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# No match

Why funding rematching hubs for displaced migrant care workers is not enough to tackle exploitation

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## ABOUT THIS PUBLICATION

Faced with mounting evidence of migrant worker exploitation in England's adult social care sector, in 2024 the UK government funded 15 regional hubs to help workers find new visa sponsors. This report examines the effectiveness of this intervention from the perspectives of sponsored care workers, regional hub administrators, and other stakeholders involved in supporting the programme.

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## ABOUT WORK RIGHTS CENTRE

Work Rights Centre is a registered charity dedicated to supporting migrants and disadvantaged British nationals to access employment justice and improve their social mobility. We do this by providing free and confidential advice, and by campaigning to address the systemic causes of labour and social injustice.

## ACKNOWLEDGEMENTS

We are grateful to members of our Lived Experience Advisory Board, who provided feedback and precious direction on recommendations.

The views expressed in this report are those of the Work Rights Centre, and not necessarily those of reviewers. Any errors are our own.

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## Executive summary

In 2024, the UK government responded to increasing evidence of migrant worker exploitation in the adult social care sector by allocating £16m to fund 15 regional hubs (i.e. partnerships) in England. Led by local authorities and selected stakeholders, the hubs were intended to rematch workers into new, sponsored employment, by drawing on service providers' knowledge of the local care market and best practice in supporting vulnerable workers.

**FINDINGS.** Using data obtained from Freedom of Information (FOI) requests, a survey with workers, and 25 interviews with workers and service providers (across seven hubs), we find that despite the best efforts of regional hub administrators, this project has so far failed in its primary objective.

- Less than 4% of the workers identified by the Home Office as needing support were reported to have found a new sponsor through the hubs by 30 April 2025.
- Many workers did not contact their hubs, primarily due to a lack of awareness, but also lack of clarity about the hubs' remit.
- Yet even when they did, overwhelmingly workers struggled to find another sponsor.
- Stakeholders reflected on a mismatch between employers' requirements for a cheap and flexible workforce, and visa criteria that were seen to have made sponsorship increasingly costly and compliance heavy.
- A second mismatch was between employers' requirements for a UK driving licence and car, which are critical in domiciliary settings, and the possibilities of workers who, in the most part, were not able to meet these criteria.
- For a significant minority of people, these structural barriers were compounded by difficulties meeting employers' English language demands, financial constraints that made it difficult to pay for another visa, and even the ability to secure a reference from past employers.

**RECOMMENDATIONS.** To mitigate the risks for exploited migrants, who were on the brink of destitution, and the adult social care sector, which continues to grapple with vacancies at triple the national average, stakeholders called on the government to:

- Reform the work migration system, to give workers and care providers more flexibility in employment, without the cost and compliance pressures of employer-sponsored visas;
- Impose penalties against rule-breaking sponsors; and
- Support workers to raise grievances and access their employment rights.

Admittedly, this study is not representative of all 15 regional hubs. An official, government-commissioned evaluation is expected in 2026. Yet given the scale and urgency of migrant worker exploitation in the adult social care sector, and the fact that this has been the government's only worker-facing response to date, this report provides much-needed insight into the diverse approaches adopted by the hubs, the significant barriers to rematching, and the need to rethink the approach to tackling migrant worker exploitation.

# 1. Introduction

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With a vacancy rate of 6.8% in England,<sup>1</sup> nearly triple the rate across the UK labour market (2.4%),<sup>2</sup> the adult social care sector has been increasingly reliant on international recruitment.<sup>3</sup> So acute was the need for labour across the care sector, that after the UK's departure from the European Union ended the free movement of EU nationals, the UK government enabled employers to sustain international recruitment through the Health and Care Worker (HCW) visa route.

Three years after the route was opened, the HCW visa has proven as risky and financially deleterious for workers as it has been popular. In this chapter we introduce the history of this route and the pitfalls for workers, before we turn to the government's response to reports of exploitation. We show that while successive governments have pledged to tackle exploitation, action has focused too narrowly on penalising sponsors and reducing immigration. The only notable worker-facing response, a government plan to rematch displaced workers with new sponsors, has received little scrutiny, despite attracting millions of pounds in government funding.

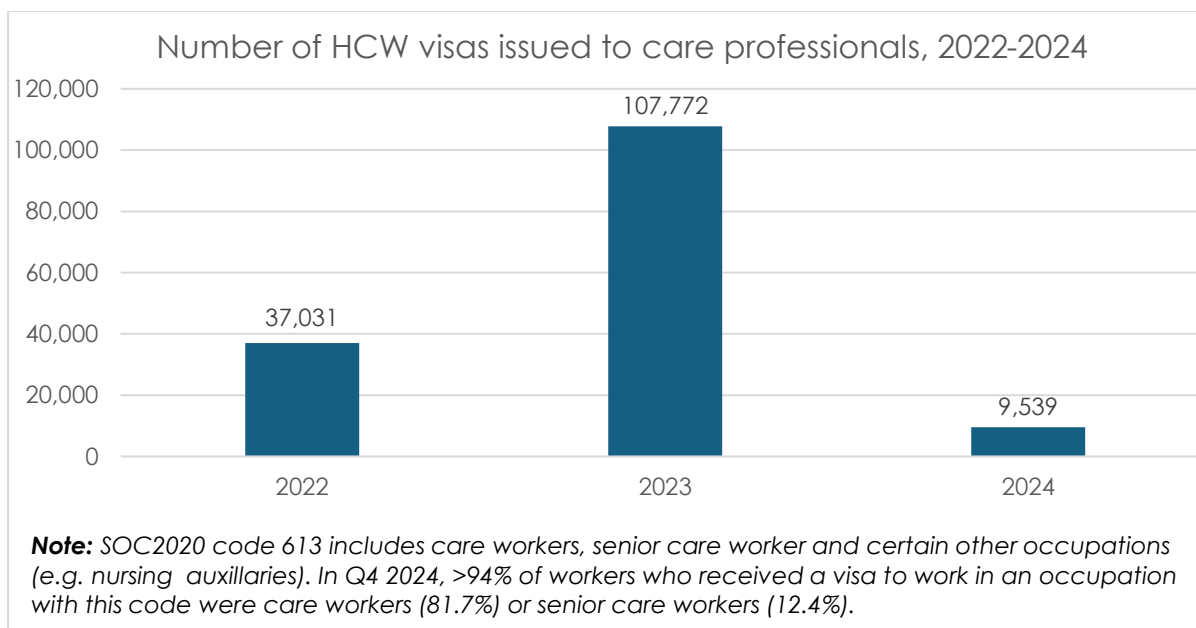
## 1.1. The Health and Care Worker visa

The HCW visa was initially introduced in August 2020, as the UK was grappling with the pressures of Covid-19. A subset of the Skilled Worker route, it allows foreign nationals to be sponsored to work in the UK by a Home Office approved employer, and restricts their right to work full-time only to that employer, giving them up to just 60 days from the day the Home Office is notified of the end of employment before leave is curtailed. The HCW visa was meant to incentivise health and care professionals to come to work with the NHS, an NHS supplier or in care, by offering discounted application fees and an exemption from the Immigration Health Surcharge.

The Home Office expanded the HCW route in February 2022, adding care worker and senior care worker roles to the list of eligible occupations. These roles were also added on the Shortage Occupation List (SOL),<sup>4</sup> making it not only lawful, but cheaper for employers to hire overseas workers under this route, with a minimum salary admissible for migrant workers on the HCW visa at just 80% of the going rate.<sup>5</sup>

Take-up of the HCW visa has been high, with applications skewed heavily towards care worker roles. Between 15 February 2022 and 31 December 2024, over 154,000 grants of entry clearance were made to care professionals who applied to this route from abroad (see Fig. 1). As of June 2023, a further 26,000 people who were already in the UK on sponsored study visas switched onto the HCW route.<sup>6</sup>

Overall, the HCW visa has been incredibly popular. Between 2022 and 2024, visas issued to care professionals accounted for more than a third (35%) of all Skilled Worker visas granted.<sup>7</sup> But with strict restrictions on workers' ability to change jobs, and no recourse to public funds, the HCW visa was premised on a power imbalance that proved to be extremely problematic.



**Figure 1. Number of HCW visas issued to care professionals (SOC2020 code 613), 2022-2024.**  
**Source: Home Office immigration system statistics, entry clearance data tables, Q4 2024.**

## 1.2. Reports of migrant worker exploitation

Shortly after the February 2022 changes to the immigration rules, numerous reports from charities, journalists, academics, and government agencies indicated evidence of large-scale exploitation of migrant workers under the HCW visa route.<sup>8</sup>

One well-documented practice involved workers being made to pay extortionate recruitment fees to secure a Certificate of Sponsorship (CoS) from a Home Office approved employer, only to arrive in the UK and realise they had been the victims of fraud.<sup>9</sup> In many of these cases visa sponsors provided workers with little to no work at all, leaving them in dire financial circumstances. Contrary to popular assumptions, the issue of extortionate fees was not just prevalent in migrants' countries of origin, but also in the UK. While most employers charged for CoS fees, some even coerced migrant workers to pay for their own payroll costs, in an attempt to provide the authorities with an illusion of an active workforce. All the while, they never actually offered the employment promised to workers and declared to the Home Office.

