

Health and Care Worker Visa Route, Policy and Context

Executive Summary

The Health and Care Worker visa route has undergone dramatic shifts between 2022 and 2025, moving from rapid expansion to sharp contraction and now operating at significantly lower levels as a result of tighter government policy controls.

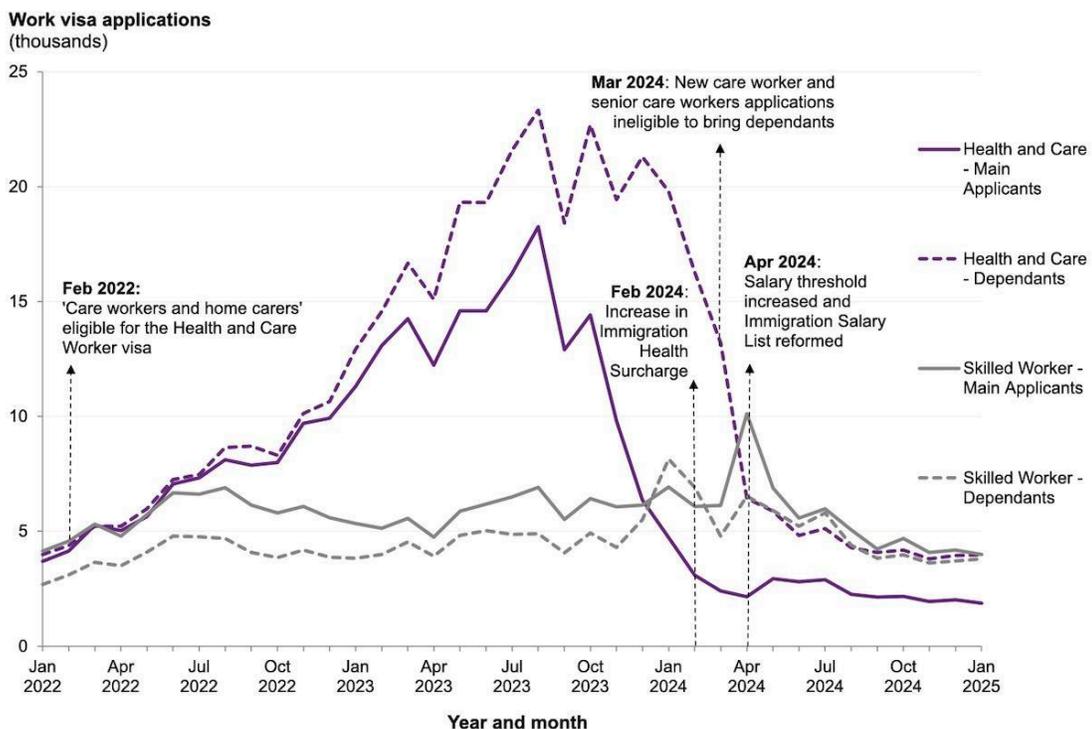
This document presents an overview of international workforce information compiled from Home Office and Skills for Care workforce data analyzed by SESCO. It also outlines the current and future policy context, including proposed earned settlement measures to amend the right for international workers to apply for indefinite leave to remain (ILR), a reform that we consider will further risk destabilising the adult social care workforce.

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The Direction of Travel

The Health and Care Worker economic migration route has gone through three clear phases: rapid expansion from early 2022 to mid-2023, a sharp correction from late 2023, and a structurally lower but more ‘stabilised’ flow through 2024–25 under tighter rules.^[1]

Figure 1: Monthly applications for ‘Skilled Worker’ and ‘Health and Care Worker’ visas, January 2022 to January 2025



Phase 1: Rapid expansion (early 2022 to mid-2023)

- Social care roles including, Care Assistant, Care Worker, Carer, Home Care Assistant, Home Carer and Support Worker (Nursing Homes) were added to the Shortage Occupation List in December 2021, requiring an annual minimum salary of £20,480.^[2] The monthly health and care visa applications applications rose from approx. **4,100 in February 2022 to 18,300 in August 2023.**^[3]
- Dependants’ visas grew in line with the health and care worker visa holders, peaking at around **23,300 applications in August 2023.**^[3]

- In 2023, combined visas for health and care workers and their families reached roughly **348,000**, an historically high level that became central to political debate on 'dependant' migration.^[4]

Phase 2: A sharp correction (late 2023 to mid-2024)

