



Immigration Reform and the Social Care Workforce: Why Restricting International Recruitment Risks Deepening the Crisis

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The UK social care sector has faced workforce shortages for many years, but recent immigration reforms risk turning a long-standing challenge into a full-blown staffing crisis.

At a time when NHS services are under unprecedented pressure and social care is expected to play a greater role in supporting hospital discharge, community care and preventative healthcare, workforce policy must be driven by operational

105,000 in 2023/24 to just 30,000 in 2025/26. Over the same period, the number of social care positions filled by UK workers also fell by approximately 70,000.

Far from creating a surge in domestic recruitment, restrictions on overseas labour have coincided with an overall reduction in staffing levels.

The Government's reforms have included restrictions on dependants accompanying care workers, tighter regulation of sponsor employers and increased limitations relating to health and care visas.

These measures were introduced with the stated aim of reducing net migration and encouraging greater

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reality rather than political aspiration.

Recent figures highlighted by UNISON paint a stark picture. Analysis of industry employment data found that the number of new international recruits entering care roles fell dramatically from

domestic participation in the workforce.

However, the evidence emerging from the sector suggests that reducing access to international recruitment has not produced the anticipated increase in UK-based applicants.

For NHS managers, this issue extends far beyond the boundaries of the social care sector.

The relationship between health and social care is inseparable.

When care providers cannot recruit sufficient staff, they struggle to accept hospital discharges.

This contributes directly to delayed transfers of care, increased bed occupancy and longer waiting times across acute settings. Every vacancy in social care creates additional pressure elsewhere in the health system.

UNISON reports that there are already around 96,000 vacancies across the care sector. In practical terms, this

means thousands of vulnerable people are waiting for support, providers are operating with reduced capacity and existing staff are being asked to shoulder an unsustainable workload.

One of the central assumptions underpinning recent immigration reforms was that reducing overseas recruitment would create opportunities for

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domestic workers. Yet social care has historically struggled to attract and retain sufficient numbers of UK applicants for reasons that have little to do with international competition.

Low pay, demanding working conditions, unsociable hours, limited career progression and high levels of emotional responsibility have long contributed to

recruitment and retention difficulties.

The latest figures demonstrate that there has been no significant increase in domestic recruitment to offset the decline in international workers.

This should not come as a surprise. Workforce shortages in social care are fundamentally a labour market issue rather than an immigration issue.

Restricting one source of recruitment does not automatically make a challenging sector more attractive to prospective

employees.

The danger is that policymakers may misdiagnose the problem. If the objective is to build a sustainable domestic workforce, reforms must address the underlying reasons why people are reluctant to enter or remain in care roles. Better pay, improved terms and conditions, structured training pathways and



genuine career progression opportunities will do far more to improve recruitment than simply limiting international hiring.

At the same time, international recruitment should continue to be recognised as an important part of the workforce solution.

Overseas care workers have made a significant contribution to both social care and the wider NHS.

Many employers report that international staff bring stability, commitment and valuable experience to services that would otherwise struggle to recruit. Rather than treating international recruitment and domestic recruitment as competing

priorities, government policy should recognise that both are necessary.

A more balanced approach would include investment in a long-term social care workforce strategy alongside proportionate immigration rules that reflect labour market realities.

Policymakers should consider retaining accessible visa routes for care workers, providing greater certainty around settlement pathways and exploring more flexible sponsorship arrangements that reduce the risk of worker exploitation while supporting legitimate employers.

UNISON has suggested sector-wide sponsorship arrangements as one possible solution.

For NHS leaders and care sector managers, the message is clear. Workforce shortages cannot be resolved through immigration controls alone.

The evidence increasingly suggests that reducing international recruitment

has not triggered the expected increase in domestic hiring and may instead be exacerbating existing staffing pressures.

As the Government seeks to reform both health and social care services, workforce policy must be aligned with service delivery needs.

The challenge is not choosing between international and domestic recruitment. It is creating a system that values care work properly, attracts UK workers into the profession and continues to welcome international staff where genuine shortages exist.

Without that balanced approach, the staffing crisis facing social care is unlikely to improve, and the consequences will inevitably be felt across the NHS
