



advice and support for older age

**Independent
Age**

Independent Age response to the Health Select Committee Inquiry on Brexit and health and social care

October 2016



About Independent Age

Whatever happens as we get older, we all want to remain independent and live life on our own terms. That's why, as well as offering regular friendly contact and a strong campaigning voice, Independent Age can provide you and your family with clear, free and impartial advice on the issues that matter: care and support, money and benefits, health and mobility. A charity founded over 150 years ago, we're independent so you can be.

Website

For more information, visit our website www.independentage.org

Helpline

We give free, confidential advice over the telephone for older people, their families and carers on issues such as getting help at home, adaptations, care assessments, paying for care, staying in touch with other people and welfare benefits.

Call our team of experts on 0800 319 6789, Monday to Friday, 8am-8pm, and Saturday to Sunday, 9am-5pm, or email your query to advice@independentage.org

Registered charity number 21072

Introduction

1.1 With the older population set to grow significantly faster than the working age population, there is a big question about whether we will be able to look after the growing numbers of older people in need of care. The group that is likely to grow the fastest over the coming decades are the oldest pensioners, with the number of over 80s expected to double in size from around 2.7 million today to over five million by 2037. Those aged 80 and over are more likely to experience a long standing illness or disability than those in younger age groups (69 per cent of those aged 80+ compared to 41 per cent of 50 to 59 year olds)¹.

1.2 But despite evidence of rising care needs, the adult social care sector is facing significant challenges in recruiting, paying for and retaining its staff. At the same time, the government is seeking to reduce net migration to the tens of thousands which in principle could mean putting severe new restrictions on low-skilled EEA migrants following Brexit.

Independent Age's research on this topic

1.3 Independent Age has undertaken a programme of research to examine the current role of EEA migrants within the care workforce. As part of this work, we have identified the reasons why migrant care workers are in demand, to explore why the adult social care sector finds it tough to recruit and retain staff and to consider the potential impact of Brexit and future changes in migration policy on the care workforce². To complement this, we have looked more widely at the role of non-EEA migrants in the care workforce too³. We encourage the Health Select Committee to draw on this analysis as part of its Inquiry.

Main messages

The increase in the proportion of EEA migrants in the care workforce

1.4 Over the past decade, there has been a significant increase in the proportion of European migrants in the social care workforce. In the first part of 2016 alone, over 80% of all migrant care workers who moved to England to take on a social care role were from Europe.

Any future restrictions to the migration of EEA citizens would likely reduce the overall number of workers in the social care sector, making it even harder to recruit and retain the necessary numbers of staff.

Our analysis – a widening workforce gap

1.5 To model the impact of post-Brexit immigration changes on the social care workforce, we looked at a number of potential scenarios. For example we have modelled the low-migration scenario, where the adult social care sector remains as attractive as it is today, but the government delivers on its commitment to

¹ The English Longitudinal Study of Ageing: An Overview of Wave 7 Data (National Centre for Social Research)

² Brexit and the future of migrants in the social care workforce, Independent Age & ILC-UK (September 2016). All the evidence in this submission is taken from this Independent Age report.

³ Moved to care: the impact of migration on the adult social care workforce, Independent Age & ILC-UK (November 2015)

reduce levels of net migration. In this scenario there will be a social care workforce gap of more than 750,000 people by 2037 (see **Table 1** further below). That is the gap between the number of workers required to keep the care worker ratio constant - one care worker for every seven older people – and the actual number of workers our analysis suggests will in fact be available in 20 years' time.

1.6 Even in a scenario where there are high levels of migration and the care sector becomes more attractive, the social care gap will be as big as 350,000 people by 2037 (**Table 1** further below).

The implications of a social care workforce gap of between 350,000 and 750,000 workers for older and disabled people are clear – far fewer will be able to access the care they need to live meaningful, independent lives.

In focus

Migration policy

1.7 There has been intense speculation about the future residence rights of the estimated three million EU migrants already living in Britain. Recent analysis has focused on European Economic Area (EEA) migrants who work as nurses and doctors in the NHS and their future, as the government decides what – if any – guarantees to provide to people already resident in the UK. However, to date, not enough attention has been given to what Brexit means for the country's social care workforce. Our new report, '*Brexit and the future of migrants in the social care workforce*' (September 2016) has sought to plug this gap in evidence by reviewing future workforce shortages in adult social care in England to take account of the EU referendum result.

