

WORK RIGHTS CENTRE - EVIDENCE SUBMISSION

INDEPENDENT CHIEF INSPECTOR OF BORDERS AND IMMIGRATION (ICIBI)

CALL FOR EVIDENCE: AN INSPECTION OF THE IMMIGRATION SYSTEM AS IT RELATES TO THE SOCIAL CARE SECTOR

SEPTEMBER 2023

ABOUT WORK RIGHTS CENTRE

Work Rights Centre is a registered charity dedicated to supporting migrants to access employment justice and improve their social mobility. We do this by providing free and confidential advice in the areas of employment, immigration, and social security, and by mobilising frontline intelligence to address the systemic causes of migrants' inequality. The charity was founded in 2016. Ever since, we have advised over 5,000 people, helped recover over £200,000 in unpaid wages and fees, and supported hundreds more to make job applications and secure their immigration status.

Our frontline service consists of two multilingual teams of advisers who operate in London (5 days a week) and Manchester (on Saturdays). Together, the advice team assist an average of 20 beneficiaries a week, with issues which range from nonpayment, insecure immigration status, and career advice. You can support their work at https://www.workrightscentre.org/support-us

CONTACT

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INTRODUCTION

The Work Rights Centre welcomes the ICIBI's review of the immigration system as it relates to the social care sector. This evidence submission is structured in two parts – firstly, we examine the areas identified in the ICIBI's press release, namely:

- the effectiveness and efficiency of the Health and Care Worker visa route
- the extent and quality of communication and engagement between the Home Office and the social care sector
- the current suitability of the Home Office's licencing system for health and care worker visa sponsorship
- the effectiveness of the Home Office's compliance requirements on sponsors, including how these safeguard employees from exploitation
- the Home Office's progress towards delivery of their transformation plan, 'The UK's Points-Based Immigration System Sponsorship Roadmap' (published in August 2021) and the effectiveness of any implemented changes.

The second part of this submission focuses on other issues that we have identified pertaining to the immigration system as it relates to the social care sector. This is based primarily on frontline data gathered in the course of our service provision activities and assistance given to clients in the sector.

As part of our research and policy agenda for 2023, we will be publishing a wider and more detailed report examining the causes of rising reports of exploitation in the UK's social care sector. We will provide the ICIBI with a copy of this report at the time of publication.

SECTION 1 – ICIBI's INSPECTION AREAS

1. The effectiveness and efficiency of the health and care worker visa route

The Skilled Worker - Health and Care visa (the 'Health and Care visa') was introduced in August 2020, allowing medical professionals to come or stay in the UK to work with the NHS, an NHS supplier or in adult social care. In December 2021, the visa was expanded to allow care workers, care assistants and home care workers under its remit. The Health and Care visa can last for up to 5 years and it is a route to settlement in the UK. The introduction of the Health and Care visa is part of a wider drive by the government to ease workforce pressures in the social care sector. For example, in March 2023, the government confirmed that it was making £15m available over 2023 to 2024 to help support international recruitment within the adult social care sector. Similarly, in February 2023, the government lifted a 20 hour cap on supplementary work under the Health and Care visa, meaning that workers would be able to undertake a second job with a different employer for as many hours as they like, as long as the job would also be eligible for the Health and Care visa (though this is now no longer the case). In line with the above, the number of Health and Care visas issued in recent years has risen dramatically, increasing substantially every quarter. The latest Home Office statistics for the year ending June 2023 indicate the following:

TOTAL FIGURES

- Since Q4 of 2020, there have been a total of 381,045 Health and Care visas issued to main applicants under the route.
- This includes 181,759 visas that were issued to main applicants and 199,286 visas that were issued to their dependants (see Figure 1 below).
- Across both applicant types, there is an evident year on year increase.
- The top 5 nationalities for all applicants (including main applicants and dependents) on the Health and Care visa have historically been India, Nigeria, Zimbabwe, Ghana and the Philippines.⁶ (see Figure 2 below)

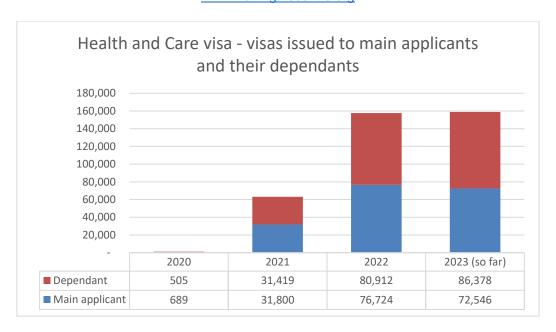


Figure 1: Number of Health and Care visas issued between 2021 and 2023 (so far).

