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DOI:

[10.18742/pub01-247](https://doi.org/10.18742/pub01-247)

*Document Version*

Publisher's PDF, also known as Version of record

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*Citation for published version (APA):*

Kharicha, K., & Purcell, C. (2026). *Evaluation of the International Recruitment Fund for adult social care for 2024-25*. NIHR Policy Research Unit in Health and Social Care Workforce, The Policy Institute, King's College London. <https://doi.org/10.18742/pub01-247>

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# Evaluation of the International Recruitment Fund for adult social care for 2024-25

Kalpa Kharicha and Carl Purcell

March 2026



## Acknowledgements and disclaimer

This evaluation took place between December 2024 and November 2025 and is the third phase of our programme of research on international recruitment of care workers in adult social care since 2022. The programme of work started with Phase 1: ‘The Visa Study’ (April 2022 - April 2023) and was followed by Phase 2: Evaluation of the International Recruitment Fund for adult social care for 2023-24 (April 2023 and June 2024).

The work has been funded by the National Institute for Health and Care Research (NIHR) Policy Research Programme (NIHR206121 – NIHR Policy Research Unit in Health and Social Care Workforce) and supported by the National Institute for Health and Care Research (NIHR) Applied Research Collaboration South London (NIHR ARC South London) at King’s College Hospital NHS Foundation Trust.

The views expressed are those of the authors and not necessarily those of the NIHR or the Department of Health and Social Care.

King’s College London (KCL) Ethics Committee approved this evaluation (Reference number: LRS/DP-24/25-46490). The study was discussed with the Policy Research Unit’s Public Contributor Involvement & Engagement Advisory Group who provided valuable comments on the draft proposal and aligns with the priorities of the Unit’s Workforce Panel.

We are grateful to members of the regional and sub-regional partnerships, care providers and international care workers who shared their views and experiences with us. We acknowledge the important contribution of Policy Research Unit in Health and Social Care Workforce colleagues to this work.

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Suggested citation: Kharicha, K. & Purcell, C. (2026) *Evaluation of the International Recruitment Fund for adult social care for 2024-25*. NIHR Policy Research Unit in Health and Social Care Workforce, The Policy Institute, King’s College London.

<https://doi.org/10.18742/pub01-247>

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# Executive Summary

This report presents the findings from an evaluation of the International Recruitment Fund (IRF) 2024-25, conducted by the National Institute for Health Research (NIHR) Policy Research Unit in Health and Social Care Workforce.

In 2024-25, the Department of Health and Social Care (DHSC) allocated £16m to the IRF, which was distributed to 15 regional partnerships across England. The primary aims of the IRF 2024-25 were to support displaced international care workers affected by sponsorship revocations to be re-employed in the adult social care (ASC) sector and to tackle exploitation and unethical employment practices.

This evaluation draws on 55 qualitative interviews with 70 individuals including staff from the 15 regional and sub-regional partnerships, 20 care providers, and 20 international care workers across England.

## Context

The IRF 2024-25 took place within a rapidly changing policy environment. The Health and Care Worker visa, introduced in February 2022, made the largest contribution to reducing both vacancies and staff turnover in the ASC sector following peak vacancy rates of 10.5% in 2021-22. However, the substantial increase in visa applications coincided with parallel and significant increases in exploitative and unethical practices. This resulted in sponsor licence revocations and the displacement of an estimated 40,000 international workers. Visa applications have since fallen dramatically due to increased scrutiny and due diligence of worker, dependent and provider applications to UK Visas and Immigration (UKVI) / Home Office, tighter compliance against providers and key policy changes including the closure of the route to dependents for new applicants and the White paper: *Restoring control over the immigration system*<sup>1</sup> published in May 2025 which effectively stopped recruitment from outside the UK via the Health and Care Worker visa route of care workers and senior care workers.

## Key Findings

### Partnership implementation and challenges

- **Scale and scope of partnerships' remit:** partnerships were asked to pivot their approach from proactive recruitment (IRF 2023-24) to reactive retention and support for workers already in the country, particularly those displaced by licence revocations and/or experiencing exploitation.
- **Infrastructure establishment:** funding enabled partnerships to establish and embed necessary infrastructure, dedicated capacity and expertise, including mailbox systems as

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<sup>1</sup> <https://www.gov.uk/government/publications/restoring-control-over-the-immigration-system-white-paper>

the primary point of contact for displaced workers, as a response to the displaced worker situation. The configuration of partnerships and involvement of stakeholders, including cross-sector stakeholders, varied significantly across England.

- **Welfare, pastoral and legal support:** arguably the most crucial support offered addressed the acute needs of displaced workers. Issues related to financial loss, immigration, housing and preventing further destitution - including meeting statutory duties of local authorities for international workers with children and involved cross-sector collaboration.
- **Frustration with evolving policy and lack of data:** partnerships reported frustration with short-term funding cycles and significant challenges interpreting and responding to frequent legislative changes. A lack of joined up and up-to-date data on displaced workers, providers with sponsor licences and vacancies continued to hamper planning and responsive activity.
- **Local and national scrutiny:** Partnerships expressed concern at having to perform due diligence on care providers locally due to a perceived lack of national scrutiny.

#### **Limited success of re-employment of displaced workers**

- **Low re-employment:** despite significant efforts and variable success across the country, most partnerships reported matching of displaced workers with new job vacancies was low or even zero (at the time of the interview). Partnerships that signposted workers on rather than provide direct support were unable to report on re-employment rates.
- **Limited worker engagement:** only a small proportion of all displaced workers contacted the mailbox. Partnerships speculated that this could be due to displaced workers' fears of contacting official bodies, concerns about deportation and individuals finding work, within social care and elsewhere, themselves.
- **Care provider awareness and hesitancy:** care providers' awareness of the partnerships was limited. Some providers were hesitant to recruit displaced workers due to increased sponsorship costs at a time of increased employment costs nationally, fear of non-compliance stemming from complex immigration processes and frequent policy changes. Variability between partnership reimbursement of provider recruitment and immigration costs frustrated partnerships and providers elsewhere.
- **Limited suitability of vacancies:** there was a dearth of full-time vacancies that met Health and Care Worker visa sponsorship requirements in terms of hours of work and rate of pay.
- **Suitability of displaced worker pool:** home care providers reported that they frequently struggled to find suitable candidates in the displaced worker pool, citing a shortage of female carers with UK driving licenses. Across home care and care homes, some providers additionally raised concerns about English language proficiency and in some cases interest and commitment to care work.

## On-going exploitation and systemic issues

- **Worker experiences:** nearly all international workers interviewed reported having negative experiences, including being financially exploited by brokers in their home country and the UK and receiving limited or zero employment hours from their original sponsor in the UK.
- **First visa sponsors:** nearly all of the workers who responded to our invitation to participate in this study told us that they had initially come to the UK between 2022-2024, after securing sponsorship from home care providers or generic 'service providers' typically described by workers as agencies. We found evidence that over a quarter of these providers were no longer operating as care providers, at the time of our research.
- **The 20-hour loophole:** some care providers continued to employ displaced workers on the additional 20-hour/week basis (available as supplementary employment for Health and Care Worker visa holders with a different care provider holding a sponsor licence) illegally. This breached the terms of the Health and Care Worker visa which states that this additional work is only available to *holders* of a Health and Care Worker visa. Additionally, some care providers employing workers on this basis did so without holding a sponsor licence themselves. This arrangement, however, offered flexibility that was valued by providers, particularly in home care, and a temporary lifeline for displaced workers. It also allows exploitation to continue as employers avoid their duties and costs of sponsorship.
- **The 60-day limit:** some partnerships provided open-ended support to displaced workers, beyond the 60-day limit to leave the UK after loss of sponsorship, which was resource intensive. At the time of interview, these partnerships reported that the displaced workers had not been re-contacted by HO/UKVI to leave the UK (after the initial contact from HO/UKVI to inform them that their Certificate of Sponsorship was no longer valid).
- **Home care precarity:** The terms of the visa remain challenging for the fluctuating demand for care in the home care sector. Vacancies are persistently high in home care and providers remain concerned about future recruitment difficulties.
- **Parity and costs across the workforce:** providers raised concerns that the higher pay rate for Health and Care Worker visa holders and employment support associated with the IRF 2024-25 (including driving lessons by some partnerships) caused tension and resentment among existing domestic workforces. This was despite sponsored workers not having access to the same in-work benefits. The costs of renewing Certificates of Sponsorship and aligning pay rates across the workforce were deterrents to hiring and retaining international workers.
- **Future uncertainty:** whilst international recruitment has helped to reduce the post 2021-22 peak in vacancies, partnerships and providers expressed concern that long-standing problems in ASC associated with low pay, poor conditions, lack of workforce strategy and declining interest in ASC within the domestic labour market, remain.

# Background and context

This evaluation of the International Recruitment Fund (IRF) 2024-25<sup>2</sup> forms the third phase of work on international recruitment in adult social care since the changes to the Health and Care Worker visa in February 2022 as carried out by the research team at the National Institute for Health and Care Research (NIHR) Policy Research Unit on Health and Social Care Workforce. It builds on the findings from the previous phases, namely the Visa Study which explored the impact of the Health and Care Worker visa on the frontline adult social care workforce<sup>3</sup> and the Evaluation of the IRF 2023-24, which aimed to tackle barriers and promote ethical practice in international recruitment to adult social care in England<sup>4</sup>.

This report firstly outlines the context within which the IRF 2024-25 was introduced, then describes the methods used in the evaluation, followed by the findings from partnerships, care providers and international care workers, and a discussion of the key findings.

A summary of key related policy developments from January 2021, when Senior care workers were made eligible for the Health and Care Worker visa, until the time of writing, is on page 9. The timeline includes details of earlier International Recruitment Funds (2022-23 and 2023-24) when regional and sub-regional local authority led partnerships were established. A detailed timeline is included in Appendix 1.

## Health and Care Worker visa uptake

In response to significant workforce pressures in the ASC sector in 2021-22, the Government added care workers to the Shortage Occupation List (now replaced by the Immigrations Salary List). From 15 February 2022 people from other countries were able to apply for a Health and Care Worker visa and work in adult social care with an employer (sponsor). The introduction of this policy made the largest contribution to reduction in both vacancies and turnover of staff in the adult social care sector.

Between February 2022 and August 2023<sup>5</sup> there was a sustained and substantial increase in the number of monthly applications for the Health and Care Worker visas made from outside the UK, from 4,100 to 18,300, (to main applicants). Applications for dependents followed a similar trend, although these were higher as main applicants were able to bring

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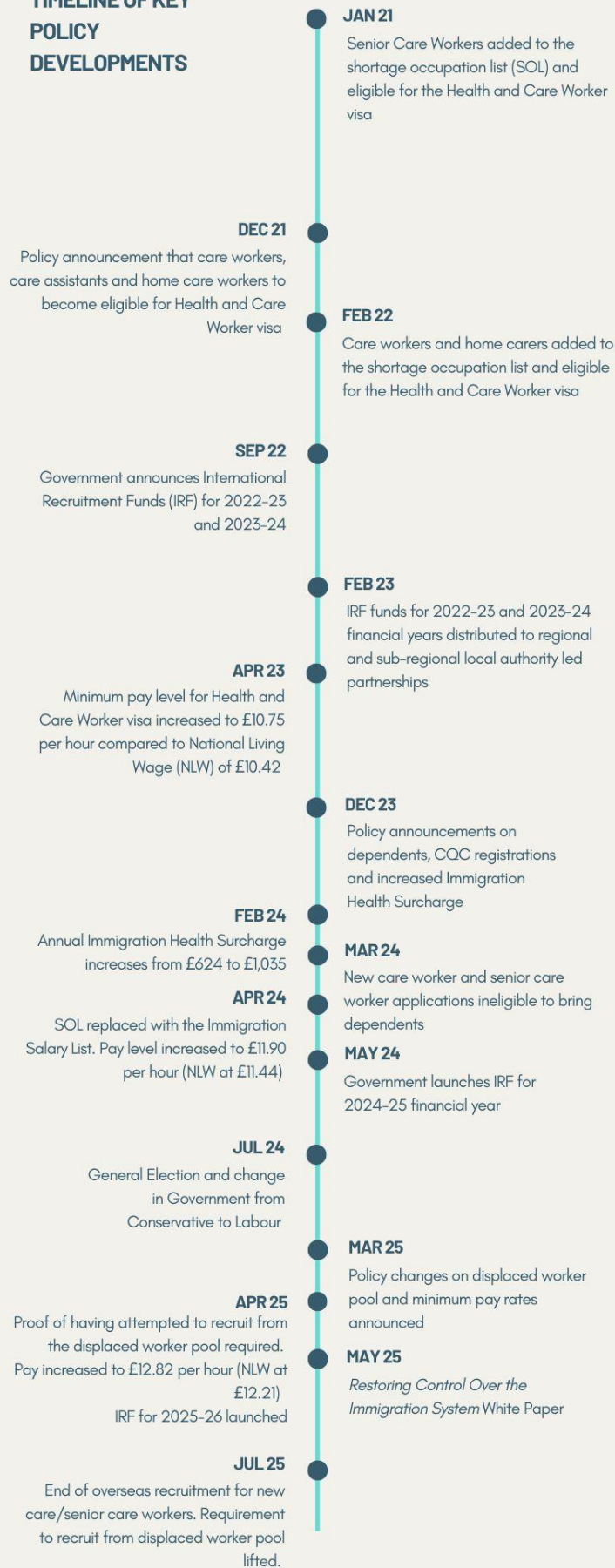
<sup>2</sup> <https://www.gov.uk/government/publications/international-recruitment-fund-for-the-adult-social-care-sector-2024-to-2025/international-recruitment-fund-for-the-adult-social-care-sector-2024-to-2025-guidance-for-local-authorities>

<sup>3</sup> [https://kclpure.kcl.ac.uk/ws/portalfiles/portal/232434177/Kharicha\\_et\\_al\\_2023\\_Visa\\_Study\\_report.pdf](https://kclpure.kcl.ac.uk/ws/portalfiles/portal/232434177/Kharicha_et_al_2023_Visa_Study_report.pdf)

<sup>4</sup> <https://www.kcl.ac.uk/research/international-recruitment-fund-for-adult-social-care>

<sup>5</sup> <https://www.gov.uk/government/statistics/monthly-entry-clearance-visa-applications-october-2025/monthly-entry-clearance-visa-applications-october-2025>

## TIMELINE OF KEY POLICY DEVELOPMENTS



spouse/partner and children under 18. Applications for dependants peaked at 23,300 in August 2023.

Between 2021 and 2024 there was a 101% increase in visa applications for all Health and Care occupations (from 127,300 to 256,300), and 185% increase (from 38,800 to 110,500) in the number of care providers registered as sponsors (a prerequisite to employing individuals on a Skilled Worker visa). The 648,100 applications for Health and Care Worker visas, including 389,600 dependants, made up 65% of all applications for Skilled Worker visas<sup>6</sup>.

Monthly applications have seen dramatic declines since these peaks for several reasons: increased scrutiny of applications by the UK Visas and Immigration (UKVI)/Home Office, tighter compliance activity against employers not meeting their duties as sponsors<sup>6</sup>, and key policy changes (see timeline), in particular, the closure of the route to dependents for new Health and Care Worker visa applications<sup>7</sup> (existing visa holders are, at the time of writing, still able to apply for dependent visas) and the White Paper: *Restoring control over the immigration system*<sup>8</sup> which ended overseas recruitment for care workers from July 2025.

In the year ending June 2025, the number of Health and Care Worker visas issued to main applicants fell by 77%, and dependant visas also fell 77%, with an average of 2 dependants per main applicant<sup>9</sup>. In October 2025, there were only 600 applications from main applicants and 3,000 from dependents<sup>10</sup>.