1.8 As the government examines options for the country's future policy on migration from within the EEA, it should ensure whatever approach it adopts responds to serious new concerns regarding the tens of thousands of care workers who are EEA migrants, but whose future immigration status still remains uncertain. Recent briefings to the Telegraph⁴ appearing to suggest EEA migrants already resident in the UK can remain living here following Brexit have not been followed up by official Written or Oral Ministerial Statements confirming the future residency rights of EEA nationals.

1.9 Furthermore, potential changes to immigration policy post-Brexit could have serious consequences for the social care workforce unless the necessary work is done now to mitigate any risks. Around 1 in 20 (6%) of England's growing social care workforce are EEA migrants, equating to around 84,000 people. Further, more than 90% of those EEA migrants (78,000) do not have British citizenship – meaning they could be at risk of changes to their immigration status following Brexit unless existing residency rights still apply in the future.

⁴ 'Every EU migrant can stay in UK after Brexit', The Telegraph (7/10/16)

The role of EEA migrants in the social care workforce

1.10 Turnover and vacancy rates in the social care workforce have been steadily rising for the past decade. 2016 saw them rise further to 24.3% (from 18%) and 5.1% (from 3.5%) respectively. Our analysis suggests there is an existing workforce gap in social care of 41,000 workers. That is to say the gap between what is required to keep care ratios for older people constant at 2015 levels and actual workforce numbers has reached 41,000 in 2016. It does not equate to actual vacancies in the sector.

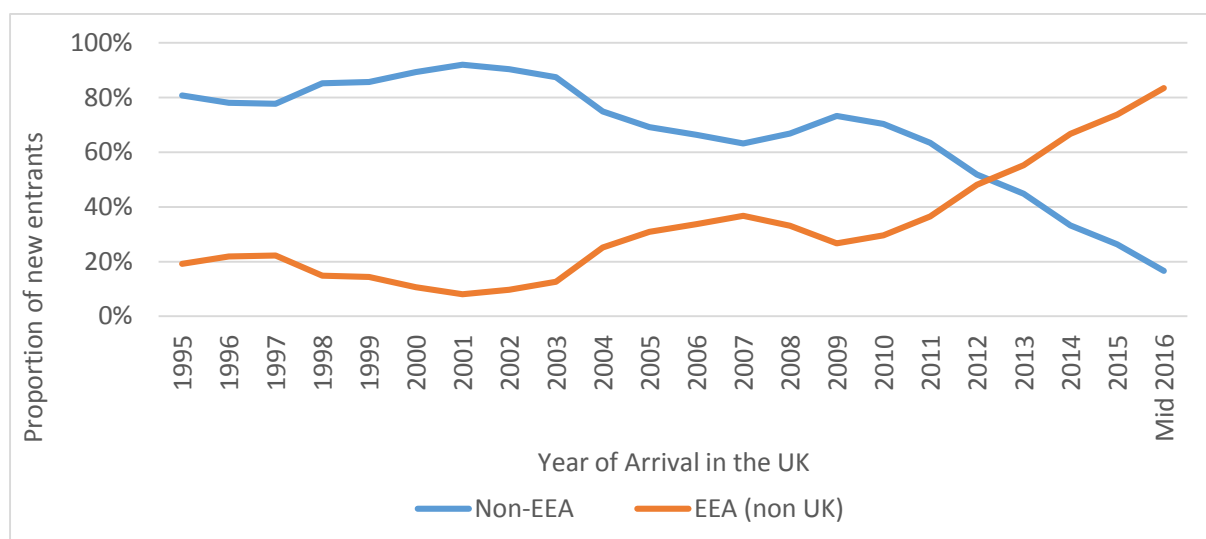
We raise concerns that if thousands of EEA migrant care workers lose their right to work in England as a result of post Brexit immigration changes, it will be almost impossible to close the already sizable social care workforce gap.