In many other cases rogue employers wielded the threat of imminent dismissal and visa curtailment to force care workers into working long hours for minimal pay, in conditions akin to modern slavery. In the year to March 2024, social care was ranked highest for potential exploitation cases in the UK by the Gangmasters and Labour Abuse Authority (GLAA).<sup>10</sup> With 135 GLAA reports, this was a fourfold increase on the previous year. Similar reports emerged from other agencies. In the year 2023/24, the Care Quality Commission (CQC), the regulator for adult social care in England, made 106 referrals for modern slavery and labour exploitation, three times higher than in the previous year.<sup>11</sup> The charity Unseen, which runs the UK's Modern Slavery and

Exploitation Helpline, noted that in 2024 care was the largest sector for labour exploitation cases, accounting for nearly a quarter (24%) of all potential victims reported via the helpline.<sup>12</sup>

### **1.3. The government's response**

Much of the government's response to reports of worker exploitation focused on taking firmer action against visa sponsors.<sup>1</sup> In 2024, stricter vetting of sponsor licence applications by the Home Office led to a visible decrease in the number of new Skilled Worker sponsor licences registered, from a peak of 13,800 in Q1 2024, to 8,600 in Q1 2025.<sup>13</sup> The department also took greater enforcement action against existing licence holders. Between July 2022 and December 2024, Home Office officials revoked more than 470 sponsor licences in the care sector, with a knock-on effect on as many as 39,000 migrant workers.<sup>14</sup>

Another line of response that captured the imagination of successive governments focused on reducing the number of care workers arriving under the HCW route, as part of a broader goal to reduce net migration. In March 2024, the then Conservative government changed the Immigration Rules to prevent care workers from bringing dependants, and to increase the minimum salary threshold that care workers would have to meet to qualify for a HCW visa.<sup>15</sup> This made the HCW route a less attractive destination for migrants,<sup>16</sup> and a costlier option for employers.

Costs were increased once again by the Labour government. Changes to the immigration rules introduced from 7 April 2025 raised the minimum salary threshold for care workers once again to £12.82 per hour,<sup>17</sup> for the first time taking this threshold above the UK Real Living Wage, currently set at £12.60 per hour.<sup>18</sup> Further increases were announced to the mandatory fees payable by employers to the Home Office upfront for each migrant worker hired. From 9 April, the cost of a CoS increased by 120%, from £239 to £525.<sup>19</sup> The Immigration White Paper published in May also announced a planned 32% increase to the Immigration Skills Charge (ISC), which varies with the length of a worker's sponsorship.<sup>20</sup> The date from which the ISC will be increased is yet to be announced.

Altogether, the mandatory Home Office sponsorship fees run into the thousands of pounds. Tables 1 and 2 demonstrate how these costs will have increased from 8 April 2025 to the date when the ISC increase come into force, using a three-year sponsorship situation as an example.

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<sup>1</sup> Though a detailed examination of the efficacy of all these interventions is beyond the scope of this report, further commentary on this can be found in our "Safeguarding Sponsored Workers" report, [accessible here](#).



Home Office fees (March 2025)	Small employer	Large employer
Certificate of Sponsorship	£239	£239
Immigration Skills Charge	£1,092	£3,000
Sponsorship licence	£536	£1,476
<b>Total</b>	<b>£1,867</b>	<b>£4,715</b>

**Table 1. Home Office fees for a small and a large employer to sponsor one care worker for 3 years, before increase in ISC, assuming sponsor licence is required.**

Home Office fees (after COS and ISC increases)	Small employer	Large employer
Certificate of Sponsorship	£525	£525
Immigration Skills Charge	£1,441	£3,960
Sponsorship licence	£574	£1,579
<b>Total</b>	<b>£2,540</b>	<b>£6,064</b>

**Table 2. Home Office fees for a small and a large employer to sponsor one care worker for 3 years, following increase in ISC, assuming sponsor licence is required.<sup>2</sup>**

Policy responses focused on supporting workers have been timid by contrast, notable primarily for what the government was *not* doing. Starting in the autumn of 2024, frontline organisations reported that the Home Office had been quietly delaying the issuance of 60-day visa curtailment notices to workers affected by sponsor licence revocations. The only public confirmation of this practice came in May 2025, when civil servants revealed to the Public Accounts Committee that this was indeed a method utilised to mitigate the consequences of enforcement action for workers.<sup>21</sup> At the time of writing, there continues to be no official written policy on non-curtailment, making it impossible to ascertain when this practice began, how much leeway it gives workers and, perhaps most pertinently, when it might end.

Other notable gaps in the government's response to reports of exploitation pertain to workers' rights and protections under the HCW visa. Despite sustained calls for visa reform from unions<sup>22</sup> and workers' rights advocates, including ourselves,<sup>23</sup> migrant workers on employer sponsored visas are still not permitted to change jobs unless they get a new visa sponsor. Those who have the courage to report non-compliance by their sponsor continue to risk having their visa curtailed. The HCW visa does in theory allow workers to take up 20 hours of weekly supplementary work with any employer (in eligible occupations), but this too is dependent in practice upon them demonstrating continued full-time employment by the visa sponsor. Notably, while the Immigration White Paper published by the Labour government in May 2025

<sup>2</sup> ISC calculation is based on announced 32% increase, using ISC applicable as of 1 July 2025 as the base figure. Sponsorship licence and CoS fees applicable as of 1 July 2025 are used. No further increases to the CoS or sponsorship licence fees are assumed, although these are possible.



acknowledged our and unions' calls for a visa system that gives workers more flexibility to change jobs, the only commitment was to end international recruitment of care workers under the HCW visa, phase out the visa entirely in 2028, and only "explore" the possibility of more flexibility for exploited workers, at a time and in a manner not yet specified.<sup>24</sup> This effectively leaves a cohort of thousands of exploited people on a legacy immigration status.

The government's main response to this cohort came in 2024, when a Department of Health and Social Care (DHSC) fund originally marked for ethical international recruitment practices was repurposed to support the creation of a service that would assist migrant care workers exploited by their sponsors in England to find a new visa sponsor. This is what we refer to henceforth as the government's "rematching project". In April 2025, employers wishing to recruit migrant care workers were asked to attempt to hire from this pool of workers, before they were permitted to sponsor someone from abroad.<sup>25</sup> By July, this requirement was removed as part of the government's plans to end international recruitment in social care entirely.<sup>26</sup> Yet despite the project's prominence in the government's immigration policy and the significant funding it has attracted, little is known about its setup, performance, and effectiveness. This is why we started this report.

## 2. The International Recruitment Fund

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The International Recruitment Fund (IRF) was first announced by the DHSC on 10 February 2023, in a move that made available a total of £15m in 2023/24 to "help tackle the barriers of international recruitment, while upholding ethical recruitment and employment practices."<sup>27</sup> This money was to be dispersed across 15 regional hubs (which the guidance refers to as partnerships), comprised of local authorities in England. Local authorities in the devolved nations were ineligible for this pot of funding, which was non-competitive and dispersed since summer 2023.

We know about the operationalisation of the IRF in 2023/24 through an evaluation report by King's College London.<sup>28</sup> The DHSC allowed each of the 15 hubs to develop its own governance and operational mechanisms, with a nominated lead local authority responsible for applying for, disseminating, and reporting on funding. In some hubs, representatives of the Association of Directors of Adult Social Services (ADASS) and care alliance leads took on managerial and operational roles, while in others these functions were fully administered by local authorities. Notwithstanding these variations, the key common denominator was that none of the hubs were originally set up to support displaced migrant care workers into new sponsored employment.

Hubs had to swiftly refocus their activities as Home Office enforcement action against non-compliant sponsors began displacing scores of workers across the country. At various points in the 2023/24 funding period, operations turned away from supporting international recruitment into the adult social care sector, and towards activities for migrant workers who were already in the UK. This includes financing pastoral care or supporting those let down by employers to find new bona fide sponsors.

The King's College evaluation of this phase of the programme is unclear about the effectiveness of these early interventions. Local authority stakeholders consulted in the evaluation pointed out that the DHSC was not fully appreciative of the complexity of managing the fallout generated by hundreds of sponsor licence revocations, which impacted at least 39,000 workers. The evaluators themselves highlighted that "local authorities have experience of dealing with provider failure i.e. services closing but not when the impact is on this scale and extends to displaced workers/families, with no recourse to public funds."<sup>29</sup> This was made more difficult by the absence of national guidance on how to respond to such situations, particularly where responsibilities stretched beyond the initial remit of the IRF funding bids and statutory council duties. Finally, the time-limited and narrow nature of the Fund meant that "sustainability was compromised."<sup>30</sup> Stakeholders remarked that achieving longer-term impact would require not only greater funding, but also integration within the broader adult social care workforce strategy.

Despite these limitations, funding for this project was renewed. A total of £16m was allocated for delivery in 2024/25 (see Table 3), and a further £12.5m was earmarked for delivery in 2025/26.<sup>31</sup>

Region	Indicative allocation (£)
South East	£2,762,000
West Midlands	£1,840,000
East of England	£1,799,000
South West	£1,718,000
Yorkshire and the Humber	£1,505,000
East Midlands	£1,393,000
North East	£948,000
Cheshire and Mersey	£826,000
Greater Manchester	£746,000
Lancashire with Westmorland and Furness	£600,000
North West London	£425,000
North East London	£403,000
South West London	£374,000
South East London	£350,000
North Central London	£311,000

**Table 3. Maximum, regional indicative allocations under the IRF, 2024/25. Source: International recruitment fund for the adult social care sector 2024 to 2025: guidance for local authorities, DHSC.**

## 2.1. The start of the rematching project in 2024/25

The 2024/25 funding year is when the rematching of workers with new sponsors became systematised. Funding had the primary aim of supporting the "in-country matching of overseas recruits who have been displaced by unethical practices or by their employer's sponsorship licence being revoked."<sup>32</sup>

Each regional hub was required to set up a mailbox which care workers could contact to access support services, and committed, amongst other things, to:

- Assisting international recruits affected by their employer's licence revocation to find alternative, ethical employment (interestingly, assisting workers "displaced by unethical practices" was an aim, but not a requirement);
- Supporting care provider compliance with UKVI processes;
- Continuing to offer pastoral support and signpost to suitable local services, where appropriate; and monitoring impact and providing relevant information to DHSC for evaluation via a "light touch quarterly return."