## Vacancies in adult social care

Vacancy rates for 2024-25 in adult social care across all roles remain high at 7.0%, equivalent to 111,000 posts, and similar to those seen before the impact of the Covid-19 pandemic. Vacancy rates for care workers were 7.7% and senior care workers 4.3% in December 2025. Vacancy rates (across all roles) peaked in 2021-22 at 10.5% and 124,000 vacancies, the highest since records available from 2012-13. Care workers recruited through the Health and Care Worker visa route have made the biggest contribution to reducing vacancies and turnover of staff during this time. Latest available figures for the month of Oct 2025, report a vacancy rate of 6.6% suggesting a smaller but continued downward trend<sup>11</sup>. During this time the number of people with British nationality has continued to decline; the overall decrease in posts filled by people with a British nationality since 2020/2021 is 85,000 (7%)<sup>12</sup>.

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<sup>6</sup> <https://www.nao.org.uk/wp-content/uploads/2025/03/Immigration-Skilled-Worker-visas.pdf>

<sup>7</sup> <https://www.gov.uk/health-care-worker-visa/your-partner-and-children>

<sup>8</sup> <https://www.gov.uk/government/publications/restoring-control-over-the-immigration-system-white-paper>

<sup>9</sup> <https://www.gov.uk/government/statistics/immigration-system-statistics-year-ending-june-2025>

<sup>10</sup> <https://www.gov.uk/government/statistics/monthly-entry-clearance-visa-applications-october-2025>

<sup>11</sup> <https://www.skillsforcare.org.uk/Adult-Social-Care-Workforce-Data/workforceintelligence/Trackers/Recruitment-and-retention.aspx>

<sup>12</sup> <https://www.skillsforcare.org.uk/news-and-events/news/vacancy-rates-in-social-care-return-to-pre-covid-levels>

There has been regional variation in the numbers of internationally recruited care workers across England, with highest numbers in London and the South East and lowest in the North East. Current figures on vacancies in ASC (across all roles) report London has the highest vacancy rate (8.6%) and the North East, the lowest (5.2%)<sup>13</sup>.

It is also important to highlight the variation in vacancy rates by provider type, with home care (domiciliary care) having the highest vacancy rates at 9.7%, compared to residential care at 4.4%, based on 2024-25 data<sup>14</sup>. Home care sector is particularly reliant on international recruitment. In 2025, 59% of home care providers (59%) employed sponsored care workers and in almost one in ten organisations they made up three-quarters or more of the workforce. Additionally, nearly nine in ten home care providers reported that international workers had contacted them that year as their sponsor had failed to give them enough hours<sup>15</sup>.

## Exploitation and response

The increase in Health and Care Worker visa applications was followed by a significant rise in exploitative and unethical practice in the sector and associated sectors. This has led to increasing enforcement activity against providers and sponsor licence revocations, displacement of around 40,000<sup>16</sup> international workers and downstream impacts on local authorities' capabilities to commission and deliver care packages.

We have previously reported on the widespread exploitative practices and vulnerability to exploitation of Health and Care Worker visa holders. These relate to the recruitment, employment and immigration processes involved in securing and maintaining the Health and Care Worker visa, and from the perspectives and experiences of international care workers, care providers, brokerage sector and sector experts<sup>17 18</sup>. Whilst the Government's Code of Practice for international recruitment in health and social care<sup>19</sup> has continued to evolve in response to the changing circumstances, it remains underpinned by guiding

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<sup>13</sup> <https://www.skillsforcare.org.uk/Adult-Social-Care-Workforce-Data/workforceintelligence/Trackers/Recruitment-and-retention.aspx>

<sup>14</sup> <https://www.skillsforcare.org.uk/Adult-Social-Care-Workforce-Data/workforceintelligence/resources/Reports/National/The-state-of-the-adult-social-care-sector-and-workforce-in-England-2025.pdf>

<sup>15</sup> <https://www.homecareassociation.org.uk/resource/families-waiting-for-care-as-government-shuts-down-overseas-recruitment.html>

<sup>16</sup> <https://www.gov.uk/government/news/overseas-recruitment-for-care-workers-to-end>

<sup>17</sup> Kharicha, K., Manthorpe, J., Kessler, I., & Moriarty, J. (2023). Understanding the impact of changes to the UK Health and Care Worker visa System on the adult social care workforce in England, Phase 1: The Visa Study. NIHR Policy Research Unit in Health and Social Care Workforce, The Policy Institute, King's College London. <https://doi.org/10.18742/pub01-145>

<sup>18</sup> Kharicha, K., Kessler, I., Steils, N., Samsi, K., & Brown, J. (2025). Evaluation of the International Recruitment Fund for adult social care for 2023-24. NIHR Policy Research Unit in Health and Social Care Workforce, The Policy Institute, King's College London. <https://doi.org/10.18742/pub01-202>

<sup>19</sup> <https://www.gov.uk/government/publications/code-of-practice-for-the-international-recruitment-of-health-and-social-care-personnel/code-of-practice-for-the-international-recruitment-of-health-and-social-care-personnel-in-england>

principles and best practice benchmarks rather than being legally binding. Additional guidance for the sector has been developed by different sector organisations to promote ethical practice and includes a recent guide to support councils with their roles and responsibilities related to international recruitment and licence suspension and revocation, written by the Local Government Association (LGA)<sup>20</sup>. A summary of the notification processes for licence suspension and revocation (at the time of writing) for affected councils is in Appendix 2.

The Home Office/UKVI's oversight of the Skilled Worker Route has been examined and reported by the National Audit Office as part of their Value for Money Reports<sup>21</sup>. Its key findings relate to the management of the route, response to non-compliance (including availability of data) and cross-sector working, issues which are beyond the scope of this report.

## International Recruitment Fund 2024-25

The Department of Health and Social Care (DHSC) provided £16m via the International Recruitment Fund (IRF) 2024-25<sup>22</sup> with the aim to support displaced workers impacted by sponsorship revocations to continue working in the sector and to help tackle the exploitation and unethical employment of international care workers. This funding was allocated to existing regional and sub-regional partnerships across England, made up of collaborations of local authorities, care alliances, regional directors of adult social services (ADASS) and social care workforce organisations, local providers and other local actors with an interest in care, who administered funding in 2023-24.

The IRF 2024-25 aimed to:

- incentivise regional partnerships to play a role in preventing and responding to exploitative employment practises involved with international recruitment of care workers in their regions and build on the work of the previous Fund
- enable regional and sub regional partnerships to provide support to international recruits and to facilitate in-country matching with alternative ethical employment
- ensure that international recruitment offered a sustainable mechanism for supporting workforce capacity.

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<sup>20</sup> <https://www.local.gov.uk/publications/international-recruitment-adult-social-care-guide-councils>

<sup>21</sup> <https://www.nao.org.uk/wp-content/uploads/2025/03/Immigration-Skilled-Worker-visas.pdf>

<sup>22</sup> <https://www.gov.uk/government/publications/international-recruitment-fund-for-the-adult-social-care-sector-2024-to-2025/international-recruitment-fund-for-the-adult-social-care-sector-2024-to-2025-guidance-for-local-authorities>

The Fund was not ringfenced (in terms of how it could be used) and supported partnerships to pay for:

- activities that broadly sought to improve the experiences of international recruits
- improve data sharing between LAs and UKVI
- reduce the number of sponsor revocations
- increase the number of international workers moving from exploitative sponsors / employers to those demonstrating good practice.

All partnerships were required to establish and manage a mailbox for their region as a key point of contact for workers and to facilitate re-employment of workers, from the ‘displaced worker pool’ to new jobs. Partnerships were encouraged to continue pastoral support to international recruits and signposting to suitable local services. Spreading existing good practice, engaging with other regional and sub regional partners on their learning, as well as developing new innovative solutions were further examples included within the guidance.

Partnerships were required to monitor the impact of the interventions and provide information to the DHSC to help evaluate the impact of the Fund through a quarterly return.

## Policy developments

At time of writing and following the publication of *Restoring control over the immigration system: White Paper*<sup>23</sup> (effective from July 2025), we are in a transition period until 22 July 2028. During this time, care workers and senior care workers in the UK on a Health and Care Worker visa can: continue to renew their visa with their current employer, work an additional 20-hours (max) with a different care provider (with a sponsor licence and provided the worker remains sponsored by their primary employer), switch sponsors within the care sector, be promoted from care worker to senior care worker and apply for a new visa. However, it is important to note that the Government has committed to keeping these changes under review.

Providers can still assign Undefined (in country) Certificate of Sponsorships to eligible individuals in the UK, including, students, graduates, or dependents, provided they have been employed in a care role by the sponsoring provider for at least three months.

Those who have previously been issued a CoS as care worker or senior care worker do not need to meet the 3-month employment requirement when changing jobs. From 22 July 2028, no new entrants from other visa routes are expected to be permitted. However, existing Health & Care Worker visas will remain valid.

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<sup>23</sup> <https://www.gov.uk/government/publications/restoring-control-over-the-immigration-system-white-paper>

# Research aims and objectives

**Aim:** To evaluate the implementation and impact of the International Recruitment Fund 2024-25 from the perspectives of regional partnerships, care providers and international care workers.

## Research Questions:

- 1) What has been the experience and approach of partnerships in implementing the objectives for the 2024/25 Fund? In particular:
  - a. what has been the experience of partnerships in pivoting their objectives from the 2023/24 to the 24/25 funding?
  - b. what barriers, challenges, or successes have partnerships encountered with the above.
  - c. what support is available to individual care workers affected by sponsor license revocations?
  - d. how and why has this support been distributed across the different areas of activity distinguished above?
  
- 2) What has been the experience of care providers engaged by the partnerships, especially those who have offered to sponsor affected workers for new visa applications? In particular:
  - a. how have they accessed and used the funding provided by regions to support specific costs associated with being a sponsor, and with what perceived impact?
  - b. what barriers, challenges, or successes/good practice have they encountered when engaging with partnerships?
  - c. what barriers, challenges, or successes/good practice have they encountered when engaging with international care workers?
  
- 3) What has been the experience of international care workers affected by the revocation of their employer's sponsor license or exploitation more broadly? In particular:
  - a. what has been the experience of those workers supported by partnerships to find new employment?
  - b. how easy was it to access this support, from their perspective?
  - c. how supported did they feel, what did they value about the process, and what else would they have liked the process to include?

# Methods and Sample

## Interviews

This evaluation followed a qualitative methodological approach. Semi-structured interviews provided the main source of data. In total we undertook 55 interviews involving 70 participants. All interviews were conducted online. These included:

- 15 group or one-to-one interviews (based on partnership preference) with 30 staff representing all 15 partnerships.
- 20 interviews with a diverse range of social care providers. 18 of these providers covered 8 different partnership areas and two providers covered multiple partnership areas.
- 20 interviews with international workers from 6 different partnership areas. At the time of interview 8 workers were displaced or were looking for a new sponsor, 9 had found new sponsors and 3 had employers willing to sponsor them but were waiting for this to be approved.

## Partnerships

The 15 partnerships in receipt of the IRF 2024-25 covered nine regions across England (based on ADASS regions), seven at regional level and eight at sub-regional level. The sub-regional partnerships covered two regions – one region was divided into three sub-regional partnerships and the other into five. All partnerships were already established and had received funding from the IRF 2023-24. All partnerships were invited to participate using contact details for partnerships shared by DHSC with the research team.

## Partnership Participants

All 15 regional and sub-regional partnerships were interviewed between May - August 2025. In total 30 individuals participated (range 1 - 4 participants per partnership) and included those in partnership leadership/management (n=16) and delivery roles (n=14), based in local authorities (primarily in commissioning and workforce roles as well as human resources, grant management and refugee support teams), regional ADASSs, care provider alliances/networks and Integrated Care Systems (ICS).

All partnerships had continued in their arrangements as either regional or sub-regional partnerships, from the previous years' funding. Whilst partnerships were required to have a nominated lead local authority to receive the grant, the composition of partnership teams and effective leadership of partnerships differed significantly across England. Based on our

evaluation of the 2023-24 Fund<sup>24</sup> partnerships had described their working arrangements as being based on:

- existing or modified organisational structures and arrangements for workforce planning and delivery in which partnerships were primarily LA or sometimes ICS led, or
- new arrangements convened directly in response to the International Recruitment Fund, and either care alliance, ADASS/Skills for Care or jointly led (by LA, care alliance and/or ADASS) partnerships.

## Limitations of partnership interviews

Most partnerships were interviewed whilst they were working on IRF 2024-25, but a few were already engaged in activity which drew on the IRF 2025-26 Fund. This may have resulted in some uncertainty in recall of activities relating specifically to the IRF 2024-25. We are mindful that partnerships accounts are based on what they chose to tell us and were not expecting a full account of partnership activities; these were reported to DHSC in quarterly returns that were not shared with us as part of this evaluation.

## Providers

The first interview was with the manager of a provider that had contributed to our evaluation of the IRF 2023-24 programme. The next nine providers interviewed were recruited via the IRF partnerships. The remaining ten providers responded to a notice shared via the NHS Capacity Tracker<sup>25</sup> – a platform used by adult social care and health providers to share real time information about capacity and vacancies that can be used by local and national agencies to inform policy and planning decisions. Two of these providers had been told that their sponsorship licence was being withdrawn. One of these providers had successfully challenged this decision and the other was in the process of trying to get this decision reversed at the time of being interviewed.

## Provider Participants

The 20 provider interviews were carried out between March and September 2025. The mix of providers interviewed delivered a good representation of provider types, size and region. Data collected through the interviews also showed a mixture in terms of dependence on international workers (proportion of workforce recruited internationally) and experience of recruiting displaced workers (independently and/or through the IRF partnerships). Details for each provider are shown in the table in Appendix 3. To preserve anonymity, information

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<sup>24</sup> Kharicha, K., Kessler, I., Steils, N., Samsi, K., & Brown, J. (2025). Evaluation of the International Recruitment Fund for adult social care for 2023-24. NIHR Policy Research Unit in Health and Social Care Workforce, The Policy Institute, King's College London. <https://doi.org/10.18742/pub01-202>

<sup>25</sup> <https://www.necsu.nhs.uk/digital-applications/capacity-tracker/>

on partnership region/sub-region has been excluded from the table. However, the number of providers per partnership is provided in Table 1.

*Table 1 – Provider interviews by partnership*

Partnership	Count
Cheshire and Merseyside	4
East Midlands	2
East of England	1
Lancashire and Westmorland	1
NC London	1
NW London	3
Southeast	3
Yorkshire and Humber	3
Multiple	2
<b>Total</b>	<b>20</b>

## Limitations of provider interviews

Although the 20 interviews provide a good representation of different provider types and experience of international recruitment the sample is small and does not cover all partnership areas for example the North East, Sout West and within North West and London sub-regions. Furthermore, the individuals interviewed performed different roles within their organisations and some had more knowledge and experience of international recruitment and working in adult social care more generally. The self-selection of participants also means that our sample was likely skewed towards those who considered themselves to be ‘good employers’ and compliant with employment and immigration laws.

## International workers

To help recruit international workers to this research we asked all partnerships to send a short email with our contact details to international workers they had or were continuing to support to find new employment and with visa sponsorship. This email indicated that workers selected to be interviewed would receive a £20 shopping voucher as a thank you gift. Between April and September 2025, we were contacted by 134 workers expressing an interest in participating in this research. To help determine which workers to invite for interview we requested further information about their background and current sponsorship status by email. The 20 workers subsequently invited for interview were selected from the 67 workers who responded. Details of information shared through email exchanges with the 67 workers are included in Appendix 4.

## Worker interview participants

Online interviews with 20 of the 67 workers who had responded to requests for further information were carried out between April and September 2025. The interviews were recorded with the permission of participants and professionally transcribed.