- Main applicant numbers began falling in the quarter four (Q4) of 2023, dropping from a peak of **45,071 granted in Q3 2023 to just 6,564 in Q2 2024**, as the Home Office increased compliance scrutiny and enforcement against non-compliant sponsors.^[5]
- Subsequent policy changes in March 2024 restricted dependants for many social care roles and tightened sponsorship; **between April 2024 and January 2025** there were 23,200 Health and Care main-applicant applications, **81% fewer** than in the same 10-month period a year earlier.^[6]
- Over the same timeframe, dependant applications fell by **77%**, reflecting both the new family restrictions and the earlier sponsor clamp-down.^[7]

Phase 3: Lower, policy-constrained flow (mid-2024 to mid-2025)

- For the year ending June 2025, around **20,500 Health and Care Worker visas were granted to main applicants**, a dramatic fall from the 2023 high but still materially above pre-pandemic work-visa baselines.^[8]
- Within that smaller flow, grants to "caring personal service occupations" fell by about **88%** and to nursing professionals by about **80%** over the year ending June 2025, indicating a particularly sharp squeeze on social care recruitment.^[9]
- Extensions on this route, however, increased by about **17% (to around 129,000 in the year ending June 2025)**, showing that social care and support services are now sustained primarily by workers already in the UK rather than by new international recruits.^[10]

Current Policy Context and the Future

Salary thresholds and route restrictions

- The core salary threshold for NHS Agenda for Change linked Health and Care visa roles has been held at around £25,000, even as the main

Skilled Worker threshold rises to over £41,000, preserving a relative cost advantage for NHS-type roles.^[11]

- At the same time, the route has been progressively tightened for social care: dependants have been heavily restricted since 2024, and **new sponsorship for care worker and senior care worker roles under shortage occupation codes (SOC 6135/6136) were formally closed from 22 July 2025**, with only in-country switches and extensions allowed until 22nd July 2028.^[12]
- The National Audit Office noted that Spring 2024 reforms were expected to reduce overall Health and Care Worker visas by approx. 385,000 over 10 years, signalling that the post 2023 increases are not intended to return under current policy.^[13]

Earned settlement proposals: 15-year pathway for social care workers

In November 2025, the Home Office published earned settlement proposals indicating that international workers on the Health and Care visa, specifically care workers and senior care workers, would see their qualifying period for settlement **increased by ten years, to a minimum baseline of 15 years** (compared to five years under the previous framework).^[14]

Key concerns arising from the proposals:

1. Workforce destabilisation

- o **385,000 international workers** currently fill critical gaps in social care.^[15]
- o Overseas recruitment has already fallen by **85% since 2024** due to earlier immigration changes.^[16]
- o The sector will require **470,000 additional roles by 2040** to meet the needs of an ageing population.^[17]
- o A 15-year earned settlement route will further deter new recruits and push existing staff out of the social care sector.

2. Structural imbalance with the NHS

- o The consultation offers a **five-year concession for "public service occupations"** with a qualification of Regulated Qualifications Framework (RQF) Level 6+.^[18]

- o This creates a situation in which individuals in NHS roles benefit while equivalent social care roles do not, incentivising staff to move to NHS employers purely for greater immigration security. The direct consequence will be a worsening of social care shortages and increased pressure on hospitals.

3. Impact on NHS capacity

- o Social care is essential to hospital discharge, community support, and preventing avoidable admissions.
- o Lack of social care capacity accounts for nearly **a quarter of delayed discharges**.^[19]
- o Workforce loss in social care directly increases NHS waiting times and bed pressures.

4. Economic and social consequences

- o England's adult social care sector provides around **1.6 million jobs** and contributes approximately **£77.8 billion a year** to the economy, making it a major employer and economic driver in every constituency.^[20]
- o Every £1 invested in social care generates up to **£2.35 in wider economic benefit**.^[21]
- o Workforce disruption will increase reliance on unpaid carers; already **600 people leave work every day** to care for a loved one.^[22]

5. Ethical and integration concerns

- o Care workers already "earn" settlement through daily service to disabled people, older people and those with long-term conditions, enabling them to live independently, maintain relationships and participate in their communities; without sufficient staffing, people face unmet need, isolation and avoidable deterioration in health.^[23]
- o Independent evaluation of the SESCO International Recruitment Programme demonstrates clear, measurable benefits for both international workers and care and support providers, directly contributing to stable employment and improved workforce retention.^[24]

- o Extending settlement to 15 years signals that their contribution is valued less than other skilled workers, undermining dignity, retention, and public confidence in the social care and support sector.

