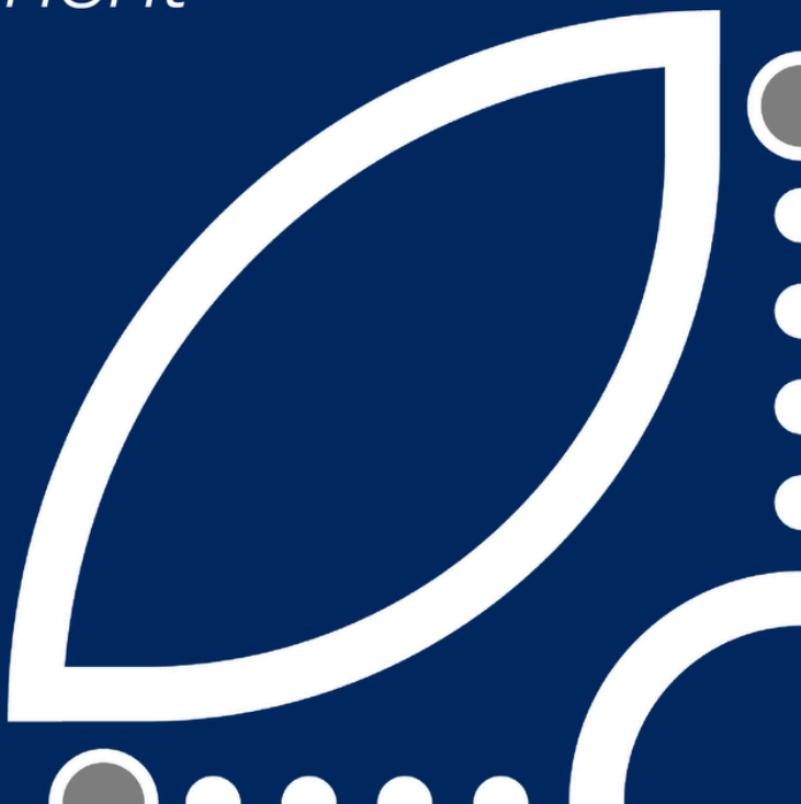
CAMBRIDGE CIRCUS RESEARCH

The Care Worker Visa Disaster

How emergency recruitment became a permanent policy failure



September 2026

THE CARE WORKER VISA DISASTER

How emergency recruitment became a permanent policy failure.

Cambridge Circus Research

Charles Talbot & David Shipley

September 2026

Executive summary

The care worker visa was introduced in February 2022 as emergency relief for a sector in crisis. It became a mass migration route whose sponsor system the Home Office could not adequately police. It also sustained a dysfunctional labour market the Government had declined to reform and offered settlement after five years. The long-term cost was not considered when the route was created.

Between 2022 and 2024, entry clearance visa grants expanded far beyond the Government's assumptions. The route channelled workers into an existing low-wage, high-turnover system while allowing employers to determine its scale and leaving the taxpayer to shoulder the long-term consequences. Initially, businesses were not even required to be registered with the care sector regulator, the Care Quality Commission (CQC).

The scale of activity should have triggered intervention much earlier. Home Office modelling anticipated between 6,000 and 40,000 applications a year. In the twelve months to October 2023, the Home Office made 132,452 care worker decisions, demonstrating a route operating far beyond the scale contemplated in planning.[1] In contrast with other visa routes, the scale of dependants was significant. Between 2021 and 2025 they accounted for around 60 per cent of entry clearance grants on the wider Health and Care Worker route, surpassing main applicant grants.[2]

Between 2021 and 2025, 157,490 entry clearance visas were granted to care workers, with an additional 48,328 in-country switches from study visas to social care jobs.[26] With the Home Office estimating that 117,000 care workers and 79,000 of their adult dependants will seek permanent settlement between 2026 and 2030, [22] there is a political and fiscal imperative to resolve the situation.

Domiciliary care, delivered in people's homes rather than residential facilities, was chiefly responsible for the sponsorship boom. Over 115,000 certificates of sponsorship were issued by confirmed domiciliary care businesses. The official inspection by the Independent Chief Inspector of Borders and Immigration found forged evidence, implausible allocations and a compliance system with neither the staff nor the data to test the market the Government had created.[7]

When the Home Office tightened compliance activity in late 2023, main applicant applications fell by 36 per cent between the third and fourth quarters, while the refusal rate rose from 5.8 to 13.9 per cent. The fall began before the March 2024 restrictions on dependants and CQC registration took effect. The Home Office attributes the initial decline to greater scrutiny of employers and compliance action.[12,14] The Braverman-Jenrick measures began a contraction in care-visa applications and grants, which accelerated in 2024. The timing is consistent with stronger control having an effect, although it does not measure how much earlier activity was non-genuine.

The route did not end when overseas recruitment closed in July 2025. In the year ending March 2026 there were 328,232 in-country Health and Care Worker grants, compared with 42,658 entry clearance grants.[18] The emergency intervention has therefore left a large resident cohort of sponsored workers and dependants approaching decisions on extension and settlement.

Under current rules, eligible Health and Care Worker holders can apply for Indefinite Leave to Remain (ILR) after five years.[21] According to the Home Office, the people expected to settle will impose a lifetime net fiscal cost of £9.5 billion.[22] Reform UK's paper, *The Cost of the Boriswave,* constructs a typical care worker household from assumed earnings and dependants, assigns it the average taxes, benefits and public service costs of a comparable lower income ONS household, and projects that balance across the expected settlers' working lives and retirement. It estimates a lifetime cost of £59 billion.[24] Both figures show that it would be a costly mistake to allow the decisions of prior Governments to become locked in permanently.

The Health and Care Worker visa route was a textbook policy failure and should serve as a lesson. Future shortage routes should not offer automatic settlement solely through time served in a sponsored occupation. Migration may temporarily bridge an urgent shortage, but it should be paired with workforce reform, independent volume controls and a sponsor system directed and policed by the Home Office rather than delegated in practice to employers.

This report recommends replacing the care-worker cohort's existing five-year settlement path with a ten-year earned route, consistent with the Government's wider move towards earned settlement.

1. From emergency route to mass route

The care-visa route expanded far beyond its planned scale.

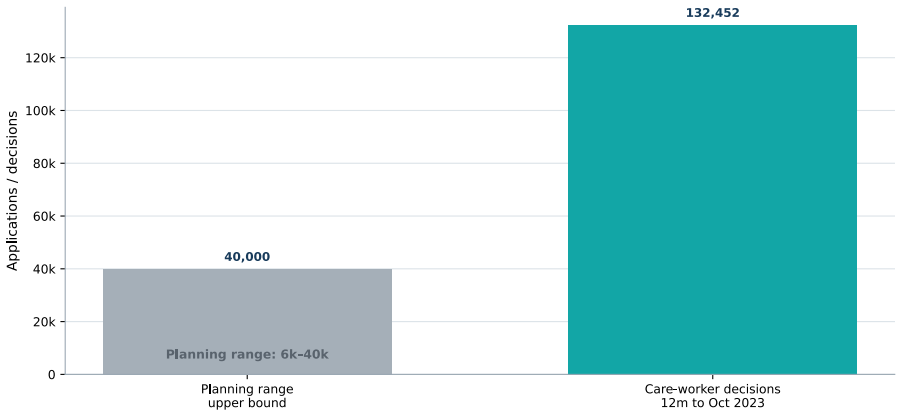
Care workers and home carers became eligible for sponsorship in February 2022. The case for action was that adult social care had a severe vacancy and retention problem, which the post-pandemic labour market had made worse. At its launch, then Home Secretary Priti Patel said: 'This is our New Plan for Immigration in action, delivering our commitment to support the NHS and the wider health and care sector by making it easier for health professionals to live and work in the UK.' But the state did not create a route with a meaningful relationship between demand and admissions. Instead, it created a system that relied on sponsors to determine the scale.

The Independent Chief Inspector recorded an annual planning range of 6,000 to 40,000 applications. In the twelve months to October 2023 the Home Office made 132,452 decisions on care worker applications.[1] Available data for April to October indicate that roughly nine in ten decisions resulted in a grant. Applications and decisions are not interchangeable, and the available grant share does not cover the full twelve-month period. Even with those limitations, the administrative volume was far beyond the scale contemplated when the route was planned.

FIGURE 01 | ROUTE SCALE

Actual care-worker casework overwhelmed the planning range

The upper annual application expectation cited before expansion compared with decisions made on care-worker applications in the 12 months to October 2023.



The annual decision volume was more than three times the upper end of the planning range.

Source: Independent Chief Inspector of Borders and Immigration, social-care inspection, 2024. Note: Forecast and decision concepts differ, but the periods are both annual; the comparison is about route calibration, not visa fraud.