While little operational detail is available from central government, an interim evaluation by West Midlands ADASS provides some insight into the rollout of the rematching project nationally.<sup>33</sup> The 2024/25 project commenced in May with an England-wide pilot of 760 displaced care workers. Regional hubs oversaw the rollout of mailboxes from August, while the UKVI began contacting displaced care workers to signpost them to the hubs. The full range of services became available to workers from October to Dec 2024, which is also when a majority of UKVI contact emails were sent out (see Fig. 2).<sup>34</sup> Throughout this time UKVI committed to fast-tracking HCW visa applications made through the hubs, and waiving the £500 "priority service" costs (though not the visa fees), while also expediting the processing of applications for a sponsorship licence or CoS made by employers who recruited workers from this pool.

With the exception of information glimpsed from interim reports proactively published by regional hubs (of which we were able to locate just two), little is known about the effectiveness of this government project. Workers who contacted the mailboxes were to be screened and offered support, but the nature of this support depended heavily on their region. The DHSC guidance leaves the use of funding to the hubs' discretion, noting that money could be utilised for activities ranging from "using a data dashboard to manage a list of providers with sponsorship licenses in their area," to "running local employment fairs where licenced providers can engage with international recruits," and "developing pastoral support, such as buddying schemes."<sup>35</sup>

In some ways, the lack of documentation is reflective of the reactive nature of this government project. The regional hubs were neither part of a bigger vision for safeguarding migrant worker welfare (which we and others have urged the government to adopt),<sup>36</sup> nor part of the bigger workforce strategy for the care sector.<sup>37</sup> It was a quick financial response to a national policy problem, that left the heavy lifting of practical operationalisation to regional actors. It is also important to note that the government commissioned an evaluation by King's College London, due to be published in 2026.<sup>38</sup> While this will provide welcome scrutiny, given the scale and urgency of the issues experienced by workers, and the fact that this rematching project has been the government's only worker-facing policy response to date, we believe evidence of its effectiveness is needed sooner. This is what our report sets out to provide.

### 3. Methods

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This research report utilised three data collection methods.

**FOI data.** We submitted two Freedom of Information (FOI) requests to plug the gaps in statistical data related to worker engagement with, and outcomes of, the hubs. The first FOI was to the Home Office, whom we asked how many care workers had been contacted and signposted to the regional hubs for support from May 2024, when the rematching project started, to May 2025.<sup>39</sup> The second FOI was to the DHSC. In this request we asked for the number of worker support enquiries received by each regional hub in the same time period, and the number of people reported to have found a job through these hubs.<sup>40</sup>

With some limitations, this FOI data gave us an estimate of the population the government was trying to support (Home Office figures), and the overall effectiveness of the rematching project in finding alternative employment (DHSC figures). To understand what drove those figures, we then drew on survey and interview data.

**Survey of migrant care workers.** Between 10 February 2025 and 3 March 2025 we carried out an online survey of 162 migrant care workers on the HCW visa route in England, which included 79 workers displaced by sponsor licence revocations, and 82 people who were still working for their sponsors in non-compliant conditions. This provided an overview of workers' awareness of the rematching support available, and the extent to which they had interacted with the service. It also provided a respondent pool from which to then recruit interviewees.

**Semi-structured interviews with workers, employers, and service providers.** To gain insight into the operational model and effectiveness of the hubs, between March 2025 and May 2025 we conducted a total of 25 interviews. Interviewees included:

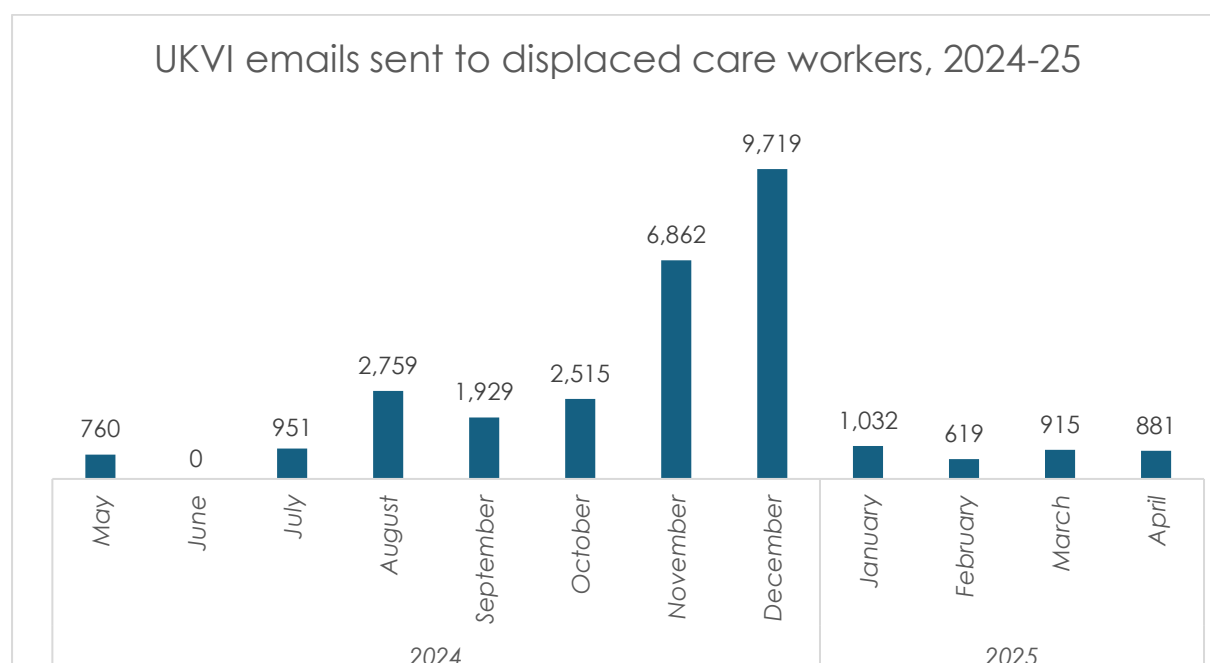
- Ten care workers who had been exploited by their sponsors. All of them had contacted their regional hubs, and seven had also managed to access rematching support.
- Nine service providers (administrators) from regional hubs directly involved in delivering the rematching project. This included five local authority staff, one ADASS employee, and three individuals from care alliances. The care alliances were simultaneously contracted to lead their respective regional hubs and representing employers in the adult social care sector.
- One social care provider who was not directly involved in delivering the rematching project, but offered precious further insight into employers' perspectives on the project; and
- Five representatives from civil society organisations with experience of assisting migrant care workers to access rematching support, two of which were engaged by their respective regional hubs to provide support to displaced workers.

Overall, interviewees provided in-depth qualitative insight into seven of the 15 regional hubs tasked with delivering the rematching project, and in six of these we were able to triangulate the input of workers with that of service providers. Our dedicated Lived Experience Advisory Board, comprising four sponsored care workers, took an active role in shaping the recommendations for this report.

Without a doubt, some limitations apply to these methods. The people we interviewed do not represent all 15 hubs. Even within the seven hubs we had access to, there is a possibility that other stakeholders' views differ from those of the people who agreed to speak to us. The same representativeness issues apply to workers, and to the voices of employers. And yet, to the best of our knowledge, this is the first and most comprehensive assessment of the government's rematching project to date.

## 4. FOI data reveals limited rematching success

FOI data from the Home Office shows that between 1 May 2024 and 30 April 2025, a total of 28,492 displaced care and senior care workers were emailed by UKVI and directed to contact their regional hub for support.<sup>41</sup> The majority (66%) of these emails were sent out between October and December 2024 (see Fig. 2), coinciding with the launch of regional email inboxes, and likely included workers affected by sponsor licence revocation over many earlier months.



**Figure 2. UKVI emails sent to displaced care workers, 2024/25. Source: FOI 2025 05731, Home Office.**

As of 30 April 2025, the regional hubs had successfully rematched a total of just 941 care workers with a new sponsor, according to FOI data from DHSC (see Table 4).<sup>42</sup> If we express this as a proportion of the total number of workers displaced and contacted by UKVI up to 31 March (27,611),<sup>3</sup> this amounts to an approximate rematching rate of just 3.4%.

Region	Number of workers rematched by 31 Jan 2025	Number of workers rematched by 30 Apr 2025
Yorkshire and the Humber	82	211
West Midlands	67	201
Five London hubs	71	153
East Midlands	83	105
East of England	21	82
South East	16	57
Greater Manchester	41	53
North East	14	39
South West	19	31
Cheshire and Mersey	7	8
Lancashire with Westmorland and Furness	0	1
<b>All regional hubs</b>	<b>421</b>	<b>941</b>

**Table 4. Number of displaced care workers successfully rematched with new sponsor, by regional hub, 31 January 2025 and 30 April 2025. Source: FOI 1605963 and FOI 1573721, DHSC.**

## 4.1. What might explain the low worker rematching rate?

One reason the rematching rate might be so low is that a substantial share of displaced workers did not contact their regional hub. The DHSC's response to our FOI requests suggests that across England, regional hubs received just 16,698 requests for support, far fewer than the 27,611 care workers signposted by UKVI.

The lack of worker awareness was likely a contributing factor. Amongst 79 survey respondents who told us they had been affected by sponsor licence revocation, nearly three quarters had not heard about the service (72%; 52 respondents).<sup>4</sup>

Another reason for the low success rate is that not every displaced worker who found a new sponsor through the government-funded service reported it back to their

<sup>3</sup> We used 31 March 2025 as the cutoff date for the number of workers emailed by UKVI, in recognition that it takes time for the hubs to contact and place workers into a new role. Hubs would have had at least one month to place these workers into sponsored roles.

<sup>4</sup> According to FOI data, the reasons workers may not have found out about the service through the UKVI email include workers not having access to the registered email address (e.g. if it belongs to an immigration adviser or agent), the mailbox being full and not accepting incoming emails, and the worker not having updated their registered email address online.

regional hub. In notes about the data, DHSC states that workers were not initially required to report on job finding outcomes – though it is implied<sup>5</sup> that from before 31 January 2025 this did become compulsory, and the 520 matches reported in the three months from January are not significantly higher than the number of matches reported before that date.