Source: Home Office visa statistics, Entry clearance visa applications and outcomes detailed datasets, year ending June 2023

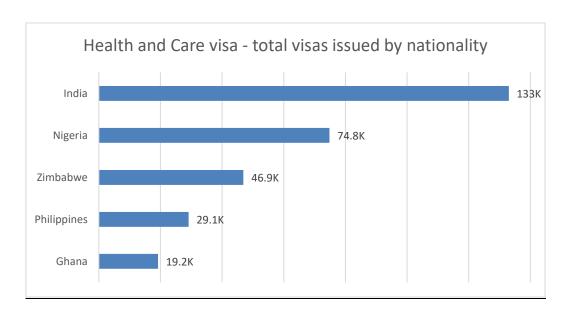


Figure 2: Number of Health and Care visas issued between 2020 and 2023 (so far), broken down by nationality. Source: Home Office visa statistics, Entry clearance visa applications and outcomes detailed datasets, year ending June 2023

FIGURES BY OCCUPATION

The Health and Care visa has had a significant impact on the number of migrant workers entering the UK to conduct work in the social care sector. The chart below captures the number of entry clearance Health and Care visas granted, broken down by the top 5 relevant Standard Occupational Classifications since Q1 of 2021:⁷

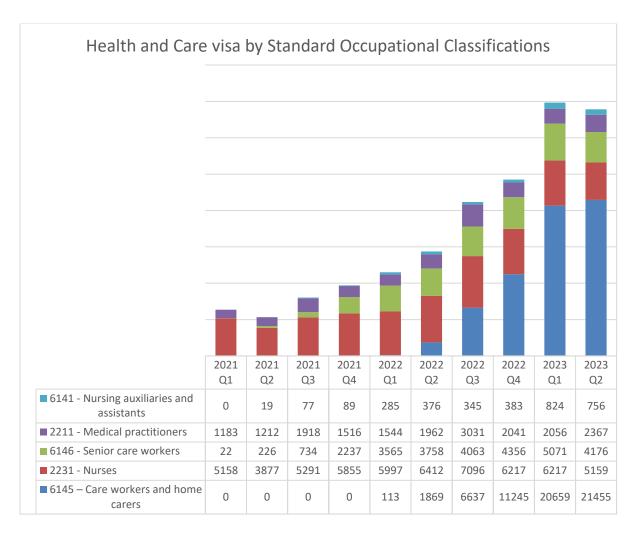


Figure 3: Number of Health and Care visas issued between 2021 and 2023 (so far), broken down by Standard Occupational Classification.

Source: Home Office visa statistics, Entry clearance visa applications and outcomes detailed datasets, year ending June 2023

Despite the fact that care workers and home carers (SOC 6145) were only added to the scope of the Health and Care visa in December 2021, in the space of just 18 months, these roles have become the most popular avenue for migrant workers to enter the UK. This has been particularly driven by a rise in recruitment across these roles since the second quarter of 2022 to date, as can be observed from Figure 3 above.

As the Migration Advisory Committee noted in its 2022 review of immigration and adult social care in the UK, this visa is not the only route into care work in the UK. Other immigration routes

into the sector include dependants on certain work visas or partner visas, international students and graduates and those in the UK on unsponsored schemes, such as the Youth Mobility visa. However, as the Migration Observatory noted, the impact of the Health and Care visa on the sector is undeniable. By year end March 2023, the number of care and senior care workers that were sponsored on entry clearance work visas (57,700) was equivalent to more than half of the estimated number of EU nationals in the care workforce for 2021-22. This is striking, given both the recency of the visa itself and the pool of EU nationals in the UK's care workforce built up over a number of years.

Notably, while the number of migrant care workers being recruited under the Health and Care visa has risen rapidly, so too have reports of exploitation in the sector, including that which is directly linked to the current framing of the UK's immigration system. We explore these risks in Section 2 below.

2. The extent and quality of communication and engagement between the Home Office and the social care sector

As a third sector organisation that advocates for the rights of migrant workers in the UK, it is difficult to comment on the extent and quality of communication and engagement with the Home Office and the social care sector. However, given the reclassification of the issue of modern slavery and responsibilities now sitting with the Minister for Immigration, it is of vital importance that the Home Office and actors in the social care sector engage regularly and understand their roles as regards worker welfare and, crucially, that this engagement includes meaningful consultation with worker representatives.¹⁰

We are concerned that there are currently a myriad of governmental actors involved in the regulation of the social care sector, especially as regards potential exploitation and modern slavery. There is a real risk that this dilutes responsibilities - as evidenced by the ICIBI's investigation of the Seasonal Worker Visa, which is characterised by a similarly complex governance nexus (see end of this section).

In England, the Department of Health and Social Care has overall responsibility for social care, but in practice care services can be delivered by a mixture of local authorities, the NHS and independent providers. The regulation of care homes in the UK is administered by the Care Quality Commission (CQC). The CQC 'monitors, inspects and independently regulates services of health and adult social care in England'. The CQC also has a remit around modern slavery concerns in the care sector too. For example, the CQC confirms that it can refer victims through its established safeguarding referral routes. It also shares its concerns with agencies who can take enforcement action under the Modern Slavery Act (2015). Finally, the CQC shares concerns on modern slavery and human trafficking in local areas with partner organisations. The CQC also works with the Independent Anti-Slavery Commissioner (though the post continues to be vacant) and the Director of Labour Market Enforcement (DLME) on issues of mutual concern. Worryingly, the government has confirmed that the CQC may make a referral to Immigration Enforcement via the 'Report Immigration Crime' tool on the

government's website. Referrals may include personal data which could relate to immigration 'offenders'.¹⁴