In selecting participants to invite to an interview, care was taken to provide a representative sample of different countries of origin, partnership region, first employer type and current sponsorship status. Details are provided in the tables below.

All the workers interviewed arrived in the UK from an African country although one of the workers from Kenya held an Indian passport (Table 2).

*Table 2 – Worker interviews by country of origin*

Country	Count
Ghana	5
Kenya	2
Nigeria	6
Sierra Leone	1
South Africa	2
Uganda	1
Zimbabwe	3
<b>Total</b>	<b>20</b>

For 14 of the workers interviewed their first employer was a home care provider. The other 6 worked for an employer defined by CQC as a ‘service provider’ but typically referred to as an agency by the workers (Table 3).

*Table 3 – Worker interviews by first employer type*

Employer type	Count
Home care	14
Service provider	6
<b>Total</b>	<b>20</b>

At the time of interview, 9 workers had found a new sponsor, 3 had found a new employer willing to sponsor them but were waiting for this to be approved and the other 8 workers were displaced and had not found new employment (Table 4).

*Table 4 - Worker interviews by sponsorship status*

Has new sponsor?	Count
No	8
Yes	9
Awaiting approval	3
<b>Total</b>	<b>20</b>

The workers interviewed came from six different partnership areas across England (Table 5).

*Table 5 – Worker interviews by partnership area*

Partnership area	Count
East of England	2
Lancashire and Westmorland	3
NC London	5
NW London	1
Southeast	4
Yorkshire and Humber	5
<b>Total</b>	<b>20</b>

At the end of the interviews, participants were asked to indicate their gender, age group and ethnicity. These data are reported in the Table 6 below.

*Table 6 – Demographic background of workers interviewed*

Gender	Age group	Ethnicity
Male	13 Under 25	1 Asian/Asian British – Indian
Female	7 25-39	9 Black/Black British - African
	40-49	8
	50-59	2
<b>Total</b>	<b>20</b>	<b>20</b>

## Limitations of worker interviews

The international workers interviewed represented a good mix of partnership areas and experiences in terms becoming displaced and seeking new sponsorship. However, the sample size of 20 was small and all participants came from an African country, although one was originally from India. Moreover, the workers had all contacted their partnership mailbox, whilst many displaced workers have not done so. Workers had experience of being employed by home care providers and ‘agencies’ so the views of displaced workers originally employed by nursing or residential homes is not captured in this study.

## Analysis

With assurances of anonymity, all interviews were recorded and then professionally transcribed. Both researchers also field notes which were then shared to compare emerging findings and identify further potential lines of inquiry to be discussed in subsequent interviews. These notes and discussions were also used to inform regular discussions with DHSC officials throughout the research project. These meetings provided an opportunity for the researchers to discuss emerging findings, seek advice and clarification as policy changes were introduced.

The interview transcripts were analysed following a thematic approach<sup>26</sup> guided by the research questions agreed in the research protocol. The first stage of this process involved the researchers coding the interviews they had each carried out. The researchers then compared and discussed the themes to emerge from this initial coding to arrive at the key themes reported in this article.

The findings are presented in three main parts related to the experiences of the main stakeholders: the partnerships, providers and international workers.

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<sup>26</sup> Braun, V., & Clarke, V. (2019). Reflecting on reflexive thematic analysis. *Qualitative Research in Sport, Exercise and Health*, 11(4), 589–597. <https://doi.org/10.1080/2159676X.2019.1628806>

# Findings: Partnership Perspectives

This chapter reports the experiences and approaches of the 15 partnerships in implementing the IRF 2024-25.

## Key findings

- The Fund helped to establish and embed infrastructure, dedicated capacity and expertise to support displaced workers and tackle exploitation and unethical practices. Engagement in related activity was variable across partnerships and local authority areas.
- Partnerships established different models of mailbox systems as a point of contact for displaced workers; however, only a small minority of all displaced workers contacted them and numbers of workers matched into new roles was low at the time of our research
- Partnerships offered or signposted care workers to information, advice and training for re-employment and skills development both specific to ASC and working/living in England. Welfare, pastoral and legal support formed most of the response offered to displaced workers who presented with acute needs. Partnerships worked with cross-sector partners, and some offered support on an open-ended basis in the absence of the 60-day rule to leave the country being enforced.
- Partnerships offered or signposted care providers to information, support and training on recruitment and immigration processes amidst changing policy and a screened list of care workers looking for re-employment. Some partnerships provided financial incentives to care providers recruiting displaced workers. Variability between partnerships in the reimbursement they offered providers for recruitment and immigration costs frustrated partnerships and providers.
- Successful matching was hampered by partnerships' limited networks with care providers in most partnerships and difficulties identifying suitable vacancies meeting the terms of the Health and Care Worker visa and with a trusted sponsor. The terms were restrictive for providers who require workforce flexibility, particularly in home care.
- Some providers continued to employ displaced workers on a (up to) 20-hour/week basis illegally, despite the displaced worker no longer being employed by their primary employer/sponsor. Some of these care providers, additionally, did not hold a sponsor licence.
- Provider hesitancy to recruit displaced workers was also due to changing, complex and costly immigration requirements at a time of increased employment costs. Some raised concerns about the suitability of displaced workers, including a shortage of female drivers (for home care), English language proficiency and, in some cases, interest and commitment to care work.

- Partnerships worked to prevent future revocations and exploitation by risk rating and quality assuring care providers. They also supported workers at risk of displacement and exploitation as well as those who had experienced these. Partnerships were frustrated at having to respond to perceived lack of due diligence at a national level, locally.

## Pivoting objectives to meet the aims of the IRF 2024-25

The shift in policy aims from the IRF 2023-24 to IRF 2024-25 meant that partnerships were asked to pivot from working on the *recruitment* of international workers to *retention and support* for those already in the country, particularly those who had lost jobs following the revocation of their employer's sponsor licence and/or experienced exploitation.

This section considers the implications for partnerships, firstly, in relation to infrastructure and administration and then, function and process. Illustrative quotes from partnerships, numbered 1-15, are included throughout the chapter.

### Infrastructure and administration

#### Broader stakeholder engagement

Broader stakeholder engagement was deemed necessary by most partnerships to meet the aims of the 2024-25 Fund compared to the previous year. Many expanded their partnerships to include teams from within the council/borough such as workforce development and refugee teams, reflecting efforts to embed international recruitment within existing mainstream workforce and training initiatives, and support already provided to displaced people.

Wider partners included care provider associations, ADASS, diverse third-sector organisations and NHS/ICS teams. This was based on learning from the previous year's Fund to facilitate reach to care providers, and in recognition of the multi-faceted response needed to address the significant welfare, housing, employment and immigration needs of displaced workers and any dependents. The inclusion of additional stakeholders required establishing new steering groups or formal agreements, and some via commissioning new services.

*Previously it was only social care commissioners. I quickly realised actually we need the works and skills leads from each locality as well in that partnership, so they were brought in.. So that's been a big change, is bringing them in as part of the conversation because, as I say, the focus shifted from bringing new people here to actually making sure the people that are already here can find work and actually get them work-ready. (Partnership 10)*

## Increased dedicated capacity

Establishing a mailbox as a point of contact and support for displaced workers necessitated a substantial increase in dedicated staffing and infrastructure. Where previously international recruitment had been an add-on to existing roles in some partnerships, *all* partnerships included full-time and part-time positions or reallocated significant staff time to deliver the 2024-25 Fund.

*We were slightly at a disadvantage in the previous year by not having a dedicated role in this space, it wasn't sufficient enough to be able to add it on or ask people to take on additional responsibilities, so [full-time staff member in delivery role] came to us beginning of last year, ... and [is] the one that literally holds it all together. (Partnership 13)*

Partnerships also considered that proportionately more money needed to be spent on infrastructure and staffing rather than, for example, being passed onto the sector in grants.

*In year one we used the majority of funding to fund bursaries to add new capacity into the sector, probably 80, 90, percent of the money went directly to providers for bursaries. In year two we've used around half of the money, in terms of building the infrastructure across the region to support the job matching process. (Partnership 15)*

## Continuity in partnership staff and senior commitment to international recruitment

Given the complexity of international recruitment and the diversity of the ASC sector, continuity in both oversight and delivery roles was essential to enable expertise and working relationships to embed and develop. Newly convened teams for the IRF 2024-25 were at a disadvantage which was described in their experiences in several aspects of their work related to the Fund.

Greater continuity in leadership was reported by regional partnerships compared to sub-regional partnerships. In all seven regional partnerships, despite some changes in senior membership, at least one person remained in a leadership role and continued to oversee the IRF. This regional partnership described how continuity in steering group membership had helped.

*We maintain the steering group with the same members [LAs, ADASS, Care Associations], so that hasn't changed and I think that's really helped across the two years, to have that continuity ... that's been that way since we started the project, and we work really well together, we've got a good relationship, I think it's... helped go further this year. (Partnership 15)*

However, in 6 of the 8 sub-regions there was a change in personnel in leadership or management roles, and in some partnerships the entire team was new. Sub-regional partnership teams were typically smaller than regional teams which meant changes in staff

had greater proportional impact. In one of the 6 sub-regions an individual had moved from being in a delivery role in the previous year to a managerial role in the 2024-25 IRF.

Strong leadership and senior commitment to international recruitment remained essential to leverage engagement as partnerships reported (as previously) that interest in international workers was variable across LAs due to competing demands and interests.

*You need to have somebody that's going to be the head of the table, rather than saying, okay, here you go, here's the money, and then go ahead and deliver because you're not going to get the right results, or you're not going to get that good collaboration and partnership working. (Partnership 7)*

## Initial delays and establishing mailbox systems

The transition to IRF 2024-25 was delayed because of purdah, ahead of the general election in July 2024, and this had implications for the partnerships.

Firstly, the funding for IRF 2024-25 did not align with the financial year and the gap in funding impacted negatively on the ability to retain partnership staff and implement programs. Partnerships were frustrated with short-term funding cycles (12 months) and delayed disbursements that made it challenging to plan long-term initiatives and retain dedicated staff.

Secondly, in line with the Conditions of the IRF 24-25<sup>27</sup>, all partnerships were required to establish a mailbox system to serve as the primary point of contact for displaced workers and to match workers to vacancies. In effect, this required partnerships to set up a system to check email enquiries from workers and decide what level and type of support they would offer directly and what support they would signpost workers to. The terms of the IRF 2024-25 Fund stipulated that the mailbox model had to be compliant with [Employment Agencies Act 1973](#) and the associated regulations [The Conduct of Employment Agencies and Employment Businesses 2003](#). An exemption was applied for local authorities under section 13(7) of the Employment Agencies Act 1973.

However, there was a period of uncertainty and clarification needed to establish whether the partnership working model was compliant with terms of the [Employment Agencies Act 1973](#) and the associated regulations. As some partnerships were effectively led by non-local authority organisations, alternative models to carry out the job-matching and employment function had to be established, including investment in online/app-based platforms for job-matching.

*Local authorities, they were already doing job matching because they were exempt from employment regulations, so they could provide that sort of job, more direct matching, whereas some of the other organisations chose more of a signposting approach, or the job*

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<sup>27</sup> <https://www.gov.uk/government/publications/international-recruitment-fund-for-the-adult-social-care-sector-2024-to-2025>

*fairs, so if you have a job fair it's not... it's getting everyone together, but it's not direct matching. (Partnership 2)*

*ADASS can't be an employment agency, neither can [name of] Care Alliance, and so this is why we've ended up with a separation of the database and then a way of introducing new employment, using the [on-line] model, and that was because we had to get around the restrictions around being an employment agency... so this is why you've got them in different sections, if you like. (Partnership 14)*

Partnership arrangements for mailboxes varied significantly across the country. Most regional partnerships operated a central mailbox for the region, although one regional partnership hosted multiple mailboxes based on local authority areas. Sub-regional level partnerships differed in what infrastructure or resource was region-wide or sub-region specific. Mailboxes were hosted by the effective lead organisation of the partnership, and the model reflected the partnership composition, proportion of Fund allocated (based on partnership application forms shared by DHSC), and support offer, initially to care workers and then providers.

All configurations of mailbox required significant resource to manage and operate due to the number and complexity of cases and joint working required to meet displaced workers' needs.

## Evolving response, infrastructure and staffing requirements

Additionally, partnerships had to adapt their initial plans and approaches over the course of the Fund in response to the significant policy announcements and legislative changes that took place.

*It's really about the legislative changes as well, so it's always been responding at pace to requests and implementing to meet needs and trying to make impacts, but certainly the immigration rule change on the 9th of April, and then the new White Paper, and then it's when... the curtailment of the 60-days' notice is on pause at the moment, when's that going to kind of... so it would be lovely to have some kind of road map of what's going to happen, but that's wishful thinking. (Partnership 2)*

All partnerships reported challenges related to the capacity required to manage the evolving nature of mailbox enquiries and the scope of their work with providers. For example, during the Fund, mailbox contact details for all partnerships were made publicly available on government websites<sup>28</sup> (12 May 2025), which resulted in huge increases in contacts by workers from across England (and not just from within the region/sub-region) and willing to work across the country, care workers wanting to change jobs (typically from home care to care homes) and even people looking for care work who were still in their home countries.

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<sup>28</sup> <https://www.gov.uk/government/publications/support-offer-to-international-asc-workers-whose-employers-sponsor-licence-has-been-revoked/support-offer-to-international-asc-workers-whose-employers-sponsor-licence-has-been-revoked>

*It's been quite reactive because the level of interest from displaced workers that we thought we were dealing with, what we thought we'd get in a month we're getting in a day at the moment. (Partnership 1)*

Partnerships acknowledged the flexibility of the terms of the Fund, allowing them to rapidly adapt their plans and resources to the constantly evolving landscape and local demands. As enquiries to mailboxes expanded to a wider geographic pool of workers, and experiences of partnerships using digital jobs platforms was shared, partnerships reflected on whether international recruitment efforts were best placed at a local, regional or national level.

*Moving forward it might be helpful for digital... for some kind of platform for all international recruits to prevent them from needing to contact every single mailbox and then that increases volume for every mailbox. (Partnership 2)*

## Function and processes

The focus on retention, re-employment and response to exploitation meant the IRF 2024-25 was more focussed on workers than providers and described as moving from proactive working in 2023-24 to reactive working in 2024-25.

*It wasn't so much that we went from recruitment to retention, we went from ... recruit as many people as you can, recruit, recruit, recruit, that's the big message from the Government, doors are open visas are applicable, we will issue as many visas as you need and then, it was literally just shut, stop, now we stop, yeah, because suddenly there was an understanding that the powers that be needed to undertake some due diligence around this, and that actually there are issues with compliance, maybe there were issues with licences being issued ... but then there wasn't even a service. (Partnership 8)*

*This idea of year one, bring 'em in, bring 'em in, turn it on, turn it on, turn it on; year two, turn it off, turn it off, turn it off. What are we going to do with all this water that's come out of the tap that we've turned on? (Partnership 9)*

Previous orientations of partnerships varied: some were already working in ways which aligned with the new focus and as result were more easily able to pivot than others. Three partnerships reported that as their focus during the IRF 23-24 had already been on retention, pastoral support and embedding international recruitment into existing infrastructure with a view to sustainability, the shift to the IRF 24-25 was less of an adaptation.

## Partnership targets for the mailbox

At the outset, none of the partnerships reported setting goals or targets for the number of displaced workers they would support or find employment for. In the absence of accurate national or regional data on displaced workers and providers with sponsor licences to inform

planning in most partnerships, they did not know what to expect in terms of numbers of workers or the complexity of support they would require.

*We haven't set any goals or KPIs or anything like that around this project. I think it was because it was so unknown really, what was going to happen. (Partnership 11)*

Instead, partnerships described their intention to help as many people as possible.