It is also reasonable to consider that this figure may be an overestimate. By the government's own admission, the number of workers affected by licence revocations in the care sector by December 2024 was as high as 39,000.<sup>43</sup> Yet according to FOI data, only 25,495 care and senior care workers were signposted to hubs by the end of December 2024. Equally, the success stories reported by hubs to the DHSC were not just those of workers displaced by Home Office action against sponsors and include those who needed to change employers for a different reason (e.g. to leave exploitative employment).

It is fair to acknowledge that the 3.4% figure is not perfect. It is just the best estimate available in the absence of national statistics (which the government was pressed on, but failed to provide on several occasions).<sup>44,45</sup> It is also alarmingly low enough to suggest that the failure of regional hubs to rematch migrant workers with new sponsors is not simply an artifact of data collection and reporting issues, but also the outcome of deeper structural issues that call into question the government's policy, and thus merited further investigation.

## **5. How the regional hubs worked**

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All the regional hub administrators (or service providers) we spoke with were passionate about supporting care workers into new employment and committed to the project. All but two also possessed long-term personal experience of the adult social care sector, and empathised both with the struggles of migrant workers, who had been exploited by rogue sponsors, and with the difficulties faced by care providers, who were grappling with a crisis of recruitment and funding.

With some regional variation, service providers had gone out of their way to establish connections with bona fide employers in the care sector, and to use the IRF to create versions of the worker rematching model intended by central government. Remarkably, this included offering employers a financial incentive of up to £5,000 per worker to recruit from their pool of workers. Some of the service providers described additional services for workers, including English as a Second Language (ESOL) classes, some pastoral support, and immigration advice.

Despite the best efforts of hub administrators and their stakeholders, however, there were some obvious limitations in the differing service offers across regions, the

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<sup>5</sup> FOI 1573721 provides rematching data up to 31 January 2025. DHSC notes accompanying the data state that "initially, the workers were under no obligation to report their employment outcomes back to their region." This implies that at some point before 31 January 2025 reporting had become compulsory.



inefficiency of reallocating DHSC funding to subsidise Home Office fees, and the lack of clarity on the hubs' remit. Notably, there was a strong sense amongst interviewees that their local efforts were no match for the number of workers affected and the structural issues that stood in the way of successful re-employment.

### **5.1. The worker rematching model**

The hubs our interviewees were involved with generally operated a model whereby workers could get in touch via a mailbox, then get screened for eligibility. Screening usually referred to whether a worker was based in the respective region but, in some cases, also referred to whether they had been displaced by Home Office action against their sponsors, or looking to change employers for other reasons.

Eligible workers were contacted by staff for a discussion of their circumstances, skills and experience, and their profiles were entered into a database. This database was then either shared with quality-assured employers in its entirety, or hubs shared a selection of worker profiles deemed suitable for particular roles.

If recruitment was successful and employers decided to sponsor workers, regional hub staff would then support with immigration applications, which included fast-tracking these with UKVI. The only exception to this model was one hub which did not directly mediate between workers and employers, but signposted workers to external events (e.g. job fairs) and used the DHSC fund to finance employability initiatives.

### **5.2. Engagement with care providers**

As getting care providers to engage with the hubs was instrumental to rematching, many interviewees described making significant efforts to illustrate the benefits of the project to employers, ensure that they were quality-assured, and support them through the recruitment process.

**Due diligence checks.** Before entering into a relationship with a care provider, all regional hubs conducted due diligence checks. Administrators felt strongly that it was their duty to safeguard workers from any further exploitation and went out of their way to conduct employer due diligence checks, even when direction from central government was lacking. Indeed, two service providers mentioned that rogue agencies had attempted to access workers via the rematching project but disappeared as soon as they were asked to engage with the due diligence process.

The due diligence checks almost universally comprised base-level inspections of UKVI, Companies House and CQC records, as well as more detailed examinations in conjunction with local authority commissioners. All but two administrators we spoke to also mentioned conducting one-on-one interviews with providers, and one administrator involved local authority modern slavery teams. As Monica, who worked for a local authority, stressed: "the last thing [they] want is to send somebody who's displaced to a provider that isn't a good provider."

*“Our job is to job match and to make sure that those people are going to a safe employer. So the work is also focused on ensuring that the provider is a good provider, and that we've done due diligence on that provider too. The last thing that we want is to send somebody who's displaced to a provider that isn't a good provider. [...] Those conversations with commissioning teams are really useful, because they've already done the due diligence.”*

**Monica, regional hub administrator**

**Support with sponsorship duties.** Once an employer was permitted to recruit from the pool of workers, five of the seven regional hubs supported by our interviewees assisted with providing targeted workshops and advice. This free service was seen as particularly important for smaller employers, who did not have designated staff to understand and manage the compliance duties inherent in sponsorship. Crucially, hub administrators used their connections with employers to stress the significant financial cost of sponsorship, particularly for smaller care providers, who constitute an overwhelming majority of the adult social care market.<sup>46</sup>

**Employer bursaries.** Three of the seven hubs also offered care providers bursaries to cover some recruitment costs, while a further two had plans to start offering these in 2025/26. Employer bursaries were normally subject to receipt of evidence of recruitment of a worker signed up with the regional hub. The scope of the bursaries varied, with one hub administrator saying they “pay one half of the cost of issuing a three-year CoS,” and others reporting a fixed sum. At least one interviewee mentioned supplementary ring-fenced bursaries for training and other recruitment expenses, where there was evidence that they would be used for the longer-term retention of staff.

Two hub administrators we interviewed explicitly mentioned bursaries having a positive effect on care provider engagement. This was, perhaps unsurprisingly, echoed by the employers we interviewed. Michael, a care provider, described how the bursaries could cover onboarding expenses, such as subsidised worker accommodation and driving lessons.

*“Yes, so [one hub] offers that. I think it's up to £5,000 per applicant. £2,000-something when they first commence their employment, to cover the fees. And then there's an additional claim to make, top it up to the £5,000 after eight weeks of working. And that can go towards training buddies and shadow shifts - expenses incurred in the process of getting employees to where they need to be. And then in [a different hub.], nothing.”*

**Michael, social care provider**

However, bursaries were neither ubiquitous, nor universally seen as a successful initiative. One hub administrator we interviewed was disappointed with the insignificant impact of bursaries on recruitment, which they attributed to the high Home Office costs. Perhaps more importantly, administrators were conscious that with a limited DHSC budget, regional hubs had a choice between funding employers, in ways which rather inefficiently used DHSC funding to cover the high costs imposed by the Home Office, or funding services that were directly supporting workers.

*“Yes, providing bursaries for care providers is what we're looking at this year. Now obviously the [worker-facing] services that we've got in place are quite expensive. We will have to have a conversation. This is the budget that we've got left. How do we best target it towards providers wanting to recruit people? So maybe, a bit of a grant to offset some of those [ISC] costs and certificate sponsorship costs?”*

**Mark, regional hub administrator**

### **5.3. A patchwork of support for workers**

Apart from the general rematching services, the provision of worker-facing services varied widely across the seven hubs.

**Employability and ESOL.** All service providers spoke about procuring or referring workers to ESOL courses, in recognition of the value of excellent English skills in interview scenarios. In two cases, hub administrators mentioned contracting private companies to provide employability services, including CV writing and interview preparation, while other hubs procured paid-for training specific to adult social care (e.g. on manual handling), as well as assistance with driving skills and obtaining a UK licence (see Chapter 6).

**Pastoral support.** Given many migrant workers struggled with mental health issues and trauma arising from exploitation, most of the service providers we interviewed recognised the importance of pastoral support provision. In practice, however, this support was usually limited to signposting individuals to local organisations and NHS services. Just three of the seven hubs our interviewees were involved with offered direct pastoral support.

Barbara, a service provider, was thrilled to have a permanent pastoral support team, including staff with lived experience as sponsored care work. Another interviewee was proud of “running well-being programmes over six weeks,” as well as managing “a support group through WhatsApp.”

*"We got a license to employ overseas workers on Monday, because two of our pastoral team have got lived experience. They've been migrant workers in the care sector. Luckily, they've got visas so they could work for us without a sponsorship, but these run out in June. So, we're really thrilled that we're going to be able to sponsor them, because they're fabulous at it, they can offer that lived experience..."*

**Barbara, regional hub administrator**

**Immigration application support.** Two administrators said their hubs were also able to offer dedicated funding for immigration advice for workers, albeit this was dependent on the availability of local regulated immigration advice services. In two other hubs, the main applicant's visa fees were paid for, in recognition of workers' financial predicament.

**Subsistence support.** All project administrators we interviewed recognised the great financial difficulties that workers were in, shaped by strict visa conditions that neither permitted them to take full-time unsponsored employment, nor allowed them to access public funds. Nevertheless, the provision of subsistence support across the regional hubs was generally limited to offering food bank vouchers. The only exception to this light-touch approach was a hub that had recruited social workers to help migrants with families navigate their complex needs without recourse to public funds.

Support for workers	How many (of 7) regional hubs provided this
Rematching with employers in care	6
Employability support (ESOL classes)	7
1-1 employability support (such as CV writing, interview preparation, training)	4
Pastoral support	3
Referrals to food banks	7
Subsistence support (other)	1
Driving licence bursaries	2
Support for employers	
Support with sponsorship duties	5
Bursaries to cover some sponsorship costs	3

**Table 5. Summary of worker- and employer-facing support mentioned in stakeholder interviews.**

## 5.4. How effective were these services seen as being?

For all the best efforts of service providers, there were some evident inefficiencies in how regional hubs ran their service. From workers' perspective, the biggest issue was understanding who the hubs had been set out to support. It was not always clear whether the hubs were open to all migrant care workers who had experienced exploitation, or whether access was limited to those whose sponsors had their licences revoked by the Home Office. Indeed, of the six workers we interviewed who were still sponsored, just three had been able to access support from the hubs. The other three had either been put off by their regional hubs' practice of requesting evidence of licence revocation or had been turned away by a hub administrator directly. This was the case of Ishan, who described feeling "broken" after he was told during a screening call that he cannot be assisted, even though his sponsor was giving him just four hours of shifts per week.