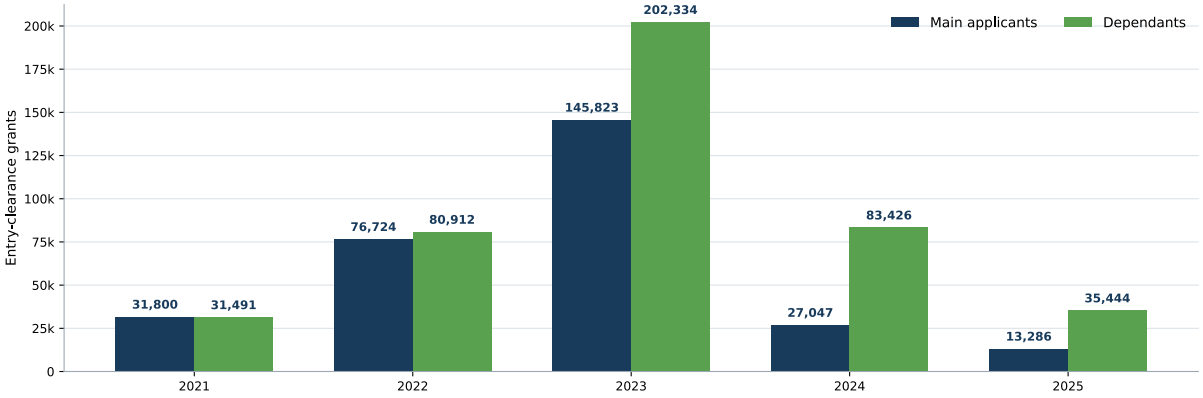
The wider Health and Care Worker route issued 294,680 entry clearance visas to main applicants and 433,607 to dependants between 2021 and 2025.[2] The wider total includes doctors, nurses and other health occupations, but care workers drove the peak. In 2023, care occupations accounted for 105,881 main-applicant grants – nearly three-quarters of the route total.[3]

Dependants proved to be hugely significant. The Government had created the route as a means of recruiting workers, but total arrivals were much larger than the main applicant count. While the annual ratios are not estimates of family size because dependant applications can occur in a different period to the main application, a household migration route was created by this visa.

FIGURE 02 | ROUTE SCALE

Health and Care grants rose sharply, then collapsed

Entry-clearance grants to main applicants and dependants. Care workers became eligible only in February 2022.



The route issued 728,287 entry-clearance visas across main applicants and dependants in 2021–2025.

Source: Home Office entry-clearance visa outcomes detailed datasets, March 2026 extract. Note: Route-level: includes health professionals as well as care occupations; grant events are not unique people remaining in the sector.

When activity rose far above the planned range there was no automatic brake. Nor was there a published demand model capable of distinguishing expansion, replacement and vacancies created by churn. The route scaled because employers could sponsor at scale, not because the state had demonstrated that every additional allocation corresponded to unmet demand.

2. Immigration in place of workforce reform

In easing shortages, the route exacerbated the dysfunction that produced them in the first place.

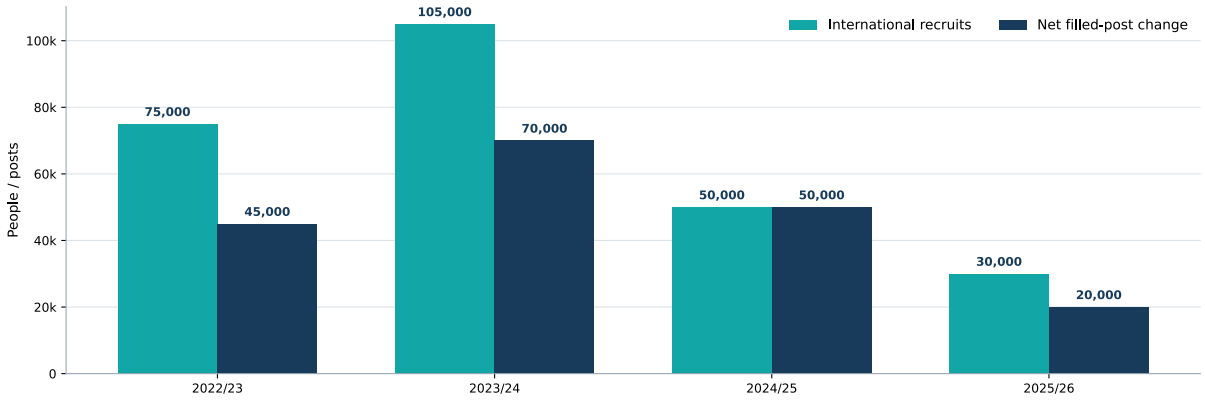
While the shortage was real, visa issuance was never capped by or even linked to vacancies. Vacancies are a stock at one moment. They rise and fall with turnover, expansion, commissioning, pay and employers' willingness to recruit on the terms available. A sector that loses workers quickly can generate a large flow of recruitment without building a correspondingly larger workforce.

As a result, while Skills for Care estimates that roughly 260,000 international recruits entered direct care between 2022/23 and 2025/26, filled posts rose by about 185,000 from the 2021/22 base.[4] The gap is not necessarily due to fraud. Rather it reflects workers replacing leavers, changing employers, holding more than one job, arriving at different points in the year or entering while demand was growing. But that is precisely why the policy failed. The route was not filling a fixed number of empty jobs and then winding down. It was feeding labour continuously into a system that could not retain its workforce.

FIGURE 03 | WORKFORCE

Recruitment flows repeatedly exceeded net workforce growth

International recruits entering direct care versus the annual change in filled posts.



Across 2022/23–2025/26, 260,000 rounded international recruits accompanied a net filled-post increase of 185,000 from the 2021/22 base.

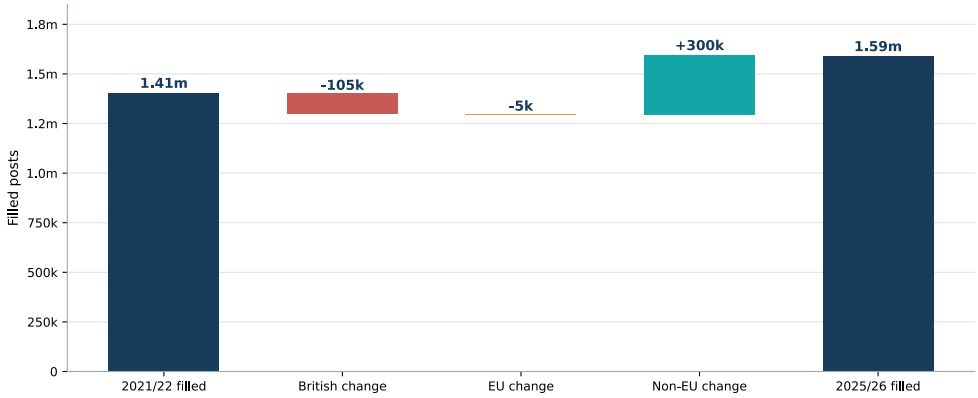
Source: Skills for Care corrected/revised back-series. Note: International recruits are a flow; filled posts are a stock. The gap is replacement, churn, timing and scope—not a fraud estimate.

This continuous feed of new arrivals changed the care sector's workforce composition with extraordinary speed. Between 2021/22 and 2025/26, non-EU filled posts rose by roughly 300,000. British filled posts fell by about 105,000 and EU employment was broadly flat.[5] This is not proof that one migrant displaced one British worker. However, it is evidence that almost all net growth came from outside the domestic labour force, while British participation substantially contracted.

FIGURE 04 | WORKFORCE

The route became a substitute for domestic and EU labour decline

Waterfall-style decomposition of the workforce change from the 2021/22 base.



Source: Derived from Skills for Care nationality estimates. Note: Nationality is a stock classification; it does not identify route, arrival year, or individual transitions.

There were some benefits. Filled posts increased, vacancies and turnover fell, and by 2025/26 the vacancy rate reached its lowest level for a decade – although it remained around three times the rate in the wider economy.[4] Those gains should not be denied, but their consequences have to be considered. Immigration stabilised the sector without changing the economic model underneath it.

Care remained a low-paid occupation with weak progression and high churn, and the constant supply of labour meant that nothing about this changed. The Government had found a way to supply the broken model, rather than fix it. Care homes made up-front savings in wages while the taxpayer carried the long-term risk.

3. The sponsor market the Home Office could not police

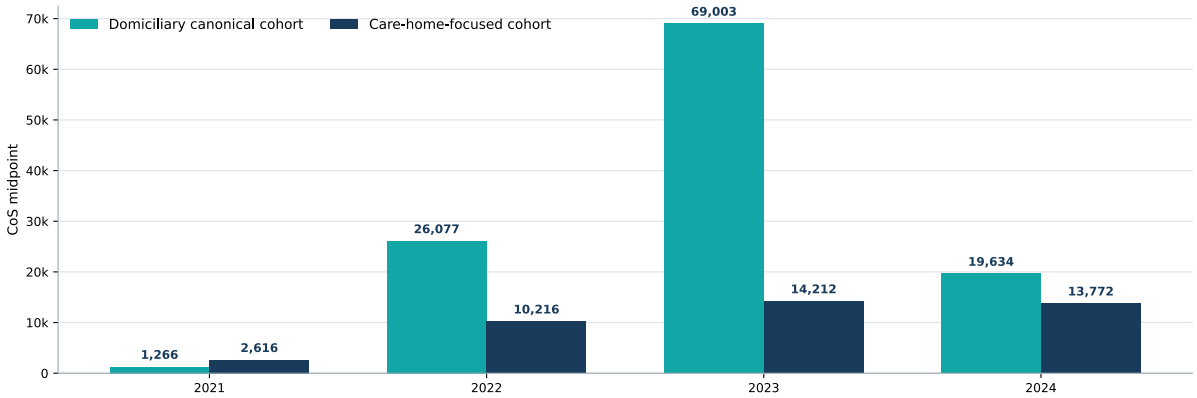
The route granted enormous power to employer sponsorship at the moment when the system was least able to test what employers claimed.

