

National Care Association

response to the

Migration Advisory Committee

Call for evidence :

EEA-workers in the UK labour market

Submitted by:



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National Care Association is the most respected independent voice of independent health and social care providers in the country. Our primary membership consists of small and medium sized care providers and supply partners who work with them. The association is the most established of the provider organisations having been founded in 1980. We work, on behalf of our membership, with local and national government to promote quality care services to some of the most vulnerable members of our society.



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Executive Chairman
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Introduction to National Care Association

National Care Association is the independent voice of responsible care providers throughout the country. Through our membership schemes, partnerships and affiliations we reach in excess of 4000 services. We are the most established of the provider organisations having represented the provider sector since 1981. Our membership covers all provisions of health and social care with the exception of Children's Services.

The vast majority of our providers are established small or medium sized operators although we have a growing number of larger providers joining us.

Key messages

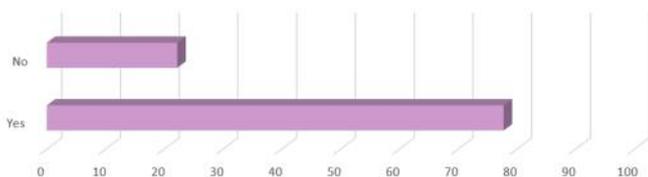
A survey of our members highlighted that:

- care services are reliant on EEA workers (78% of care services employ EEA workers)
- recruiting has become more difficult since Brexit (73% of care providers find recruiting EEA workers more challenging now)
- quality of service could deteriorate as the recruiting 'pool' has less experience without the EEA workers

Do you currently employ EEA migrants?

78% of our membership employ migrant workers

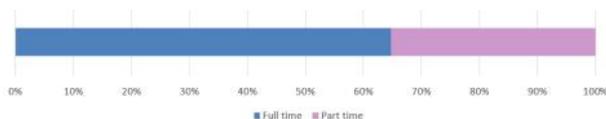
22% of our membership do not employ migrant workers



Are the EEA migrant workers within your organisation.....

Full time 65%

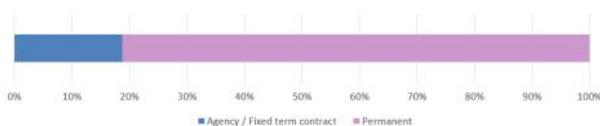
Part time 35%



Are the EEA migrant workers within your organisation.....

Agency/Fixed term 19%

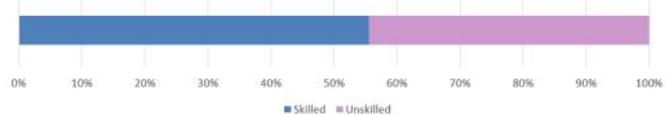
Permanent 81%



Are the EEA migrant workers within your organisation.....

Skilled 56%

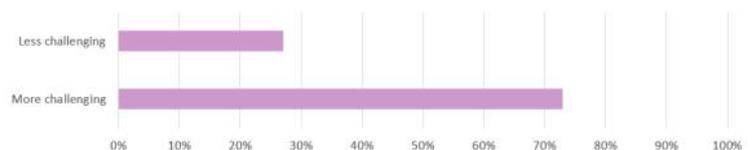
Unskilled 44%



Is recruiting EEA migrant workers now more or less challenging than previous years?

More challenging 73%

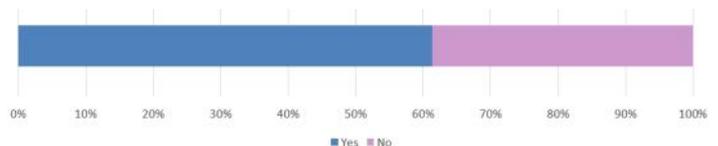
Less challenging 27%



Will the new restrictions limit your ability to run your business?

Yes 61%

No 39%



Overview of health and social care sector

Health and Social Care faces a precarious future in the UK. The challenges of funding are well documented with no tangible solutions on offer. The short term injections of funds coming through national government are not the answer to a decade of underinvestment set amid projections of an ageing UK population. We will see the over 65's increase by 60% over the next 25 years, this is five times the growth of the working age population. By 2035 an additional 190,000 additional people will require residential care.

So, by every stretch of the imagination Health and Social Care is a 'growth industry'. We are being kept alive longer through the funding of medical solutions to complex health care needs, educating on healthy lifestyles and investing in raised standards of living, but we are omitting to plan for our future health and social care needs. The challenges of putting substantial funding towards research and education of conditions to control medical conditions thus enabling people to have a measure of a better quality of life has to be recognised and applauded but alongside this we must have sustainable models of care which will ensure that their wellbeing is supported in a way that creates a quality of life we would all aspire to.