It is worth noting that in respect of labour market offences in the care sector, the Gangmasters and Labour Abuse Authority (GLAA) also plays a role in investigation and enforcement. For example, in May 2022 the agency set up 'Operation Topaz', a multi-agency enforcement operation to investigate a range of allegations in the care sector. The allegations referenced include matters 'such as charging for work finding fees, potential non-payment of National Minimum Wage, to wider issues such as illegal working and student visa abuse.' The GLAA are the lead agency on more extreme cases of abuse including potential debt bondage and modern slavery.¹⁵

The complex nexus of actors that regulate the social care sector and are responsible for tackling exploitation risks diluting responsibilities. The ICIBI has previously noted this issue in the agricultural sector through its inspection of compliance under the Seasonal Worker visa route. These observations included the following: ¹⁶

- The inspection 'did not provide a clear picture as to how responsibilities were divided across the Home Office, other government departments, devolved administrations and local authorities'.
- Inspectors received 'contradictory information about the distribution of responsibilities from Home Office staff and other government departments'.
- There was a 'lack of clarity about who is holding farmers and scheme operators accountable'.
- The 'Home Office has not demonstrated that it has the mechanisms or capabilities in place to assure itself that scheme operators are meeting compliance requirements. When serious concerns have been raised by workers themselves, it did not act promptly or seriously'.

The obvious difference between the agricultural sector and the care sector is that the number of migrant workers arriving in the UK to undertake work in the latter far outstrips that of the former. If and to the extent that the involvement of multiple actors has hampered (and potentially continues to hamper) the allocation of responsibility for migrant worker welfare under the SWS visa route, then it remains to be seen whether engagement between the Home Office and other actors in the social care context has been any more conducive for worker welfare. Ultimately, the UK's social care sector may yet be another example where the absence of a well-resourced Single Enforcement Body (SEB) is harming the ability of government to properly regulate areas of the labour market, in particular for the benefit of migrant workers (see our recommendation in the final section of this document).

Separately, we note that the Home Office also engages with the social care sector through its attendance of meetings with the immigration Advisory Groups. We have responded to this topic in our response to inspection area 5 below.

- 3. The current suitability of the Home Office's licencing system for health and care worker visa sponsorship; and
- 4. <u>The effectiveness of the Home Office's compliance requirements on sponsors, including how these safeguard employees from exploitation</u>

The government has previously confirmed that the Home Office's sponsor licence system 'places clear and binding requirements and obligations on employers looking to recruit and manage overseas employees. Should an employer be found to be in breach of these requirements we will take action and can remove their ability to recruit from overseas'. However, the Home Office's compliance requirements on sponsors can only be effective if their implementation is monitored at a level that is commensurate with the growth in sponsors and migrant workers that the social care sector is currently experiencing.

We are not certain that this is the case. The latest Migration Transparency Data from the Home Office suggests that, since the Health and Care visa was introduced, the growth in Tier 2 registered sponsors has happened at a much faster rate than before. For example, by the end of 2020, the number of Tier 2 registered sponsors stood at 30,278. This jumped to 38,812 by the end of 2021, and then to 54,918 in 2022 (see Fig.4). The latest statistics available, for Q2 of this year, indicate that this figure now stands at over 67,000. Based on this recent level of growth, we expect the figure to reach somewhere close to 80,000 by the end of 2023. ¹⁸ Unfortunately, the data does not indicate the proportion of new sponsors that are focused on recruiting workers under the Health and Care visa. Also, it is worth noting that the growth in the number of registered sponsors is in part attributable to the New Points Based System of immigration implemented following the UK's departure from the European Union and the end of free movement. However, given the rapid rise in Health and Care visas that have been issued, particularly since December 2021, it is likely that at least a number of the new sponsors being licensed now are intending to recruit migrant workers for the social care sector.

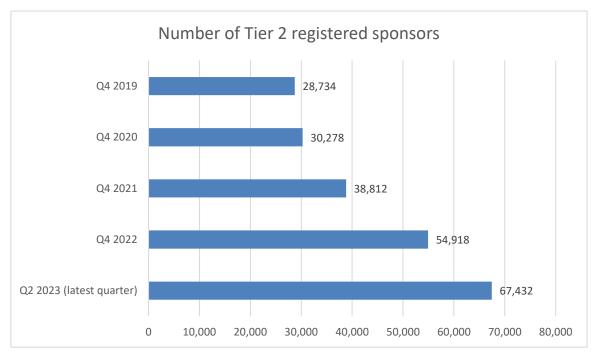


Figure 4: Number of Tier 2 registered sponsors between 2019 and 2023 (so far).

Source: UK Visas and Immigration, Migration Transparency Data, Sponsorship transparency data: Q2 2023

It is currently unclear whether the growth in the number of Tier 2 licensed sponsors has been matched by Home Office compliance activities. The latest overall figures of Home Office compliance activities/visits and investigations in the relevant periods have not been made available. This matters a great deal for workers' rights advocates, as we are not able to easily determine (1) whether the Home Office has the ability to adequately supervise the sponsors it licenses; and (2) whether investigative activities which do detect non-compliance result in license suspension or revocation.