Domiciliary care was the largest classified segment in our entity-level analysis. We identified 3,164 domiciliary sponsor entities associated with an estimated 115,980 Certificates of Sponsorship between 2021 and 2024. The annual total rose from 1,266 in 2021 to 69,003 in 2023 before falling to 19,634 in 2024.[6]

FIGURE 05 | SPONSOR CONTROLS

The sponsorship boom was concentrated in domiciliary care

Corrected annual CoS midpoint for the canonical domiciliary cohort, compared with the care-home-focused cohort.



Domiciliary sponsorship peaked at 69,003 CoS in 2023 and totalled 115,980 over 2021–2024.

Source: Care-worker data integrity audit v2; corrected canonical sponsor-key series. Note: Five duplicate aliases were removed. Care-home-focused and domiciliary cohorts can overlap by provider group; use as service-type profiles, not mutually exclusive totals.

The fastest growth was therefore in the part of care where workers, hours and placements are dispersed, and where sponsor capacity cannot be tested by looking at a building. The sponsor system needed good data and more active verification but it had neither.

The official inspection found the misuse of a genuine care home's identity, forged CQC evidence, fake jobs and a sponsor (later identified by the BBC as Efficiency-for-Care) that declared four employees but generated 1,234 Certificates of Sponsorship in fifteen months.[7] The Home Office later said 1,014 of those certificates had been used in visa applications and ‘referred for cancellation’.[8]

The company denied collusion, maintained that its recruitment was lawful and challenged the revocation.[8] But a gateway capable of allocating more than a thousand sponsorship certificates to a company declaring four employees was not performing a credible capacity test.

FIGURE 06 | SPONSOR CONTROLS

Efficiency-for Care: 1,234 CoS passed basic capacity checks

Anatomy of the anonymised four-employee sponsor case. BBC reporting later identified the company as Efficiency-for Care.

Approximately 309 CoS assigned per employee recorded at the licence stage

The case is powerful evidence of sponsor-auditing failure: an allocation of 1,234 CoS passed through a system that had recorded only four employees at the licence stage.

Source: ICIBI social-care inspection; Home Office response; BBC reporting summarised by Business & Human Rights Resource Centre. Note: ICIBI did not name the company. Efficiency-for Care strongly denied collusion, said it believed recruitment was lawful and challenged the revocation of its sponsor licence.

The system was highly permissive; only 1.5% of sponsor applications in the 'Human Health and Social Work Activities' category were substantively refused. The inspector described roughly one compliance officer for every 1,600 licensed sponsors and more than 800 sponsors waiting for visits.[9] Sponsorship capacity was created faster than the Home Office was capable of verifying the employer, the vacancy, or the requested volume.

FIGURE 07 | SPONSOR CONTROLS

Care-sector sponsor licensing rejected just 1.5% of applications

Three measures of the sponsor-control system during the care-route expansion.

Oldest compliance-visit referral in the queue: 30 January 2023

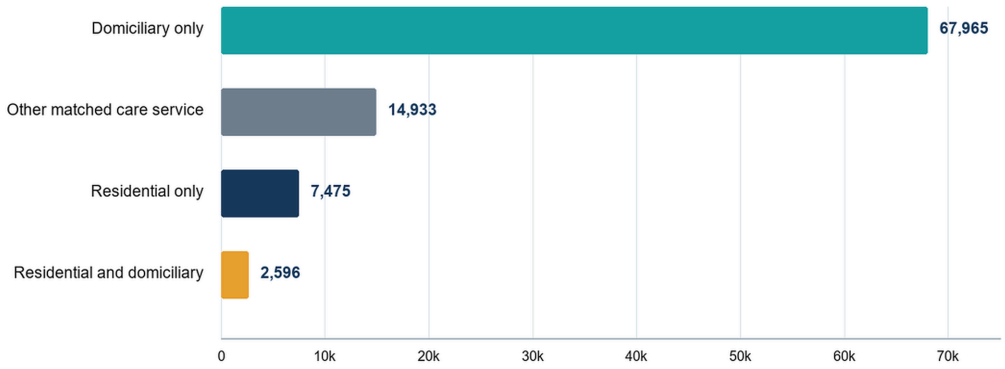
The route was scaled through a licensing system that rejected very few care-sector applications and lacked the capacity to visit high-risk sponsors promptly.

Source: ICIBI social-care inspection, August-November 2023. Note: The 1.5% rate covers licence applications classified under Human Health and Social Work Activities from February 2022 to October 2023. The visit queue was reported as more than 800.

FIGURE 08 | REGULATOR-CONFIRMED CARE SETTINGS

Regulator records confirm domiciliary care dominated the 2023 peak

Care-occupation Certificates of Sponsorship linked to providers with a confirmed regulator service profile, 2023.



Regulator-confirmed profiles account for 92,969 CoS, or 53.4% of the 174,209 care-SOC midpoint total in 2023.

Source: Cambridge Circus Research reconciliation of Home Office FOI 2025/05735 with CQC, Care Inspectorate Scotland, Care Inspectorate Wales and RQIA provider records. Suppressed cells use midpoint 3 (range 1–5).

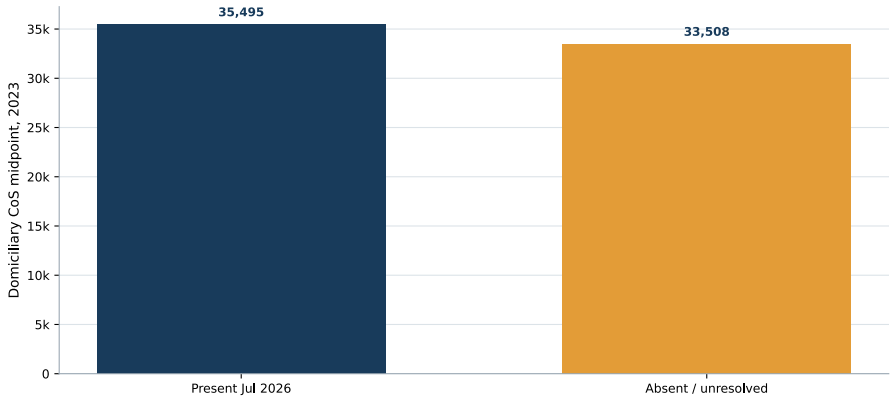
Scope: only organisations whose service profile is confirmed by a care regulator. SIC-, name- and business-category-only classifications are excluded.

The later register history raises a second problem. By July 2026, 748 domiciliary sponsors in the analysed cohort were absent or unable to be matched with an extant entity from the observed register. They accounted for 47,874 Certificates of Sponsorship – 41.28 per cent of the cohort total and almost half of the certificates assigned in 2023.[10] Around 500 sponsors, collectively responsible for 22,000 certificates of sponsorship in 2023 alone, were as of September 2026 either dissolved or in liquidation proceedings of some kind.[11] Under normal circumstances, this ought to result in the employee having 60 days to find another sponsor or leave the country. In practice, many migrants have been left in legal limbo. There is little public knowledge about what happened to the vast majority of workers whose sponsors have been liquidated or had their licence revoked.

FIGURE 09 | SPONSOR EXITS

Nearly half of peak-year domiciliary CoS came from sponsors later absent or unresolved

Canonical 2023 domiciliary CoS midpoint, split by observed July 2026 register status.



Later-absent or unresolved sponsors accounted for 48.6% of corrected 2023 domiciliary CoS.

Source: Care-worker data integrity audit v2 and canonical domiciliary sponsor file. Note: Status is observed register presence, not a legal finding; the 33,508 numerator is unchanged by alias deduplication.

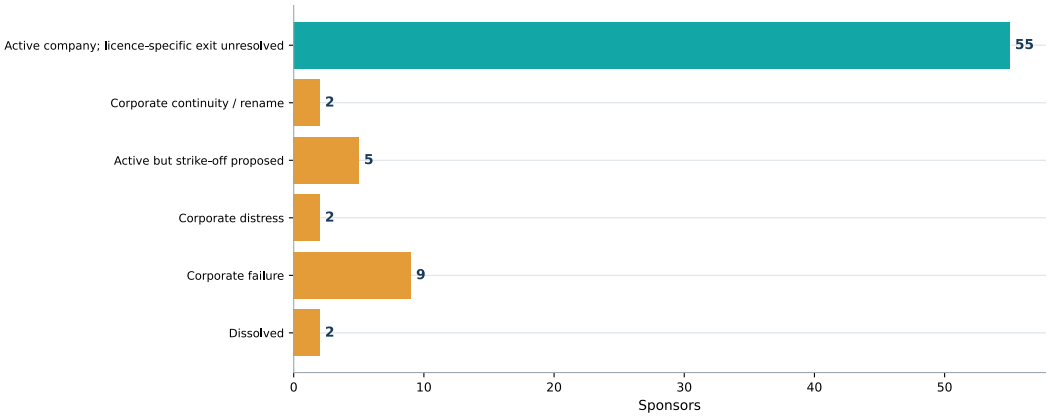
A sponsor can disappear because its licence was revoked, surrendered or allowed to expire, because the company restructured or changed name, or because the sponsor name could not be matched to an extant entity. Companies House checks show why the Home Office ought to publish reasons for removal from the

sponsor list: 55 of the 75 largest later-absent sponsors remained active legal entities.[11] Corporate dissolution therefore explains only a minority of this checked group. The remaining licence histories cannot be resolved from public data.