1.11 In the longer term, the problems are even more far-reaching. Over the past decade, there has been a significant increase in the proportion of migrants from the EEA in the social care workforce. The rate at which EEA migrants have been filling vital care worker vacancies is accelerating as immigration rules affecting non-EEA workers continue to place limits on unskilled labour. The latest estimates available in 2016 highlight that:

- 280,000 workers in the adult social care sector are foreign born (circa 20% of the workforce)
- Within this population, 84,000 workers in the adult social care sector are EEA-born

1.12 However, in recent years, the proportion of EEA migrants coming to England to work in social care has dramatically increased. Over 80% of migrant social care workers who arrived in England in 1995 were born outside the EEA, and 20% were born in the EEA. By 2016 the proportions had completely reversed (see Figure 1 below).

Figure 1 - Proportion of non-EEA vs. EEA (non UK) born migrants by year of arrival in the UK



1.13 Among migrant workers who arrived after 2010, the share of EEA-born migrants has increased steadily by an average of nine percentage points per year, meaning more than 4 in 5 migrant care workers who have arrived in 2016 to date, were born in the EEA. In terms of numbers, at least 19,000 EEA-born migrants have come to work in the social care workforce in the past five years, but even this number is likely to be an underestimate.

1.14 The most likely drivers of this change were:

- the accession of 10 new countries to the EU in 2004, which saw a marked increase in EEA immigration to the UK, and
- the decision by the Coalition Government in 2012 to remove 'senior care workers' from the skill shortage list, making it more difficult for non-EEA migrants to enter the UK to work in social care.

1.15 As a result of these changes, migrants from within the EEA now play an important role in filling social care vacancies in England. In 2015, we established that a greater percentage of EEA-born care workers are full time (63.6%) than is the case for other migrant care workers (51.1%) and indeed UK-born workers (51.5%)⁵. Furthermore, we highlighted how 4 in 5 (80.9%) EEA-born care workers work in the private sector. Given this accounts for larger amounts of growth within the care workforce than statutory local authority care, EEA-born workers in the private sector could be most exposed to the impact of Brexit.

1.16 If this flow of EEA migrants is restricted in future, without a concurrent improvement in the rights of migrants from outside the EEA to come to the UK to work in social care, the implications for the social care workforce – and the older and disabled people they support – are likely to be severe

What are the long-term implications in 20 years' time?

1.17 To estimate the longer-term impacts of changes to migration policy on the social care workforce, we modelled future social care demand against four migration scenarios, based on ONS projections. We considered the following four scenarios:

- zero migration: no net migration; population increases by 0.2% on average between 2014 and 2037.
- low migration: net migration of 101,000-102,00 per annum; population increases by 0.4% on average between 2014 and 2037
- ONS principal migration projection: net migration of 164,000-165,000 per annum; population increases by 0.5% on average between 2014 and 2037.
- high migration: net migration of 226,000-227,000 per annum; population increases by 0.7% on average between 2014 and 2037.

⁵ Moved to care: the impact of migration on the adult social care workforce, Independent Age & ILC-UK (November 2015)

1.18 While flows of migrants from within the EEA are just one part of the story – with immigration among non-EEA nationals also important – these population changes will in large part be shaped by new controls on migrants from Europe. We also looked at three different scenarios in terms of the attractiveness of the social care sector to workers:

- The proportion of the working age population in England working in the adult social care sector remains the same, at 4.1%.
- The sector gradually loses attractiveness (perhaps as a result of ongoing low wages and relatively challenging working conditions) and falls to 3% of the working age population by 2037.
- The sector gradually increases in attractiveness (perhaps due to better training provision, better pay or better working conditions) and rises to 5% of the working age population by 2037.

1.19 Our estimates of the needs of the future social care workforce are based on an increase in demand for social care, resulting from our ageing population – in 20 years, almost a quarter of the population will be over 65.