*"They said they cannot help, because they're looking for people whose [sponsors] already lost their licenses. I was broken by that. It first gave me hope. When I first heard of the ethical fund or recruitment hub, I thought I'd give it a try. But the thing is, on the day I had my [screening] interview, I had a visa, so they did not give me any help."*

**Ishan, Indian care worker**

In many ways, the arbitrary exclusion of workers who were exploited, destitute, but still sponsored on paper was indicative of the government's reactive approach to tackling migrant exploitation. Lacking in vision, it delegated critical operational details to regional actors, in ways which left workers desponded and service providers concerned.

On more than one occasion, stakeholders were frustrated with the patchwork of support available across the regions, which made one interviewee describe it as a 'postcode lottery' (see Table 5).

*"And again, it differs depending on the area. Sometimes it is just a list [of sponsors] that workers get sent. Sometimes they do get weekly contact from their hub. Some hubs also [offer] pastoral support, like job interview support. There is some financial support in some areas as well, where they are at risk of homelessness or struggling financially to get food and essentials. But again, it tends to be a postcode lottery."*

**Lucy, third-sector stakeholder**

There was also the striking inefficiency in local authorities and their delivery partners using central government funding from one department, DHSC, to cover the costs imposed on employers and on migrant workers by another government department, the Home Office. This reallocation of funding becomes particularly awkward in the

three cases where regional hubs were led by care alliances (effectively consortia of employers), who could be perceived as having vested interests in using DHSC money to finance employer bursaries.

Separate limitations were also evident from our interviews with third-sector stakeholders. Three interviewees whose services included subsistence support for migrant carers, felt that their voices were not being sufficiently heard by the regional hubs. As one of them put it, this was a missed opportunity to provide crucial holistic support to people who had not only been scammed by rogue employers, but were also facing acute financial and housing hardship, as well as mental health challenges.

*“We can relieve stress around financial issues, help with accommodation, help with people's children, help with their mental health, all of these other problems that are barring them from meaningfully engaging with finding a new sponsor. You can't expect someone to engage meaningfully in finding a new sponsor when they're destitute, or their mental health is horrific, or they're still in an exploitative employment situation. I'm not saying [our regional hub] should do those things, because it is good to specialise and have one thing you do, but they need to work better with other organisations.”*

**Rachel, third-sector stakeholder**

## **6. Barriers to rematching**

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Despite substantial efforts from regional hubs to link workers with employers, the vast majority of people eligible for support had not managed to secure a new visa sponsor. Why did this happen?

In this chapter we uncover a significant structural mismatch between the needs of care providers, the possibilities for workers, and the rigidities of the HCW visa. Granted, some individual barriers also played a role. Hub administrators were of the view that a significant minority of workers could not meet the English language preferences of employers, even though they had met the English language requirements of the visa. Many workers also struggled to obtain references and, perhaps most frustratingly, struggled to secure the funds to pay the Home Office another set of visa fees, even when they were successful in finding a new sponsor.

The biggest barriers, however, were systemic. First, there was an obvious mismatch between the care sector's shift towards domiciliary roles, which normally require recruits possess a UK driving licence and have access to a private vehicle, and the pool of exploited workers, most of whom could not meet these requirements. Second, and perhaps more concerning, was a misalignment between employers' need for a cheap and hyper-flexible workforce, and a visa route that was widely regarded as too costly and too rigid to meet those needs.

## 6.1. Language barrier

Interviewees from all seven regional hubs reflected on the near-impossible situation faced by workers who possessed the English language qualifications required by the HCW visa, but not the articulation and comprehension levels needed for employers. According to the service providers we spoke to, this was a small but significant minority of people, who were recognised as victims of financial exploitation, yet classed as “not work-ready” and de facto excluded from the government's ambition to solve the crisis of exploitation through job matching.

The focus of regional hubs in those cases was not on rematching, but rather on skills building. These workers' details were not shared with care providers, but instead they were referred to English language classes to achieve a level of competency that was closer to employers' requirements.

Service providers generally approached the issue with a can-do attitude, as indicated by Barbara below. Despite these efforts however, there was a sense that attaining the requisite English levels would take time, which few workers could afford, both financially and in case their leave was cancelled over that period.

*“If you came here, and the visa was oversold, and you could do the job, but you can't because you don't have the skills, we can fix that. We can teach you English. We can teach you moving and handling, all of that stuff.”*

**Barbara, regional hub administrator**

## 6.2. Non-provision of references

Another barrier that stood in the way of rematching was the difficulty in securing references for new jobs. Three workers described successfully going through interview processes, only to be rejected because of the lack of a reference. Previous employers, most of whom had broken the rules enough to lose their licences, tended to be unresponsive to reference requests. Care worker Kyndall noted that their existing employer would not even provide a reference for supplementary work, erroneously claiming that the new role was outside the scope of work that was permitted by the HCW visa. This dynamic was also confirmed in interviews with third-sector stakeholders. Rachel, who worked for a charity, described how previous employers would give negative references to prevent workers from moving into new employment, but also to suppress the possibility of them blowing the whistle.



*"I wanted to do 20 hours somewhere else. So, I went and I did an interview with another company within the same area. I did the interview, passed my interview, and it was a process getting the reference. I had to go back and forth to the office. They keep pulling papers to say, oh, you can't do 20 hours there, even though the government stated that we could. [Our employer] didn't give me the reference, and I just forgot about it."*

**Kyndall, Jamaican care worker**

### **6.3. Unaffordable CoS and visa fees**

The issue of worker destitution is the point at which individual stories began to take an evident structural flavour. Having been unemployed or exploited for months or even years, the overwhelming majority of research participants were barely getting by. As many as three quarters (76%) of survey respondents struggled with at least one of bills, rent or food expenses, and fewer than one quarter (22%) were able to support themselves through full-time employment. Overwhelmingly, workers relied on the financial help of friends, family, and partners, or by working the supplementary 20 weekly hours allowed by their visas. This added a significant barrier to obtaining new sponsored employment.

Many of them continued to encounter care providers who, even months into the government crackdown, continued to brazenly charge thousands of pounds in fees to issue a CoS. One interviewee, Rufaro, described how she was asked to pay a fee by none other than a care provider which had been quality assured by her regional hub. This was likely an exception, as the regional hub in question appeared serious about their commitment to due diligence. By this point, however, this was the third time Rufaro had been asked for money by a prospective sponsor, which left her in a state of complete disbelief.

*"After interviewing me, they just told me that I need to pay a Home Office fee. They wanted me to pay 5,000 pounds. I told them I don't have anything, and I haven't been working for seven months. [...] The following day the owner caught me and said she understands the situation I'm in, and said she can take 4.5 [thousand pounds], but once again I had to [insist] this was money I did not have. I knew though that there was no way the Home Office would ask for that kind of money. By then, I had more information. I did my own research. And based on my past experience, I knew this was another way of exploiting me."*

**Rufaro, Zimbabwean care worker**

Even where no recruitment fees were charged, four of the ten workers we interviewed reported that paying another set of visa fees was a major hurdle to switching sponsors. As of 1 July 2025, it costs £304 to apply for a new HCW visa from within the UK, where

a CoS is issued for 3 years or less, and £590 where a CoS is issued for more than 3 years.<sup>47</sup> The relevant fees must be paid for each individual applicant, including any dependants of the main applicant. These workers perceived the additional visa fees to be irrational, given the critical shortage of labour in the adult social care sector, as well as unjust, given that their own lack of finances was the result of exploitation by government-approved sponsors. Residential care worker Anele expressed the frustration of borrowing money to pay Home Office fees for a visa switch. She had to leave her previous sponsor when its licence was revoked, after not paying her for two months.

*"I had to borrow money from my aunt to cover Home Office visa fees for the new visa. Making us pay to switch sponsors is ridiculous, because the country needs care workers and, of course, we wouldn't have been able to save up enough money to pay these fees. Especially, when for two of the seven months I was not paid by my employer, and the Home Office was aware of that."*

**Anele, South African care worker**

In most cases, workers could only cover the costs by taking on further loans from loan sharks, family and friends. The only exception was a worker whose partner was working full-time. The HCW visa rules permit dependant partners to work without restriction, making this a precious line of support for many workers exploited by their sponsors. In March 2024, however, the government banned care workers from bringing dependants, effectively ending one of the only reliable forms of financial support that exploited workers could access.

#### **6.4. Shift to domiciliary care prompted increased demand for driving skills**

Another structural barrier to rematching consisted of employers' increased demand for driving skills, prompted partly by a general shift towards care provision in domiciliary settings.

According to Skills for Care data, more than half (51%) of direct care roles in England are in domiciliary care, with just 37% in residential care.<sup>48</sup> This is also reflected by CQC data. According to the CQC 2023/24 annual report, while "nationally the numbers of care homes, as well as beds, has fallen slightly over the last few years, the number of registered homecare services increased by a third (34%) between April 2020 and April 2024 to nearly 13,250 registered services."<sup>49</sup> There is a 9.4% vacancy rate for domiciliary care roles in March 2025, more than double that for care home positions (4.3%).<sup>50</sup>

Greater demand for labour in domiciliary care translates into more roles requiring applicants to have a UK driving licence and access to a private vehicle. While care homes or live-in care allows for workers to remain in a single location throughout their shift, domiciliary care normally involves travelling between clients, who can be spread

out across a broad geography. This travel is nearly impossible without access to a vehicle, particularly outside of large urban areas that have reliable and extensive public transportation networks.

Few of the migrant care workers referred to the regional hubs had a valid UK driving licence, let alone a car, to carry out the core duties in advertised domiciliary care roles. Some of the people we interviewed worked or expected to be working in a residential setting, where driving was not a requirement. Others held an international licence valid for 12 months but were unable to exchange this for a UK licence because of their country of origin (e.g. Jamaica or India),<sup>51</sup> leading to it expiring.