Even without up to date figures for Home Office compliance, there is reason to doubt the Home Office's ability to adequately supervise sponsors. The ICIBI has previously investigated the extent of the Home Office's use of sanctions and penalties. In its inspection published in January 2021, the ICIBI noted that between 2015 and 2019, despite the number of sponsor licence holders remaining broadly constant, both the number of pre-licence and compliance visits had decreased steadily (see Fig.5). Similarly, between 2017 and 2019, the number of compliance visits in the Human Health and Social Work Activities category had reduced from 205 to 135.¹⁹

Total number of visits completed 2015 to 2019				
Year	Total Tier 2, 4 and 5 licences	Pre-licence visits	Compliance visits	Total visits
2015	32,300	1,336	3,024	4,360
2016	32,707	1,269	1,541	2,810
2017	33,080	1,081	1,459	2,540
2018	32,197	758	1,197	1,955
2019	32,598	661	1,054	1,715

Figure 5: Home Office compliance visits between 2015 and 2019. Source: Independent Chief Inspector of Borders and Immigration, An Inspection of the Home Office's use of sanctions and penalties (November 2019 – October 2020)

A similarly worrying trend characterises the data about suspensions and revocations. In Q4 of 2019, a suspension or revocation action was taken for approximately 1 in every 78 registered Tier 2 sponsors. By Q4 2022, suspension or revocation was less than half as likely, with around 1 in every 347 registered Tier 2 sponsors facing action in that quarter. In Q2 of 2023, revocation or suspension is taking place slightly more frequently, with 1 in every 322 Tier 2 sponsors facing action, but the figures suggest that the Home Office's actions against sponsors are lower than historical standards, and certainly lower than in the immediate pre Covid-19 period. ²⁰

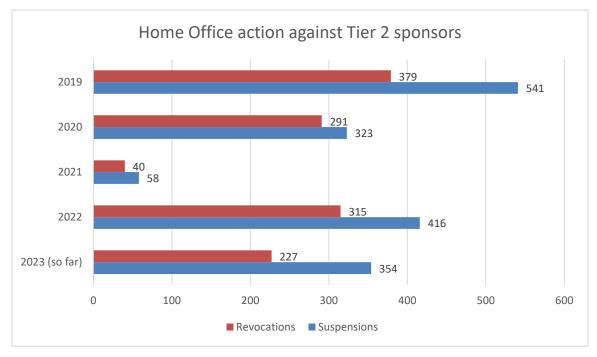


Figure 6: Home Office suspensions and revocations against Tier 2 sponsors between 2019 and 2023 (so far). Source: UK Visas and Immigration, Migration Transparency Data, Sponsorship transparency data: Q2 2023

These figures ultimately call into question whether the Home Office has stepped up to its sponsor compliance activities in the social care sector at a rate appropriate for the pace of growth of the Health and Care visa. This is problematic as a lack of sponsor compliance activity by the Home Office would undermine the safeguarding of migrant workers from exploitation. As the ICIBI has previously noted '… with compliance visits reducing, there is a danger that some employers will believe that they are effectively free from scrutiny'.²¹

Another area of concern is the extent to which sponsors are following the code for the international recruitment of health and social care personnel in England (the 'Code of Practice'), provided by the Department of Health & Social Care. 22 Though we understand the Home Office is not responsible for enforcing the Code of Practice specifically, we believe this is nonetheless of relevance to the range of sponsors' obligations in recruiting workers from overseas. In particular, we are concerned about the rise in migrants being recruited to work in the UK's social care sector from countries which are graded red on the World Health Organisation's Workforce Support and Safeguard List.²³ This includes nationals of Bangladesh, Ghana, Nigeria, Pakistan, Zimbabwe and more. No active recruitment is permitted from countries that are graded red, however individuals of these countries are allowed to make 'direct applications' on their own behalf and without the use of a third party, such as a recruitment organisation or agency.²⁴ In the experience of the Work Rights Centre Service Provision team however, it is very common for individuals arriving under the Health and Care visa to have been recruited with the assistance or involvement of a third party - please see Section 2 below for more details of this. Migrant care workers are not only exploited in the UK (where ongoing sponsor compliance is relevant), but also during the recruitment process indeed, recruitment is often the 'hook' that traps migrant workers in a cycle of exploitative work, primarily because it is the stage at which workers are financially exploited via the charging of fake recruitment/broker fees. Though the investigation of exploitation in this way would be within the remit of the GLAA, it is not clear to what extent the Code of Practice is considered by the Home Office as part of a holistic assessment of sponsor compliance in the sector. We are also concerned about the enforcement of the Code of Practice's guidance on repayment clauses - please see Section 2 below for further detail.

5. The Home Office's progress towards delivery of their transformation plan, 'The UK's Points-Based Immigration System Sponsorship Roadmap' (published in August 2021) and the effectiveness of any implemented changes.

As mentioned previously in this evidence, we remain concerned about the Home Office's ability to undertake effective compliance under the Health and Care visa route. In the 'Sponsorship Roadmap' document, the government sets out the following in relation to compliance reforms envisaged for 2022 and beyond:²⁵

'Compliance remains central to our approach to sponsorship. We make relevant checks on all potential sponsors, including on past criminality or immigration offences,

to ensure the safety of those coming to the UK for work. As with the previous system, sponsors may be subject to compliance visits from the point they apply to be a sponsor and throughout the period they hold a licence to ensure they are capable of carrying out their sponsorship duties.