During the Fund, partnerships were given a deadline of Dec 2024, by DHSC, to respond to and clear any backlog of contacts by displaced workers to the mailbox up until that time. Partnerships were able to respond to the task, but it was evident that the numbers of people contacting the mailbox was significantly lower than had been written to by UKVI. During the year, there was a cumulative increase in workers being supported by the mailbox as the complexity of cases and volume of enquiries increased, particularly following the time when mailbox addresses for all partnerships were shared by DHSC on-line. Partnerships that signposted workers rather than provide a direct matching service were less able to report on the numbers of workers who they supported to find work. Partnerships were concerned about the lack of baseline data and how their varied efforts to support workers and providers will be measured.

*We're slightly concerned about the data and how that is going to be picked up nationally, to be able to demonstrate what success looks like for the programme, and we're banging on about that directly... there needs to be some baseline for us to be both measured up against but also to demonstrate the impact that we're having. (Partnership 14)*

## Matching displaced workers to suitable alternative employment

Partnership approaches to matching varied significantly and included bespoke 1-1 support, events such as job fairs to bring workers and providers together, and signposting workers to online/app- based jobs platforms, NHS/ICS recruitment teams or workforce development organisations such as care academies.

*We supply the redeployment support, application support, signposting and hearing what their needs, then linking in with our partners to ensure their additional needs are met, but it's not simply a robotic service, it's listening, acknowledging, it does take a lot of effort. (Partnership 6)*

*Because we were adopting that self-help model, rather than that direct matching... we weren't simply doing that matching service, we were providing more a sustainable support for individuals, rather than that quick, reactive, let's find you a job role. (Partnership 13)*

Despite their efforts, most partnerships however reported that the successful matching of workers with job vacancies was very low or even zero at the time of interview, and numbers shared suggest significant variability across the country.

*It's unfortunate we haven't got more people into roles, but we only have a certain amount of providers who are engaged, and we only have a certain amount of vacancies as well, so I think with those things in mind it's quite a good result, although it doesn't sound a lot, it's still made quite a difference to those people's lives. (Partnership 3)*

The rest of this section focuses on the factors that challenged the re-employment of displaced workers.

Firstly, identifying care providers with vacancies and interest in recruiting workers on a Health and Care Worker visa, was dependent on partnerships' networks across a diverse social care market predominantly made up of private providers. Moreover, care providers are used to advertising and recruiting to their workforce themselves via a variety of routes and using their own judgements on suitability. Care providers in our Phase 1 study reported recruiting international workers through on-line jobs boards (e.g. Indeed), social media platforms (e.g. Facebook), employee and peer networks and recruitment agencies in the UK and other countries, in approaches similar to those used for domestic recruitment<sup>29</sup>.

Whilst partnerships had broadened the organisations they worked with in this Fund, in part to engage better with care providers, there was variable success in identifying vacancies, particularly in LA led partnerships that primarily worked with their commissioning teams and LA commissioned providers.

*What I will say is it is incredibly difficult to make contact with the sector of the market for which local authorities do not commission with, and not even the care alliance associations are able to engage with them... But then it becomes a confidential matter sometimes because often these questions are about... their business that commercially could be sensitive and they don't want to have a conversation with the likes of us in local authorities. (Partnership 13)*

*We also don't know where the vacancies are... and I hadn't really appreciated how manual this would be, or I hadn't appreciated how poor actually information from UKVI is either, and just the manual phoning of providers to find out that they don't exist or they don't have their licence, they don't know why they're on the list that we've... all of that stuff takes time. (Partnership 4)*

Secondly, partnerships had to ascertain providers' current sponsor status, availability of Certificates of Sponsorship (CoS) and interest in continuing to recruit international workers. Partnerships were aware that not all care providers with sponsor licences would be looking to continue recruiting international workers as they were likely to have experienced less turnover of staff.

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<sup>29</sup> Kharicha, K., Manthorpe, J., Kessler, I., & Moriarty, J. (2023). Understanding the impact of changes to the UK Health and Care Worker visa System on the adult social care workforce in England, Phase 1: The Visa Study. NIHR Policy Research Unit in Health and Social Care Workforce, The Policy Institute, King's College London. <https://doi.org/10.18742/pub01-145>

*I think before international recruitment my lead providers for home care were struggling to pick up packages, but I don't have any issues with capacity now, I don't have any worry around those lead providers being able to pick up packages of care. (Partnership 10)*

Working with providers who were new to international recruitment and needed support to meet immigration requirements was additionally time consuming.

Partnerships also reported having to carry out time consuming checks and due diligence to ensure providers wanting to recruit displaced workers were legitimate. A change in guidance during the Fund, designed to expedite CoS applications (without cost) to UKVI if accompanied with a letter of support from the Director of Adult Social Services (DASS), was welcomed by partnerships as this helped to quality assure providers. But the process caused significant delays and frustration in some regions due to increased workload for DASSs with competing demands on their time. Partnerships alluded to the challenges of convincing LA commissioners to invest time and money to investigate providers they do not commission. All partnerships expressed frustration at the perceived lack of due diligence at a national level by UKVI and CQC which meant that they were having to do the work to ensure that local providers were legitimate before offering suitable vacancies.

*I think we've done well as a local government and care association to respond to a challenge that wasn't created by us, I think we've done that really well and I think we've stepped up to the plate and done a great job. (Partnership 15)*

Thirdly, despite the high number of vacancies in the sector, there was a dearth of *suitable vacancies* particularly full-time roles that met Health and Care Worker visa sponsorship requirements in terms of hourly rate/number of hours and annual salary. This challenge was exacerbated in home care.

## Provider reluctance, compliance concerns and costs

Partnerships described the significant efforts required to encourage, reassure and support providers to recruit displaced workers.

*The candidates, the displaced workers came quickly. The people with the jobs... again, we hadn't realised at the beginning, we kind of thought if we told everybody this was the process, people would come, but actually people with vacancies have to be sold to; you have to not just tell them about the process, but you have to convince them this is the right way to go to fill their vacancies. (Partnership 1)*

Provider engagement was heavily influenced by policy requirements. Until the policy announcement in March 2025 (which came into effect on 9 April 2025) partnerships reported that many providers did not understand why they needed to change their usual recruitment practice and recruit via the mailbox instead.

*The change of rules on the 9th of April saw an increase in also the number of providers reaching out to mailboxes I think, and ... until then [we] were needing to go out and be a bit more proactive with providers, so if they come to our job fairs, kind of entice them in,*

*then I think as of the 9th of April and the changes in legislation from the amount of providers directly getting in contact increased. (Partnership 2)*

Partnerships reported providers' hesitancy to recruit displaced workers was influenced by frequent immigration policy changes and information from multiple sources which created confusion and fear of non-compliance and the potential impact of this.

The increased costs associated with employing care workers on a Health and Care Worker visa, including cost of sponsor licence, Certificate of Sponsorship (CoS) and Immigration Skills Charge were an additional barrier. This was compounded by increases in employment related costs not specific to the ASC sector such as National Insurance contributions and increase in the National Living Wage<sup>30</sup>. Some providers were reportedly also aggrieved by having to pay the cost of a CoS for employing a displaced worker as this had (or should have) already been paid for by their previous sponsor/employer. The increased rate of pay (at the time of writing) of £12.82/hour had an immediate impact, and a projected longer-term impact of CoSs being less likely to be renewed.

In response, most partnerships drew on the IRF 2024-25 to offer financial incentives to providers employing displaced workers. These included reimbursing immigration related costs and paying salary differentials for a time limited period (discussed further in parity with domestic workforce below).

*So, when [project worker] started, he called every single provider that we had in [partnership area] and basically just tried to badger them into taking people; it wasn't particularly fruitful. Since we've offered a financial support, and you can imagine people have been a lot more forthcoming... So the cost of the CoS for two years and a skilled worker visa for two years, and that has helped significantly. (Partnership 3)*

Amounts differed by partnerships and caused challenges when neighbouring partnerships were offering more to their providers.

## Negative perceptions of displaced workers

Despite the advantages of recruiting an individual already in the country compared to an individual still in their home country, namely the time and cost associated arrival, orientation and induction to living in the UK and working in adult social care, partnerships reported that some providers viewed displaced workers cautiously and individuals who had lost jobs for their own fault, rather than that of their previous employer. For some, these negatives views of workers outweighed the perceived benefits.

*I think there's that perception as well, ... people think, oh, they say they've lost their job for a reason, so they've never looked at necessarily [employing] displaced workers but, as we know, most people haven't lost their jobs through any bad practice or through anything they've done, it's they've been exploited, their provider's lost their licence or things like that, I think actually that's taken some work, ... selling to them; these are good people,*

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<sup>30</sup> <https://www.gov.uk/national-minimum-wage-rates>

*they've got the right ethos, they're here for the right reasons, they want to do the job, they've got great skills: come on, look at what we've got, but you know that's not as easy. (Partnership 1)*

Some providers were reportedly also dissuaded by delays or inability to secure references of displaced workers from previous employers for different reasons, including a lack of response from the previous employer/sponsor.

## Preventative work by partnerships

Although the overall activity related to the IRF 2024-25 was described as reactive to exploitation/license revocation, partnerships' knowledge of the ASC sector and international recruitment meant that many carried out a range of preventative activities aimed at individual providers, the wider ASC market as well as international workers.

For providers with sponsor licences, several partnerships offered immigration related training and support to providers to *avoid* sponsor licence revocation. This included working with providers who had received notification of licence suspension due to failure in meeting the administration requirements UKVI/HO monitoring requirements, to avoid jeopardising sponsor status inadvertently. Some partnerships liaised with UKVI on behalf of providers.

A few partnerships supported providers with their business and workforce planning to help avoid businesses folding, licences being revoked and to ensure they were not recruiting workers they could not employ for the term of their visa. This involved detailed conversations about provider care contracts, their security, the workforce needed to deliver them and any plans to expand their businesses.

*Making providers aware of their obligations, meeting Home Office standards, and then also understanding their own workforce. ... How many service users do you currently support? Where do you see your business going in the next, I don't know, two to three years? What is your plan? Because what I could see happening, which was a common trend... was employers were having their licences taken away, not understanding the processes... this is why you need to have a business plan, you need to understand your model and, for me there was a lot of workforce development that needed to happen, and lots of employers didn't even have that in place... I think that's the better way, rather than allowing a business to enter into something that they're... it's likely to fail. (Partnership 7)*

Partnerships actively worked to prevent further exploitation of workers by carrying out risk stratification of care providers, (e.g. checking Companies House, CQC ratings, the proportion of staff on visas), and working closely with LAs and care alliances to facilitate this. They also assessed the legitimacy of vacancies, to ensure that the displaced worker was placed with a 'good' employer.

*But just as anybody can set up a business, anybody can register with CQC. You fill in your paperwork, and you can register, and it can be two years before you get an inspection to see how legitimate you are as an organisation. So... ensure that they're good and they've had*

*that inspection and they are legitimate; we want to make sure that they're not agency, because obviously that's not allowed under the scheme, but agencies have managed to get themselves certificates. (Partnership 10)*

Partnerships worked with local authorities with available data on international workers to assess the scale of impact of licence revocation on the ASC market and service provision, as well as highlight services that might need support.

*[Working with ] [LA] now know that 25 percent of their care workers are international recruits, across all of their providers, so they know that if something happens, they've got a quarter of their care market workers that would be impacted, and so the news this weekend, those people alright, okay, that means we're going to have to think future about that, so that's one of the things they've done. (Partnership 14)*

Similarly, with workers, partnerships supported people *at risk* of displacement as well as those already displaced, e.g. workers who had been told that their CoS would not be renewed, were being given insufficient hours, or working only 20 hours (and no hours with sponsor). Various forms of training were offered including on modern slavery.

## Support for care workers affected by sponsor license revocations

It is important to state at the outset that partnerships were aware that only a small proportion of all displaced workers were contacting the mailbox (at the time of this study), and the Fund was focussed on supporting only those who contacted the mailbox.

*The big problem isn't the people that we've not been able to place, it's the three-quarters of the displaced workers that won't come anywhere near us. ... Four and a half thousand letters have gone out, and we got, tops, 1,000, so where are the others going? (Partnership 1)*

Partnerships reflected that displaced workers may have found alternative employment in social care themselves given their experience of the UK sector, found jobs outside of social care (illegally), or be without any paid work and in arguably the most precarious circumstances.

The support offers described to us have been grouped as: initial contact and assessment, employment and skills development, welfare, pastoral, and legal support, and ongoing support and monitoring, and are expanded on below. Care workers' own experiences of contacting mailboxes are reported in the third findings chapter.

## Initial contact and assessment

Workers typically received an initial automated response from the mailbox with sources of information for national support and a request for further details of their circumstances. These included geographical location, dependents, and immigration and employment status. Partnerships differed in the type of worker they would support; some tightening the definition to reflect and manage the scale of demand for support.

*That definition of a displaced worker will come up again as an issue this year ... I think there's an expectation that areas will just pick up whoever comes, whereas we can't do that because we've got so many coming through, we have to be able to prioritise, and we need their [DHSC] backing in the ones that we can't support. (Partnership 12)*

Partnerships reported that the numbers of workers dropped after the request for information, and some may not have replied as they were cautious of giving information to 'official bodies' and some may have found work elsewhere.

## Employment and skills development

Most partnerships offered support to increase workers' chances of re-employment such as help with job applications (e.g. CV, cover letter and application writing) and interview techniques, which were delivered by workshops, masterclasses, and personalised support.

Skills development offers were both specific to working in ASC, such as care certificate training, and adaptation to working in England. These included English language courses (in-person and online) drawing on existing ESOL (English for Speakers of Other Languages) courses available locally. Cultural awareness workshops, including to appreciate local colloquialisms, were provided by several to improve communication and integration.

*the English language, for many people it's not up to scratch to qualify for a visa, never mind working in social care, where you do need to be able to read and write care plans, you need to be able to converse with people, perhaps, who had dementia and they struggle with communication anyway, so I think that's the big challenge (Partnership 10)*

The lack of a UK driving license or driving experience in the UK was recognised by partnerships as a key barrier to employment in the home care sector. International workers with a driving licence from their home country which allowed them to drive in the UK for 12 months, had not always been able to take a UK driving test within that time frame due to the cost of lessons, vehicles, insurance and lack of driving test availability. In response, some partnerships provided costs for driving lessons as most vacancies were in home care compared to care homes. Partnerships also reported that most providers preferred female rather than male care because most care packages required female workers, reflecting the preference of care users.

Finally, partnerships reported that some workers who were contacting them were not well suited to social care employment. They were therefore difficult to support which raised broader questions about the regulation of the visa system, beyond the scope of our report.

*There are a group of people that everyone's looked at often and said no to... what can we do with that group of people? ... there isn't probably a level of re-training or opportunity that's available within that local area. (Partnership 9)*

## Welfare, pastoral and legal support

Partnerships recognised that a core element of their support offer had to be a response to the impact of being displaced and/or the exploitation experienced by care workers.

*The worry of that civic responsibility, as opposed to a social care issue, you've got people that are in the country that don't have access to public funds facing destitution ... really struggling and not surviving, so I think that's been the real focus. (Partnership 10)*

*A lot of them have gone through extensive, if you will, sort of exploitation that's probably had a knock-on effect on them, their wellbeing and their mental health, and it's that we look at as well. (Partnership 5)*

All partnerships commissioned or signposted displaced care workers to a range of charitable organisations and local services to provide crucial pastoral and welfare support. These included immigration and legal advice on housing, employment rights, safeguarding, whistleblowing, food banks and community groups for practical and social support. One partnership offered social work support recognising the complexity of need that displaced workers presented with. Partnerships commissioned well-being services which were available on-line or drew on support available to NHS workers via the ICS.

