

# The Health and Care Worker Visa

## Introduction

1. The government has introduced new Immigration Rules impacting the Health and Care Worker visa. You can read our connecting briefing on the government's wider changes to legal migration rules. In this briefing, we examine the reformed Health and Care Worker visa route and explore the possible impacts and considerations for local authorities.

## Overview of policy background

2. In January 2021, the UK launched a new points-based immigration system in the wake of its departure from the European Union, effectively implementing the end the freedom of movement between the UK and EU for EU nationals. This reformed system now enables all foreign nationals, including EU nationals, to apply for a visa to come to the UK to work or study.
3. The Health and Care Worker visa initially opened in August 2020 and was incorporated into the revised Skilled Worker route under the points-based immigration system. The route was created to attract skilled workers to come to the UK and work specifically in the health and care sector. It was expanded in February 2022 with the addition of social care worker roles to the Shortage Occupation List, enabling people to apply through this route after it became apparent that the care sector was experiencing labour shortages caused by Brexit and the end of free movement.
4. In 2023, 146,000 people arrived with a Health and Care Worker visa making it the most popular visa under the Skilled Worker route. Among the top nationalities for arrivals were India, Nigeria, and Zimbabwe.
5. In late 2023 the Office for National Statistics revealed that net migration was at an all-time high. The Home Secretary subsequently announced [new measures to cut net migration](#), including removing the ability to bring dependants under the Health and Care Worker visa, and tightening requirements for sponsoring agencies amid reports that the route has been exploited by rogue or false employers. A recent government [inspection report](#) highlighted the extent of this abuse.
6. These new rules came into force from April 2024, with the government bringing in the first of an increase in salary requirements and ending the ability to bring dependants from this date. There will be a further increase to the salary threshold in 2025. The ability to undertake supplementary employment on this visa route was also expanded to include roles in any job on the Skilled Worker visa eligible occupations list.

## The Health and Care Worker visa – rights and conditions

7. The Health and Care Worker visa enables skilled professionals from across the world to apply for a visa to work in the health and social care sector. This includes the right to work in roles such as doctors, pharmacists, nurses, or care workers. There is no requirement to pay the Immigration Health Surcharge and visa fees are reduced under this route, making it more financially accessible than some other visa categories. Visas can be granted for up to five years for applicants who have a relevant job offer with an

approved sponsor, and which meets the minimum salary requirement. While the minimum salary requirement for the Skilled Worker route is currently £29,000 there are exceptions, meaning this requirement can be as low as £23,200 for some roles under the Health and Care Worker visa.

8. Anyone on the Skilled Worker route including a Health and Care Worker visa can undertake supplementary employment for up to 20 hours. As of April 2024, this can be any employment role that is listed in the [Skilled Worker eligible: occupations and codes](#) list, which contains a diverse range of job roles.

9. Prior to April 2024, applicants could sponsor dependants to join them under the route. However, from April 2024, visa holders can no longer bring dependants

10. There is a no recourse to public funds condition attached to the visa therefore visa holders cannot access welfare benefits, social housing, or local authority homelessness assistance.

11. After five years under this route, individuals can apply for Indefinite Leave to Remain in the UK. Once someone has obtained Indefinite Leave to Remain, they are permanently resident in the UK, can access public funds, and can sponsor relatives to join them in the UK under the family migration visa rules.

## **Impacts and considerations for local authorities**

12. The Health and Care Worker route creates significant benefits for society by filling skill gaps in key public and private sector health and care services. Local communities benefit from using these services, for example when accessing NHS healthcare. However, the route also presents several potential challenges for councils managing the impact of migration into their communities, and safeguarding arrivals. These include:

13. The capacity and availability of services in the community. The route was responsible for one of the largest cohorts of arrivals into the UK in 2023. Consequently, local authorities will be cognisant of the demand for services, pressures on the housing market, and community cohesion in any areas where larger numbers of migrants may be settling. Moreover, there may be a need for consideration around support for new arrivals as there is no integration support package provided by central government to assist them.

14. Increased destitution and homelessness. The risk of destitution among Health and Care Worker visa holders will be a key concern for councils due to the no recourse to public funds condition and the fact that some aspects of the visa route can leave people in a precarious financial predicament. Should an individual lose their employment, they have 60 days to find a new job with an approved sponsor before their visa can be curtailed. However, the Home Office can take considerably longer to approve sponsorships, meaning that although their immigration status should remain valid, visa holders may experience periods of destitution. The expansion of eligible roles for supplementary employment should however minimise the risk of destitution for some people impacted by economic insecurity caused by any changes to their sponsored role

15. Responding to and meeting social care duties. Arrivals prior to April 2024 may have arrived with joining dependant family members, and where there is a 'child in need' local authorities may have statutory duties to provide support under the Children Act 1989 where a family presents as destitute or with other relevant social care needs. However, the recent change removing the ability to bring dependants may also present challenges as arrivals will less likely be able to call upon support from family members, for example where adult dependant relatives could have been in employment themselves and able to contribute to the financial needs of the family. In some other cases, Care Act 2014 duties may also be invoked for local authorities where adults with care needs on the route present requiring support, though this seems less likely due to this being a work visa route.

16. Tackling abuse and exploitation. There have been reports of issues of abuse of the route which has resulted in some arrivals either entering into exploitative working or living arrangements, losing their sponsorship

or arriving without any actual job in place despite promises from a prospective broker. Although the Home Office has implemented new measures to tackle this, it may take some time before the impact of these new measures can be known. Where exploitative sponsorships are uncovered, the risk of destitution for individuals may require local authority intervention, while safeguarding also remains a priority for councils. Councils and other relevant stakeholders should be aware that there is now [funding available from the Department of Health and Social Care](#) to develop regional and sub-regional level responses to the risk of exploitative employment practices in the care sector, particularly around the international recruitment.

17. Strategic planning in the absence of funding and available data. There is no publicly available data on where Health and Care Worker visa holders are arriving or living in the UK, nor any data sharing between the Home Office and local government regarding this route. Furthermore, local authorities are not provided with any funding from central government to support people with no recourse to public funds and so investment into planning frontline service provision, staff training, and mapping and utilising existing resources and budgets effectively may be key to cost saving. Local authorities can better inform their responses through familiarising themselves with resources available on supporting people with no recourse to public funds such as from NRPF Network and Project 17, and engaging in regional NRPF Network meetings. Engagement with local modern slavery partnerships, the health and care sector, and strategic migration partnerships may also be of benefit to councils.

## Key information

[An inspection of the immigration system as it relates to the social care sector](#). Independent Chief Inspector of Borders and Immigration. March 2024.

[Health and care visa guidance](#). Home Office. 4 April 2024.

[Home Secretary unveils plan to cut net migration](#). Home Office. December 2023.

[Long-term international migration, provisional: year ending June 2023](#). Office for National Statistics. November 2023.

[Immigration statistics year ending December 2023](#). Home Office. February 2024.

[Reducing net migration factsheet](#). Home Office. February 2024.

## About this briefing

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