providers developed immigration compliance systems, and capability to manage sponsorship duties was minimal (Work Rights Centre, 2024). With the end of free movement in 2020 due to Brexit and the introduction of the new points-based system, the EU workforce began to shrink (Sumption & Strain-Fajth, 2023). Brexit introduced new costs, barriers, and administrative demands for the labour market. Due to the dependency on non-EU migrants, administrative and compliance demands rose for care providers including, sponsor licensing, issuing Certificates of Sponsorship (CoS), conducting right-to-work checks, and maintaining detailed records (Independent Chief Inspector, 2023). These expectations from the UK Visas and Immigration (UKVI) and the Home Office increased in 2022 when the visa route opened to recruit both senior care workers and social care workers. Where governance capacity of some providers was weak there was a higher risk of worker exploitation. Moreover, from 2023 through 2025, a tightening immigration policy landscape added new layers of complexity. Higher salary thresholds, restrictions on dependants, CQC registration requirements, and stricter licence enforcement shifted the demands of compliance (NHS Employers, 2025). Providers required more developed and integrated governance systems, capable of handling repayment clauses, audit trails, salary modelling, and robust pastoral support.

Evidence from the literature and informal conversations indicates that providers can and do implement immigration rules, but capacity is

highly uneven. In terms of readiness to apply and execute these compliance expectations, large provider organisations were considered as high potential with more capability of implementing rules and maintain dedicated HR and legal teams, payroll systems and reasonably well developed ethical recruitment and retention pathways (PRIME¹ study, University of Bristol). While the medium sized providers have moderate potential and often have partial HR capacity but have gaps in data quality, monitoring, and audit functions. The smaller providers have lower potential with disproportionately heavy sponsorship costs and administrative tasks. These providers faced the highest risk of technical non-compliance, particularly in record-keeping and reporting.

Providers are required to operate within a tightly regulated compliance environment, encompassing sponsor licensing, the allocation of certificate of sponsorship, right to work checks, reporting requirements, and extensive record keeping obligations. On the post Brexit landscape to the expansion of the health and care visa and the subsequent prohibition on recruiting care workers through this route has further constrained providers capacity for strategic workforce planning. These rapid shifts amplify compliance risks, particularly for small and medium sized providers that often lack administrative, infrastructure and governance mechanisms needed to manage complex sponsorship duties. Smaller organisations are especially exposed to technical forms of non compliance, including errors in payroll alignment, repayment clauses, and document maintenance, leaving providers and migrant workers vulnerable to sanctions, financial loss, or exploitations (UNISON, 2023).

Informal conversations to date suggest larger providers, despite potentially having the strongest governance systems, appear to make less use of international recruitment, while small and medium-sized providers rely on it more heavily. This raises further questions about where compliance pressures, and risks of non-compliance, are most concentrated. Strategies for coping with shortages have varied amongst employers. Prof. Gabriella Alberti and Dr Marketa Dolezalova from the University of Leeds, conducted a survey and published a report "From Low-Skilled to Good Work" (University of Leeds, LIMITS study) show that firms responded to shortages by raising pay (53%), improving flexibility (43%), and turning to agencies (32%) (Alberti et al., 2025). In social care specifically, more so than in other sectors examined in the LIMITS² study, such as hospitality, agriculture, and

¹PRIME: Protecting Irregular Migrants in Europe: Variations in vulnerability, host country needs, and policy effectiveness.

²LIMITS: Labour mobility in transition: a multi-actor study of the re-regulation of migrant work in 'low-skilled' sectors.

transport, employers reported difficulties accessing the Skilled Worker visa due to costs and processing delays, often turning instead to dependants of visa holders or international students. The survey found that social care employers leaned heavily on recruitment agencies, dependants, and international students, while large-scale investment in automation or the training and upskilling of the domestic (UK-based) workforce remained rare. Providers note vulnerabilities created by tied visas and sponsorship dependency.

Risks of sponsorship dependency, agency practices, and repayment clauses highlight the vulnerabilities faced by migrant care workers whose visa status is tied to a single employer, who may be recruited through intermediaries with limited oversight, or who are subject to restrictive financial penalties for leaving employment early (UNISON, 2023). Providers under financial strain may unintentionally or otherwise cross into exploitative practices, while those with stronger governance and ethical frameworks are better able to mitigate such risks. Small and medium-sized provider organisations, with their heavier reliance on migrant recruitment, are particularly exposed to these compliance and exploitation challenges, despite often being the least resourced to address them.