FIGURE 10 | SPONSOR EXITS

Most high-volume later-absent sponsors remained active legal entities

Corporate outcome of the 75 largest later-absent or unresolved domiciliary sponsors.



55 of the 75 remained active companies, so corporate closure explains only a minority of high-volume register disappearances.

Source: Care sponsor 2023 peak audit, Phase 1. Note: Company status does not reveal whether a sponsor licence was revoked, surrendered, expired or restructured.

The Home Office still cannot account publicly for what happened to these sponsor licences. It created a regulated market in the right to sponsor workers but does not publish the complete history of the licences on which that market depends.

The Public Accounts Committee reported in July 2025: 'The Home Office told us it has not been cancelling care workers' visas since late 2023.'[33]

A Home Office answer states that standard cancellation action was temporarily paused for care workers affected by sponsor revocation while they sought alternative employment.[31] Separately, the Migration Advisory Committee estimated that 99 per cent of care workers and home carers remained in the UK three years after their first visa. The available evidence suggests that very few care workers had left the UK within three years, but public data do not show how many were removed following sponsor failure.[28]

Given the knowledge that many certificates of sponsorship were sold by unscrupulous businesses or even, in some cases, fraudsters for fake jobs, this is alarming. Migrants have disappeared into a system that is incapable of basic enforcement of immigration law.

4. The crackdown worked

The late-2023 turn after the Braverman and Jenrick reforms is the clearest evidence that the route was responsive to control when the state chose to exercise it.

A new Skilled Worker genuineness requirement took effect on 7 August 2023. During the second half of the year the Home Office increased ‘genuineness interviews’, compliance referrals and sponsor-assurance work, and required stronger evidence of genuine demand through contracts.[13] In practice, officials increasingly interviewed applicants to test whether the job and their intention and ability to do it were genuine, and referred doubtful cases for further sponsor-compliance checks. Main applications fell sharply in the final quarter of 2023, while dependant demand remained close to its peak.

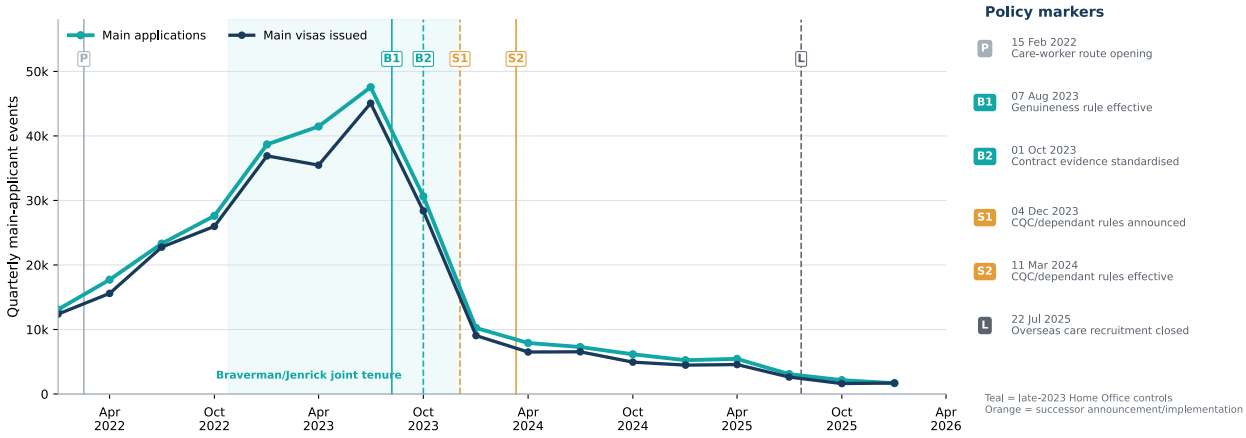
The restrictions on care worker dependants and the requirement for English sponsors to be CQC-registered were announced in December 2023 and took effect in March 2024.[27] Ironically, some of the measures, such as the increased salary threshold, had been previously refused by then Prime Minister Rishi Sunak before being announced less than a month later. Those measures plainly deepened the fall, and the closure of overseas care worker recruitment in July 2025 reduced it further. But the first contraction was already visible before the March rules came into force. Immigration rules have effects on a time-lag basis and it is obvious here that the measures put in place were effective both in reducing applications and increasing the refusal rate.

Applications by primary workers peaked at 47,560 in the third quarter of 2023. They fell to 30,637 in the fourth quarter and to 10,238 in the first quarter of 2024. Grants moved in parallel, from 45,071 to 28,372 and then 9,056.[12]

FIGURE 11 | POLICY EFFECT

Main applications and grants fell sharply after late-2023 scrutiny

Quarterly Health and Care Worker entry-clearance main-applicant applications and issued visas, with major policy events.



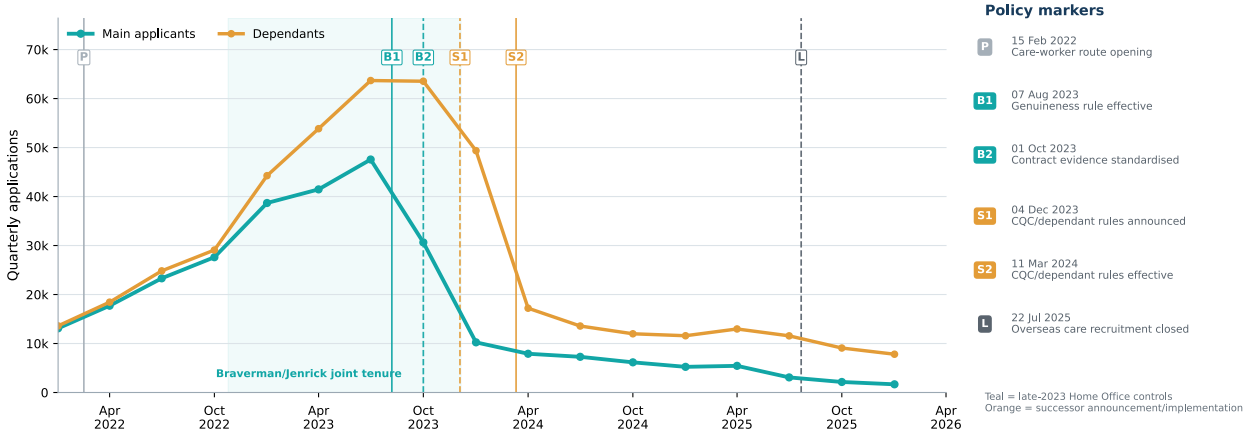
Main applications fell 36% between Q3 and Q4 2023 and 78% by Q1 2024. The initial contraction therefore began before the March 2024 structural restrictions took effect.

Source: Home Office, Entry clearance visa applications and outcomes detailed datasets, YE March 2026 (Vis_D01 and Vis_D02). Note: Application quarters and decision quarters are different populations; this is a timing series, not a cohort approval funnel. October 2023 is plotted at the first of the month because the source gives only the month.

FIGURE 12 | POLICY EFFECT

Main-applicant demand turned before dependant demand

Quarterly Health and Care Worker entry-clearance applications by applicant type, with policy announcements and implementation dates.



Main applications fell 36% from Q3 to Q4 2023, while dependant applications were almost unchanged. Dependant demand fell later, after the December announcement and March implementation.

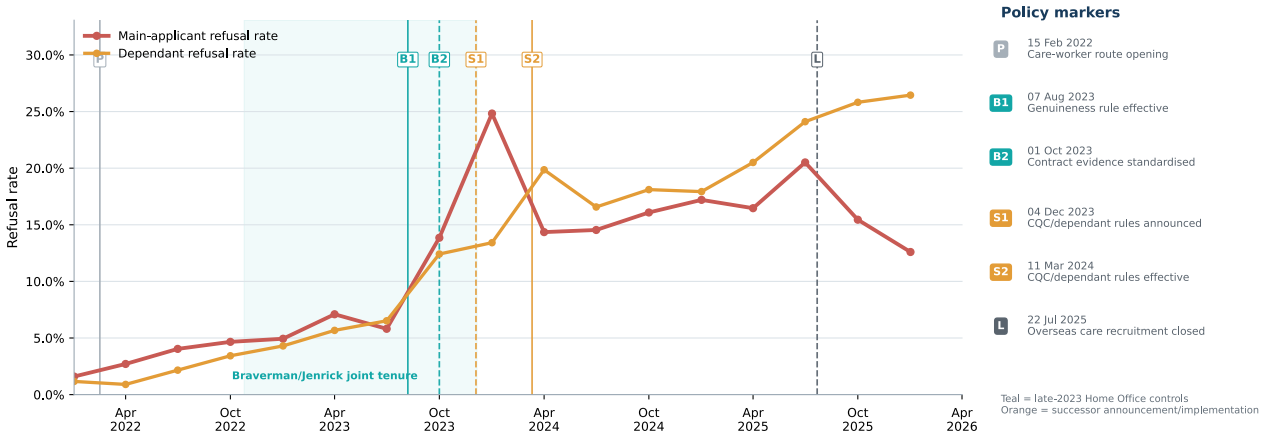
Source: Home Office, Entry clearance visa applications detailed dataset, YE March 2026 (Vis_D01). Note: Applications are intentions to travel, not grants or arrivals. The dependant restriction applied to newly sponsored care workers, not all Health and Care occupations.