Some partnerships provided financial assistance in the form of grants to care workers for visa refunds or work-related expenses like transport, car insurance, or clothing. In specific cases, where children were involved, local authorities described their statutory duty to support families and provided direct financial aid for housing and basic living costs to prevent destitution. Most support was offered in person and by phone, some regions developed digital apps offering information on living in the UK, banking, and accommodation.

*So we work with the care workers' charity and we have given them a grant to enable them to give individual grants to care workers to either... so there's two grants that they can apply for; one is for refund of their visa and the second is for work-related expenses, so transport or if they need to buy a bike or car insurance or clothes, shoes, that kind of thing. (Partnership 2)*

Partnerships reported that due to the significant psychological and financial distress workers presented with, they had to support their mailbox staff because of the emotional impact of this work.

*I think we came into this as a way of helping people, and we've landed up thinking... it's actually really depressing, the amount of people we have got wanting help that we can't help, that's basically it. (Partnership 4)*

Partnerships were mindful that the time they were giving to screening all contacts to the mailbox (as described earlier) was compromising the time they had available for people in very challenging circumstances.

*It became very unmanageable and people that are in probably the most need are at risk of being unsighted because of all of the other people that are searching for different types of support being directed to the inbox. (Partnership 9)*

## On-going and open-ended support and monitoring

The majority of workers were supported by mailbox staff for an undefined, open-ended length of time, with some partnerships describing that funding from the IRF 2025-26 had been ear-marked to enable support to continue. Initially, partnerships had expected a maximum of 60-days support for displaced workers in line with the guidance for Health and Care Worker visa holders. This states that if the employer/sponsor loses their licence, the worker's certificate of sponsorship is cancelled, Health and Care Worker visa is limited to 60 days (or remaining time left on the visa if that is less than 60 days) and the worker is required to leave their job and leave the UK unless a new visa application is made within that time.<sup>31</sup> Partnerships reported that displaced workers had not been contacted by HO/UKVI to leave the UK (at the time of interviews) and they were unsure how to manage this group.

*There have been a handful of people who we just would not have considered suitable, and we've never had something that says, this is where you should direct these people to, so we do our best to signpost them to immigration advisors, to citizens advice, to consider other routes, to UKVI websites, other pages, but now that I'm talking to you I'm thinking, probably get back and ask, could somebody put something together for us. (Partnership 12)*

Within the minority of workers who were successfully supported into new roles, in a few cases, on-going support extended to post-employment follow up with the workers by mailbox staff to ensure fair treatment, monitor contract terms (holidays), and prevent re-exploitation. In one partnership, relocation costs were covered to move some workers to areas with available vacancies.

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<sup>31</sup> <https://www.gov.uk/employee-lose-sponsor-licence#:~:text=certificate%20of%20sponsorship%20is%20cancelled,to%20leave%20the%20UK%20immediately.>

## Wider challenges and successes

### Loopholes, exploitation and flexible working

The terms of the Health and Care Worker visa state that visa holders are eligible to work an additional 20 hours per week in the same role with a different care provider, as long as they remain employed by their sponsor<sup>32</sup>. Care providers are required to hold a sponsor licence and check the worker has a right to work before employing them on this basis or risk a fine from the Home Office in the order of £60,000 per illegal worker<sup>33</sup>.

Partnerships reported that, in the absence of up-to-date Home Office records on both providers who had had licences revoked and care workers who had lost their sponsor, both providers and care workers had knowingly and unknowingly continued to work within this '20-hour loop hole' in different arrangements, in effect allowing illegal and exploitative practices to continue. Partnerships felt the lack of inter-agency data sharing between HMRC and the Home Office exacerbated this and without the 60-day rule for displaced workers to find a new sponsor/employer being enforced, there was no incentive for the practice to cease.

Partnerships were also aware that for many displaced workers, the availability of this type of work was a lifeline and were keen to find a solution that did not further jeopardise their circumstances and push them into added destitution. They were also aware that the flexibility of 20-hour contracts was more suitable for some providers particularly in home care. The 20-hour rule made male carers more employable as providers had reported difficulties finding full-time hours for men.

In response, a few partnerships described conducting careful investigation of circumstances and offering support and incentives to providers to become sponsors and to employ displaced workers legally.

*You will have an individual who actually lost their right to work probably a year ago because their employer's licence was revoked, they've gone to another organisation and said, oh, can I have some supplementary work? ... They're still showing as active on the system, that employer's taken them on. (Partnership 7)*

*We do that by using our pastoral care services to be able to ask the recruit who they're working with, and then we can try and, gently... gently, gently... gently, slowly, catch a tiger, right? (Partnership 8)*

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<sup>32</sup> <https://www.gov.uk/health-care-worker-visa/taking-a-second-job>

<sup>33</sup> <https://www.gov.uk/penalties-for-employing-illegal-workers>

## Parity with domestic workforce

Partnerships shared their own views, as well as those of some providers, on the need for fairness between international and domestic ASC workforces. As in our previous studies, the challenge of having workforces on different pay rates because of the terms of the visa remained. Providers outside of London and the south of England, where pay rates for domestic workers were more likely to be at the rate of the National Living Wage, were especially affected.

The wider benefits being offered to international workers during the IRF 2024-25, such as paying for driving lessons and tests also caused tensions. Funding to support international workers to find employment was facing increasing push back and was perceived as being at the expense of domestic workers, despite there being a decrease in the number of domestic workers taking up jobs in ASC since the introduction of the visa<sup>34</sup>.

*The one thing that I would have liked to have seen different is something that invested within the market a little bit more broadly and not just focused on overseas workers to create parity between the workforce, because what the funding has done is divided the workforce. So, if there were one thing that would have been helpful, it would have been the scope to be able to ensure that we could take the opportunity to create parity between the two sectors of the [workforce]. (Partnership 13)*

The IRF 2024-25 also coincided with a time of significant political and societal attention on wider immigration issues and regular reporting in the media.

## ASC workforce beyond international recruitment

During the time of this evaluation, policy changes to stop international recruitment of care workers were announced<sup>35</sup>. The over-riding reaction from partnerships was of concern for the sector, particularly in the longer term. They considered that international recruitment had been a useful response to acute workforce challenges post-Covid and post-Brexit and internationally recruited care workers that had remained in ASC had helped to reduce vacancies and workforce pressures. International recruitment of care workers was, however, considered a short-term solution rather than a sustainable strategy to the long-standing problems in ASC related to low pay, poor terms and conditions and a lack of workforce strategy. They also expressed concern that in the short-term, the numbers of displaced workers could increase if care providers did not renew CoSs for existing workers due to the costs of keeping them employed, when wider employer costs had increased.

*International recruitment has solved the problem, but unfortunately, they're ripping off the plaster before the wound's healed. We haven't solved the issue as to why people aren't*

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<sup>34</sup> <https://www.skillsforcare.org.uk/news-and-events/news/vacancy-rates-in-social-care-return-to-pre-covid-levels>

<sup>35</sup> <https://www.gov.uk/government/publications/restoring-control-over-the-immigration-system-white-paper>

*working in social care, and the only way we're going to solve that is with more money.  
(Partnership 10)*

## Established infrastructure and expanded partnerships to support international workers

Although the successes reported by partnerships were limited, they identified aspects of international recruitment to support the ASC sector enabled by the Fund. Despite International Recruitment Funds to date having been limited to 12-month funding cycles and with gaps between Funds, partnership reported that continued funding in 2024-25 had allowed them to establish dedicated teams, robust mailbox systems as part of wider infrastructure, broadened governance structures and new collaborations, and embedded a nuanced understanding of international recruitment and retention within ASC.

Additionally, the Fund had enabled cross-sector infrastructure to support displaced workers, deal with revocations and suspensions of sponsorship in ASC market which partnerships were certain would not have been possible otherwise. As such, the Fund had enabled a more resilient system to be built for responding to the crisis.

Most partnerships regarded even the small numbers of people they had supported into work as being a success, but that the pastoral support they were able to offer displaced workers was key given the experiences of most workers who contacted them. In terms of providers, the Fund had facilitated better engagement with providers across the market, helped them support providers to make informed decisions on whether or not to recruit via this route, and increased partnerships' confidence in identifying and responding to exploitative practices.

*I think in terms of bringing the region together to actually make sure that they've got the resources to deal with situations where you've got suspensions and revocations, that's the major one. If there is a provider that's going to go over because ... their licence has been revoked, all of our local authorities have in place their ability to manage that and deal with the fallout and they know that they've got the support around them to help them with that. The other impact is obviously making a difference to individuals who've been displaced, and we've got some really good examples of where people have been displaced and then gone on to find new work or who have been supported. (Partnership 14)*

# Provider Perspectives

This chapter reports findings from the 20 interviews with social care providers carried out between April and September 2025.

## Key findings

- Prior to the requirement for providers to demonstrate that they had considered recruiting from the displaced worker pool (introduced in April 2025), awareness and engagement with partnerships was limited.
- Amongst those providers that had engaged most with partnerships, pastoral support for workers and legal advice relating to employment and immigration law were valued. However, some providers wanted partnerships to prioritise covering immigration costs and highlighted different arrangements across partnership regions in relation to this.
- Although engagement with partnerships has increased since April 2025, experiences of trying to recruit via the displaced worker pools had been variable. Although some providers had been successfully matched with new workers, more providers reported that they could not find suitable candidates.
- Some providers reported a lack of female drivers, and some questioned the English language skills or suitability to caring roles of some displaced workers in the pools.
- Many providers had successfully recruited displaced workers and other workers looking for new sponsorship independently of the partnerships and were continuing to do so because they could not find appropriate candidates in the displaced worker pools.
- Providers who had recruited displaced and/or exploited workers reported widespread experiences of exploitation and financial hardship amongst these workers. Experiences in dealing with the Home Office to get new sponsorships approved were variable.
- Many providers highlighted the important contribution of international workers and expressed concerns about not being able to recruit internationally and the increased costs and requirements associated with employing international workers from within the UK. Home care providers were especially concerned about future recruitment difficulties and not being able to respond to fluctuations in demand.

## Engagement with partnerships

Levels of awareness and engagement with the partnerships varied amongst the providers. Unsurprisingly, those recruited to participate in interviews via the partnerships were more aware of the support on offer than those recruited via the Capacity Tracker. These differences also reflected the extent to which different providers relied on international workers and whether they had recruited displaced workers (Appendix 3 provides more information). Several providers had only become aware of the partnerships after the announcement was made that from April 2025 providers would only be able to sponsor displaced workers if they could demonstrate that they had at least tried to recruit via the displaced worker pool.

Provider views and engagement also varied regionally and seemed related to the type and quality of support offered by regional partnerships. However, it is important to note that, as with the workers we interviewed, providers often referred to support offered via their local council and did not always distinguish between individual councils and the regional partnerships. Furthermore, providers did not distinguish between the levels and type of support offered across the different years of the Fund.

## Pastoral support for workers

Amongst those providers with the most experience of international recruitment views on the pastoral support offered to workers through the Fund was mixed. Some providers, covering five different regions, valued training offered to workers particularly in relation to cultural awareness. One provider explained:

*There was a programme that [regional partnership] had put on with [trainer], and it was around cultural intelligence...and there were three tiers of pastoral support which ended up with one-to-one counselling and things like that...extremely helpful and I would say [regional partnership's] got a good collaborative-type approach even now. (Provider 1, residential/ nursing home)*

Another provider from a different region commented:

*I think any pastoral support that can be given to sponsorship of employees is fantastic. From an employer's perspective, particularly now with the fees having gone up, it's a very expensive outlay, we couldn't offer this without financial support. (Provider 6, home care provider)*

Other providers also appreciated the flexibility and responsiveness of partnerships in meeting their needs. Another praised the one-to-one support and advice they had received to help them plan how they would support and train their new international workers. Elsewhere a residential provider explained that they had been able to claim back the costs of training new workers from their partnership.

However, other providers including some from the same regions as those who spoke positively about the pastoral support they had accessed, explained that they had not been made aware of what was on offer or preferred to arrange all aspects of pastoral support themselves. In a separate region a home care provider with a high level of dependence on international workers was highly critical of what their partnership offered:

*We tried, but they don't really know what they're doing. Their advice is generic and basic in nature, they have no genuine understanding of what it actually means to recruit an overseas worker, they have no understanding of the actual challenges the overseas worker faces when they come into the country. The stuff they talk about is white bread, it's very generic, very plain, you can Google it and find it, you don't really need their assistance. (Provider 2, home care provider)*

## Legal advice and compliance

Several providers across different regions highlighted a recent focus on the provision of legal advice and support to providers to ensure compliance with employment and immigration laws after increased reports of revocations of sponsorship licences across the country by the Home Office. Some providers valued this support, but others felt confident in their own knowledge and understanding of the law. Amongst those providers who were more experienced in international recruitment several had already paid for legal advice to help them get started.

One provider who really welcomed this focus on compliance was working closely with their local partnership on the development of an ethical charter. Another provider elsewhere thought that this recent focus on compliance was, in part, a response from local councils concerned about the impact of licence revocations on local service provision:

*The social services, because they potentially see it as a risk, because one minute that company can have capacity, and the next that company is probably not existing at all. I know they're concerned, so when they've come here and done inspections themselves, they've really gone to town to ensure that everything is as it should be. I know they worry about that. (Provider 7, home care provider).*

Two home care providers commissioned by the same local authority described significant disruption in their local home care market following the revocation of licences held by two major providers. In their view, the local authority had invited these newly established providers who were heavily reliant on international workers to tender for work to undercut long established home care providers.

## Covering recruitment costs

Provider views on the partnerships have also been shaped by the availability of funding to cover, or contribute to, the costs of employing displaced workers including the Immigration Skills Charge. Four providers, covering three different regions, had been able to claim money to cover costs. Two providers elsewhere who were aware of this discrepancy held very critical views about their local partnerships. One of these providers commented:

*How can it be that [neighbouring partnership region] are really supporting and using that Fund to very proactively get these people back to work, but the hub that we're in there is no support whatsoever and we are having to fund all of that and we work on a three percent profit margin ...what we really need is to be on the same footing and to be able to work out how [neighbouring partnership region] can do it. (Provider 5, home care provider)*

The same home care provider quoted earlier who had been critical of pastoral support offered commented:

*They're very good at getting money from government departments to give advice, but very bad at passing any money to help people who need it. (Provider 2, home care provider)*

Another home care provider commissioned by two neighbouring councils that fell under different partnerships was able to claim money back for some workers but not others depending on which area most of their clients lived in.