Shutes (2025), "Cracking down on care worker visas will not solve the care crisis", highlights predatory practices and weak safeguards in commissioning systems (Shutes, 2025). The author argues that ending the visa route for care workers will not fix the underlying difficulties facing care providers nor improve the conditions for care workers. For providers, recruiting via visas adds extra costs and complexities, for example, immigration fees,

higher salary thresholds, sponsorship duties; therefore cutting sponsorship routes will not make the labour market more sustainable. For care workers, especially migrants tied to employer sponsored visas, there are risks of exploitation, for example, their visa depends on staying with the same employer, which can deter them from raising complaints about pay or working conditions. There are similar fears about joining trade unions, which could place the care workers employment and immigration status at risk (Fisher & Foster, 2025). Without wider reform, such as better funding, fairer pay, stronger employment rights, immigration simply shifts pressure rather than solving the staff shortage or improving job quality (Shutes, 2025).

Therefore, the ability of the providers to comply with changes in the immigration policies and reforms has been shaped by several systemic barriers:

- The frequent rule changes may render existing standard operating procedures obsolete.
- Visa fees, sponsor licence costs, legal advice, and system upgrades weigh heavily, especially on small and medium sized providers.
- Ensuring compliance across HR, payroll, and rota systems is technically demanding.
- Ensuring fair contractual terms remains an ongoing challenge.
- Support with induction, accommodation, and progression is essential to avoid high turnover of staff.
- Rural and ageing areas face weaker labour supply and lower administrative capacity which increases compliance risks.

FUTURE PROVIDER LEVEL RESEARCH

To deepen understanding of how immigration policies and reforms shape inequalities in health and social care, it is crucial to examine the provider perspective. Future research will need to explore not only how organisations recruit and support migrant workers, but also how they navigate compliance obligations, respond to policy volatility, and engage with regional workforce needs. The questions that follow are organised around four key themes: (1) recruitment strategies and workforce planning under shifting migration rules; (2) compliance, sponsorship and administrative capacity, (3) workforce support, retention and ethical practice, and (4) regional and system level workforce planning. Together, these themes highlight where provider level evidence is most urgently needed to inform equitable and effective workforce policy.

RECRUITMENT STRATEGIES AND WORKFORCE PLANNING

Providers continue to operate in an increasingly restrictive migration environment, where rapid policy shifts, such as the ban on new visas for healthcare workers and the impending 2028 transition reshape the available labour pool and intensify competition for staff. These pressures have forced organisations to reconsider how they recruit, from reliance on agencies to recruiting dependents or international students already in the UK. Yet the capacity to adapt vary significantly by provider size, resources and local labour market conditions. Understanding how providers navigate these constraints, plan for future demand, and respond to policy volatility will be critical for assessing the resilience and fairness of the work pipeline.

- What strategies do providers of different sizes and settings anticipate to address recruitment challenges in the context of the ban on new visas, particularly when relying on the existing UK based migrant workforce, and how might their approaches, for example, agency dependence, internal recruitment practices, enhanced vetting and compliance checks, shape their ability to meet demand?
- How do recruitment channels (agencies, dependants, international students) differ across provider types?
- How do providers adapt recruitment and workforce planning to frequent immigration policy shifts?
- What is the impact of the 2025 ban and 2028 transition on small and medium sized providers compared to large providers?

COMPLIANCE, SPONSORSHIP AND ADMINISTRATIVE CAPACITY

The sponsorship regime places substantial administrative expectations on providers, including right to work checks, payroll alignment, record keeping and reporting duties. For many, particularly small and medium sized providers, these requirements introduce significant operational and financial burdens, heightening the risk of technical non-compliance and potential sanctions. As regulatory frameworks evolve, providers are exploring ways to share compliance responsibilities to innovate around recruitment pathways to remain viable. Examining how providers manage these demands remains a central area for future inquiry.

- How do providers of different sizes manage sponsor duties, payroll alignment, and reporting?
- What models of shared compliance or innovative recruitment practice (e.g. regional hubs, pooled sponsorship) could reduce burdens?

WORKFORCE SUPPORT, RETENTION AND ETHICAL PRACTICES

Beyond recruitment, providers play a pivotal role in shaping migrant workers experiences within the UK care sector. Financial pressures, the drive to fill vacancies, and uneven governance across organisations intersect to create environments where ethical standards may be challenged, and where workers face vulnerabilities related to repayment clause, debt, or poor pastoral support. At the same time, providers experiment with onboarding practices, retention packages, and support mechanisms aimed at stabilising their workforce. Investigating which provider level interventions genuinely enhance retention and well-being and how organisations balance these investments with financial constraints will shed light on the conditions that enable sustainable and ethical employment.

- How do providers balance financial constraints with ethical recruitment standards?
- What provider-level interventions (onboarding, pastoral support, retention packages) are most effective in sustaining migrant workers?