Decision outcomes changed at the same time. The main applicant refusal rate rose from 5.8 per cent in 2023 Q3 to 13.9 per cent in Q4 and 24.8 per cent in 2024 Q1. Applications and decisions are not necessarily made in the same quarter. Even so, applications, grants and refusal rates all changed markedly at the same point.[12]

FIGURE 13 | POLICY EFFECT

Refusal rates rose as scrutiny tightened

Quarterly Health and Care Worker entry-clearance refusal rates for main applicants and dependants, with major policy events.



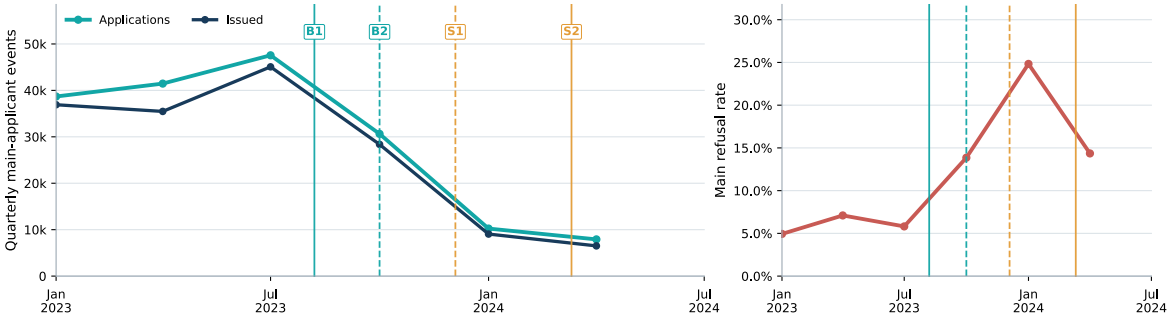
The main-applicant refusal rate rose from 5.8% in Q3 2023 to 13.9% in Q4 and 24.8% in Q1 2024. The timing is consistent with stronger genuineness and sponsor scrutiny having real effects.

Source: Home Office, Entry clearance visa applications and outcomes detailed dataset, YE March 2026 (Vis_D02). Note: Refusal rate is refusals divided by issued plus refused; withdrawn and lapsed cases are excluded. Decision quarters may contain applications submitted earlier.

FIGURE 14 | POLICY EFFECT

The first contraction preceded the March 2024 structural restrictions

Close-up of main-applicant applications, issued visas and refusal rates around the late-2023 operational controls and the later rule changes.



Q3→Q4 2023: applications -36% • issued visas -37% • refusal rate +8.0 pp

Q3 2023→Q1 2024: applications -78% • refusal rate +19.0 pp

Bounded conclusion: late-2023 operational controls helped begin the contraction; successor measures made it larger and more durable.

Source: Home Office entry-clearance detailed datasets; Home Office monthly commentary; official policy documents and ICIBI inspection. Note: This is not a formal causal estimate. The Home Office nevertheless attributes the initial late-2023 fall to greater employer scrutiny and compliance activity; later restrictions deepened the decline.

The Home Office now describes the initial late-2023 fall as the result of greater scrutiny of employers and compliance action against those who failed their obligations.[14] The measures introduced during the Braverman-Jenrick period were critical in beginning the contraction. Control worked once it was applied. The greatest damage came from the state making no effort to exert control for nearly two years.

5. Many workers were real. The bargain was still bad

The existence of genuine employment does not vindicate the route that produced it.

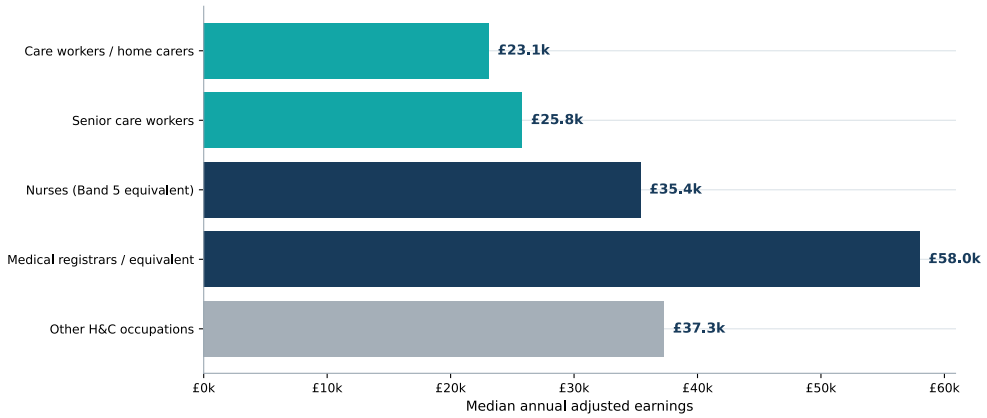
At least 84 per cent of eligible care workers and home carers, and 78 per cent of senior care workers, were matched to PAYE earnings in 2023/24. This leaves 16 and 22 per cent respectively without an identified PAYE record. The data cannot show how many were outside the UK, unemployed, absent from work or missed by the matching process. Nevertheless, for a visa route based on sponsored employment, the scale of the unmatched group warrants concern.

But the same evidence shows the economic quality of the jobs. Median annual adjusted earnings were £23,100 for care workers and £25,800 for senior care workers, compared with £35,400 for nurses and £58,000 for medical registrars.[15] The route grouped together occupations with radically different fiscal and labour-market profiles under one politically reassuring label: Health and Care.

FIGURE 15 | EMPLOYMENT AND EARNINGS

Care occupations sat at the bottom of the Health and Care earnings distribution

Median annual adjusted PAYE earnings among Health and Care Worker main applicants, by initial sponsored occupation, 2023/24.



Care workers recorded median annual earnings of £23,100—less than half the medical-registrar figure.

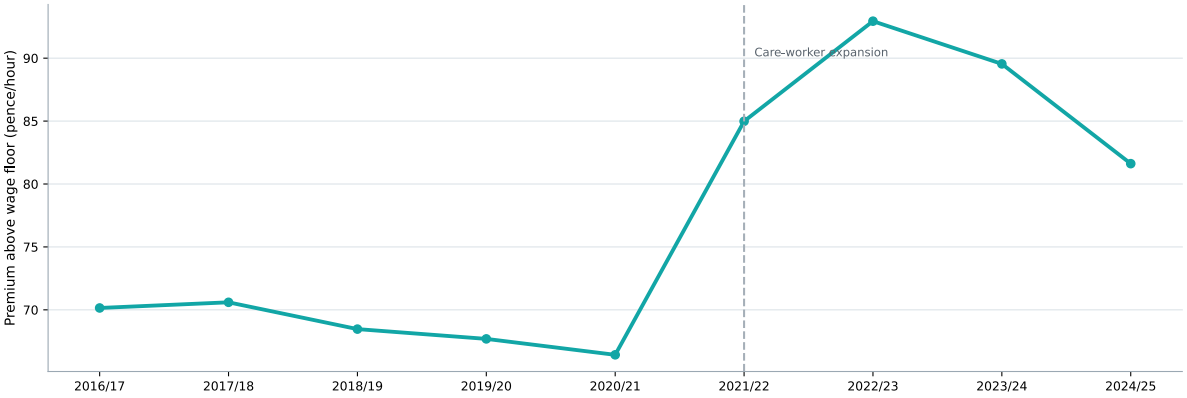
Source: Home Office/HMRC linked visa and PAYE data. Note: The occupation is the initial sponsor's SOC 2010 code; earnings may include more than one PAYE employment.

Hourly pay evidence reaches the same conclusion. Direct care pay rose in cash terms, but the premium over the National Living Wage remained narrow, at less than £1/hour. Regional analysis finds weaker pay-premium growth in higher-exposure areas, although the relationship predates the route and cannot establish that migration caused lower wages.[16] Mass recruitment was linked to a care model in which pay remained close to the statutory floor.

FIGURE 16 | PAY AND LABOUR MARKET

The care-pay premium did not improve after expansion

Independent-sector direct-care pay minus the National Living Wage / minimum-wage benchmark, in pence per hour.



Between 2021/22 and 2024/25 the estimated premium changed by roughly -3 pence per hour: essentially no durable improvement.

Source: Care-wage evidence pack, derived from Skills for Care and statutory wage rates. Note: Descriptive national series; it does not by itself identify migration as the cause.

When sponsors failed, the asymmetry became obvious. A worker could lose the employer and income on which the move had been based, while the immigration consequences might not be immediate and were outside the worker's control.

Around 16,700 people contacted ‘regional support partnerships’ – council-led regional teams that help international care workers affected by sponsor-licence problems to find a new sponsoring employer and access immigration, employment and welfare support – between July 2024 and April 2025; by September 2025, about 940 were reported as supported into new employment.[17]

Employers and the Government passed the risks to workers and taxpayers. Employers received labour without having to reform a broken employment model. Workers bore the immediate cost when sponsors collapsed. The public inherited the long-term cost when temporary recruitment became permanent settlement, benefit eligibility and state pension credits.