## Recruitment of workers from the displaced worker pool

### Successful matching of providers and displaced workers

Three providers (all from different regions) spoke in generally positive terms about the process of recruiting from the pool. Two of these were residential homes and one was a home care provider. The advantage they found from recruiting via the pool was that their partnership teams would recommend suitable candidates meaning that they did not have to review hundreds, sometimes thousands, of applications and CVs they were receiving directly from displaced workers even after the mailboxes for displaced workers were established. As one of these providers explained:

*Okay, so now, we get loads come through to the website, loads still, and to be honest, I ignore it, I completely ignore it and I go straight to the displaced workers scheme and say, I have a vacancy for x, y and z, do you have any CVs...they send me through CVs, which is wonderful, and then I will interview them. (Provider 7, home care provider)*

### Suitability of candidates in displaced worker pools

However, most providers who had looked at candidates in the pools, including some who had previously recruited from the pools, were concerned about the suitability of candidates. Amongst home care providers the main reason for this was that they could not identify female drivers living locally in the pool. As one provider commented:

*The market demand is for women because a lot of elderly people don't feel comfortable with male carers. So, the problem is from a cultural perspective, particularly from Asian communities, not necessarily from African communities, but from Asian communities; a lot of them the wife doesn't drive or the wife is not encouraged to drive, it's still a very patriarchal system in certain respects, so we really struggle to recruit female carers who can drive. (Provider 2, home care provider)*

Similarly, another home care provider talking about their local pool commented:

*I've looked at... there's a site for that, and we had some information from [Council] about it, and I had a look, and I would have, if I'd found somebody on it living locally who owned a vehicle and all that sort of thing, I'd have probably grabbed them...so when I looked and there was a list there I didn't see anybody. (Provider 14, home care provider)*

Another home care provider also explained that recruiting carers who do not have a driving licence can create tensions with workers who do:

*So that's also impacted on relationships within the carers themselves because others thought, okay, you're over-using, we're doing more than the others and we're getting paid exactly the same; I'm driving, the other person is just passenger with me if we're working together, so that was a bit of friction among the carers themselves, so it's managing that aspect as well. (Provider 3, home care provider)*

Some providers shared wider concerns about the suitability of individuals in the displaced workers pool for care worker roles. One area of concern was around English language proficiency and related to that the reliability of qualification claims made by candidates. One provider commented:

*Some of my homes, they have done quite a lot of interviews and when it comes to the interview, some of them – I'm talking about the displaced workers – they don't have the English skills, they don't speak decent English. (Provider 9, nursing home group)*

Wider concerns regarding the motivation of some displaced workers and their commitment to caring were also shared by providers. One provider explained that the challenge they faced was to try and distinguish between those who might make good carers and those who had just used the care worker visa as a route to enter the UK:

*So when we're interviewing, we have to have value-based interview questions because what we're looking for is - are you a carer at heart? - basically, or was this a financial decision that was made for you to come over here, actually you don't really care... but a lot of these staff that come in, they have been carers in their own countries, either worked in their hospitals, worked in clinics or worked in care in some way, but not all of them, not all of them. (Provider 5, home care provider)*

Similarly, another provider commented:

*I feel like some people are displaced because care work... they were not care workers at heart, which is painful to say, as a nurse, why couldn't they just use – and I'd like the government to know – I think they use the care visa as a way of coming here, rather than that they actually wanted to do care work, and [unlike] us, the people who are in it with our hearts. (Provider 19, home care provider)*

## Engagement with displaced and exploited international workers

This section provides an overview of additional challenges that have been faced by providers often working independently or in partnerships in engaging with displaced workers or other international workers seeking new sponsorship.

### Responding to direct applications from international workers

All the providers interviewed had been regularly contacted by international workers seeking new sponsorship. This was regardless of whether the provider was publicly offering sponsorship, or advertising to fill vacancies, and after the partnership mailboxes had been established. One home care provider said they received thousands of emails every day in their recruitment inbox. Residential and nursing home providers often had workers knocking on the door or arriving in reception looking for work and sponsorship.

Providers did not know how many of these international workers had become officially displaced or how many were seeking new sponsorship because they were not getting enough hours and/or were being exploited by their sponsors. Nevertheless, some providers switched their attention to recruiting international workers already in the UK long before they were required to consider those in the displaced worker pool. One provider explained:

*We were receiving more and more and more calls for people that were already here but were not getting any hours at all from their sponsor and that were in really quite terrible situations, and it just seems that it was quite unethical of us to then be bringing more people in when there were so many people that were already here looking for new sponsors. So we kind of made a decision that that's what we would try to do, which then meant we had to go and get, and find, certificates of sponsorship, which took a while to get those, and that's what we've done and to date we have sponsored 32 people, and 30 of those people were displaced workers. (Provider 5, home care provider)*

Two other home care providers had taken on the sponsorship of workers who had been working an additional 20 hours with them but were not getting sufficient hours from their original sponsors. One of these was a large home care provider who had also taken on the sponsorship of friends of international workers they were already sponsoring, as well as

other workers “as a favour to the council” after other local providers had their licences revoked. The manager of a child and family assessment centre employing international care workers explained that they had been asked directly by other providers to take over the sponsorship of their workers after a licence revocation.

## Difficulties in arranging new sponsorships

Some providers reported that new CoSs were agreed quickly, in one case within a week. However, other providers reported long delays and having to wait up to 18 weeks for the process of sponsoring a displaced worker to be completed. But it was the inconsistencies that providers experienced when dealing with the Home Office that frustrated providers most. As one provider commented:

*I've found there's no consistency to their decision-making. So you set up an application form for some... whatever you want, whether it's undefined or defined CoS, If it's the undefined CoS where you'd have thought they would want to help companies hire people that are displaced; they're making it just as hard to get an undefined CoS as it was to get a defined CoS, so they ask a massive long documentation, they're asking, everybody asks different questions depending on the case worker you get, and they just come up with really spurious reasons why they want to reject the bid, and it's almost like instead of recognising that there's a company here that's actually doing a good job, providing care, paying the carers a good rate, doing everything as it should. (Provider 8, home care provider)*

One provider had been told that their sponsorship licence was being withdrawn because Home Office officials had mistakenly concluded that an international worker they had interviewed during an inspection was not meeting the terms their visa. This mistake was later acknowledged, and the licence was reinstated. However, at the time of being interviewed another provider was in the process of contesting the Home Office's decision to revoke their licence following a simple error in their application:

*Three weeks ago I got an email from the Home Office that they are going to withdraw my sponsorship licence. That alarmed me, I thought, oh, my God, what's happened? So they said I made a mistake, I used a wrong code for issuing the recent people I recruited, and these are people who were switching, not even switching, who were displaced... These are people who were... they are not working, struggling, I gave them work, and I used a code that I shouldn't have used... I had to write to the Home Office and say, honestly, the action you are trying to take, they don't match what has happened here. And I said, I'm regulated by Ofsted and CQC, I'm a professional myself, I have a huge responsibility, not only for the families we work with or service users, but also for staff who look up to me, to see that for their next pay check, and if I make a mistake and you... the impact of them withdrawing that licence from me is that 28 people are going to join the list. (Provider 13, family assessment centre).*

There was a feeling amongst some providers that Home Office officials did not always fully understand adult social care and the potential impact that decisions to revoke licences could have on established and well-regarded providers, those who commissioned them and those people in communities who relied upon them for care. Home care providers in particular reported finding it difficult to meet the evidential requirements now demanded by the Home Office. Another provider who reported being threatened with a revocation explained:

*We're a domiciliary care business, which means our work is transient, it means today we could have 1,000 hours of work, tomorrow we could have 900 hours, the day after we could have 3,000 hours; it depends how many people are being discharged from hospital, how long they live, if they are an unsafe discharge and they get returned to hospital quickly, if they've got infections, so there's lots of variables beyond our control that will determine how many hours we work... from April of last year, 2024, the Home Office changed the rules and said, yes, we can see you've got a contract, yes, we can see that you're getting paid because we sent them invoices from the council, work schedules so they could see all the evidence was there, but they said your contract doesn't give you a guaranteed number of hours, which is unlikely to change; if you apply again using the same documents, we might seek to revoke your visa, your sponsorship licence. (Provider 2, home care provider)*

Established providers acknowledged the need for the Home Office to act firmly to enforce the law in response to the illegal and exploitative practices that had affecting many international workers. However, even those with years of experience in sponsoring care workers, senior care workers or nurses often felt uneasy in dealing with the Home Office. Alongside the increased costs associated with sponsoring international workers, the uncertainty of dealing with immigration processes could be acting as a deterrent to those who might otherwise see the recruitment of displaced workers as an opportunity. One home care provider who was actively involved with their local care provider alliance and had extensive experience of sponsoring displaced workers had agreed to talk about the process with other local providers. Reflecting on this they commented:

*We invited a lot of domiciliary providers and home care providers, residential providers, along to say come and learn the process, this is how it is, because it is quite an onerous process, and at all points along the whole process you are being threatened with fines, if you get it wrong and if you ticked the wrong box, and so it is quite daunting, the whole thing. (Provider 5, home care provider)*

## Exploitation

The providers interviewed explained that nearly all the applications and contacts they had with people looking for a new sponsor came from international workers sponsored by home care companies. Many of these workers had received limited or no employment from these companies and were experiencing extreme hardship with some being forced to sleep in cars

or at bus shelters. One home care provider explained how they came to take on the sponsorship of international workers recruited by a newly established company in the local area:

*In the case [new home care company], I had staff of theirs coming through my door, a delegation of six of them came once, and they said we want work, we want to work for you, we're working in this area, but at the moment we're living in [town], 25 miles away and we're coming out every morning at six in the morning and getting home at 10 o'clock, 11 o'clock at night, even later sometimes, and doing six hours' work in the day, and I used to see them hanging around in supermarket cafés and car parks. (Provider 14, home care provider)*

After sponsoring some of these workers providers came to learn more about their circumstances. Many had paid thousands of pounds to illegal brokers in their home country, and one provider had learned of people paying up to £60k for arrangements to be made for a family to move to the UK. An example was also shared of one worker already in the UK paying £14k to a broker offering to arrange a new sponsor. Another provider recalled overhearing an old employer asking a displaced worker for £10k to pay for a reference so that they could secure their new sponsorship. One provider described how one displaced worker appeared to have been offered a job at their home without them knowing about it:

*I have had this experience where I was heading to work one of those days and my receptionist called me, my admin called me, and said there's a person who's here to start work, and I'm like, who is this, you know, so I went there and there's this guy standing, and there's an offer letter in his hand which looks like our company's offer letter, because they did it somehow, and then the offer letter also had my deputy manager's name on it, just her last name, but I'm very sure she never did it, but they found... it's all in the website, you have information and then they say, oh, here we go, this is a serious issue and everything, and it had nothing to do with us, and then we finally found out that it's an agency in [London Borough] or somewhere, they provide the CoS and then we had to actually call the Home Office and report and everything. (Provider 9, nursing home group)*

Reflecting on the impact of the exploitation of international workers another provider thought that this had had an adverse impact of the adult social care sector generally:

*Everyone was affected, even people who were following exactly the proper guidelines, according to what Home Office wanted, all of us now, they stopped everything because there was quite... I'd never seen such abuse in my life, like we had, I dealt with the people that had been in situations, and I was like, how can another person, another human being, do this to another person? How do you actually get someone from overseas, knowing very, very well that you don't have anything for the person? (Provider 1, residential/ nursing Home)*

## Future recruitment challenges

In this final section we reflect on what providers thought about the ending of international recruitment and other recent policy changes relating to the recruitment of domestic and international workers already in the UK.

### The contribution of international workers

The providers we interviewed, but particularly the home care providers, recalled the scale of the recruitment and retention crisis in the sector after Covid-19 and had strongly welcomed the addition of care workers to the shortage occupation list. One of these home care providers explained that at one point they had to turn down 60 per cent of the referrals being made to them by their local authority. Another remembered their local authority offering to pay an additional £1k per care package but still not finding home care providers able to accept these referrals. The crisis had also affected the care home providers we interviewed. One nursing home group was considering shutting down one of its homes before they were able to recruit from abroad. One of the residential home groups reported that they had been very heavily reliant on agency staff in each of their homes before they recruited international workers.

Furthermore, in interviews with both home care providers and care homes the commitment and work ethic of international workers compared to many domestic workers was emphasised. Since employing international workers one of the nursing homes had seen a dramatic decrease in staff sickness and they had not needed to use agency staff for almost three years. Home care providers explained that international workers were more willing to work long and anti-social hours and travel to more remote clients. In contrast, it was reported that domestic workers more often wanted only part-time hours that fitted around their own family commitments and did not affect their benefits entitlements.

The providers interviewed had continued to advertise vacancies widely to try and attract domestic workers and fulfil policy requirements to demonstrate that they had done so before they could sponsor an international worker. One residential provider reported having recently recruited two new domestic workers in recent months. However, most residential and home care providers were more despondent about the prospects for the recruitment of domestic workers given their experiences of trying to recruit locally in recent years. The two quotes below capture the sentiments expressed:

*In the first six, seven, eight years that I was there, we used to get young workers, and we'd have young British workers, mainly female, not exclusively, who would come to us looking for care work... we could generally offer any bright, capable young person with a car who wanted to do care work, we could give them a job, get them up and running, get them through NVQs if they were interested. By the time... by three or four years ago I was saying to my managers, wrong people, and indeed there's a growing different attitude,*

*and I think the aspirations of young people, a lot of them, where they are, in their heads was the idea that they might be working online in some way, or from home, and what we did find is that the young people that we did recruit only wanted to work three days a week, and were quite settled into the idea of maybe living with their parents indefinitely, so they weren't trying to strike out on their own. (Provider 14, home care provider).*

*I just don't think that the British can... they can't plug the gap, the carers, for whatever reason, it's just not compatible with people's UK living arrangements. I don't know what they might be, but child care for example, the staff can't get here for seven o'clock in the morning, or they can't work a late shift because there isn't any child care in the evening, it seems to be quite different for the British staff to arrange child care, whereas a lot of our overseas workers, they start work when they were still breastfeeding, or their mother is still in India and they go over and see... they've got completely different mindsets and work ethics, and it's scary really that we might have to rely on the British workforce as it stands really. (Provider 15, residential home group)*

## Recruitment of international workers from within the UK

Many of the challenges associated with sponsoring displaced workers have been described in the previous section of this chapter. However, recent increases in the costs associated with sponsoring displaced workers and increases to minimum pay levels (above the national minimum wage) could also have implications for the recruitment of displaced workers in the future. Home care and care home providers were frustrated by the increased cost of sponsoring (now approximately £3k per person) but particularly the need to pay the Immigration Skills Charge for people already in the UK. However, it was two of the care home providers that expressed the strongest concerns regarding the minimum pay rates and the impact this can have on their workforce:

*What I then don't want to happen is when we then go for renewal, you've got some parts of our list, this layer of pay and then you still have all your existing team who's been there ten years, 15 years, on a lower rate of pay, how do you... you know, and people talk, it's not something that you can then hide, and then you have an uproar in your team because we can't pay everybody the rate that the Home Office is requesting we pay IRs. (Provider 1, residential/nursing home)*

*I had an application two days ago from somebody who had got two years' experience in country, very experienced carer, would have snapped her hand off without a shadow of a doubt, can't trigger £12.82 across the board, so I've had to turn her down. (Provider 12, nursing home group)*

Three providers (two home care and a care home) were also concerned about no longer being able to recruit international students looking to extend their stay in the UK after completing their studies. One of these providers explained:

*They're already in the UK, they already spoke English, some of these guys are doctors, pharmacists, surgeons, you know, they're highly qualified people, they just needed the visa to stay in the UK...it's going to be massively difficult for us. That was our biggest pool of eligible workers, if you will. (Provider 11, home care provider)*

## Precurity of home care

Home care providers reported higher staff turnover compared to care homes and some were constantly looking to recruit new staff. Furthermore, home care providers explained that they needed to be flexible in responding to shifts in the demand for home care from local authority commissioners. As one provider explained:

*So, care homes, once they're fully recruited, you're done, that's it, that's your workforce, you're done. Now, domiciliary care operates completely differently because domiciliary care operates... we all work on zero hours... peaks and troughs, so when the hospitals, oh, we've had winter flu, winter pressures, etc., we need them to respond, we need more capacity, we have to build up the workforce knowing that we've got to hold that because we have to pay them for 37½ hours if they're working or not, that's what we have to pay, even though we're only commissioned on zero hour basis. (Provider 5, home care provider)*

Also reflecting on the dependence of home care providers on international workers another provider commented:

*What we get as a business is the ability to pick up referrals and... in a timely way, and we can always meet the capacity demands that are required. Without sponsorship, I could honestly say a lot of our businesses wouldn't survive... we'd be absolutely, excuse my French, screwed without them ...our industry needs these workers so desperately. (Provider 6, home care provider)*

# International Worker Perspectives

This chapter reports on findings from interviews with 20 international workers.