Obtaining a UK licence for this cohort was incredibly costly and time-consuming. First, the theory and driving tests, as well as applying for a provisional licence, costs just over £100 in total,<sup>52</sup> and driving lessons range from £25 to £45 per hour (RAC recommends 45 hours of lessons before sitting the exam).<sup>53</sup> On top of this, workers would have needed to access a private vehicle for lessons and the driving test, which took the necessary expenses to a level most could not support. The two workers who were in full-time employment and managed to cover these costs faced a nationwide backlog to sit their practical driving exam. As recently as April 2025, learners across England, Scotland and Wales had to wait an average of 22 weeks to take their driving test.<sup>54</sup>

Though figures on the prevalence of drivers (i.e. UK licence holders) across the displaced worker pool were not collected consistently across the regions, one hub administrator reported the ratio of drivers to non-drivers being no more than 30-70%. Another noted that as of mid-May 2025, just 49 out of 394 (12%) workers available for recruitment held a valid UK licence. This left some employers disenchanted. Michael, who worked for a care provider, shared his reluctance to trawl through 62 pages of displaced worker profiles, to find just 10 suitable candidates who could drive. The significant mismatch in demand for and supply of workers with UK driving licence meant that the few suitable candidates for domiciliary roles were viewed as “gold dust.”

*“If it's in domiciliary care, a female driver would be like gold dust. We have a list of employers who are assured by us, who are desperate and have vacancies, but the workers have to be drivers. [...] So here we are now. There's loads of jobs for them, but very few are drivers.”*

**Lee, regional hub administrator**

How were the regional hubs responding to the shortage of driving skills? Only four of the seven hubs our interviewees represented provided a response. Administrators from two hubs mentioned developing information resources on topics pertaining to driving in the UK. In another two hubs, workers were offered up to four driving lessons and a fixed-sum bursary to cover some of the costs of obtaining a driving licence. An

interviewee from a fifth hub was considering collaborating with a social enterprise to support workers with hiring mopeds, but this was only at an exploratory stage.

While workers welcomed the support, where it existed, it appeared insufficient to pay for the tests and necessary number of lessons. As outlined earlier, a majority had been on low to zero income for months and were unable to top up the bursaries. As Rashid, a care worker from Pakistan observed:

*"In this sector, most [companies] require a driving licence. My work only covers the basics. I can work [part-time] right now, and that covers my rent. I cannot pay for the driving tests and get the licence. [...]"*

*"My council is paying 500 pounds for supporting with the driving licence. But the driving lessons cost more than £500. [...] I got [£500], but I didn't get the licence. It's going to take like 1,500 to 2,000 pounds. Normally, if you are going to take classes for that, it's expensive. £500 is not enough."*

**Rashid, Pakistani care worker**

The third-sector stakeholders we interviewed were also unequivocal about the ways in which the requirement to drive meant the workers who had been most affected by financial exploitation also had the lowest chances of being successfully rematched into a new sponsored role. Too many of them were already in debt, having sold everything and taken out loans to be issued a HCW visa. They could hardly take out another loan to finance driving examinations, lessons or a car.

Notably, the regional hubs that offered financial support in this sense were a minority. When prompted to reflect on the possibility of supporting workers to obtain a UK driving licence, several interviewees felt strongly that this would "disadvantage the domestic workforce." This personal but strongly held belief, coupled with the lack of any guidance from central government, meant that most regional hubs were fully aware of, but not involved in tackling the problem of driving skills. Instead, the state of limbo that workers found themselves in was seen as the outcome of a mismatch between the needs of employers and the qualifications of workers, removed from the realm of influence of regional hubs.

## **6.5. Costs and compliance push employers away**

Another significant barrier that stood in the way of rematching was employers' reluctance to take on the costs, and duties, of sponsorship.

For some care providers, sponsorship was simply too costly and complex. Employers who want to hire migrant workers need to apply to the Home Office to become a sponsor (which generally requires paying for specialist legal advice), as well as pay a CoS fee and Immigration Skills Charge for each person sponsored. Minimum salary requirements also apply. From 7 April 2025, care providers wanting to employ migrant

workers had to pay a minimum of £12.82 per hour for both care and senior care worker roles.<sup>55</sup> This was a 7.7% increase on the year before.

The high costs of sponsorship, coupled with general increases in Employers' National Insurance Contributions announced by the government in April 2025, meant that many employers felt they could no longer afford to recruit migrant workers. Mark, a regional hub administrator with experience of commissioning care, was one of many interviewees who worried about the impact this would have on migrant workers.

*"It does make me worry about the displacement of [migrant workers], because they can't afford those people anymore. And I've had providers confirm to me as well that for any [visas] that are expiring this year, they will have to consider whether they can extend them or not. It might be that they just don't renew the Certificate [of Sponsorship]. So then we've got more displaced workers in the displaced worker pool."*

**Mark, regional hub administrator**

The risks were seen as particularly high outside of the Greater Southeast region. The government's new minimum salary levels from April 2025 (£12.82 per hour) were seen as a significant and unnecessary increase, on a local pay offering that was already complying with the Real Living Wage (£12.60 per hour). Crucially, Mark explained, the change in the salary threshold for migrant workers pushed employers to adjust the pay of *all* workers upwards, in order to maintain wage differentials between various roles and ensure British workers were earning as much as their sponsored counterparts.

*"Until this year the minimum threshold has been less than Real Living Wage. It's not a problem in this region. Most of our providers are given enough to be able to pay their staff the Real Living Wage, which is £12.60/hour this year. But [from April 2025] the minimum threshold is £12.82 an hour, 22p more than the Real Living Wage. Most providers are telling me that it's not affordable. They'd have to pay the domestic workforce £12.82 [per hour], and Councils only pay enough to pay £12.60 an hour."*

**Mark, regional hub administrator**

The pressures of complying with the duties of sponsorship was the second factor that put care providers off recruiting migrant workers. Home Office guidance requires employers to dedicate significant resources and attention to sponsorship, including designating at least one member of staff to report to the Home Office, and ultimately ensuring that sponsored workers meet the minimum pay and hours of work required.

Interviewees bemoaned the burden of compliance, particularly on small employers, and the reputational risks of falling foul of sponsorship rules (e.g. losing local authority contracts). One third-sector stakeholder observed that employers were "absolutely traumatised by the Home Office." And as Michael, a care provider, observed:

*"It's gotten to the point where now we've actually employed someone who's going to be taking a lot more of that responsibility because it was taking too much time out of my working week, trying to keep up with [compliance duties]. So we had to get additional head count in our head office team to support the requirements from the Home Office."*

**Michael, care provider**

Adding to the pressure of complying with the rules, there was the sense that these rules were constantly changing. As Martin, a hub administrator explained, the uncertainty around the costs of sponsorship and the overall future of the visa, had left many employers feeling reluctant to recruit, even when the need for labour was high.

*"You've got to pay for your Home Office licence to begin with. You've got to pay for the CoS allocation. You've got to pay the immigration skills charge. You don't have the same probation period and flexibility that you would with other workers. So there's a few extra challenges that make international recruitment more difficult but there's also a big fear factor at the moment that things change constantly. Is this something I want to invest time and money and effort in when the rug is going to be pulled out from under me anytime? So there's quite a reluctance from a lot of employers."*

**Martin, regional hub administrator**

**What are the implications?** Paradoxically, the costs of recruitment and the pressure of compliance appeared to have the opposite effect of what the government intended with the rematching project. Employers were reluctant to hire migrant workers, and many of the jobs that were being offered were being constituted not within, but strategically outside of, sponsorship rules.

The requirement to provide full-time employment was a particularly thorny issue for employers in the domiciliary care sector, who were both most in need of workers (with vacancy rates at more than four and a half times the national average in March 2024),<sup>56, 57</sup> and least able to meet the conditions of sponsorship. The same Skills for Care data shows that more than one third (34%) of workers in domiciliary care contexts are on zero-hours contracts. This is directly incompatible with sponsorship rules.

For this reason, regional hub administrators noted that rather than sponsoring one full-time worker, many employers opted instead to recruit several zero-hours workers, each working no more than 20 hours per week. For employers, this was an easy fix which bypassed the strictures of sponsorship. For workers, this fragmented employment offered a minimal lifeline during the long months spent searching for full-time sponsored roles. Overall, however, it was hard to shake the sense that this was effectively a hyper-precaritisation of care work, and of care workers.