6. The route closed abroad but continued at home

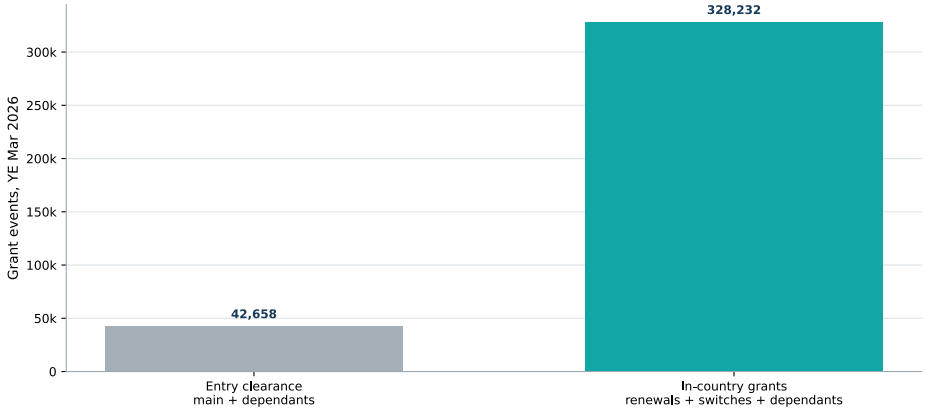
Overseas recruitment has contracted. The in-country stock, the sponsorship caseload and the route to settlement remain.

In the year ending March 2026, the wider Health and Care Worker route recorded 328,232 in-country grants, compared with 42,658 entry clearance grants.[18] The official label ‘extension’ is misleading in ordinary language. The total includes same-route renewals, changes of employer, switches from other immigration routes and dependants. It also includes health occupations as well as care.

FIGURE 17 | ROUTE LEGACY

The in-country workload is not a count of straightforward renewals

Health and Care Worker entry-clearance grants and in-country extension grants in the year ending March 2026.



The 328,232 headline measures all in-country grants. It must not be described as 328,232 existing care workers simply renewing their visas.

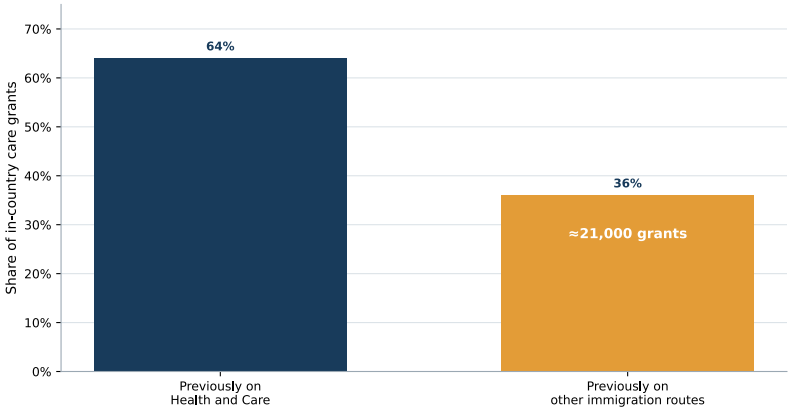
Source: Home Office, Immigration system statistics, year ending March 2026. Note: “Extension grants” is the official administrative category. It includes same-route renewals, changes of employment, switches from other routes and dependants; the total also covers health as well as care occupations.

The best care-specific estimate covers October 2024 to March 2025. Of in-country grants to care workers and senior care workers, 64 per cent went to main applicants who already held Health and Care leave. The remaining 36 per cent – around 21,000 grants – went to people previously on other routes.[19] The Home Office treats that as an upper estimate of new sector joiners because some switchers may already have been working in care.

FIGURE 18 | ROUTE LEGACY

More than one-third of recent in-country care grants were switches

Estimated composition of in-country grants to care workers and senior care workers, based on October 2024 to March 2025.



The care-specific evidence confirms that the in-country total mixes two distinct populations: 64% were already on Health and Care leave, while 36% came from other immigration routes.

Source: Home Office, Spring 2025 Immigration Rules Impact Assessment, paragraph 63. Note: Main applicants in care-worker occupations only. The 36% share equates to about 21,000 grants and is an upper estimate of additional sector joiners because some switchers may already have worked in care.

The public transition data also identify substantial Study-to-Health-and-Care switching in 2023 and 2024, but those figures cover the wider route and cannot be presented as care worker occupation counts.[20] Existing sponsored workers can continue to extend where they meet the rules. Defined transitional in-country applications for care workers and senior care workers can continue, in some cases until July 2028.[21] Closing the overseas route therefore changed the source of future growth. It did not extinguish the population already admitted or the policy commitments attached to it.

The settlement trap

A sponsored worker is tied to an eligible job and normally has no recourse to public funds. Once granted indefinite leave to remain (ILR, or settlement), the worker is no longer required to work for a sponsor, has no time limit on residence and may work in any sector. After settlement, the worker can leave care and claim support on the same terms as any other settled resident. Children may acquire additional eligibility for home-fee status, student finance or citizenship depending on their age and circumstances.[29]

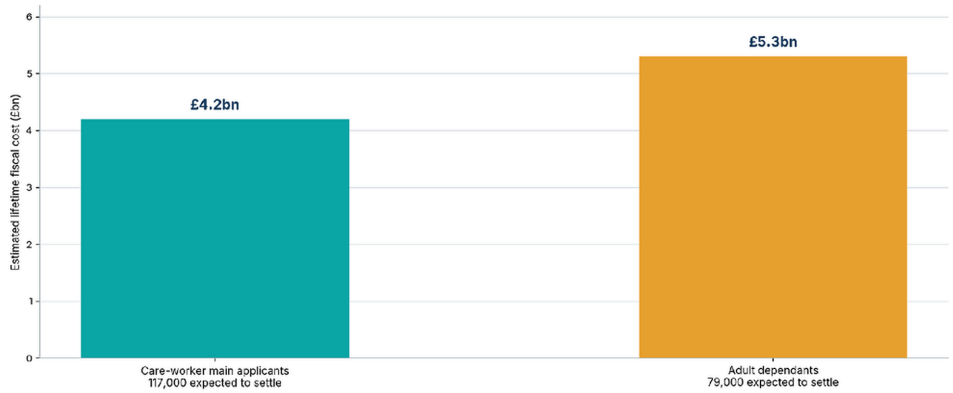
What this means is that the state can no longer assume that a person admitted to fill a care vacancy will remain in care.

Under the current route, eligible Health and Care Worker holders can apply for indefinite leave after five years.[21] The Home Office estimates that around 117,000 care worker main applicants and 79,000 adult dependants will settle between 2026 and 2030. Applying the Migration Advisory Committee's lifetime model produces a net present-value cost of £4.2 billion for the workers and £5.3 billion for adult dependants: £9.5 billion in total.[22]

FIGURE 19 | SETTLEMENT

Settlement of the care-worker cohort carries an estimated £9.5bn lifetime fiscal cost

Home Office estimate for care-worker main applicants and adult dependants expected to settle between 2026 and 2030.



The official central estimate is £9.5bn across the two adult groups.

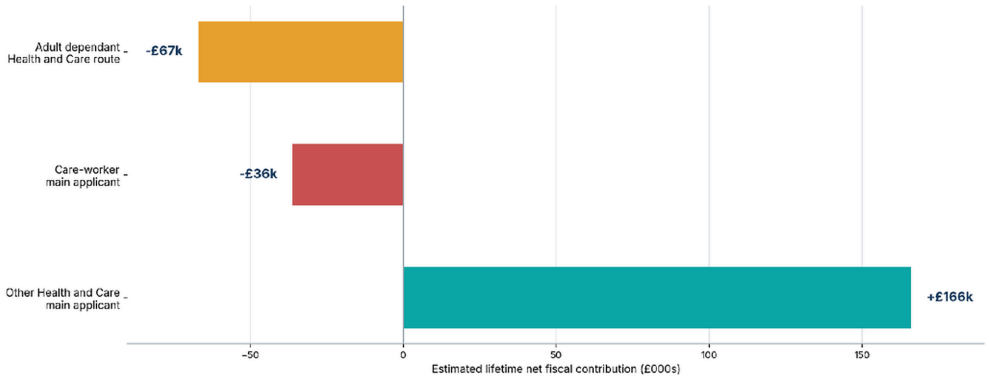
Source: Home Office, Estimated lifetime net fiscal costs for care workers and their adult dependants, 5 March 2026. Note: Discounted lifetime net-present-value estimate; excludes child dependants.

The visa brand combines occupations with materially different fiscal profiles. The MAC estimates a lifetime contribution of minus £36,000 for a care worker main applicant and minus £67,000 for an adult dependant on the Health and Care route. The comparable estimate for other Health and Care main applicants, principally doctors and nurses, is plus £166,000.[23] The obfuscation of the care cohort under the broader 'health and care' label muddles the contribution.

FIGURE 20 | SETTLEMENT

Care workers are fiscally different from other Health and Care occupations

Migration Advisory Committee estimates of lifetime net fiscal contribution per adult.