## Key findings

- Many displaced workers interviewed had experienced exploitation and financial hardship since arriving in the UK and some had been financially exploited before then by illegal brokers in their own country.
- Workers reported receiving quick responses after contacting the partnerships and most spoke positively about support provided in relation to CV writing and interview preparation.
- Only a small number of displaced workers interviewed had been successfully matched with new employers offering sponsorship, although some had found new sponsors themselves after first contacting the partnerships.
- Some workers were struggling to find new sponsors for many months, and in one case, for two years, and were not being matched with employers by the partnerships.
- We heard examples of international workers continuing to be exploited within the UK including through being asked to pay for new sponsorship.
- Workers raised concerns about employers who appear to be taking advantage of the 20-hour rule to avoid sponsoring workers they employed. Seven workers without sponsorship were illegally employed in this way at the time of being interviewed.

## Worker experiences of their first job

Before talking about their experiences of engaging with the partnerships, workers were first asked to share their experiences of finding and starting their first job in the UK. This helped us to understand why they had first contacted the partnerships to seek help to find a new employer and sponsor but also provided a sense of the financial and emotional difficulties most had faced.

## Paying brokers in their home country

All the workers interviewed had had negative experiences of moving to the UK and finding out that promises made to them were not going to be kept. For some these experiences started in their own countries where they were financially exploited by brokers offering to

arrange for visa sponsorship, as has been widely reported in the media and in our own previous reports. Three of the workers confirmed that they and their families had paid substantial amounts of money (between £7k and £10k) to these brokers and those that had not, knew of many other international workers who had been exploited in this way. One of the workers explained the lengths that their family had gone to raise the money needed to secure a visa:

*When you are coming from such poor countries like Uganda, third world countries, when you hear of an opportunity of coming here, you'd sell everything. If someone asked you for money to come to this country, if you had land, a house, you'd sell everything to make it here because you'll be earning better and improve your life and the life of your loved ones in Uganda. So, what happened was the company solicited money from us to come here, so we sold everything really, we had to borrow money because even when we sold our possessions, the money wasn't enough, so we paid a lot of money to come here. (Worker 2, displaced)*

## Starting work in the UK

However, negative experiences of their first job and sponsoring employer were universal. Upon arriving many workers found that their sponsor could not offer them full-time work even though this was a legal requirement. Moreover, some workers reported that their employers continued to recruit international workers even though they had insufficient work for their existing workforce. Nine workers said they had not received a single hour of work from their original sponsor. Others reported variable hours that seldom added up to hours required by terms of visa.

In addition to data collected through interviews we also investigated the status of each of the 60 companies named as first sponsors by workers who responded to email requests for information (see Appendix 4). Nearly all of these were registered with CQC as home care providers or generic 'service providers', typically described as agencies by workers, providing staff to a range of social care providers. The status of each of the 60 companies who had been first sponsors were checked on the CQC and Companies House websites in October 2025. We found evidence to suggest that 16 (27%) of the first sponsor companies were no longer operating as care providers or may soon no longer be able to:

- 9 companies had their CQC registration marked as 'archived' (meaning their CQC registration was no longer active) and 1 more had received 'warning notices' in July 2025.
- 3 companies were recorded as having been dissolved or under liquidation on the Companies House website, even though their CQC registration was not yet archived.
- 3 more companies had an active 'proposal to strike off' recorded on the Companies House website.

Amongst the workers interviewed not being properly paid for hours worked was a common experience. Familiar stories of not being paid for time taken travelling between clients or being asked to work split shifts were repeated. The quotes below provide examples:

*I was just doing four hours, forty-five minutes, I would start seven o'clock [am] and then I would finish at eight-thirty [pm]. (Worker 19, new sponsor)*

*I could even spend three hours in between - from another shift. So you are either sleeping in your... If you leave your house seven o'clock, start a shift from seven o'clock in the morning or half-past six in the morning and you finish your last shift ten pm, and imagine at the end of the day... your rota is showing that you are doing seven hours, or eight hours, or sometimes unfortunately six hours, the whole day from seven am to ten pm. (Worker 17, new sponsor)*

We also heard examples of workers having to pay for their own training and having the cost of uniforms deducted from their wages. One worker at a home care provider explained that they were required to drive other workers to clients using their own car and fuel they had to pay for themselves. Another worker explained that they had been paying their sponsor £300 a month to receive a false payslip even though they were not receiving any work or being paid. Workers were paying because payslips were needed to secure accommodation and because they were fearful of the Home Office finding out they were not working. Another worker who was not being properly paid explained that it was this fear that stopped international workers from reporting their employers:

*Everybody's quiet. We want to stay, we don't want to go back to our home country, there is nothing to go back to, so we just want to take our £1,000 payment every month and... shush, and pray things get better... When you work, at the end of the month we get our payslip and just start crying. (Worker 10, new home care sponsor)*

## Financial hardship and despondency

Some workers did not want to share details about their financial circumstances. However, amongst those that did, most were experiencing, or had experienced, extreme financial difficulties and uncertainty about accommodation. Some were reliant on family and friends already in the UK and some had moved across the country to have a free place to live. Others relied on income earned by dependents who were able to work full-time, including in social care. It was also evident that several were reliant on income earned through additional 20 hrs jobs they were able to find even though they were displaced and not legally entitled to work. One worker with two teenage children but no partner explained how they were surviving:

*The person I'm living with right now, bless her, I met her in one of the local churches' food banks where we go to get food... I don't pay for any rent here, I've been living here rent-free, which is... which has been really helpful for me; with that I can afford to feed my kids*

*the way I should, but imagine if I was paying for rent with my 20-hours job, I don't think I would be able to provide basic daily living, food for my children. (Worker 1, displaced)*

The two workers below, however, were more despondent about their current circumstances after becoming displaced.

*I don't want to go through the Home Office asking me to leave because what am I going back to do? ...I sacrificed everything back home to come here, and then they're asking me to go back, am I starting all over again? Where am I starting from? It's really a lot. (Worker 1, displaced)*

*We came here with all this kind of hope, you know, and then we come here, it's a different story. There's no work, we came with a lot of energy trying to make ends meet, to improve the lives of our loved ones, with that kind of energy to work, you know, and here we are, many months now without work and we are not eligible to work because you can't get another job when you don't have a new sponsor. (Worker 2, displaced)*

## Becoming displaced and engaging with the partnerships

### Finding out about needing a new sponsor

Some workers were notified by their employers about a licence revocation, but most only became aware that they were displaced after receiving an email from the Home Office, generally 2-3 months after the employer had been notified about the licence revocation. Workers explained that the email from the Home Office stated that they needed to find a new sponsor and that they should contact their local IRF partnership to get help with this. This email also explained that they would receive a further notification when they had only 60 days left on their visa and were therefore approaching the point when they would need to leave the country if they had not found a new sponsor. However, one worker commented that some of their international worker colleagues had not received an email, possibly owing to an incorrect email address being recorded.

### Contacting the partnerships

Most of the workers were not aware of their local IRF partnership prior to receiving an email from the Home Office notifying them that they needed to find a new sponsor. Two workers had heard about the partnerships through colleagues and had contacted them to seek help finding a new sponsor even though were not officially displaced. The other exceptions were two workers who had been contacted by the same local partnership before they had received an email from the Home Office, suggesting that this partnership had received a list of locally

displaced workers and their contact details. Even though all workers were in contact with their local partnership (they were recruited to participate in this research through the partnerships) many of them referred to 'the council' and associated their local partnership with whichever council email address they used for correspondence.

All workers reported that their local partnership responded quickly after being contacted and felt reassured that help was being offered to help them find a new sponsor. One worker who eventually received sponsorship through their 20-hours employer commented:

*I thought all hope was gone, and I wanted to even go back home because things were not working for me and in fact I was really struggling. So when they contacted me and I saw that with them, they can help me get a new job, I got hope in them and in fact, they were calling me, sending me text messages and encouraging me...so they really helped, they really helped, a lot. (Worker 12, new sponsor)*

## Support provided by partnerships

Partnerships asked displaced workers to submit a CV and, in some areas, to attend an informal online interview to help find out about their skills. After this, general support offered by partnerships covered CV writing, interview preparation and in some regions, workers participated in weekly or bi-weekly online support meetings with other displaced workers. In general, workers spoke positively about this support, but one worker thought that their regional partnership should be offering more in the way of pastoral support and help with day-to-day living for displaced workers:

*These are the kind of things I believe [regional partnership] should talk to people about, because they know that we don't have access to public funds, so if there are organisations, like charitable organisations that are not funded by the government, that are not funded by the government, that are funded by individuals, if they have such information about such charitable organisations they can also tell us, because there are people there who do not have access to that kind of information. (Worker 1, displaced)*

## Finding a new sponsor through the partnerships or independently

The main role of the partnerships was to help displaced workers find a new sponsor. But in this regard workers' views on the effectiveness of the partnerships were mixed. Of the 20 workers interviewed nine had a new sponsor and three more were waiting for their new sponsorship to be approved by the Home Office. Four of these workers (from two different regions) had been matched with their new sponsors by partnership case workers. All these workers spoke very positively about their engagement with the partnership and the difference this had made. One worker in the north of England explained:

*Before the council came through for me, I had applied for a lot of jobs... Most of them, they would invite me for the interview... and I tell them I need sponsorship, they'd be like, oh, unfortunately we are not giving sponsorship at this moment, this time. So, I'd applied for so, so, so many jobs indeed, a lot indeed. (worker 17)*

Talking about a case worker at one of the partnerships in the South of England another worker commented:

*He did a very good job. He did a very good job for me, and he never got tired of my calls and my mails, never got tired. (Worker 9, new sponsor)*

These workers had all been searching for new sponsors independently but were struggling to find employers offering sponsorship. However, the case workers at the two partnerships had identified them as good candidates and had recommended them to local home care and care home providers with which partnership local authorities had established commissioning relationships. Moreover, these providers had previous experience of sponsoring international workers and were shown to be good employers. As such the matching processes in these cases were beneficial to both the international workers and the providers who were receiving hundreds of applications from workers looking for sponsorship.

The other eight workers who had a new sponsorship, including those waiting for this to be approved, had found their new sponsorship themselves. In three cases companies who were providing workers with an additional 20 hours employment had agreed to become visa sponsors. In the other five cases, workers had found new sponsors themselves by applying directly to employers.

## Waiting for new sponsorship to be approved

For all 12 workers the length of time from an employer agreeing to become a sponsor and this being approved by the Home Office was variable. In one case this was approved within a week, but other workers had waited up to three months, and some were still waiting beyond three months. These delays seem to relate to the time taken to issue a Certificate of Sponsorship (CoS) to employers who have not sponsored before. One partnership had written to the Home Office on behalf of one of the workers who had found a new sponsor themselves to try and resolve the delay.

## Experiences of workers who were still displaced

Understandably, the eight workers we interviewed who remained displaced were less positive and optimistic about finding a new sponsor through their local partnership. One worker explained that when they first engaged with their local partnership that they were one of over 500 displaced workers who had been in contact at that point and that only 37 had been matched with a new sponsor. Workers elsewhere had also become despondent

after spending many months, and in one case two years, looking for a new sponsor without success. Two workers in the same region commented that their partnership did not know about or was not working closely enough with local companies that might be willing to sponsor displaced workers. One of them explained:

*If they could talk to companies that have a sponsor licence...I have five years in registered nursing, and then two years in health care assistant, so I have the nursing background, so such people like us, I think we should be given opportunity for probation to even work with the care homes or any care work that they can give us, to see if we are competent enough, then they offer... because, honestly, I've applied over 1001, unfortunately, I don't even know where the problem is coming from, whether it's from my CV, I don't know, I don't know. (Worker 6, displaced)*

Another worker thought that local employers did not know about the role that the partnerships could play in supporting the recruitment of displaced workers even though their local partnership was willing to cover some of the costs.

*These employers do not really have that information about [regional partnership] supporting them financially to get these care workers on board...If they are aware of funding for them from [regional partnership], then that wouldn't be a problem. If they find a suitable candidate for that job it shouldn't be a problem, you know, getting them on board with sponsorship if they are aware of this funding. (Worker 1, displaced)*

On the other hand, several workers acknowledged that not having a UK driving licence excluded them from applying for many of the home care jobs being advertised:

*[Partnership] is telling me when I've done my driving [licence], I should let them know. (Worker 5, displaced)*

*They [partnership] said if you don't have a driver's licence, we can't help you anymore. (Worker 20, displaced)*

Two of the displaced workers from different regions had even been told by their local partnership that they could not help them if they did not have a licence. Workers recognised the importance of driving but without an income this was impossible for some to address. As another displaced worker explained:

*I know it's something that is really, really important, it's something I would definitely do in the long run, but for now, my situation will not allow me to do that presently, until I can be able to secure a full-time job, that's when I can have extra money for driving lessons, expenses and all of that. (Worker 1, displaced)*

However, it is important to note that the workers who remained displaced generally valued the support that partnerships had offered them. Their frustration, and in some cases despondency, was born out of their earlier experiences of sponsoring employers and a feeling that most care providers did not want to sponsor international workers. One displaced worker commented:

*I just have been on the internet every day looking for a company that sponsor...every day, every day of my life, when I wake up in the morning, looking for a company that can give me any sponsorship, but it is not coming for us. ...I've tried as much as possible - for two years now I've been searching for a new sponsor but it's not forthcoming. (Worker 3, displaced)*

Another worker who had found a new sponsorship suggested the immigration processes for securing sponsorship were a deterrent to potential employers:

*Most of the companies are afraid of applying for the sponsorship, for the CoS from the Home Office...the Home Office start asking for a lot of things, documents, so some companies, they don't want to get the Home Office starting on them, so they are afraid of applying for those CoS's to sponsor people, so most people now are stuck. (Worker 17, new sponsor)*

## Wider system challenges

### Continued exploitation and support for international workers

Even though many unethical employers have now lost their sponsor license we heard examples of people taking advantage of the desperation of displaced workers already in the UK to continue to illegally sell sponsorship. One of the workers we interviewed had paid a broker £2k to secure a new sponsorship that did not materialise, and other workers had heard of similar cases. One worker had been asked by their old employer to pay for the references they needed to secure a new job and sponsorship. Another worker was asked by their new sponsor to pay the Immigration Skills Charge themselves.

Reflecting on their early experiences after arriving in the UK several workers commented that international workers were not very well informed about their rights and where they might turn to for information and advice leaving them more liable to be exploited. As one worker explained:

*I think international employees, when they come here, they do not hear proper, proper information of how the system works. So, the first person to give you the information when you come in is the employer. The same employer who is wanting to manipulate you for lack of knowledge is the one that you are solely relying on for the information. (Worker 11, sponsor)*

Moreover, despite the investment in partnerships some workers thought that more could be done to support international workers whether they were officially displaced or not.

*I think they [the partnerships] need to make themselves known to carers. I mean, surely they've got a list of carers in the area, even if it's just popping in an email to say we're just checking on you, are you okay, do you need... maybe some need emotional support or*

*groups and all of that, because this is new for some people who've never been to the country, introduction of how to deal with, for instance, even the weather or something or the culture, because some people come from different countries, maybe not exposed to certain things. (Worker 15, awaiting new sponsorship approval)*

## The 20-hours rule

A more specific issue to emerge from the interviews with workers relates to the rule allowing sponsored workers to work an additional 20 hours with another employer in a similar role. Seven displaced workers interviewed, including two who had found a new sponsor but were awaiting approval, were working up to 20 hours a week with another employer. One displaced worker lost their 20-hours job after informing their employer that they had lost their sponsorship. Another worker had also been correctly informed that they were not legally eligible to work at all without sponsorship.