In the context of rising payroll costs, the people we spoke to were also concerned about the sustainability of care providers as a whole. As of March 2024, there were over 20,000 providers in the adult social care sector,<sup>58</sup> 98% of whom were small and medium enterprises.<sup>59</sup> Most of them are funded by contracts with local authorities, who are the primary commissioners of care, and who draw, in turn, on funding from the central government. This funding was largely seen as inadequate. Even before the salary increases from April 2025, ADASS warned there was more than a £1bn funding gap between the needs of providers and what the government's social care funds cover.<sup>60</sup> The Homecare Association estimated that social care providers would face 10% increase in operational costs in 2025/26, not matched by fee offers from local authorities.<sup>61</sup> Separately, a June 2025 article by the Financial Times found that "more than half of care providers planned to hand contracts back to local authorities or NHS trusts in the year ahead because of the shortfalls in fee rates."<sup>62</sup>

Understandably, hub administrators worried that in this context care providers would stop extending sponsored workers' visas or leave the market altogether. This, in turn, would reduce the number of prospective and existent sponsors, simultaneously displacing more workers and making it harder for those workers to find other sponsored roles. In anticipation of this, some hubs had started collaborating with local authorities to locate workers at risk of displacement and, within one region, even included these workers within the remit of the rematching project. The overall feeling however, was that this was an uphill battle. As Barbara, a service provider, remarked:

*"Care providers aren't recruiting anybody unless they have to, because of the ENICs - unless you've got a local authority that is being very reasonable. Even more so with an international recruit, because if I hire a domestic recruit today and I can only afford to employ them for half a week next week, they can choose to either work for me or not work for me, but I don't get into trouble if I don't offer them the hours. So taking on an international worker at the moment is a big responsibility. The risk of employer failure because of the NICs is huge. The DHSC are ignoring it. Local authorities are ignoring it. And yes, the risk is that if a provider goes under, it will increase the number of displaced workers we've got."*

**Barbara, hub administrator**



*“For the sake of those [workers] that were already here, and who [are experiencing] hardships while working here, [the government] could just give them free sponsorship. And all the care homes and agencies that need people, they should just be able to take them. But instead I am frustrated because I am sitting home all day, having mental problems because I am just sleeping, eating and that’s it.”*

**Simon, care worker from Cameroon**

*“I think one thing we know is that we do need labour. We need unskilled labour, like carers, butchers, construction workers, but this [visa] scheme... The schemes can't be like one size fits all. The same scheme that you have for accountants and doctors is exactly the same scheme that you have for carers, and the government needs to perhaps come up with a scheme where they listen to providers who provide the services, and make it more flexible.”*

**Anna, third-sector stakeholder**

*“These [exploitative] companies need to pay, they need to pay something. I don't know who needs to go, but people need to go to jail. Revoking the license, it means 200 people they brought in that paid money are out of the job as well. So [the employer] is getting his profit, is still fed, is still enjoying his money... whereas us, people who paid that money, we are suffering out here.”*

**Maita, care worker from Zimbabwe**

## 7. Calls for structural changes

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Despite the efforts that all our interviewees had put into implementing the rematching project, there was little doubt – this project was no match for the scale of the problem faced by migrant care workers. While the seven workers we interviewed who did receive support from the hub were pleased with the responsiveness and attention of staff, at the time of writing many months had gone by without any of them finding a new sponsor. This prolonged lack of a full-time job entrenched their destitution and chipped away at their employability, while compelling those workers still tied to abusive sponsors to acquiesce with the precarity of the job. As Maita, a Zimbabwean care worker put it, migrant care workers were stuck:

*“And now we are stuck here. We don't work. We've got kids back home. [...] The past two years, someone has accommodated me. I can't complain, and I'm grateful for that, but I have slept on the floor for the past two years. [...] Right now I cannot even get help with a place to stay, because we cannot get help with public funds. Maybe the parents with kids are given some priority, but I do not have kids here. They are back home. So, I cannot get help.*

**Maita, Zimbabwean care worker**

Across all interviews, people shared a general sense that something had to change. While many valued the due diligence checks, employer engagement, and local employability services offered by the hubs, all but three of the people we spoke to saw the rematching service as a “sticking plaster” on an issue that was simply too big and too complex to be solved through local approaches alone. Anna, a third-sector interviewee, captured the need for a national approach best.

*“I think improvement would come not from the hub. Just speaking about our hub, I think they're doing a really good job. But I think the central government needs to revisit the whole [visa] scheme. It's like trying to put a plaster on this gaping wound. Even with the hubs, they're given very little to work with to fix a really massive problem. There are just so many people who've been caught up in this because of the exploitation and what happened with the [visa] scheme at the beginning.”*

**Anna, third-sector stakeholder**

What, then, did interviewees call for? To tackle the problem at scale, the stakeholders we spoke to nearly unequivocally called for immigration policy reform. First, there was a clear call to change the conditions of the HCW visa to give migrant workers the flexibility to take up jobs anywhere in the care sector. As James, a regional hub administrator observed, this would take the pressure off workers paying for another set of visa fees and tackle the financial precarity that so many were facing.

*“The other thing I suggest is if these displaced workers could continue to work elsewhere with their current right to work. And if it's expiring, that's when they need to renew [their visa]. Or I can go further and say, if these displaced workers can work with any care provider still on that same visa they have and maybe when it's coming to expiry, that's when they would need to look for a sponsor to sponsor them again.”*

**James, regional hub administrator**

This proposal was also echoed by workers themselves. Most of them were in favour of being able to work in any role in the adult social care sector, rather than being tied to a specific employer. In one case, an interviewee specifically mentioned the certificate of common sponsorship, a campaign by the trade union UNISON for a proposal to allow migrant workers to work across the care sector,<sup>63</sup> while in two other cases interviewees wanted reforms to go further, ending visa sponsorship entirely and allowing exploited workers to work in any field. Jesesi, a Zimbabwean care worker, was one of the interviewees in favour of removing hours and employer restrictions on displaced carers:

*“We are only allowed to work for the sponsor, and you are only allowed to work 20 hours per week for someone else. Maybe, if they give flexibility, so you can work as many hours as you want. Also, for us displaced carers, so we can work for any care provider. That's another thing. Instead of saying you only work for someone who has sponsored you, or with a sponsor license, we could work for anyone. Because a lot of companies will tell you they do not give sponsorship, or they say that they do not hold a sponsor licence at all.”*

**Jesesi, Zimbabwean care worker**

Other proposals were employer-facing. To facilitate recruitment and prevent care providers from being driven away from the sector, many service providers were clear that sponsorship is too expensive. Some third-sector interviewees and workers, like Maita, were of the view that bona fide employers should be provided with compliance support by the government, in order to ensure they understand their responsibilities as sponsors.

*“Personally, I honestly think that the government needs to teach some of these human resources staff. They don't know what's really going on, because sometimes you apply for a job, and they don't even know what a [visa] switch is. They need to enlighten [companies] on what to do to sponsor people.”*

**Maita, Zimbabwean care worker**

Conversely, for employers who did break the rules, there was firm support for tougher sanctions. Care provider Michael felt strongly that employers who could not provide regular, full-time hours and comply with their obligations should be targeted and sanctioned. Similarly, third-sector stakeholder Lucy felt that the lack of individual director liability in particular prevented victims from accessing justice:

*"At the minute, we're supporting a lot of victims to change their lives, but they're not getting any justice, and it feels like some of these people, these exploiters, are allowed to carry on with what they're doing."*

**Lucy, third-sector stakeholder**

This was also echoed by workers. Five worker interviewees echoed the call to hold responsible company directors and agents liable for abuse, with the potential for criminal investigations to be pursued. Care worker Rufaro reflected on how exploitation will continue for as long as individual exploiters do not get sanctioned.

*"If someone is running multiple companies, then if one is shut down, the others continue to run. So it's important to check who is running these companies. As long as these individuals don't feel the impact, they will continue exploiting people and deceiving the government as well."*

**Rufaro, Zimbabwean care worker**

Interestingly, workers and other stakeholders alike were adamant to stress that the issue of non-compliance was not a private matter between staff and unscrupulous employers, but a result of policy choices which they urged the government to take more responsibility for. Suggestions included instituting a specific grievance mechanism for care workers, and a worker liaison officer role within the relevant central government department who would lead on ongoing monitoring and evaluation of migrants' conditions at work.

Looking beyond the proposals for policy change, the message of interviewees was clear – the issue of migrant care worker exploitation and displacement was not a local issue. It required immigration policy change, but also a change in how immigration policy is designed. There was visible frustration with what was perceived to be a lack of consultation. On more than one occasion, the people we spoke to felt entirely excluded from decisions that ended up significantly impacting their sector. This included the recently published Immigration White Paper. Hub administrator Barbara, for instance, feared that extending the qualifying period for Indefinite Leave to Remain from five to ten years, as proposed by the government, would result in the sector losing its best migrant carers.

*"I think they need to be clear about what the White Paper actually said, because if there is, as it appears, no opportunity for our care workers to ever apply for indefinite leave to remain, then the brightest and best will*

*go somewhere else to start the clock running there. If there is no point in me staying here, if I am never going to be a citizen, then I'll go, and [the care sector] will lose the best."*

**Barbara, regional hub administrator**

Interviewees also questioned the government's proposal to ban further international recruitment, given the care sector was desperate for staff. While the ambition to invest in local skills was laudable, Barbara thought, the plan to end international recruitment was too much, too soon.

*"We don't need to throw the baby out with the bathwater. We do need to stop the exploitation. We need to increase domestic recruitment. But I can't see how in the next five to ten years the sector can manage with no international recruits. [...] We just can't manage without."*

**Barbara, regional hub administrator**

Overall, there was a sense that lessons had to be urgently learned from the tragedy of migrant care worker exploitation. One third-sector interviewee desired for solutions to be forward-thinking in nature and inclusive of other sectors. While the care sector attracted the most attention, they noted, dozens of other sectors rely on sponsored migrant workers, and thus carry similar risks (as we too have argued in past reports).

As for the future use of regional hubs, the administrators we spoke to were divided. Some valued local authorities' knowledge of care needs and the care market. But the inefficiency of setting up 15 regional hubs to establish a similar model of worker-employer communication was not lost on our interviewees. Nor was the inefficiency of turning workers away, just because they were not located in the catchment area of a particular hub.

If sponsorship were to continue, two third-sector stakeholders and a care provider suggested there was a need for better job-searching platforms for sponsored work, either as part of, or separately from, the DHSC-funded rematching project. Using private services such as Get Borderless and Sponsor Switch, they believed, was more straightforward and effective compared with going through regional hubs - although these private services were unable to offer financial incentives or expedite immigration applications. Similarly, one hub administrator suggested changing the model of international recruitment into social care entirely, so that a single body was responsible for placements, rather than individual private-sector actors.

Without a doubt, it will be down to DHSC to determine, in consultation with relevant stakeholders and following the fuller evaluation of the project commissioned to King's College London, what the future of regional hubs might look like. What transpired from our conversations with workers and administrators was that whatever the government has in store for local initiatives will not be enough, unless immigration policy gives workers and businesses more flexibility.

## 8. Conclusion and recommendations

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Faced with mounting evidence of migrant worker exploitation in the adult social care sector, in 2024 the UK government funded 15 regional hubs to help workers find new visa sponsors. This has been the government's only worker-facing policy, in a series of reforms that focused narrowly on taking tougher actions against non-compliant sponsors and reducing immigration.