The finance models remain a challenge at local and national levels but over and above that we have an imbedded workforce challenge. Recruitment of staff has been an enormous challenge and continues to impact on the ability of many providers to fulfil their regulatory responsibilities when it comes to staffing.

The aspects most documented in reports by the Care Quality Commission of failing services relate to poor leadership. The inability of providers to recruit Nursing in Social Care and Registered Managers is a direct result of the workforce challenges faced by the sector.

We know that the **image of Social Care has an enormous impact on recruitment** and that since April 2015 we have had a **loss of 4000 Nursing Home beds** which will have its causes rooted in providers inability to recruit Qualified Nurses to meet their regulatory responsibilities. In the absence of the local employment pool choosing Social Care as an employment of choice, social care providers have relied heavily on the EU Migrant workforce to deliver the services they are registered for. Members have told us that since the Brexit Referendum applicants for jobs are down by 80%.

Some of the comments we received on the survey are:

- *"Harder to recruit number of applicants down over 80%"*
- *"Used to be able to ask the agency to recruit staff from EU and would get quite a few responses. But now, you hardly get any applicants"*
- *"We have received far fewer applications from EEA applicants recently."*
- *"It is my opinion **there's less workers coming in and the demand for staff in the care sector is higher than we have seen in the last few years.** With the stop of migration from non EU countries had meant that we relied heavily on EU workers. Local population have never been in favour of doing stressful work such as care work and without migrant workers, care industry is unlikely to survive. Especially smaller providers."*
- *"I find posts take longer to fill. I have used agency workers on a three or six month booking. These have been harder to recruit in the last six months. There have been times when I have refused admissions because of staffing issues. Those who do apply are now less experienced therefore service quality suffers. Not what CQC wants or myself as a manager."*
- *"Unfortunately and due to Brexit EEA (workers) are more hesitant to come over because they are not sure what will happen in the future. All our employees come over and are trained within social care and are a great asset to our company and the general workforce within social care. The UK employees do not want to work in the industry sadly, hence the need for a growing company to seek human resources outside of the UK."*
- *"Existing workers are also feeling "rejected" based on what they read in the media, now looking to relocate elsewhere.... To recruit the right calibre we will now need to recruit in the EU not wait for them to arrive here. This will mean that we will get those that come and go rather than those who will invest in the UK with all their energies."*
- *"The quantity and quality of available staff is simply not enough to meet the growing needs and requirements of our service. "*

Impact issues

The fact is that we have a growing need for social care with clear projections of an ageing population. In order to meet the demand we will need the precious resource of a confident and competent workforce. Without this we will not be able to sustain the care and support agenda which is so often discussed. We are already facing challenges based around circa 6,000,000 informal carers who themselves are struggling with care needs and so creating increased pressures on the sector.

The image of social care has faced enormous challenges with successive exposes which highlight poor and unacceptable care. The constant media attention on this erodes the fact that the vast majority of care is good but with the negative messages highlighted the attraction to work in health and social care is diminished. The financial issues of wages are a contributory factor too but we believe the image of social care is the primary barrier to recruit in the UK.

Clearly to ensure the safety and security of vulnerable people in a social care setting the need for staff is crucial. Colleagues in Skills for Care and the Cavendish Coalition will submit the need analysis gathered through the data they collect on behalf of our sector. We would like to reinforce the point that in the UK there can be up to 9000 social care vacancies advertised in a week. This demonstrates that the local population, where full employment may exist too, are not applying for the jobs in our sector.

With strict ratios in place to ensure safety and quality care delivery we have little option but to consider employing people from the EU countries to deliver care services.

Concluding remarks

- Care providers continue to have access to the EEA workforce
- More investment is required to improve the image of a career in social care
- Care providers need access to more training and development resources - in recent years the barriers to training funds has meant securing support is time consuming and costly.

In Summary

We would urge that the Committee considers the long term implications of the recruitment crisis we currently face as it reports on its findings. The demographic facts of the growing need for social care can no longer be challenged — we have to ensure that we have clarity about how we are going to deliver quality services when we are resource poor. The resource I refer to in this context is the workforce, although the financials cannot be ignored as the two components are linked – one without the other creates instability and so leads to the fragility of the sector.

We also feel that the image of social care has been damaged to such an extent that recovery from it must be planned carefully, we want to attract local citizens to consider working in health and social care as a career option. High profile failings in Health Care (such as Winterbourne View and Mid Staffordshire) have had a direct impact on the social care sector, despite the fact these were NHS facilities. It is important to note that, social care provision currently is delivering assessed health care based needs. This means both the NHS and Social Care are increasingly struggling to recruit from an ever decreasing pool of staff.

It is important that MAC recognises the crucial role of social care in assisting the NHS to deliver its commitments. We have a shrinking social care sector with a loss of 4000 nursing beds due primarily to shortage of nursing staff. This trend is set to continue which will inevitably compound the chronic bed blocking situation in NHS facilities throughout the country.



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