REGIONAL AND SYSTEM LEVEL WORKFORCE PLANNING

The demand for migrant labour is not uniform across the country; regional demographics, population health needs, and local labour supply creates geographical disparities. Yet current migration pathways seldom incorporate these variations in a systemic way, risking both undersupply in high need areas and oversupply in regions where labour markets are already saturated. Exploring how population needs assessments and workforce demand projections could inform visa allocation or migration route design, raises important questions about equity, planning and the employment of migrant workers. Such analysis are essential for ensuring that migration policy alliance with local realities rather than reinforcing regional inequalities.

- How might incorporating regional or local population needs assessments and workforce demand projections into the criteria for approving or expanding sponsored visas and international migration routes, help prevent undersupply in areas with the greatest need for migrant workers and avoid oversupply elsewhere?

CONCLUSION

Overall, the analysis shows that tightening migration routes for care workers does little to address the structural pressures faced by care providers. Providers depend on migration labour to fill chronic workforce gaps, yet the sponsorship system also brings significant financial and administrative burdens that many struggle to absorb. Restricting visas removes a critical requirement channel without alleviating these pressures, leaving providers facing higher vacancy rates, increased turnover, and greater instability and service delivery. At the same time, migrant care workers tied to employer sponsorship remain vulnerable to poor conditions, highlighting that immigration policy alone cannot improve job quality. Lasting progress requires provider level investment, fair funding, and strengthened workforce rights. Immigration can support providers staffing needs, but meaningful reform to pay, conditions and commissioning structures is essential for sustainable care system.

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ANNEX 1: INCLUSION AND EXCLUSION CRITERIA OF THE LITERATURE REVIEW

| Criteria | Inclusion | Exclusion |
|---|--|---|
| Population Age Gender (and/or Sex) | <ol style="list-style-type: none"> 1. Social care workers; migrants and non-migrants 2. Other professionals such as health care assistants, nurses and those working in social care 3. Social care providers Adults; no restriction on sex or gender | Any other None |
| Intervention Type | <ol style="list-style-type: none"> 1. Interventions following the 2016 Referendum, 2020 Brexit and related immigration policies to date (2025) directly impacting the social care sector and workforce in the United Kingdom. For example, national or sub-national immigration policy changes (e.g., visa restrictions, recruitment incentives, temporary migration programs, changes in legal status pathways). | <ol style="list-style-type: none"> 1. Interventions unrelated to these policy changes or outside the scope of the study. 2. Interventions without clear relevance to the stated goals and intentions of these policy changes. |
| Outcomes | Workforce outcomes (e.g., staffing levels, retention, turnover, working conditions) and consequences classified as intended (e.g., controlled migration flow) or unintended (e.g., increased precarity, regional shortages). | Any other outcomes. |
| Study Design | <ol style="list-style-type: none"> 1. Rapid reviews, systematic reviews, scoping reviews. 2. Primary studies, including qualitative and quantitative research or mixed methods studies (descriptive studies). 3. Cross sectional surveys. | <ol style="list-style-type: none"> 1. Non-Clinical trials 2. Clinical case studies 3. Intervention studies |
| Date | <ol style="list-style-type: none"> 1. Peer reviewed literature: 2016- 2025. 2. Reports, policy documents, blogs: No date restrictions initially, to capture policy evolution trends. | <ul style="list-style-type: none"> • Prior to 2016 • NA |
| Locations | <ol style="list-style-type: none"> 1. United Kingdom 2. European Union 3. European Economic countries – included EU as well as Iceland, Liechtenstein and Norway | Low Income Countries |
| Language | English | All other than English |
| Publications | 1. Peer reviewed publications: Peer reviewed articles, review studies (e.g., systematic, scoping, rapid, narrative), commentaries. | Abstracts |

ANNEX 2: SEARCH STRATEGY OF THE LITERATURE REVIEW

| Databases | Free text search terms |
|--|---|
| <p>Research question 1: What are the specific policy changes related to Brexit that have impacted the social care workforce?</p> | <p>"Brexit", "social care workforce", "UK immigration policy", "free movement", "skilled worker visa", "work permits", "EU nationals", "Minimum salary requirements"</p> |
| <p>Research question 2: • How have these policies been interpreted and implemented by local authorities and other relevant bodies? • How have these policies impacted the ability of the social care sector to attract and retain qualified staff?</p> | <p>"social care policy implementation," "local authority social care," "recruitment and retention social care," "social care workforce challenges," "adult social care workforce development," and "social care policy impact." "staffing shortages social care," "pay and conditions social care," and "career progression social care."</p> |
| <p>Research question 3: What are the experiences of migrant workers in the social care sector post-Brexit?</p> | <p>Migrant, foreign, immigrant, "home care", "domiciliary care", "live-in care", "palliative care", "elderly care", "long-term care", "home nursing", community care", caregiving, "social care", "labour migration"</p> |

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