1.20 To estimate the additional number of social care workers that will be necessary, we also calculated the ratio of older people for every care worker. Our assumption is that in order to maintain a service consistent with that offered today, this ratio will at least need to remain constant. Currently, on average, there are around seven older people for every social care worker. While it is possible that future advances in technology and working practices will mean that each social care worker can support more older and disabled people, we expect those changes to have only limited impact prior to 2037. To glance at all the different scenarios and outcomes, please look at Table 1 below:

Table 1 - Migration scenarios at a glance

		Workforce shortage	Care dependency ratio
Zero net migration	Unattractive	-1,120,920	13.53
	No change	-849,01,	10.83
	Attractive	-577,600	9.03
Low migration	Unattractive	-1,064,690	12.81
	No change	-758,200	10.13
	Attractive	-453,170	8.38

Principal	Unattractive	-1,034,700	12.43
	No change	-717,040	9.83
	Attractive	-400,900	8.13
High migration	Unattractive	-1,004,690	12.07
	No change	-675,870	9.54
	Attractive	-348,620	7.90

Source: ONS population projections 2014 based and Skills for Care 2016 workforce estimates

- 1.21 In the worst case scenario, where total levels of emigration in effect equal total levels of immigration (so levels of net migration reach zero), we found that there could be a gap of just above 1.1 million social care workers by 2037. While of course net migration reaching zero is highly unlikely, Brexit is uncharted territory for the UK, so if strict new controls are established across both EEA and non-EEA migration, it is not inconceivable in the long-run.
- 1.22 The worst case scenario of the workforce gap reaching 1.1 million is also premised on an increasingly unattractive care sector, which is sadly still plausible. The impacts of these care worker workforce gaps are significant. In this worst case scenario, the number of older people for every care worker almost doubles from around seven (the ratio today) to 13.5 by 2037. To see all the different care dependency ratios look at Table 1 above.
- 1.23 As mentioned earlier, even in the low migration scenario (based on migration levels slightly above the government's commitment to reduce net migration to 'tens of thousands'), with the care sector remaining as unattractive as it is today, there will be a social care workforce gap of more than 750,000 people by 2037.

2019 – Brexit

- 1.24 Focusing on the medium-term, post-Brexit effects potentially have an immediate and disadvantageous impact on the scale of the workforce gap. By 2019 – the year the UK is likely to have exited the European Union – the workforce gap could widen to just over 162,000 in the event no or few low skilled migrants can enter the care workforce.
- 1.25 The following table (Table 2) illustrates the size of the workforce gap for 2019 if the care sector becomes progressively less attractive to work in and continues to struggle to recruit and retain the necessary number of workers

Table 2 - Size of the workforce gap for 2019 under different migration scenarios

Zero net migration, unattractive care sector scenario	170,542
Low net migration, unattractive care sector scenario	162,336
ONS Principal migration projection, unattractive care sector scenario	153,561
High net migration, unattractive care sector scenario	144,762

1.26 In just 2019 alone, differences in total levels of net migration lead to a situation where the workforce gap in social care could be approximately 18,000 workers greater in a low migration scenario compared with a high migration scenario. However, it is true to say that attractiveness of the sector has a very big role to play in influencing how deep the gap is in the first place.

Is immigration the only answer?

1.27 It is clear that immigration currently plays an important part in the social care workforce and may be needed to play an even more important one in future. But alone it is not enough.

1.28 Even in the (now highly implausible) high migration, attractive sector combination, we would expect to see a social care workforce gap of around 350,000 workers by 2037. In order to close this gap, and ensure that older and disabled people can rely on the care and support they need to live healthy, independent lives, we must also look at different ways to deliver care.

1.29 In our 'Moved to Care' report we looked at the way social care is delivered in five other countries, and concluded that a greater emphasis on paid family carers might help to alleviate some of the workforce pressures currently facing social care. However, an increased reliance on family care cannot replace a professional care workforce, nor should it reduce the number of migrants working in the sector.

What is clear however, is that closing the social care workforce gap is likely to rely on some combination of: moving to new and innovative models of care delivery, making the care sector more attractive to the British born workforce and allowing even higher levels of migrant workers to enter the sector.

Ultimately, we think the least risky approach the UK Government could take would be to raise both the attractiveness of working in care for UK born workers and encourage migrant labour to meet future social care workforce needs.