Key protections for workers, such as the maximum 48-hour working week, will be monitored via these visits. The transformed sponsorship system will make greater use of technology to identify abuse and we will continue to work closely with our key partners. Our new salary checks with HMRC will enable us to ensure that employees are being paid the amount their employers committed to pay them. We will target compliance visits to those sponsors who present a higher risk or have no track record of compliance. Sanctions for non-compliance may range from conditions or limits on recruitment, managed action plans, or suspension and revocation of a sponsor licence.'

As mentioned earlier in this submission, given the rising number of migrant care workers entering the UK and the increasing number of registered sponsors, it remains to be seen whether the Home Office has, and will be able to proportionally increase, its capacity for compliance visits to such a level that regulation of the 48 hour working week is delivered in practice for a majority of workers. In addition, the roadmap refers to the 'greater use of technology to identify abuse' and that the Home Office will 'work closely' with its 'key partners' for this purpose.²⁶ In this context, we have presumed that what is alluded to here is greater cooperation with the UK's main labour market enforcement bodies, but particularly the Gangmasters and Labour Abuse Authority. While we understand the importance of cooperation with the GLAA towards ensuring that organisations found to be breaching labour rights are promptly stripped of their licences to sponsor migrant workers, migrant workers should have a right to report labour non-compliance to the GLAA, without fear of immigration enforcement. In our view, it is regrettable that there is currently no safe reporting mechanism for migrant care workers (or migrant workers more generally) to be able to flag potential abuse by sponsors without there also being the possibility of individual repercussions against them for any minor transgression of their visa conditions. In the DLME's Labour Market Enforcement Strategy 2022/23, the DLME has recommended:

'that Home Office and BEIS, working with the enforcement bodies, should review the interaction between labour market and immigration enforcement to ensure sufficient protections for migrant workers and improve intelligence flows **via safe reporting structures**...' ²⁷

Particularly in social care and other sectors where migrant labour forms a significant portion of the workforce, the lack of these safe reporting structures not only makes the job of the UK's labour market enforcement bodies more difficult, but it also hampers the Home Office's ability to understand the true scale of sponsor non-compliance and to institute appropriate sanctions.

ADVISORY GROUPS

Part of the government's engagement strategy for the design and the delivery of the Sponsorship Roadmap involves the use of Advisory Groups. The description given by the government in the Roadmap is as follows:²⁸

'Advisory Groups: These groups provide the foundation for engagement on the points-based system. Each advisory group is designed to bring together a wide range of stakeholders and sectors and is prioritised based on the economic importance of a sector, its reliance on migrant labour and the potential for future flows to be impacted by the new system. We also run an advisory group that focuses on vulnerabilities, risks, impacts and feedback relating to the points-based system.'

According to a Home Office policy paper,ⁱ the Home Office (and other government departments) engages with 4 Advisory Groups on the UK's immigration system. These are the:²⁹

- Employers Advisory Group including Skills for Care, NHS Employers, NHS Education for Scotland's International Recruitment in Social Care, Social Care Wales and the Welsh NHS Confederation
- Education Advisory Group
- The Legal Migration User Experience Advisory Group (herein referred to by its previous name, the Vulnerability Advisory Group) as per the Home Office's own description, this group brings together 'a broader range of users of the UK immigration system and those supporting applicants through the immigration system to provide constructive advice, to challenge and to offer perspectives on key issues to support the Home Office in transforming the legal migration system.' The Home Office also note that this advisory group has a specific interest in how a transformation of the UK's migration system may impact vulnerable migrants, including those with protected characteristics under the Equality Act 2010.
- Thematic Discussion Group the Home Office note that from January 2023, stakeholders both in and outside of the current advisory groups are invited to thematic meetings.

While we in principle support the notion of regular stakeholder engagement, we remain cautious about the extent to which Advisory Groups form a productive, two-way channel of communication between stakeholders and the Home Office. This is particularly the case in relation to the Vulnerability Advisory Group, which is made up of organisations representing vulnerable individuals, including third sector organisations that support migrant workers.³⁰

The utility of the Advisory Groups as effective forums for stakeholder engagement has been explored previously by the ICIBI. In its inspection of the immigration system as it relates to the agricultural sector published in December 2022, the ICIBI noted that the agricultural sector

¹ The policy paper was recently updated on 6 September 2023, reflecting changes made to the number and composition of the Advisory Groups. Previously, the Home Office ran other advisory groups, namely the 'Crossing the Border Advisory Group' and the 'National Advisory Group'.

only received a specific focus in the Vulnerability Advisory Group, where the Seasonal Worker Visa was discussed. Attendees in that group reported to the ICIBI that 'the Home Office was not open to feedback, was not interested in consultation, and that the engagement was 'one-way'. ³¹ A sense of disappointment about stakeholder engagement was not just present in the Vulnerability Advisory Group, but also included members set across the advisory groups who routinely attended meetings, and who indicated that the Home Office was hosting the groups performatively, without a genuine desire to collaborate. The report notes:³²

'Attendees were often critical about the nature and quality of the meetings, suggesting they were "a cynical attempt to demonstrate stakeholder engagement" and that organisations found it "incredibly challenging to open a dialogue with the Home Office". Capturing the views of many stakeholders, one organisation said that the engagement is "one-way" and that the group solely existed to "humour" stakeholders, rather than for genuine, fruitful engagement and consultation. Another, echoing this, said:

"I've tried to discuss issues within the Home Office Vulnerability Advisory Group ... but this is really just a one-way street for the Home Office to tell attendees what is going on ... it [the Home Office] is not willing to listen, not open to discussion, and not able to take any sort of challenge."