Workforce Context: Scale and Trends

- Despite international recruitment gains, there were still **111,000 vacancies in 2024/25**, clearly evidencing that international workers are supplementing, rather than displacing, the domestic workforce.^[25]
- Much of the recent improvement in vacancy and turnover rates has been driven by international recruitment, with tens of thousands of overseas workers filling direct care roles that could not otherwise be staffed.^[26]
- International care workers have been critical to expanding capacity in home care, supported living and residential services, reducing missed visits, rushed care and service closures that directly undermine individuals' wellbeing.^[27]

Implications for Policy and Parliamentary Scrutiny

The sharp contraction in new Health and Care Worker visas, combined with the proposed 15-year settlement pathway, creates a policy landscape in which:

- Adult social care providers, especially smaller non-NHS organisations, face a sudden tightening in their main international recruitment route while demand and acuity continue to rise.
- There is a growing divergence between NHS and non-NHS recruitment capacity. NHS roles retain a relative advantage (salary threshold treatment, institutional support), while independent and voluntary-sector providers face higher compliance risks and reduced ability to recruit.
- The ONS long-term migration estimates show net migration falling sharply (from peaks in 2022–23 to around 204,000 in year ending June 2025), driven primarily by fewer arrivals on work and study routes and a gradual rise in emigration.^[28]

- By late 2024 and 2025, the Home Office statistics and ONS estimates broadly align: visa grants remain high in absolute terms, but the direction of travel is downwards, especially for temporary economic and study migration, while asylum pressure remains elevated.^[29]

Questions for Ministers

What assessment has the Government made of how the 2024–25 Health and Care Worker visa changes have affected access to domiciliary and residential care services, particularly in rural communities and areas of high deprivation?

How many social care providers have had their sponsorship licences suspended or revoked in the past 24 months, and what proportion of the affected sponsored workers were left without a viable route to remain in lawful social care employment?

Equal treatment and the public service concession

How will the Government ensure compliance with the Equality Act 2010¹ in designing the Earned Settlement framework, so that social care is not treated less favourably than comparable public services such as the NHS?

Has the Government conducted an Equality Act 2010 impact assessment on the proposed longer settlement routes for low-paid health and care workers, and will it publish it?

Can the Home Secretary explain why regulated social care roles, which deliver statutory public functions on behalf of the state, are not automatically included in any 'public service' concession within the Earned Settlement model?

Protection for existing workers / non-retrospectivity

Will the Government commit that international health and care workers already in the UK on a five-year route to settlement will not be moved retrospectively onto a ten- or fifteen-year Earned Settlement pathway?

¹ <https://www.legislation.gov.uk/ukpga/2010/15/contents>

What guarantees can Ministers give to the estimated hundreds of thousands of overseas health and care workers recruited since 2022 that the conditions under which they came to the UK, including expected eligibility for ILR after five years, will be honoured?

Has the Department of Health and Social Care assessed the risk that retrospective changes to settlement routes for care workers will undermine trust in UK migration policy and deter future recruitment to critical social care roles?"

Fiscal cost and contribution analysis

Why has the impact assessment for the Earned Settlement model relied on generic 'average migrant' fiscal estimates rather than care-specific data, given emerging evidence that international care workers' fiscal impacts are closer to UK residents than sometimes claimed?

Will the Treasury commission and publish a dedicated fiscal analysis of international health and social care workers that accounts for tax contributions, reduced hospitalisation and delayed admissions, and the increased labour market participation of family carers?

Does the Government accept that current fiscal modelling underestimates the indirect savings generated by social care workers, for example, preventing hospital admissions and enabling family members to work?

Can Ministers explain how they have reconciled the claim that 'lower paid' migrants are a substantial fiscal burden with more nuanced assessments suggesting that care workers' lifetime fiscal impacts are relatively modest and comparable to UK-born residents, especially once indirect benefits are included.

Implementation, workforce and safeguarding impacts

How will the Home Office work with DHSC and local authorities to ensure that current and future immigration reforms do not exacerbate the 111,000 existing social care vacancies and undermine the delivery of statutory Care Act 2014 duties?

Will the Government publish a joint DHSC and Home Office assessment of how the Earned Settlement model interacts with the public sector equality

duty and local authorities' responsibilities to secure sufficient, safe social care provision?

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