A single visa label conceals radically different fiscal profiles.

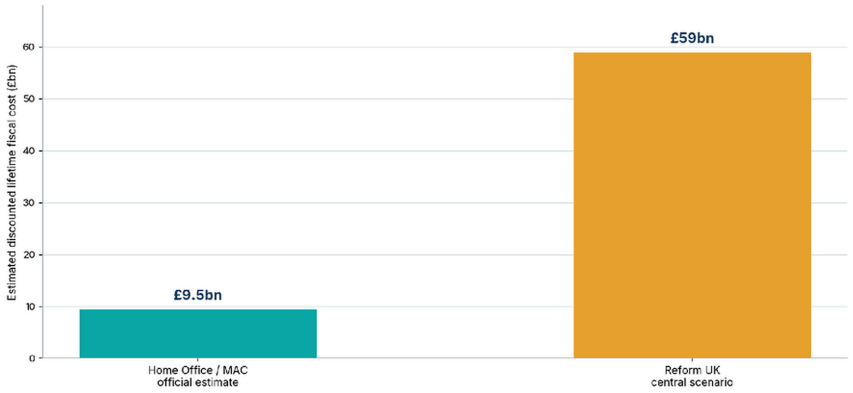
Source: Migration Advisory Committee, The fiscal impact of immigration in the UK, December 2025; data tables updated March 2026. Values are lifetime net-present-value estimates.

Reform UK uses almost the same adult settlement population but a broader household-incidence model. It estimates a discounted central cost of £59 billion, with a published range of £47 billion to £88.5 billion.[24] The model assigns synthetic care worker households the average taxes, cash benefits and benefits in kind of a lower-income ONS household group and partly captures child-related service costs that are absent from the official adult-only estimate. The Home Affairs Committee has called for a full impact assessment.[32]

FIGURE 21 | SETTLEMENT

Published estimates of care-worker settlement costs differ sharply

The official central estimate and Reform UK high-cost scenario use almost the same adult cohort but different methods.



£9.5bn is the official central estimate; £59bn is an alternative high-cost scenario.

Source: Home Office/Migration Advisory Committee; Reform UK, The Cost of the Boriswave. Note: The estimates are not like-for-like. Reform UK publishes a £47bn to £88.5bn range and uses broader household-incidence assumptions.

The fiscal models are not the heart of the objection. Care workers were admitted to meet an occupational shortage. Settlement is a fundamentally different decision. It removes the occupational tie on which admission was justified, permits the holder to leave the care sector and, subject to the ordinary rules, opens access to benefits and other provision on the same basis as other settled residents.

7. A promise made?

The commitment was made without a credible assessment of its eventual scale or cost. Admissions rose far beyond the range used in Home Office planning, employers were allowed to determine the volume, and the sponsor system could not reliably establish whether the jobs and requested allocations were genuine. Ministers effectively offered permanent residence through a system whose scale they did not control and whose long-term consequences they had not calculated. A promise made under a badly designed system does not remove the Government's responsibility to decide whether permanent residence remains justified when each application is made.

The appropriate response is therefore a ten-year earned route for this cohort. Settlement should depend on an individual record of lawful residence, sustained employment and tax contribution, English language ability and good character. Adult dependants should qualify on their own record. Five years should no longer be the standard qualifying period for this cohort.

The care worker route addressed a genuine shortage and brought large numbers of people into real employment. But it expanded far beyond the Government's planning assumptions without any effective mechanism linking admissions to evidenced demand. Recruitment temporarily reduced vacancies, yet it did not repair the low pay, weak progression and high turnover that caused them. Instead, the state transferred control over the scale of migration to employers while operating a sponsor-licensing system that lacked the data, staffing and verification needed to police that power. The sharp fall in applications and rise in refusals once scrutiny was tightened show that the earlier growth was not inevitable: stronger controls could and should have been applied from the beginning.

The consequences now extend well beyond the original labour shortage. Workers were exposed to exploitation and loss of employment when sponsors failed; significant minorities of eligible care worker visa holders were not matched to PAYE earnings; and the public record still cannot explain what happened to many high-volume sponsors that disappeared from the register. Overseas recruitment has closed, but extensions, employer changes and switching from other routes continue, while the first large cohorts approach settlement. A temporary intervention in the care labour market has therefore created permanent obligations without requiring recipients to remain in care or demonstrate a sustained fiscal contribution. Reform must address both the immediate weaknesses in sponsorship and the potential longer-term settlement commitment already created.

Applying the reform to people already here will inevitably be described as retrospective. It is important to be clear about what would change. Nobody who has already obtained indefinite leave to remain would lose it, and nobody's existing visa would be cancelled. The change would affect the later decision to grant permanent residence. Temporary permission to work in the care sector was not an unconditional promise that the holder would be granted settlement after five years regardless of subsequent changes in policy.

Limiting the reform to future arrivals would largely miss the point. The unusually large cohort approaching settlement is the product of the system operated between 2021 and 2025: unrestricted employer demand, inadequate scrutiny of sponsors and recruitment far beyond the scale anticipated by the Home Office. Exempting that cohort would preserve the main consequences of the policy failure while applying the remedy only to people who had nothing to do with it. The reform would then take years to have any material effect.

The same problem applies to the fiscal consequences. The Home Office's £9.5 billion estimate relates to care workers and adult dependants already in the country who are expected to settle between 2026 and 2030. A reform confined to future entrants would do nothing to address that exposure. Grandfathering the existing cohort would exclude the very group to which the official estimate relates.

Workers should not be blamed for failures they did not create. Time already spent lawfully on the route should count towards the new qualifying period, and workers should not be penalised for gaps caused by sponsor failure or official action against an employer. There is also a case for limited transitional protection for people already very close to settlement. But fairness does not require the Government to preserve the five-year route for the entire cohort.

8. What should happen now

The route delivered rapid relief at an unacceptable cost and, unless fixed, will saddle the country with an unnecessarily high fiscal burden. Action must be taken to avoid locking this in.

1. End the existing five-year settlement route for the care worker cohort. The qualifying period for Indefinite Leave to Remain for this cohort should be extended from five to ten years. The immigration system that created this cohort was woefully inadequate. Failing to apply the earned settlement changes to them would largely miss the point of such changes.

2. Put a volume brake into every future shortage route. An independent demand model should distinguish expansion from churn and replacement. When admissions exceed the published range, the route should be reviewed automatically rather than allowed to scale until political pressure forces a closure.

3. Test the employer before granting the volume. Payroll, contracts, employee numbers, CQC status, commissioning evidence and requested Certificates of Sponsorship should be reconciled before allocations are made. Implausible ratios should trigger a visit, not an approval followed by an investigation months later.

4. Create a single sponsor-control system. Home Office, CQC, Companies House, HMRC and local-authority data should be joined in real time. The Government should publish the full lifecycle of every sponsor licence: grant, allocation, suspension, revocation, surrender, expiry and reinstatement, with the reason for the event.

5. Make worker portability the first response to sponsor failure. Workers should not be trapped by the failure of a licence they did not control. A time-limited portable status and a national rematching system should activate when a sponsor is suspended or revoked, with outcomes reported for a defined cohort. However, the Home Office should time-limit this and promptly remove those who are unable to find another job.

6. Reform care rather than permanently importing its labour model. Migration can bridge a shortage, but it cannot be the strategy. Pay progression, commissioning, guaranteed hours, training and management determine whether the sector can recruit and retain workers without a permanent emergency route.

Conclusion

The route brought workers into care quickly, but almost everything surrounding this was mishandled. Admissions were not tied to evidenced demand, the sponsor market was not properly policed, and the employment model did not improve. Ministers offered a route to permanent residence without controlling its scale, estimating the cost of the eventual settlement cohort, or building a sponsor system capable of establishing that the sponsored work was genuine. As such, what was designed as an intervention to a specific labour shortage created a potential permanent liability.

The route delivered employment and immediate relief. It also allowed a lightly controlled sponsorship market to grow around low pay and high turnover. When the Home Office finally tightened scrutiny, applications fell and refusal rates rose. That is evidence not only that the crackdown worked, but that it should have come earlier.

Overseas recruitment has now closed, but the policy has not. The in-country cohort remains, extensions and switches continue, and the first large cohorts are approaching eligibility for settlement. The Government estimates a £9.5 billion lifetime net fiscal cost for care workers and adult dependants expected to settle in 2026–2030. Care workers should not receive an occupation-wide exemption from generally applicable earned settlement requirements. Settlement should turn on individual lawful residence, contribution and conduct, subject to clear transitional protections and a published assessment of the effects on families, social care and the NHS.

The route was a poorly implemented emergency valve. It was not a sustainable workforce policy. It should not now be allowed to become an automatic route to permanence.

Method and scope

This report examines the Health and Care Worker route as it operated in adult social care. It draws primarily on published Home Office immigration statistics, Home Office Freedom of Information disclosures, Skills for Care workforce estimates, the register of licensed sponsors, Companies House records and adult social care regulator data. Official inspections, impact assessments, parliamentary answers and published fiscal models are used for the relevant policy and enforcement sections. The numbered notes identify the source for each principal claim.

Immigration and sponsorship data

Where the published data allow it, the analysis is restricted to care workers and home carers and senior care workers. Figures covering the whole Health and Care Worker route are labelled as such because that route also includes doctors, nurses and other health occupations. Calendar year, financial year, quarterly and year ending figures are not combined without being identified.