Despite the current membership of the Advisory Groups including representatives from the UK's health and care sectors, it is difficult to know whether the views expressed above also hold weight in relation to stakeholder engagement around the social care sector. Though we understand the need to uphold integrity and confidentiality of the discussions being had in the Advisory Groups, in order to effect stakeholder engagement in an accountable way, it would be prudent to have the minutes of meetings published online, in a similar manner to that of meetings held by the Migration Advisory Committee. 33 Similarly, while the ICIBI was informed in July 2022 that the terms of reference for the Advisory Groups were a 'work in progress', it is not clear whether any further progress has been made. We would recommend that the terms of reference are finalised and published imminently. 34

SECTION 2 – OTHER ISSUES

There are two things we would like to bring to the attention of the ICIBI. First, there is a real track record of exploitation in the care sector which, worryingly, seems to have increased in line with the increase in Health and Care visas. Second, there are many layers to the nature of exploitation. In some cases, exploitation is rooted in recruitment, notably the prevalence of intermediaries who charge workers illegal recruitment fees and push them into debt bondage. In others, it is a direct abuse of the sponsorship system by employers, and includes things like non-payment, poor accommodation, and unreasonable working hours. Finally, exploitation also happens due to migrant workers' (in)ability to leave unscrupulous employers, and navigate the transfer options inherent in the Health and Care visa. It is important to note that these issues sit at an intersection of the visa scheme, and wider dynamics related to workers, employers, and the (in)accessibility of the labour enforcement system more generally. While

we understand that the ICIBI's remit has its limits, we believe that it is helpful to put the Health and Care visa into context, and reveal the ways in which it amplifies wider risks to exploitation. It is our hope that a fuller picture of the dynamics of exploitation can inform a more comprehensive set of recommendations.

A. EVIDENCE OF EXPLOITATION

At the same time as migrant care worker numbers have increased, so too have reports of exploitation in the sector. The GLAA's Intelligence Picture for Q1 of 2023 identified that 'Care Home/Social Care' was the top sector for reports concerning modern slavery and/or human trafficking (MSHT) for labour exploitation with 23 cases, an increase of 11 from Q4 of 2022. The sector accounted for 26% of all MSHT reports in Q1 of 2023. The GLAA also identified that:

- The top victim nationality was Indian;
- The most common means of exploitation was inadequate pay followed by workers paying inflated fees;
- MSHT cases were recorded across the UK, with no clear geographical clustering;
- In 43% of cases where accommodation for victims was provided by their exploiter, it was substandard;
- The methods of recruitment into the care sector remain a 'large intelligence gap' for the GLAA; and
- 50% of all cases involving a recruitment agency in the supply of the potential victim were cases linked to the care sector. Agencies were involved in facilitating exploitation through inadequate pay, inflating fees and threats to cancel sponsorship.

These trends have broadly continued in the GLAA's Intelligence Picture for Q2 of 2023, and the care sector continues to be the sector experiencing the most MSHT reports. The addition of long hours and debt bondage as the most common types of exploitation experienced by care workers is another notable change.³⁷

The Modern Slavery & Exploitation Helpline has also seen a substantial rise in cases from the care sector. In 2021, the helpline identified 15 cases of labour exploitation in the sector indicating 63 potential victims, but by 2022, it had identified 106 cases indicating 708 potential victims. This represents a worrying tenfold rise in victims in just the space of a single year. The care sector was also the second highest in terms of annual case and victims indicated, topped only by the service sector. More recently, the helpline has identified that the number of cases reported in the care sector between January and March 2023 was twice as many as the same period in 2022. Helpline has identified that the number of cases reported in 2022.

Trade unions have also identified the underlying precarity in the care sector for migrant workers arriving under the Health and Care visa. For example, on 10 July 2023, UNISON published a press release in which it identified that migrant workers coming to work in social care in the UK were being 'forced to pay back thousands of pounds in fees, housed in substandard accommodation and even forced to share beds with colleagues'.⁴¹ UNISON have written to the Minister of State for Social Care, Helen Whately MP, regarding the issue, stating

that the government *'has a responsibility to intervene'* to prevent the exploitation that migrant workers are facing.⁴²

Since its inception in 2016, the Work Rights Centre's Service Provision team has dealt with 107 employment rights cases where beneficiaries have been working in the care sector. These cases constitute 3.3% of our total employment rights caseload, though we believe this is linked to the lack of pre-existing links with communities disproportionately affected by issues under the visa route. Notably, early indications suggest that the caseload from the sector will continue to rise quickly. For example, in 2022, our Service Provision team dealt with 14 cases in the care sector. In the first 7 months of 2023 however, our Service Provision team had already dealt with 13 cases. Given current labour shortages in the UK's care sector, we expect this trend to continue.