Although three workers had secured or were awaiting new sponsorship from their 20-hours employer, most had been told that their 20-hour employer could not, or would not, take on the responsibility of sponsoring them. It appears that some companies are taking advantage of international workers desperate to find any work they could. One worker who had been surviving on 20 hours work before finding full-time employment with a new sponsor explained:

*The company knew that our licences were revoked; our previous employer, their licence is revoked. I would like to think they were taking advantage of us, knowing that we had nowhere to go. (Worker, 11 new sponsor)*

Another worker who remained displaced commenting on their situation stated:

*There are so many people who are allowed to work 20 hours, so in the end there are companies running even without sponsorship but with the people who are on 20 hours, but those people, we are suffering. (Worker 16, awaiting new sponsorship approval)*

# Summary of findings and key discussion points

- In evaluating the effectiveness of the IRF 2024-25 it is important to acknowledge the scale and breadth of the challenges that partnerships have been asked to respond to. The focus on matching displaced workers to suitable vacancies and responding to a range of welfare related concerns for displaced and exploited workers was a significant pivot from supporting care providers to recruit international care workers themselves.
- Partnerships had to be responsive to significant immigration policy changes on the international recruitment of care workers during 2024-25.
- To meet the responsibilities of the IRF 2024-25 partnerships have needed to form working arrangements with a broader range of stakeholders including social care providers across the ASC market, existing council teams supporting workforce development and individuals facing destitution, as well as form new links with cross-sector partners able to offer financial, welfare, immigration, and pastoral support to international workers. Partnership arrangements to respond to the aims of the Fund varied significantly across the country.
- There is evidence that some partnerships were better able to respond to these challenges in this third year of funding. Partnerships benefited from dedicated staff resources, continued leadership support and more established relationships with care providers and partners. However, the focus and capacity of other partnerships appear less established and secure. But significantly, all partnerships reported that without dedicated funding they would not have been able to meet the complex and evolving challenges of international recruitment and concerns regarding the availability and level of future funding to support this work were expressed.
- Several reasons for the variable and limited success of partnerships in matching international workers to sponsored new employment were identified. Identifying full-time vacancies with a trusted sponsor with reliable workflow to fulfil the terms and length of the Health and Care Worker visa, was challenging. Providers expressed reservations about increased immigration and employment costs and compliance with immigration processes. Some providers raised concerns about the suitability of displaced workers including a shortage of female drivers, English language proficiency and in some cases interest and commitment to care work. Tailored support to workers and providers was successful but has questionable sustainability.
- Provider engagement with partnerships was heavily influenced by policy changes that required them to change their usual practice. The option to employ displaced workers using the '20-hour loophole' gave providers the option to offer-part time

hours and was a temporary lifeline for displaced workers. It also allowed exploitation to continue as employers avoided their duties and costs of sponsorship.

- Some partnership areas offered to cover immigration costs which helped to encourage employers to recruit and sponsor displaced workers; providers and partnerships elsewhere criticised this disparity across the country.
- The increase in mailbox contacts from workers across the country, willingness to move for work and use of on-line/app-based recruitment platforms suggest that centralised systems for matching some workers to vacancies have potential.
- At a local level, knowledge of support and development options for displaced workers, relationships with care providers and information sharing about licence revocations were beneficial.
- Preventative work to avoid future revocations and exploitation carried out by partnerships included offering support not only to displaced workers but those at *risk* of displacement or those exploited by their sponsoring employers in other ways. Similarly, for providers, immigration related training, support with workforce planning and liaison with UKVI helped to *avoid* sponsor licence revocation. However, partnerships were frustrated at having to respond to perceived lack of due diligence at a national level, locally.
- Specific challenges were identified in home care which has the highest vacancies in the sector. Variability in demand for home care poses significant challenges for employers to be able to guarantee international workers the hours needed to meet the terms of the visa.
- LA commissioned care may be particularly impacted by the loss of international workers because partnerships, predominantly led by local authorities, have prioritised supporting the providers they commission to recruit international workers.
- Whilst it was evident that international workers appreciated the support provided by the partnerships, many had not found new sponsorship and continued to face severe hardships. The extent of on-going exploitation and the impact of exploitation reported in this study were significant and troubling. Partnerships expressed concerns about the viability of on-going support to individuals who had not been matched via mailbox systems.
- In addition to the many workers who had contacted partnership mailboxes, there were concerns about the majority of displaced workers who had not sought out support through this route and whose whereabouts remained unknown.
- The need for parity between international and domestic workers in terms of pay and incentives to work in ASC, add to the long-standing call for better terms and conditions for the social care workforce to attract and retain people in the sector.

# Appendices

## Appendix 1 - Timeline of key policy developments

- 31 January 2021 Senior care workers added to the shortage occupation list (SOL) and eligible for the Health and Care Worker visa
- 24 December 2021 Policy announcement (following Migration Advisory Committee recommendations) that care workers, care assistants and home care workers to become eligible for Health and Care Worker visa for 12-month period
- 15 February 2022 Care workers and home carers added to the SOL list and eligible for the Health and Care Worker visa
- The rate of pay for a care worker on a Health and Care Worker visa was a minimum of £10.10 an hour or £20,480 per annum, which required a minimum of a 39-hour working week. At the time, the hourly rate of £10.10 was above the National Living Wage (NLW), which between April 2021-22 stood at £8.91 and between April 2022-23 at £9.50. The pay rate for the Health and Care Worker visa has continued to increase annually and remain above the NLW.
- September 2022 Government announcement on £15 million to support international recruitment of care workers, as one of several measures to address winter pressures. <https://www.gov.uk/government/news/health-and-social-care-secretary-sets-out-plan-for-patients-with-new-funding-to-bolster-social-care-over-winter>
- February 2023 Government [introduces an International Recruitment Fund](#) for 2022-23 (for the remainder of the financial year) and the 12 months 2023-24 for social care to address barriers to international recruitment and promote ethical practices, via local authority led regional and sub-regional partnerships across England.
- IRF 2022-23: £15 million available, but only 6 partnerships managed to secure their allocation of the total funding. Indicative allocations were based on formulae for care needs. Non-competitive funding application process throughout and all regions receive money for subsequent years.
- IRF 2023-24: £15 million distributed to regional and sub-regional local authority led partnerships across England.

April 2023	Increase in rate of pay associated with the Health and Care Worker visa to £20,960 per annum and hourly rate is increasing to £10.75 (based on 37.5 hour working week).
December 2023	Policy changes announced (effective from Feb-April 2024) <ul style="list-style-type: none"> <li>• Future Health and Care Worker visa main applicant submissions will no longer be able to include applications for dependents (Health and Care Worker visa holders already in the UK can bring dependants whilst on their current visa).</li> <li>• Care providers will be required to be registered with the Care Quality Commission (CQC).</li> <li>• The annual Immigration Health Surcharge will increase from £624 to £1,035.</li> </ul>
Feb 2024	Increase in immigration Health Surcharge
Mar 2024	New care worker and senior care worker applications ineligible to bring dependents
April 2024	Salary threshold increased and Immigration Salary List reformed
April 2024	Government replaces the SOL with the <a href="#">Immigration Salary List</a> and raises the minimum salary requirement from £20,960 to £23,200 per year (£11.90/hour). NLW £11.44 per hour. Senior care workers, care workers and home carers remain on the list.
May 2024	Government launches International Recruitment Fund 2024-25. £16 million to prevent and respond to exploitative employment practices of internationally recruited care staff. <a href="https://www.gov.uk/government/publications/international-recruitment-fund-for-the-adult-social-care-sector-2024-to-2025">https://www.gov.uk/government/publications/international-recruitment-fund-for-the-adult-social-care-sector-2024-to-2025</a>
July 2024	General Election. Change in Government from Conservative to Labour
Mar 2025	Policy changes announced (effective from 9 April 2025)
9 April 2025	Requirement to provide proof of having attempted to recruit from the 'displaced worker pool' before recruiting/sponsoring overseas applicants. Minimum salary increases for skilled workers (to £12.82 per hour for 37.5 hour working week or £25,000 per annum, from £23,200). NLW £12.21 per hour
April 2025	Government announces International Recruitment Fund 2025-26 <a href="https://www.gov.uk/government/publications/international-recruitment-regional-fund-for-the-adult-social-care-sector-2025-to-2026">https://www.gov.uk/government/publications/international-recruitment-regional-fund-for-the-adult-social-care-sector-2025-to-2026</a> £12.5 million regional fund to support migrant care workers impacted by sponsor non-compliance or unethical practice and to reduce poor

employment practices. Indicative allocations based on number of revocations in the region and sub-region.

12 May 2025 Publication of *Restoring control over the immigration system: White Paper* (effective from July 2025)

<https://www.gov.uk/government/publications/restoring-control-over-the-immigration-system-white-paper>

- No new international applicants will be allowed to apply for care jobs in the UK under the current visa route; some people in care worker and senior care worker roles can continue to apply to switch visas in-country until July 2028
- Health and Care Worker visa, the salary remains £25,000

22 July 2025 Providers can no longer recruit new care or senior care workers from other countries. Defined Certificates of Sponsorship no longer issued by UK Visa and Immigration/Home Office. Requirement to recruit from displaced worker pool lifted.

## Appendix 2 – Summary of notification processes for licence suspension and revocation for affected councils

This summary is included to provide context for this evaluation. It outlines the notification processes involved (at the time of writing) for licence suspension and revocation for affected councils.

A care provider/sponsor is subject to licence suspension or revocation by UKVI for intentionally or unintentionally failing to meet their responsibilities as a sponsor or on evidence of exploitative practice. UKVI inform DHSC, Care Quality Commission (CQC), LGA and the Association of Directors of Adult Social Services (ADASS) under an information sharing protocol (agreed in 2023)<sup>14</sup>. Information about the provider and details of the suspension/revocation are shared by ADASS with the relevant regional or sub-regional partnership leads for international recruitment.

From a Health and Care Worker visa holder perspective, once UKVI has confirmed a licence revocation, an email is sent from UKVI to the worker to inform them that their Certificate of Sponsorship will be invalid and they will lose their job. The individual needs to seek alternative employment and sponsorship as a care worker/senior care worker (i.e. in the same occupation code in the shortage occupation list) in line with the terms of the visa. Workers may also be informed of this by their employer, at their discretion. The email to workers also advises them that they should contact their local international recruitment partnership for support with finding alternative employment.

## Appendix 3 - Detail of provider interviews

No.	Date	Role of interviewee	Provider type	Size*	People cared for	Dependence on IRs**	Displaced workers?	Displaced workers through IRF?
1	Mar	General Manager	Residential/ nursing home	Medium	Older people	Medium	Yes	Yes
2	April	Registered Manager	Home care	Medium	Older people	High	Yes	No
3	April	Registered Manager	Home care	Medium	Adults with disabilities	High	No	No
4	April	HR Business Partner	Care homes	Large	Older people	Medium	Yes	Unclear
5	April	Managing Director	Home care	Small	Older people and adults with disabilities	High	Yes	Yes
6	June	CEO	Home Care	Medium	Older people and adults with disabilities	Low	Yes	Yes
7	June	Care Manager	Home Care	Medium	Older people and adults with disabilities	Medim	Yes	Yes
8	June	Managing Director	Home Care	Medium	Older people and adults with disabilities	Medium	Yes	No
9	June	Operations and QA Manager	Nursing homes	Medium	Older people	High	Yes	No
10	July	Deputy Manager	Home care	Medium	Older people	High	No	No
11	July	Head of People	Home care	Large	Older people	Medium	Yes	Yes

No.	Date	Role of interviewee	Provider type	Size*	People cared for	Dependence on IRs**	Displaced workers?	Displaced workers through IRF?
12	July	Director of Nursing	Nursing homes	Large	Older people	Medium	No	No
13	Aug	Service Director	Family assessment centre	Small	Children and families	High	Yes	Yes
14	Aug	Director and Registered Manager	Home care	Small	Older people	Medium	Unclear	No
15	Aug	General Manager	Residential homes	Medium	Older people	High	Yes	Yes
16	Aug	Registered Manager	Home care	Medium	Older people	High	Yes	Yes
17	Aug	Director	Assessment and home care	Small	Children and families	Low	No	No
18	Sept	Owner/Registered Manager	Residential home	Small	Older people	Low	No	No
19	Sept	Registered Manager	Home care	Small	Older people and adults with disabilities	High	Yes	No
20	Sept	Office Manager	Nursing home	Small	Older people	Low	No	No

\*Small = 10-50 employees; Medium = 51-250 employees; Large = over 250 employees

\*\* These categories are based on the estimated number of international workers (visa holders) as a percentage of the care worker workforce reported in interviews. Low = less than 10% of care workers; Medium = between 11 and 49%; High = 50% or more.

## Appendix 4 - Recruitment of international workers to participate in interviews

134 workers contacted us by email to express an interest in participating in this research. To help identify who to invite for interview we asked for some basic information including:

- home country
- IRF partnership region
- current sponsorship status
- company name of their first sponsor

Here we summarise the information collected through the 67 email responses received.

### *Home country of workers responding to email correspondence*

The home country of respondents is shown in Table 1. Most respondents arrived in the UK from an African country. Except for responses from Indian workers these figures are broadly in line with the most common nationalities of international workers in 2024-25 reported by Skills for Care: Nigerian (26%); Indian (17%); Zimbabwean (9%) and Ghanaian (6%)<sup>36</sup>.

*Table 1 – Worker responses to email correspondence by country of origin*

	Count
Bangladesh	4
Cameroon	1
Gambia	1
Ghana	16
India	2
Kenya	4
Nigeria	21
Pakistan	2
Sierra Leone	1
South Africa	2
Uganda	2
Zimbabwe	7
Unknown	4
<b>Total</b>	<b>67</b>

### *Partnership area of workers responding to email correspondence*

Although all partnerships were asked to send an email out to workers, they were in contact with we are uncertain if all did and responses from workers were variable across the country (see Table 2). From the responses received, 56 (84%) had been in contact with their local partnership after becoming displaced owing to the withdrawal of their employer's

<sup>36</sup> <https://www.skillsforcare.org.uk/Adult-Social-Care-Workforce-Data/workforceintelligence/Reports-and-visualisations/Topics/Workforce-nationality-and-international-recruitment.aspx>

sponsorship licence. However, 11 of the respondents still had a sponsor when they contacted their local partnership to seek help in finding a new sponsor.

*Table 2 – Worker’ responses to email correspondence by partnership area*

Partnership area	Count
East of England	6
Lancashire and Westmorland	15
NC London	5
NW London	14
Southeast	9
Yorkshire and Humber	16
Unknown	2
<b>Total</b>	<b>67</b>

*Sponsorship status of workers responding to email correspondence*

14 of the 67 (21%) workers had found a new sponsor and an additional 3 had found an employer willing to sponsor them but were waiting for this to be approved by the Home Office.

*First sponsors of workers responding to email correspondence*

Workers were asked to provide the name of the first company that sponsored them when they arrived in the UK. From the 63 responses to this question the names of 60 different companies were provided (three companies each employed two workers). The provider type was determined by checking the Care Quality Commission (CQC) registration details. Forty-two of the workers were initially sponsored by a home care provider and only one by a care home. An additional 20 workers were initially employed by companies registered as generic ‘service providers’ that supplied staff to a range of social care providers (see Table 3). These companies were typically described as ‘agencies’ by those workers we interviewed.

*Table 3 – Worker responses to email correspondence first employer type*

Provider type	Count
Care home	1
Home care	42
Service provider	20
Unknown	4
<b>Total</b>	<b>67</b>

# NIHR Policy Research Unit in Health and Social Care Workforce

The National Institute for Health and Care Research (NIHR) Policy Research Unit in Health and Social Care Workforce (HSCWRU) exists to develop research knowledge in the health and social care workforce field and to disseminate findings to policymakers, service providers, employers, and patient, service user and carer groups. The Unit is part of the Policy Institute at King's College London.

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