Visa applications, decisions and grants were aggregated from the relevant Home Office detailed datasets. These measures describe different stages of the immigration system and are not interchangeable. Applications are requests; decisions include grants and refusals; and grants are immigration events rather than evidence that a person arrived, began the stated job or remained employed in it. A person may also receive more than one grant over time.

The sponsor analysis uses Home Office sponsor-level Certificate of Sponsorship disclosures, principally FOI 2025/05735 and associated releases. Care occupation totals were first calculated from the relevant occupational codes and then reconciled against the sponsor-level records. Where a small value was suppressed as being between one and five, the analysis uses three as its midpoint estimate and retains one and five as lower and upper bounds. Midpoint totals are therefore estimates, not exact administrative counts.

Certificates of Sponsorship are permissions assigned by employers. They are not visas, arrivals or necessarily unique workers: a certificate may not result in an application, and a person may receive more than one certificate following a change of employer or another immigration event.

Sponsor and care setting classification

Sponsor names were standardised to remove differences in capitalisation, punctuation, spacing and common company suffixes. Records were then linked across Home Office disclosures, historical sponsor-register snapshots, Companies House and the relevant care regulator registers. Company numbers and exact legal-name matches were preferred where available; weaker or ambiguous matches were retained as unresolved rather than assigned to an entity with false precision.

Sponsors were classified as domiciliary care, residential or care home focused, another identifiable care activity, or unresolved using the strongest available evidence. Regulatory registration and service type were preferred to Companies House industrial classifications or inferences from an organisation’s name. Because a provider can operate both residential and domiciliary services, the categories describe the evidence available about the sponsoring entity and are not necessarily mutually exclusive descriptions of every job it sponsored. The published category totals are reconciled to the full care occupation CoS total, with unmatched records shown separately rather than omitted.

The regulator evidence is geographically uneven. CQC data cover England, while the devolved nations have separate regulators and registration systems. A registered office is not necessarily an operating care location, and the number of registered premises is not a direct measure of workforce size or genuine recruitment demand.

Historical sponsor-register snapshots were compared to determine whether a sponsor was still observable at the audit date. Absence from a later register is described as “absent or unresolved”, not as proof that a licence was revoked. A sponsor may instead have surrendered or allowed its licence to expire, changed name, restructured, merged or failed to match. Companies House status was checked separately because an active company may no longer hold a sponsor licence, while company dissolution does not by itself establish what happened to its licence.

Workforce data

Workforce stocks, vacancies, turnover, pay and international recruitment estimates are taken from Skills for Care and relate principally to England. These are survey and model-based sector estimates rather than a register of individual visa holders.

International recruitment cannot be converted directly into net workforce growth. Workers may change employers, hold more than one job, leave the sector or the country, or replace somebody who has left. Changes in filled posts also reflect turnover, commissioning, employer demand and the timing of recruitment. The report therefore uses workforce and immigration data as related indicators.

Fiscal estimates

The £9.5 billion Home Office figure is a discounted lifetime net present value estimate for approximately 117,000 care worker main applicants and 79,000 adult dependants expected to settle between 2026 and 2030. It is not annual expenditure, does not include child dependants and is not the saving from a particular settlement policy change. Estimating that saving requires assumptions about departures, continued temporary residence, visa fees, earnings, replacement labour, care and NHS effects, alternative immigration routes and administrative costs.[25]

Reform UK's £59 billion central estimate is produced using a different household-incidence model. It assigns modelled care worker households the average taxes, cash benefits and public-service consumption of a lower-income household group and captures some child-related costs omitted from the Home Office's adult-only calculation. It is therefore presented as a broader high-cost scenario, not as a like-for-like alternative official estimate.

Notes

1, 7 and 9. Independent Chief Inspector of Borders and Immigration, *An inspection of the immigration system as it relates to the social care sector (August to November 2023)*, 26 March 2024. Used for the planning range, application decisions, false evidence and non-genuine vacancies, the four-employee/1,234-CoS case, sponsor-licensing refusal rates and compliance capacity. Source link

2, 3, 12 and 20. Home Office, Immigration system statistics detailed data tables, principally Vis_D01, Vis_D02, Occ_D02 and Exe_D02. Cambridge Circus Research aggregations cover route-wide entry clearance, care-occupation grants, quarterly applications and outcomes, Study-to-Health-and-Care transitions. Applications, decisions, grants and people are not interchangeable measures. Source link

4, 5 and 16. Skills for Care, 2026 size-and-structure release and accompanying workforce-intelligence series, together with National Living Wage rates. Used for vacancies, filled posts, nationality and international recruitment, turnover, pay and regional comparisons. These are survey- and model-based workforce estimates, not an individual-level account of visa holders. Source links: 1, 2

6, 10 and 11. Cambridge Circus Research calculations, drawing on Home Office FOI 2025/05735, care-regulator records, historical sponsor-register snapshots and Companies House. Used for sponsor/entity reconciliation, care-setting classifications, later-absent sponsors and company-status checks. Register absence is not proof of revocation, and Companies House does not verify filed information. Source links: 1, 2, 3

8. Home Office, Response to the ICIBI social-care inspection, 26 March 2024 (1,014 of the 1,234 CoS were used in visa applications and referred for cancellation); and Business & Human Rights Resource Centre summary of BBC reporting, 31 March 2025 (company identification and response). Source link

13 and 27. Home Office and Department of Health and Social Care material on the route's launch and subsequent rule changes: the December 2021 launch announcement, Statement of Changes HC 1496 of 17 July 2023, the August 2023 genuineness and compliance measures, and the March 2024 dependant restriction and CQC-registration requirement. Source links: 1, 2

14. Home Office, Monthly entry clearance visa applications, December 2025. The official commentary attributes the fall from late 2023 to increased scrutiny of health and social-care employers and compliance action against employers that did not fulfil their obligations. Source link

15. Home Office and HM Revenue & Customs, Sponsored Work and Family visa earnings, employment and Income Tax, 2025, table 5. The reported PAYE percentages are minimum observed shares and do not establish occupation, hours or contractual compliance. Source link

17. Department of Health and Social Care, *Written answer 56034*. Read with subsequent published updates on regional support partnerships. Contact and placement figures were self-reported and do not describe a closed cohort. Source link

18. Home Office, Immigration system statistics, year ending March 2026: Why do people come to the UK? Work. The 328,232 figure is route-wide and the extension series counts grants to extend or change immigration status, including dependants. Source link

19. Home Office, Spring 2025 Immigration Rules Impact Assessment (Skilled Worker and Care Worker), July 2025, paragraph 63. Between October 2024 and March 2025, 64% of care-occupation in-country main-applicant grants went to people previously on Health and Care leave; the remaining 36% equated to approximately 21,000 grants. Source link

21 and 29. UK Visas and Immigration and the Immigration Rules: Health and Care Worker and Skilled Worker eligibility, transitional care-worker applications, settlement requirements, and the rights and status attached to indefinite leave to remain. Source links: 1, 2

22. Home Office, Estimated lifetime net fiscal costs for care workers and their adult dependants, 5 March 2026. The note forecasts approximately 117,000 care worker main applicants and 79,000 adult dependants settling in 2026–2030 and estimates a £9.5 billion lifetime net-present-value fiscal cost. Source link

23. Migration Advisory Committee, *The fiscal impact of immigration in the UK*, 11 December 2025; accompanying data tables added 18 March 2026. Cited lifetime estimates: care worker main applicant –£36,000; adult Health and Care dependant –£67,000; other Health and Care main applicant +£166,000. Source link

24. Reform UK, *The Cost of the Boriswave*, 2026. Published care worker scenario: central discounted cost £59 billion; low £47 billion; high £88.5 billion; 119,608 main applicants and 78,702 adult dependants. This is a party model, not an official estimate. Source link

25. UK Statistics Authority, Penny Young to Max Wilkinson MP, Fiscal impact of settlement policy, May 2026. The Authority records Home Office confirmation that £9.5 billion is the lifetime cost of the cohort expected to settle under existing rules, not the saving from a particular settlement reform. Source link

26 and 32. House of Commons Home Affairs Committee, *Earned Settlement: Examining the Government's proposed reforms*, Sixth Report of Session 2024-26, 13 March 2026, paragraph 46 and paragraphs 51-59. Used for the 157,490 social-care entry visas, 48,328 Study-to-social-care switches, and the Committee's assessment of exploitation, poverty, care-sector and NHS risks from longer settlement routes. Source link

28. Migration Advisory Committee, *Who stays, who leaves? Evidence from administrative records on the Skilled Worker route*, 2026, Figure 4.1 data table. The estimated stay rate for care workers and home carers is 99% three years after the first visa. Source link

31. Home Office, answer to written question 70603, 17 September 2025. It states that standard cancellation action for care workers affected by sponsor revocation had been temporarily paused while workers sought alternative employment. It does not establish that no affected worker can be removed. Source link

33. House of Commons Committee of Public Accounts, *Immigration: Skilled worker visas*, Thirty-Seventh Report of Session 2024–25, HC 819, 4 July 2025, para. 25. The Committee records that the Home Office had not been cancelling care workers' visas since late 2023. Source link