B. MEANS OF EXPLOITATION

The means of exploitation in the care sector we have observed are varied. In the first instance, it is common for workers to be recruited via agencies operating in the UK, where workers are forced to pay exorbitant fees (thousands of pounds) for fake broker/administrative/processing fees related to their application.⁴³

Later on in the employment relationship, workers are also being exploited via the imposition of repayment clauses in workers' contracts. Repayment clauses allow employers to recover some of the upfront costs that the employer has invested in recruiting the worker if they leave within a given period. The Code of Practice makes it clear that any repayment clause included in a worker's employment contract must abide by the four principles of transparency, proportionality, timing and flexibility.⁴⁴ However, some sponsors in the care sector are not following the guidance:

- Media reports suggest that some workers have reported being asked to pay for the Immigration Skills Charge, a fee that should in practice only be incurred by the sponsor and cannot be passed to the individual worker to pay.⁴⁵ Reports also suggest that some employers are trying to claw fees back immediately upon arrival as a condition of ongoing employment.⁴⁶
- In cases that the Work Rights Centre's Service Provision team has dealt with, we have observed that some employers:
 - Are seeking to enforce repayment clauses in cases where the worker has been unfairly dismissed, rather than the worker choosing to leave independently;
 - Are seeking to enforce repayment clauses in circumstances where the worker has chosen to leave/communicated a desire to leave because of poor working conditions. The Code of Practice makes it clear that this is an example of a situation where the repayment clause in question should be waived;
 - Are not providing an itemised list of costs pertaining to the claimed amount.
 Similarly, the claimed amount is often not included within the employment contract and is any case exorbitant or disproportionate to the employer's actual costs.
 - Are charging workers for costs that the employer is liable to pay during the recruitment process. Excluding the Immigration Skills Charge, this includes

costs that are not permitted in the Code of Practice, like the sponsor licence fee and the Certificate of Sponsorship fee.

The government has recently announced that fees for some applications under the UK's immigration system will be increasing (e.g. applications for work visas are due to rise by 15%, while fees for certificates of sponsorship will increase by at least 20%).⁴⁷ In respect of the social care sector, we are concerned about the possibility of these increases being passed on to workers through deductions or the attempted enforcement of repayment clauses that do not abide by the Code of Practice. In this context, it is worth keeping in mind that migrant workers under the Health and Care do not have recourse to public funds which would allow them to supplement their earnings.

Workers are also exploited on arrival - we have seen incidents of workers being forced to work continuous shifts without a break, being forced to drive without a full driving licence (to travel between consecutive shifts) and underpayment of wages.

In addition, it is also clear to us that the sponsorship system itself is being abused by some sponsors in the social care sector. In the cases that our Service Provision team has dealt with involving workers on a Health and Care visa, it has been common for employers/sponsors to threaten to report individuals to the Home Office or simply withdraw their sponsorship (even where the worker has done nothing wrong). The power imbalance that is inherent in the notion of sponsorship, combined with the fact that migrant workers do not have safe reporting mechanisms in place to report exploitative sponsors even where they have fallen into a precarious form of immigration status, means that incoming migrant workers into the sector are routinely complying with exorbitant demands placed on them, particularly lengthy working hours.

The Health and Care visa is not as rigid as other visa categories that have been identified as particularly precarious, such as the SWS or the Overseas Domestic Worker visa. Its potential length can be up to 5 years, migrant workers can switch in-country and there is a route to settlement in the UK. However, we have observed that migrant workers are generally not aware of their rights or their ability to switch employers under the Health and Care visa, or they are reticent in doing so. For example even in cases where workers have sought to change employers, they have not understood the process of applying to update their visa in order to do this. Alternatively, some workers have felt compelled to stick with the same employer from entry onwards. This chimes with previous research carried out on senior care workers, which found that despite the ability to switch jobs in theory, workers in practice felt tied to their employer because of worries that gaps in sponsorship would lead to problems later on down the line when applying for settlement.⁴⁸

In other cases, employers have allegedly failed to provide workers with adequate references to allow them to undertake employment elsewhere.⁴⁹ In practice, this can make the process of switching employers very difficult. Once sponsorship is revoked, workers generally have 60 days to find alternative employment with another sponsor or return home to their country of origin. These factors increase the risk of migrant workers falling into a precarious form of immigration status in the intervening period, as they try to find another job. As has been

identified previously, removing the need to update visas when workers move within the care sector would be a sensible change and would reduce the risk of workers being trapped in exploitative workplaces.⁵⁰

We are also concerned about how migrants under Student visas may be exploited. Under the terms of a Student visa, international students on a full-time course of degree level or above are permitted to undertake employment for 20 hours per week during term time (with full-time employment permitted outside of term time). However, as was noted by the GLAA in a recent Home Affairs Committee evidence session, individuals coming to work in the UK's care sector are often female students on student visas. Some agencies are recruiting these students, forcing them to stay in substandard accommodation and not paying them properly. More importantly however, they are often forced to work excessive hours, over and above the 20hr working limit. However, because this technically constitutes a breach of their visa conditions, the agency uses this to tie the worker into a cycle of exploitative work (because if they do report what is going on, it is the worker that will be punished).⁵¹ As mentioned earlier in this submission, this is where instituting safe reporting channels for migrant workers is essential. Preventing rogue employers from benefiting from their own wrongdoing is vital and an established legal doctrine in and of itself. However, its central tenet does not seem to apply in the context of migrant worker exploitation, where a focus on immigration enforcement seems to take precedence. In our view, this is both regrettable and illogical, making the sponsor-compliance oriented work of the Home Office more difficult and opaque.