This report has shown that the government has so far failed victims of exploitation. For all the efforts of professionals involved in service delivery, the regional hubs were no match for the scale and urgency of migrant worker exploitation. Less than 4% of displaced care workers identified by the Home Office were reported to have found a new sponsor through this government project. The regional hubs were but a "sticking plaster" on the tragedy of debt, destitution, and professional immobility experienced by thousands of people who had come to the UK in good faith.

The limitations of this project were plain to see. However hard the regional hubs may have tried to connect workers and employers, there was a fundamental mismatch between the needs of employers, the possibilities of workers, and the inflexibility of the HCW visa. The provision of care is increasingly moving towards domiciliary settings, where a car and UK driving licence are essential. This automatically excluded swathes of people who, through no fault of their own, were either unable to drive, or unable to afford paying for a licence and car. The same shift towards domiciliary work, where 34% of roles are zero-hours, made many domiciliary care worker roles incompatible with the HCW visa, which mandates full-time employment. Even where hours were compatible with visa rules, employers bemoaned the costs of sponsorship, the pressures of compliance, and what some regarded as the generalised uncertainty surrounding immigration policy in the UK.

### Recommendations

If there was one silver lining, it was that the stakeholders we spoke to generally converged in their visions for policy change. This, in turn, echoed the recommendations that workers' rights advocates have made for the better part of three years. Three recommendations stemmed clearly from our conversations. These were to:

1. **Reform the HCW visa, to give workers the flexibility to work across the sector** without the pressure and cost of making another visa application. This could be done by instituting a certificate of common sponsorship, as suggested by Unison and several MPs, or by varying the conditions of the HCW visa. A cross-sector sponsorship approach could give workers more mobility, while simultaneously lowering the costs incurred by individual care providers. Crucially, it should ensure that workers are given sufficient hours of work to sustain a decent standard of living.

2. **Take tougher actions against non-compliant employers.** While employer representatives flagged the pressure of compliance, there was also general agreement that the sanctions for rule-breaking sponsors were not significant enough to deter abuse of the system. As we argued in a previous report, this could not only prevent future abuse of the system, but also raise the funds needed for a compensation scheme for victims who came to the UK in good faith, to work for government-approved employers.<sup>64</sup>
3. **Buttress the enforcement of labour rights.** Some of the people we spoke to proposed a bespoke grievance mechanism. At the very least, the government should ensure the Fair Work Agency responsible for labour rights enforcement is suitably resourced and attentive to the particular vulnerabilities of sponsored migrant workers.

Participants were less clear about the future of the rematching hubs themselves. This is understandable, given that virtually all the people we spoke to were adamant that the root of the problem was national policy, not local service delivery. Generally, workers valued the English and employability support provided by the hubs, the due diligence on sponsors and, where applicable, further pastoral support. Any extensions of the model should consider:

- **Clarifying the hubs' remit.** While some of the hubs were open to all migrant care workers, others were only open to those displaced by Home Office enforcement action, effectively rejecting workers who were still tied to exploitative employers.
- **Streamlining processes that were replicated across the 15 regions.** In particular, participants reflected on the value of streamlining sponsor due diligence checks and job search platforms.
- **Reviewing and building on most impactful services.** The services offered across the different hubs ranged widely, from measures that subsidised employers' recruitment costs (e.g. bursaries to cover sponsorship costs), to those that funded workers' driving lessons. Project extensions should learn from what worked most effectively.
- **Using insights from the hubs to fast-track workers' access to complementary government services.** Given the importance that employers placed on candidates having a UK driving licence, clearing the DVLA backlog for driving tests should be a priority, as should waiving visa fees. Workers were already penalised once by an immigration system that failed to check the legitimacy of their sponsors, and enabled recruitment scams to proliferate. There is little sense in the UK government imposing an additional financial penalty in the form of new visa fees.

Finally, there was the complex issue of migrants regarded by the hubs as "not work ready." This was the significant minority of people who were victims of fraud and financial exploitation, who had paid for jobs that never materialised, but who, in the



short term at least, would struggle to meet the requirements of direct care provision roles. This cohort, like all exploited care workers, deserves compensation. As we argued in our previous report,<sup>65</sup> imposing financial penalties on non-compliant visa sponsors could fund precisely this type of compensation scheme.

Similarly, changing visa conditions to give workers the right to take up non-sponsored work while they are actively searching for a new visa sponsor could get people out of the involuntary worklessness the current visa system forces them into, while also insulating them against the risks of long-term unemployment. An important consideration for policymakers is that the longer the government spends ignoring wider calls for immigration reform, and the longer the rematching hubs continue to fail in their primary objective to get workers into new jobs, the less employable the people they were originally intended to support become.

Not long before this report was published, the government acknowledged in their Immigration White Paper that “there will be a sizeable cohort of individuals in the UK... who may be experiencing exploitative practices from unscrupulous sponsors.”<sup>66</sup> Intriguingly, the government committed to “explore introducing further reforms to our sponsorship system,”<sup>67</sup> which will “include making it easier for workers to move between licensed sponsors for the duration of their visa, giving them more control over who they work for and reducing the risk of exploitation.” This report has shown that this exploration must start now. There is a wealth of expertise available between workers and their representatives, service providers, and employers in the adult social care sector. Despite representing different interests, they share the call for reforms that bring more flexibility to our work migration system. The main ambition of this report is that the government listens.

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<sup>62</sup> Delphine Strauss, 'Care Contracts in England Are "State-Sponsored Exploitation", Says Industry Body', Financial Times, 5 June 2025, <https://www.ft.com/content/558ca20d-ceb7-49a4-9c94-422bd3238e89>.

<sup>63</sup> UK Parliament, 'Certificate of Common Sponsorship. Volume 760: Debated on Wednesday 22 January 2025'.

<sup>64</sup> Sehic and Vicol, 'Safeguarding Sponsored Workers: A UK Workplace Justice Visa, and Other Proposals from a Six-Country Comparison'.

<sup>65</sup> Sehic and Vicol.

<sup>66</sup> 'Restoring Control over the Immigration System', 48.

<sup>67</sup> 'Restoring Control over the Immigration System', 49.

## Appendix 1. About our methods

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**Sampling.** Survey participation invitation emails were circulated in February 2025 to care workers and senior care workers on the HCW visa who had approached the Work Rights Centre for support (any time between June 2024 and December 2024). Invitations were also disseminated through snowballing via word of mouth and partner organisations. We timed this data collection to ensure that workers had sufficient time to contact their regional hubs, in practice 2-3 months after UKVI signposted most people for support.

Care worker interviewees were selected from the Work Rights Centre's service user base and those survey respondents who agreed to be contacted for further discussion. Researchers ascertained that interview invitees had meaningfully engaged with their regional hub before carrying out interviews.

Other stakeholder interviewees were shortlisted and subsequently contacted, based on their engagement with the government's rematching programme. This included people with direct engagement (regional hub administrators - local authorities, ADASS bodies, care alliances), and indirect engagement (e.g. third-sector organisations). We recruited interview participants by email. We sent out invitations to all 15 regional hub mailboxes, specific regional hub contacts held by the Work Rights Centre, and regional ADASS bodies. Finally, in order to elicit greater participation from regional hub administrators, the overall research proposal was submitted to ADASS as part of their formal research approvals procedure. The proposal was officially approved on 12 March 2025, and central ADASS disseminated the call for participants in their subsequent member newsletter.

**Survey sample.** We received a total of 162 valid responses within the remit of the survey, comprised of 79 workers whose sponsor had lost their licence and a further 83 workers who experienced non-provision of working hours. Nearly three quarters (71%) of respondents identified as being female, while the remainder identified as being male (29%). Just over half (52%) of the respondents were nationals of Zimbabwe (85 respondents), with a further 9% reporting Nigerian nationality (15 respondents) and 8% reporting Bangladeshi nationality (13 respondents). The top five relevant regions cited by respondents were West Midlands (31 respondents, 19%), South East (25 respondents, 15%), London (22 respondents, 14%), Yorkshire (22 respondents, 14%) and East Midlands (20 respondents, 12%). In terms of prior experience in the social care or healthcare fields, three quarters of respondents reported having between 1 and 3 years' experience (121 individuals), while the remainder were nearly evenly split between having less than 1 year's (14 respondents), between 3 and 5 years' (14 respondents), and more than 5 years' experience (13 respondents).

**Interview and survey questions.** Common questions across the interviews included research participants' experiences of engaging with or, respectively, delivering the rematching support, outcomes associated with rematching, feedback on future implementation and other recommended policy interventions. Additional questions



were asked of each cohort to understand experiences specific to that group (e.g. workers' experiences accessing hubs' services, care providers' experience of recruitment from the displaced worker pool etc.).

Survey respondents were asked about any workplace issues they had experienced with their visa sponsor, their awareness of the rematching service, their engagement with their regional hub, and both their current sponsorship and financial situations in the UK.

**Compensation framework.** The 10 migrant care worker interviewees were compensated for their time with a £20 voucher. Throughout the report, pseudonyms are used to refer to interviewees and we have replaced any other potentially identifying details. Survey respondents and stakeholder interviewees were not compensated.

**Limitations.** The main limitation of this research is that the samples are purposeful and, therefore, non-random. Our survey and interview data involving care workers are not representative of all migrant workers on the HCW visa in England that may have experienced issues warranting rematching support. For instance, due to the online nature of data collection, we may be under-representing workers who are older or less aware of the Work Rights Centre's networks.

In addition, workers' awareness of regional hubs may have increased, compared to the time the survey was carried out.

Finally, due to the limited number of stakeholder interviews conducted, the findings are not fully representative of all 15 rematching hubs, nor can they be seen as representative of all employers in the adult social care sector. This report is thus not intended to be a definitive evaluation of this government project, but a starting point for further investigation into this policy initiative, its impact, and possible alternative approaches to tackling migrant worker exploitation.