RECOMMENDATIONS

In light of the evidence above, we have formulated the recommendations below for consideration by the Home Office and its key partners in this area. Though not exhaustive, we believe these recommendations would go some way in improving the operation of the Health and Care visa, the Home Office's compliance activities and ultimately migrant worker welfare in the adult social care sector in the UK:

- 1. Remove the need for sponsored workers to update their visas when moving within the adult social care sector – we believe that the current process of workers having to apply to update their visas whenever they move employer within the sector is an unnecessary administrative burden and workers' lack of knowledge about how to update their status is often exploited by rogue sponsors as a way of keeping workers trapped in exploitative workplaces.
- 2. Ensure that workers have more control over their immigration status the system of sponsorship in the UK places too much power in the hands of rogue sponsors to exploit workers. Instead, the Home Office needs to consider how to re-shift the balance of information and power over immigration status to the individual affected. In practice, this could mean the creation of a more simple, intuitive central portal where workers are able to access key information and documents pertaining to their status at a moment's notice. This would help to ease the anxieties that many workers have about their status and would assist in helping workers to transfer employers with

confidence. In the short term, more emphasis could be placed on improving the functionality of the View and Prove service, and communicating this to workers via appropriate channels and stakeholders.

- 3. Conduct a more holistic approach to the setting and review of visa fees and associated costs given that the UK is now recruiting workers from much further afield than Europe alone, we believe that the current level of visa fees and associated costs to migrant care workers needs to be reviewed more carefully. For example, rates of pay in the affected sector, median income in workers' country of origin, typical travel costs, the fact that some employers pass costs on to workers themselves, the potential for future applications and the importance of migrant labour in the affected sector should all be considered. In our experience, it is now a more frequent occurrence for migrants entering the UK on work visas to be indebted at the point of arrival, leaving them more vulnerable to situations of debt bondage and being trapped in cycles of exploitative work.
- 4. Institute safe reporting mechanisms so that workers can safely report instances of exploitation as has been acknowledged by the DLME, there is an urgent need to reset the interaction between the Home Office and the UK's labour market enforcement agencies. Safe reporting channels are required so that migrant workers can report instances of exploitation without the fear of individual repercussions owing to a precarious form of immigration status that they might hold at the time of reporting. As part of this work, particularly in the social care sector, the Home Office should reconsider its focus on immigration enforcement and instead direct more resources to investigating sponsor non-compliance.
- 5. Ensure that guidance issued by the Department of Health & Social Care is explicitly included as part of sponsor obligations in the social care sector in particular, compliance with the Code of Practice should be a mandatory obligation against which sponsors are regularly assessed. Where non-compliance with the Code is discovered, the Home Office should consider instigating sanctions against sponsors depending on the seriousness of the breach. Similar guidance that is issued in the future should also be explicitly mentioned as part of any sponsor obligations in the sector moving forward. The Home Office should also consider using knowledge of the Code as the basis for assessing the viability of new sponsor applications from the sector and as part of the auditing of existing sponsors.
- 6. Sign further government-to-government agreements with sending countries for international health and social care workforce recruitment the Home Office, the UK's enforcement bodies and migrant workers themselves are hampered by the absence of government-to-government agreements that regulate recruitment in the care context. To date, the UK has only signed such agreements with India, Malaysia, Philippines and Sri Lanka. Further agreements, particularly with countries from whom the UK has sourced a large number of workers in recent years (like Ghana, Zimbabwe, Pakistan and Bangladesh) should be signed so that active recruitment is more safely carried out and regulated.

In addition to these recommendations which pertain specifically to the Health and Care visa, we believe that migrant workers in the care sector, and migrant workers more generally, would benefit from a further series of reforms. While we understand that the remit of the ICIBI has its limits, in our view the ICIBI can play a powerful role in calling for a better labour enforcement system for migrant workers (where the Home Office currently plays a role). In practice, this would involve supporting the adoption of:

- 7. A Migrant Worker Welfare Strategy which recognises the fact that many of the issues described in this submission, such as the dilution of responsibility, fragmentation of the labour enforcement system, and debt bondage, are encountered by migrants on other visa categories, and would benefit from coordinated action.
- 8. **A Migrant Commissioner** The introduction of a Migrants' Commissioner was recommended as part of the Windrush Lessons Learned Review, with a view to speaking up for migrants, identifying concerns and working with both the ICIBI and government to address them. ⁵² We believe that A Migrant Commissioner or a position akin to this would be well placed to lead on the development of the Migrant Worker Welfare Strategy, coordinate the numerous actors who are currently involved at the nexus of immigration and labour enforcement, and act as a champion for migrant and migrant worker welfare.
- **9.** A well-funded Single Enforcement Body (SEB) which would be well placed to lead on the delivery of the Strategy. Looking at the current context of the social care sector, a well-resourced SEB would help to clarify the remits of other bodies like the CQC who have a regulatory function and the Home Office's interaction with them.

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